

RiverView Health  
 Policy Adopted: 10/01/2016  
 Policy Revised Effective: \_\_\_\_\_  
 Originating Department: Patient Financial Services  
 Routing: \_\_\_\_\_  
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 Board Approval Date: 07/28/2016  
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 Past Revision Dates(s): \_\_\_\_\_  
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SUBJECT: Community Care

POLICY: As a commitment to the community of Crookston and the people of the surrounding area, it is the policy of RiverView Healthcare Association to provide care to those in need regardless of their ability to pay.

PURPOSE: To establish a basis for determining when RiverView Healthcare Association charges will not be collected from individuals and will be considered Community Care.

PROCEDURE: RiverView Healthcare Association will provide Community Care to individuals who meet the eligibility requirements established in this policy. RiverView Healthcare Association requires that payments from insurance or other sources will be applied to the account prior to determining the amount of Community Care. RiverView Healthcare Association will also review other payment sources to determine if there are other sources of payment prior to granting Community Care.

Eligibility

An individual will qualify for Community Care if they satisfy all of the following requirements.

1. Household income is less than or equal to 150% of the Federal Poverty Guidelines (FPG) established by the U.S. Department of Health and Human Services. See Appendix A for the currently applicable FPG table.
2. Submit a complete Community Care Application, including the required supporting documents and information.
3. Be a resident of Minnesota or North Dakota.

If an individual qualifies for Community Care, the Community Care discount is 100% of the charges for their care (free care or Community Care). The Community Care discount will be applied to all emergency and medically necessary health care services prior to the date the complete Community Care Application is submitted. The Community Care discount will not apply to any episodes of care provided after the Community Care application is submitted.

A service is considered medically necessary based on the Minnesota Medical Assistance definition, which is available online at:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16\\_179701#ncs](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_179701#ncs).

Services that are not eligible for Community Care because they **are not considered medically necessary** include, but are not limited to, Department of Transportation physicals, Federal Aviation physicals, life insurance physicals, tubal ligations, vasectomies, direct access lab tests, and circumcision of babies. Only services offered by RiverView Hospital and Clinics are eligible for Community Care under this policy. Services offered by RiverView Nursing Home, RiverView Recovery Center, Adult Day Care, and Home Health Care are not eligible for Community Care discounts.

RiverView Healthcare Association does not use third-party information to presumptively determine whether an individual qualifies for Community Care.

An individual may be required to submit the following documents as part of a complete Community Care Application:

- A complete copy of the most recently filed Form 1040 or 1040-EZ, including schedules
- If employed, pay stubs for the most recent 90 days
- If self-employed, bank statements for the most recent 90 days
- If disabled, SSI payment stubs for the most recent 90 days

Eligibility for Community Care will be based on gross income as reported on the most recent tax return. However, if more recent documentation from the list above indicates a significantly different level of income, then this more recent information will be used to determine eligibility for Community Care. If an individual files Form 1040, Schedule F, to report farming activities, their income will be adjusted by adding back any depreciation claimed in Schedule F. If an individual files Form 1040, Schedule C, to report self-employment activities, their income will be adjusted by adding back any depreciation claimed on Schedule C.

- A list of all providers who provide services at RiverView Hospital and Clinics is found online at [www.riverviewhealth.org/findadoc/](http://www.riverviewhealth.org/findadoc/). This is updated quarterly to accurately identify those providers whose services are eligible for Community Care under this policy.
- RiverView Healthcare Association defines a Provider as a physician or similarly credentialed individual. Providers do not include nurses or technicians.

Amounts Generally Billed: (AGB)

RiverView Healthcare Association will calculate the AGB Limit on a case-by-case basis using the Prospective Method and current Medicare reimbursement rates.

A complete Community Care Application can be submitted through any of the following methods.

- Mail: Patient Financial Services, 323 South Minnesota Street, Crookston, MN 56716-1600
- In Person: Patient Financial Services, 323 South Minnesota Street, Crookston, MN 56716

- Fax: Patient Financial Services, (218) 281-9224

If a person has a question about RiverView Healthcare Association's Community Care program or would like assistance with the Community Care application process, they can contact Patient Financial Services by calling (218) 281-9394 or by visiting 323 South Minnesota Street, Crookston, MN 56716.

If a person does not qualify for a Community Care discount under this policy, they may qualify for another discount such as uninsured, pay in full, and discounts available under a different policy.

#### Billing and Collection Activities

RiverView Healthcare Association takes the following actions, including Extraordinary Collection Actions, to encourage individuals to pay their medical bills.

- If an individual pre-registers for medical care, the Patient Financial Counselor will contact the individual to inform them of any co-pays, deductibles, co-insurance, delinquent accounts, and non-covered services and discuss payment alternatives.
- After receiving healthcare and processing any insurance, the individual will be sent the first post-discharge billing statement.
- A second billing statement is sent approximately 20 business days later.
- A third billing statement is sent approximately 20 business days.
- A letter notifying the individual of intent to place the account with a collection agency is sent approximately 20 business days later, and the individual has 30 days to respond to Extraordinary Collection Action (ECA) letter.
- A second letter, notifying the individual of intent to place the account with a collection agency, is sent approximately 16 business days later.
- If an individual has not contacted RiverView Healthcare Association to establish a payment plan, the account will be sent to collections.
- Upon receipt the collection agency will seek to contact an individual through phone calls and letters.
- At least 30 days after receiving an account, a collection agency may file a lawsuit, lien or garnishment against an individual. Prior to initiating any of these actions, the Financial Coordinator must approve the action. These are the only Extraordinary Collection Actions allowed by RiverView Healthcare Association.
- A payment plan may be established with minimum monthly payments as agreed upon by RiverView Healthcare Association and the individual.
- If an individual has not paid for prior medical care, the individual may be required to make a payment prior to receiving care that is not medically necessary. If an individual is unwilling to make the requested payment, the medical care may be delayed.
- If RiverView Healthcare receives a mail return due to an incorrect address, that account may be immediately sent to a collection agency for further efforts.

RiverView Healthcare Association takes the following actions to notify and inform individuals about the availability of financial assistance.

- Neither RiverView Healthcare Association nor any of its agents will take any Extraordinary Collection Actions within 120 days of sending the first post-discharge billing statement for an episode of medically necessary health care.
- At least 30 days prior to initiating a lawsuit, garnishment or lien, a written notice will be sent to the individual. This written notice will contain the following information.
  - RiverView Healthcare Association offers Community Care to eligible individuals.
  - Lawsuits, liens and/or garnishments may be initiated to encourage payment.
  - The deadline that collection actions may be initiated.

This written notice will include a copy of the Plain Language Summary (PLS) of this Community Care policy.

- Either RiverView Healthcare Association or its collection agent will take efforts to orally notify the individual about the Community Care program and how they may obtain assistance in completing a Community Care Application.
- If an individual submits an incomplete Community Care Application, RiverView Healthcare Association will provide a written notice that indicates the missing information or documentation and that provides a reasonable amount of time to complete the application. This deadline will be no sooner than 240 days after sending the first post-discharge billing statement.
- If a person submits a complete Community Care Application, RiverView Healthcare Association will determine the individual's eligibility for Community Care in a timely manner. RiverView Healthcare Association will notify the individual, in writing, of the determination. This notification will include the determination, the basis for the determination, and the level of assistance for which the individual qualifies, if applicable.
- If an individual submits an application, RiverView Healthcare Association will suspend any extraordinary collection actions that were previously initiated and will not initiate any new Extraordinary Collection Actions until either a Community Care determination is made or the individual fails to submit a completed Community Care Application within 240 days of sending the first post-discharge billing statement.

RiverView Healthcare Association's Financial Coordinator is responsible for determining whether RiverView Healthcare Association has taken reasonable efforts to determine an individual's eligibility for Community Care under this policy and may, therefore, initiate Extraordinary Collection Actions against that individual.

#### Publicizing the Community Care Program

RiverView Healthcare Association will take the following actions to educate our community about this Community Care program.

- This Community Care Policy, the Plain Language Summary, and the Community Care Application will be available at all times on RiverView Healthcare Association's website.
- Paper copies of this Community Care Policy, the Plain Language Summary, and the Community Care Application will be available upon request by mail, in the Emergency Department, and in all admissions areas.
- RiverView Healthcare Association will notify and inform the community about the Community Care program in a manner reasonably calculated to reach those individuals most likely to require financial assistance.
- The Community Care application and the Plain Language Summary will be included in all admission packets given to patients.
- Information about the Community Care program will be displayed in the Emergency Department and in all admissions areas.
- If a population within RiverView Healthcare Association's community has limited English proficiency and is at least 1,000 individuals or 5% of our total community, then this Community Care Policy, the Plain Language Summary, and the Community Care Application will be translated into the primary language of that population and will be available to the public through all of the methods described above.

Approved \_\_\_\_\_

Date \_\_\_\_\_

**Appendix A**  
**Currently Applicable Federal Poverty Guidelines**

The 2018 Federal Poverty Guidelines (“FPG”) are as follows.

<b>Family Size</b>	<b>100% of FPG</b>	<b>150% of FPG</b>
1	\$12,140	\$18,210
2	\$16,460	\$24,690
3	\$20,780	\$31,170
4	\$25,100	\$37,650
5	\$29,420	\$44,130
6	\$33,740	\$50,610
7	\$42,380	\$57,090
8	\$42,380	\$63,570
9	\$46,700	\$70,050
10	\$51,020	\$76,530
For each additional family member, add		\$6,480

Updated on: January 13, 2018

Source:

1. U.S. Department of Health & Human Services
2. Office of the Assistant Secretary for Planning and Evaluation
3. Federal Register notice of 2018 poverty guidelines, published January 18, 2018
4. <https://aspehhs.gov/poverty-guidelines>