

Community Care and Uninsured Policy

PURPOSE

Riverwood Healthcare Center is committed to providing high quality health care for patients who seek services, including those individuals who lack the means to pay for such services. This policy sets forth the policy and procedures by which such patients can access Community Care Program.

POLICY

It is the policy of Riverwood Healthcare Center to maintain a system for proper identification of patients eligible for Community Care Program. Eligible patients are those uninsured and/or medically indigent patients who qualify for the program by meeting the income and asset guidelines.

The Riverwood Community Care Program is not a substitute for personal responsibility. Patients must cooperate with the procedures and are expected to contribute to the cost of their care based on their individual ability to pay.

All third party resources and financial aid programs, including public assistance, must be exhausted before Community Care benefits can be requested. Patients will be encouraged to continue to apply for third party assistance for future care needs and services.

Riverwood Healthcare Administration does have the authority to override the required documents required to assess community care if patient(s) are deceased or does not have the ability to complete appropriate documents.

The Riverwood Community Care Program is available to those eligible patients without health care benefits from any source, as well as to those who have coverage for health care costs but continue to have a remaining balance after benefits have been applied to the charges.

This policy covers medically necessary healthcare services provided by Riverwood Healthcare Center for both hospital and clinic services.

DEFINITIONS

Charity Care: Discounts on all charges for medical services given to patients that are considered uninsured or medically indigent at the time of said charges.

Uninsured: A patient who does not have third party health care coverage.

Medically Indigent: Patients whose health insurance coverage does not provide full coverage (to include deductible and coinsurances) for all medically necessary care and who, due to their financial resources and in some instances due to the size of their medical bills, are not able to pay the full amount charged.

Medically Necessary Services: These include, but are not limited to, the following:

1. Emergency medical services;
2. Services for a condition that, if not treated on a timely basis, would lead to an adverse change in the health status of the patient;
3. Non-elective services provided in response to life-threatening circumstance in a non-emergency room setting;
4. Services provided in the clinics;
5. Services defined under a patient's health insurance coverage as "covered items or services," including items and services covered by Medicare.

DISCOUNT LEVELS

Discounts under this policy will be made available to the patient in accordance with financial need, as determined in reference to Federal Poverty Level (FPL) in effect at the time of the determinations, as follows:

1. Patients with an annual gross income below 150% of the FPL will be awarded 100% discounts on balances due for the applicable timeframe. Above 325% of the FPL and up to \$125,000 annual gross income, patients will be awarded the discount percentage calculated based on the contracts of the organizations most favored insurer. Any applicants' with gross incomes between 150% and 325% of FPL will have their balances due subject to a prorated discount rounded to the nearest 5 percentage point increment, between 100% at the low end, and the discount of the most favored insurer at the high end of the annual income scale.
2. Discounts will apply to both the medically indigent as well as the uninsured.

INFORMING PATIENTS ABOUT THE COMMUNITY CARE/UNINSURED PROGRAM

Riverwood Healthcare Center will communicate this policy to the public by the following means:

1. Riverwood Healthcare Center will post in all registration areas of the Hospital and Clinics, the telephone number that patients may call to obtain further information on the Hospital's Community Care/Uninsured Program;
2. The Hospital's patient handbook will include information on the Hospital's Community Care/Uninsured Program;
3. Riverwood Healthcare Center's computerized billing statements will include information on the Community Care/Uninsured Program.

COLLECTION POLICY

Riverwood Healthcare Center will treat all patients with dignity and respect in regards to debt collection activities. Riverwood and any external collection agencies contracted with Riverwood must adhere and follow collection practices that are in compliance with the Attorney General's Billing and Collection Agreement.

Riverwood Healthcare Center will train its outside debt collection agencies and attorneys about the Community Care Program and how a patient may obtain more information about the Community Care Program.

If a patient has submitted an application for Community Care after an account has been referred for collection, Riverwood and its outside debt collection agencies shall suspend all collection activity until the patient's Community Care application has been processed.

Attachment 1 - PROCEDURE FOR COMMUNITY CARE APPLICATIONS
Attachment 2 - INSTRUCTIONS FOR COMPLETING THE COMMUNITY CARE APPLICATION

**Community Care Procedure
Attachment 1**

Procedure for Community Care Applications

1. The applicant will be required to provide the following information with the application in order to determine eligibility.
 2.
 - a. Notification of eligibility or denial from an applicable public program through Government Health Exchange (i.e., MNSure) must be provided.
 - b. Photocopy of last year's tax return.
 - c. Verification of income from all sources, listing gross income for the most recent three (3) month period prior to the month in which the patient is applying.
 - d. Photocopies of recent statements showing the balance for all savings and checking accounts, certificates of deposit, stocks, bonds, real estate, etc.
 - e. Photocopy of the most recent property tax statements, when applicable, for all property the applicant owns (including their residence). These statements should reflect the fair market value of the property.
 - f. Monthly expenses and number of dependents.
2. The completed application should be forwarded to Riverwood Healthcare Center Support Services. Upon receipt of the application, the Financial Counselor will review the application for completeness, making sure the following information is provided:
 - a. Applicant's demographics and employment information;
 - b. Joint applicant demographics and employment information;
 - c. Each person in the household and their relationship to the patient;
 - d. Health insurance coverage information;
 - e. All income and asset information
 - f. Photocopies of all required documentation.
3. After reviewing the application form for income, expenses and if all criteria have been met, the Financial Counselor will refer the application to the Patient Financial Services Manager and Chief Financial Officer. If all of the criteria have not been met or if the application is incomplete, the Financial Counselor will contact the patient or guarantor for further information. All community care awards will be reviewed by the Chief Financial Officer. The patient/guarantor will be informed of the determination in writing within 30 days of approval.

**Community Care
Attachment 2**

Riverwood Healthcare Community Care Program

What is the Community Care Program?

Riverwood offers this program to help people who don't have medical insurance or enough medical insurance to pay their medical bills.

Do I qualify for the Community Care Program?

Whether or not you qualify depends on your household income and your assets compared to our guidelines. Patients with an annual income below \$125,000 are eligible, but to varying degrees depending on the percentage of current Federal Poverty Line guidelines. At 150% and below, patients are eligible for a 100% discount for all applicable balances, assuming they qualify based on all other criteria. The latest Federal Poverty Line guidelines are listed below.

**2018 Riverwood Healthcare Center
Community Care
HHS Poverty Guidelines 2017-2018**

Persons in Family or Household	Poverty Guideline	150%
1	\$12,140	\$18,210
2	\$16,460	\$24,690
3	\$20,780	\$31,170
4	\$25,000	\$37,650
5	\$29,420	\$44,130
6	\$33,740	\$50,610
7	\$38,060	\$57,090
8	\$42,380	\$63,570
For each additional person, add	\$4,320	\$6,480

SOURCE: *Federal Register, 2017-2018*

How do I sign up for this program?

If you think you might qualify for this program, please fill out and return the application. Read the directions carefully to see what copies of information you will need to attach with the application.

After we receive your application and determine if you qualify for the program, we will consider all your Riverwood hospital and clinic accounts. You will receive notification if you are approved or not approved in writing within 60 days.

How can I get more information?

If you have additional questions, please call the number listed below:

- 1-218-927-5537 (Riverwood Healthcare Center - Patient Accounts)
- 1-218-927-8284 (Riverwood Healthcare Center - Financial Counselor)
- 1-888-270-1882 (Riverwood Healthcare Center – Toll Free)

Please see the attached instructions for completing the Community Care Application for more details.

Riverwood Healthcare Center

Instructions for Completing the Community Care Application

Riverwood Healthcare Center will need copies of the following information:

1. If you have applied for insurance coverage through Government Health Exchange (i.e., MNSure) attach the notice of eligibility. If you have not applied for insurance coverage through Government Health Exchange (i.e., MNSure) please contact your MNSure rep at 218-927-2141 or 218-927-8284.
2. Photocopies of your paycheck stubs or a statement from your employer listing your income for the last 3 months.
3. Photocopy of your last year's tax return.
4. Current photocopy of your recent property tax statements, when applicable, for all property you own (including residence). The statement must show the fair market value of your home and all other property listed.
5. Current photocopies of all savings and checking account statements, certificates of deposit, stocks, bonds, real estate, etc.
6. Monthly expenses and number of dependents.
7. **Complete the entire application:**
 - Answer all questions on the application.
 - Attach copies of the forms needed to show your income and assets.
 - Sign and date the application.

Return the completed application to:

Riverwood Healthcare Center
Attn: Support Services - Community Care Program
200 Bunker Hill Drive
Aitkin, MN 56431

The application will be returned to you if it is not complete, or if you do not send the copies needed.



Community Care Assistance Program

200 Bunker Hill Drive

Aitkin, MN 56431

The financial information you provide will enable Riverwood Healthcare Center to assist you, the patient/guarantor in determining the level and availability of financial assistance needed to resolve the balance of your Riverwood Healthcare Center accounts.

A copy of your latest Income Tax Return and (2) most recent pay stubs are required.

A recent copy of your bank statements are also required.

Date:	Account Number(s):
Patient/Responsible Party Name:	Date of Birth:
Address:	Apt #
City:	State: Zip:
Years at this address:	
Home Phone:	Work#: Cell#:
Name and age of Dependent(s) other than spouse:	

Employment

Employer	Job Title
Address	Phone #
City	State Zip
Years with this employer:	

Spouse's Name	
Employer	Job Title
Address	Phone #
City	State Zip
Years with this employer:	

Are you seeking assistance because of a work related accident or injury?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you seeking assistance because of a car accident?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Status:.....	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

Have you applied for any of the following:

Date(s) applied: _____

