

<u>SUBJECT:</u> Uncompensated Care Policy	Tri-County Health Care Wadena, Minnesota
DEPARTMENT: Patient Resources	PAGE 1 of 13
APPROVED BY: TCHC Board of Directors 12/14/2015	EFFECTIVE: 01/2016 REVISED: 2/2018

PURPOSE

The purpose of Tri-County Health Care’s Uncompensated Care Policy is to ensure patients receive medically necessary care regardless of ability to pay.

Tri-County Health Care provides care for emergency medical conditions to individuals without discrimination and regardless of whether the individual is eligible for financial assistance. Tri-County Health Care prohibits engaging in any action that discourages individuals from seeking emergency medical care at Tri-County Health Care. Tri-County Health Care provides care for emergency medical conditions in accordance with 42 CFR 482.55 (or any successor regulations).

POLICY

UNCOMPENSATED CARE PROGRAM

Tri-County Health Care (TCHC) has elected to provide a reasonable amount of services without charge or at a discount to people who cannot afford to pay for needed care. Single dependent adults up to the age of 26 who are covered under a guardian’s insurance are generally ineligible for our program on their own unless their household qualifies. Individuals able to demonstrate undue hardship may be reviewed on a case by case basis. Parental household income may be combined with the single’s income for hardship eligibility review purposes. If TCHC has reason to believe that information provided in an application is misleading or incomplete, we will consider the application incomplete until appropriate support is provided. At TCHC’s discretion, based on an individual’s facts and circumstances, we may choose to provide financial assistance to an individual who does not otherwise meet the eligibility requirements as provided in this policy

Under this program, we have elected to provide services without charge or at a discount to eligible persons, excluding non-medically necessary/elective services. Covered services include any clinic, inpatient and outpatient services routinely provided by Tri-County Health Care’s hospital and clinics: Baxter, Bertha, Sebeka, Henning, Ottertail, Verndale, Wadena, rehabilitation clinics, mental health and Tri-County Hospital. Please see the attached lists of providers covered and not covered by this program (Exhibits 2 & 3).

Eligibility is determined by comparing family income and assets to guidelines established by the TCHC Governing Board and administered by the TCHC Uncompensated Care Committee. You must meet both income and asset requirements to be considered for our program. However, assets are not considered for assistance on clinic balances. WE MUST RECEIVE PROPER PROOF IN ORDER TO PROCESS APPLICATIONS.

YOU MAY RECEIVE UNCOMPENSATED SERVICES IF YOU MEET ALL OF THE FOLLOWING REQUIREMENTS:

- Apply for or currently have Medical Assistance. If you refuse to apply, your application for uncompensated care may be denied.
- If you are denied Medical Assistance or Minnesota Care but meet our guidelines you may still be considered for approval under our program.
- Have net assets that are not more than the Asset Limits established by TCHC.
*Applies to hospital balances only.
- Have income that is not more than the Income Guidelines established by TCHC.
- Transfer any medical insurance benefits that apply to the services provided.
- Have extenuating circumstances which document that your situation is consistent with the intent of the TCHC Uncompensated Care Program.

Family Size and Income Guidelines

Family size of one is denoted as a person 15 years of age or over who is not living with any relatives. Family units of size greater than one include only persons related by birth, marriage or adoption, who reside together. Students under age 26 regardless of residence who are supported by parents or others related by blood, marriage or adoption are considered to be residing with those who support them. Income is the total of all family cash receipts before taxes from all sources including wages, salaries, unemployment, social security, disability, alimony, child support, interest, dividends, rents, public assistance, etc. It also includes net income (excluding non-cash expenses such as depreciation) from self-employment, farm or business activities. TCHC has established the income guidelines to be 200% of the Federal Poverty Guidelines. See Exhibit 1 attached.

Assets

*Assets are not considered for forgiveness of clinic balances and can be skipped if applying for clinic bills only.

Assets are what you own including cash, savings, cash value of life insurance, stocks, bonds, CDs, vehicles, or non-homestead property. A person living alone may own \$10,000 in net assets. A married couple or family may own \$25,000 in net assets. Assets that do not count are: homestead property, mobile home used as your primary home, pre-

paid burial fund up to \$2,000 & one motor vehicle. Business assets may be excluded from the asset test if applicant is solely relying on the income generated from such assets.

Information requested for eligibility determinations:

- Three months of most recent pay stubs
- Complete copy of most recent federal tax return or tax transcript
- Two months of most recent bank statements
- Proof of direct deposits (if applicable)
- Approval/denial from county for medical assistance
- Property tax statements of non-homestead property (if applicable)
- Proof of unemployment or disability income (if received)
- Proof of child support or alimony paid or received (if received)
- Most recent statement for any investments (if applicable)

For assistance completing applications please call or visit the Patient Resources Department at the contact information listed below. Please return completed and signed applications within 30 days to:

Tri-County Health Care
Patient Resource Department
415 Jefferson St. N.
Wadena, MN 56482

Contact for Questions
218-631-7498 or 1-800-631-1811, Ext. 7498
Fax: 218-631-7595

Additional Notes & Considerations

- Uncompensated Care adjustments are only applied to patient self-pay balances. Tri-County Health Care will still attempt to collect payment from applicable third-party payers who insure/cover a patient.
- Tri-County Health Care limits the amounts charged to Uncompensated Care eligible patients to the amounts generally billed to individuals who have Medicare.
 - TCHC determines amounts generally billed using the prospective method by calculating the expected amount that would be paid by Medicare Parts A & B.
 - An individual who qualifies for financial assistance under this policy will receive 100% forgiveness of their self-pay balances billed by Tri-County

Health Care. Therefore, the maximum amount a qualified patient would pay is \$0.

- ***Tri-County Health Care will always accept Uncompensated Care applications for balances related to dates of service no older than 240 days since the first statement date. TCHC may accept applications for balances older than 240 days, but forgiveness for those balances will only be applied to unpaid balances.**
- Approval for Uncompensated Care is effective for 6 months. After that time, individuals may be required to provide updated income information or complete another application.
- Uncompensated Care adjustments apply to all emergency and other medically necessary care provided by Tri-County Health Care. Non-medically necessary/elective services do not qualify for Uncompensated Care. Examples of such services are cosmetic procedures, respite care and fertility/infertility treatments.
- Uncompensated Care applicants with outstanding balances of less than \$1,000 can be approved by the Patient Resources Supervisor. Applications with balances greater than \$1,000 must go to the Uncompensated Care Committee for review and approval.
- Tri-County Health Care's Uncompensated Care committee may take up to 60 days to review applications from the date a fully completed application is received.
 - TCHC may expedite the review of applications based on individual circumstances.
 - Patients will be notified in writing of approval/denial of Uncompensated Care.
- Tri-County Health Care reserves the right to approve alternative or conditional adjustments/discounts based on individual patient circumstances as part of the Uncompensated Care application review and approval process.
- Tri-County Health Care's Board of Directors has the authority to approve TCHC's Uncompensated Care Policy and subsequent revisions. However, the Board of Directors has delegated that responsibility to the CFO for the following:
 - Income guidelines when they are only updated proportionately to reflect annual changes in Federal Poverty Guidelines (Exhibit 1). Updated annually.
 - List of covered and uncovered providers (Exhibits 2 & 3). Updated Quarterly.
 - List of ways patients are made aware of TCHC's Uncompensated Care program (Exhibit 4). Updated Annually.

GENERAL STATEMENT FLOW & COLLECTION ACTIVITY

Tri-County Health Care offers a single consolidated bill for all health care visits. Patients will receive a single guarantor statement for hospital, clinic and medical provider services to help them understand and keep track of their charges. Services performed by some of our specialty providers may be billed separately by that provider. Throughout the statement flow and collection follow up activity, patients are notified of TCHC's Uncompensated Care Policy as outlined in Exhibit 4.

- 1st Statement - After all insurance and adjustments are processed on an account, and the account is self-pay, the first statement will be produced and sent to the patient.
- 2nd Statement - A second invoice is generated if the account has not been paid in full. This is approximately 30 days from the first invoice date, but does vary based on the timing of statement cycles.
 - A TCHC Credit Policy Letter is mailed to the patient after the second statement is generated.
- 3rd Statement - A third invoice is generated if the account has not been paid in full. This is approximately 30 days from the second invoice date.
 - At this time a Patient Resource Representative follows up with a phone call and a Past Due Letter #1 is mailed to the patient.
- 4th Statement - A fourth invoice is generated if the account has not been paid in full. This is approximately 30 days from the third invoice date.
 - At this time a Past Due Letter #2 is mailed to the patient along with a plain language summary of TCHC's Uncompensated Care Policy.
- 5th Statement - A fifth invoice is generated if the account has not been paid in full. This is approximately 30 days from the fourth invoice date.
 - At this time a Patient Resource Representative follows up with a phone call and a Final Demand Notice is mailed to the patient.
- 30 days after final notice has been given, accounts are reviewed by Patient Resources staff for submission to third-party collection agencies. Patients may also receive a sixth invoice depending on the timing of statement cycles.
- Prior to patient accounts being sent to a third-party collection agency the following is reviewed and verified by a Patient Resource Representative.
 - It's reasonable to believe the patient owes the debt.
 - All known third-party payors have been properly billed.

- The patient cannot pay the full amount of the debt, and Tri-County Health Care has offered a reasonable payment plan following the guidelines outlined in this policy.
- The patient has been given a reasonable opportunity to apply for the Uncompensated Care (UC) Program.
- Prior to any legal action, or garnishment, the following is reviewed and verified by a Patient Resource Representative:
 - It's reasonable to believe the patient owes the debt.
 - All known third-party payors have been properly billed.
 - The patient cannot pay the full amount of the debt, and Tri-County Health Care has offered a reasonable payment plan following the guidelines outlined in this policy.
 - The patient has been given a reasonable opportunity to apply for the Uncompensated Care Program.
 - TCHC has met the "reasonable effort" requirements to determine whether a patient qualifies for financial assistance.
 - And, in the case of a garnishment, there is no reasonable basis to believe that the patient's wages are exempt.
- If a patient has submitted a fully completed application for Uncompensated Care, all collection activity will be suspended until the application has been processed by Tri-County Health Care.
- Tri-County Health Care has a zero tolerance policy for abusive, harassing, oppressive, false, deceptive, or misleading language or collections conduct by its collection agencies.

DELINQUENT PATIENT POLICY

It is Tri-County Health Care's purpose to provide the best possible health care for our patients at the lowest possible cost. We cannot do this unless bills are paid promptly. Therefore, patients who do not comply with Tri-County Health Care's payment policy and fail to keep their account in good standing may be considered delinquent and will be a cash payer only.

- Tri-County Health Care reserves the right to deem a patient delinquent if all of the following criteria exist:
 - Has a combined clinic and hospital self-pay balance of \$2,000 or greater (including bad debt)
 - Has outstanding self-pay balances over 120 days past due
 - Has not made minimum guideline payments in the last 6 months
 - Have had 2 or more accounts sent to collections within the last 2 years

- Refuses to fully complete an application for Uncompensated Care or does not qualify
- If a patient is insured, then their payor's contract needs to be reviewed by the Business Office to determine if any direct action with that payor is necessary prior to a delinquent status.
- The primary care provider of patients who may be considered delinquent will provide a recommendation in regards to the delinquent status.
- Based on the criteria outlined above and the provider's recommendation, the Operations Council will determine whether or not a patient shall be declared delinquent.

Once a patient is delinquent, they will become a cash payor only. Meaning, they cannot be seen for non-emergency visits at any of Tri-County Health Care's facilities without paying in advance. This applies to the patient, their spouse and dependents.

- The amount due prior to clinic visits will be the medium level, existing-patient office visit charge (i.e. 99213). This payment will be applied to that specific visit first, and any remaining amount will be applied to the patient's outstanding balance.
- Any non-emergency hospital services will require payment upfront of 39% of the estimated charges as calculated by the Patient Resource Department (no more than the amounts generally billed using the prospective method for Medicare).
- **NO PATIENT IS REFUSED EMERGENCY CARE REGARDLESS OF ABILITY TO PAY OR DELINQUENT STATUS**

*NOTE: This action by Tri-County Health Care does not prevent any additional accounts from being sent to a third party collection agency, nor does it relieve the patient of any payment obligations. The payments at the time of visit will not be considered as efforts to pay on prior outstanding balance.

In order to become compliant again and no longer be required to pay before visits, the patient must do the following:

- Pay all outstanding self-pay and bad debt balances in full
OR
- Establish a written payment plan that is approved by the Patient Resources Supervisor, AND make payments in accordance to the agreed upon plan for 3 consecutive months. If payments are missed or altered without approval, Tri-County Health Care reserves the right to immediately revert the patient's status back to delinquent.
- It is also the patient's responsibility to keep Tri-County Health Care current of all contact, payment, and insurance information.

*NOTE: If a patient completes an Uncompensated Care application and is denied assistance, then they must either pay the remaining balance in full or establish an approved upon payment plan to be considered compliant again.

PRESUMPTIVE UNCOMPENSATED CARE

There are instances when a patient may appear eligible for financial discounts through our Uncompensated Care Program, but there is no Uncompensated Care application on file or there is a lack of supporting documentation. In the event there is no evidence to support a patient's eligibility for financial assistance, Tri-County may apply Presumptive Uncompensated Care without the patient completing an application.

- Financial assistance through Presumptive Uncompensated Care will be determined by the patient's proven qualification for certain means-tested public programs. Specifically, patients may be given financial assistance if they are/or have been enrolled in Medicaid or PMAP coverage within the last 12 months, are incarcerated, or are otherwise housed in a court-ordered rehabilitation center.
- Based on the available information, patients will be deemed eligible/ineligible for Presumptive Uncompensated Care by the Patient Resources Supervisor for balances of \$5,000.00 and under. Patients with balances greater than \$5,000.00 are reviewed and approved by the Uncompensated Care Committee.
- Patients approved for Presumptive Uncompensated Care will receive 100% forgiveness of their outstanding self-pay balances with Tri-County Health Care.

Discrimination is Against the Law

Tri-County Health Care (TCHC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TCHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TCHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - » Qualified interpreters
 - » Information written in other languages



If you need these services, notify registration or scheduling staff.

If you believe that TCHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **The Director of Quality.**

You can file a grievance in person, by mail or fax at the following —
415 Jefferson St N Wadena MN 56482, Telephone: 218-631-7516; or Fax: 218-631-7503.

If you need help filing a grievance, **Tammy Suchy, Director of Quality** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
បំណង: ប្រសិនបើ អ្នក រៀន ភាសា ខ្មែរ, យើង ផ្តល់ ជូន អ្នក ការ ជំនួយ ភាសា ដោយ ឥត គិត ថ្លៃ ទេ ដើម្បី ជួយ អ្នក យល់ ភាសា ខ្មែរ បាន ល្អ ជាង មុន ។
ማስታወሻ: የሚናገሩት ቋንቋ ካማርኛ ከሆነ የትርጉም አገልግሎት ፈርዶቶቹ በነፃ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚከተለው
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Exhibit 1

2018 INCOME GUIDELINES

Forgiveness is based on household income compared to the Federal Poverty Guidelines.

FAMILY SIZE	ANNUAL INCOME GUIDELINES AND FORGIVENESS
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

For family units with more than eight members, add \$8,640 for each additional member.

Approved By: Kim Aagard, CFO

Date: 2/1/2018

Exhibit 2

TRI-COUNTY HEALTH CARE PROVIDERS COVERED BY THE UNCOMPENSATED CARE PROGRAM

Aaron Larson, M.D.	Jamie Udy, FNP	Robert Davis, PA-C
Adam Weichelt, PA-C	Jean Morancy, M.D.	Robert Jones, Jr., M.D.
Alicia Frankwitz, D.O.	Jennifer Arnhold, M.D.	Robert Levin, M.D.
Alison Meyer, FNP	Jennifer Tessmer-Tuck, M.D.	Robert Toews, SP
Alyssa Manning, FNP	Jeremy Meyer DPT	Rose Lorentz, A-GNP
Amadin Osayomore, M.D.	Jessica Anderson, PA-C	Rwanda Campbell, M.D.
Amy Severson, FNP	Jessica Grimes, M.D.	Ryan Scott, D.O.
Andrea Craig, PMHNP	Jill Wilkens, PA-C	Scott Wheeler, M.D.
Andrea Pettit, PTA	John Chase, CNP	Shaneen Schmidt, M.D.
*Ardis McFarlane, PA-C	John Pate, M.D.	Sharon Cannon, CRNA
Barbara Heier, PA-C	Jon Kaspari, M.D.	Shelagh Carlson, PT
Benjamin Hess, M.D.	Joseph Kreklau, CRNA	Stacey Sellner DPT
Beth Helgerson, M.D.	Katherine Dittmann, OTA	Stella Ekong, M.D.
Bobbi Jo Adams, M.D.	Kevin Gildner, M.D.	Steve Davis, M.D.
*Bonnie Bartos, PA-C	Keith Nelson, CRNA	Steven Senica, M.D.
Bradley Qualey, M.D.	Kevin Walters, M.D.	Terry Evers, PMHNP
*Craig Holland, M.D.	Laura DuChene, M.D.	Thomas Hock, PA-C
Curtis Brown, PT	*Laurence Nace, M.D.	Thomas Van Bruggen, M.D.
Dawn Dahlgren-Roemmich, CNM	Linda Trosdahl, OT	Thomas Weston, PA-C
David Borge, M.D.	Linda VanRoekel Kuismi, FNP	Tim Sly, PT
David Kloss, M.D.	Lora Foust, OT	*Timothy Rittenour, M.D.
Dennis Faith, M.D.	Lucy Peterson, M.D.	Timothy Schmitt, M.D.
Diane Evans, D.O.	Marc Burkhart, M.D.	Tina Hulse, PA-C
Dylan Folkestad, M.D.	Mark Oshinsky, FNP	Travis Rasinski, DPT
Elsaid Rabie, M.D.	Mark Pearson, PTA	Wayne Jorgensen, PA-C
Eric Chapman, D.O.	Matthew Yelle, M.D.	Wendy Gravelle, CRNA
Erin Boesl DPT	Oscar Garcia Medina, M.D.	
Fahd Arafat, M.D.	Paula Foreman, PA-C	All locum ER providers providing services in TCHC's Emergency Department
Gerald McCullough, M.D.	Peter Finke, PT	
Gregory Wiegand, PA-C	Rachael Spear, CRNA	
Heidi Olson, M.D.	Richard Pretorius, M.D.	
	Rhoda Rees, FNP	

*Denotes providers no longer at TCHC

Approved By: Kim Aagard, CFO

Date: 2/1/2018

Exhibit 3

SPECIALISTS AND OUTREACH PROVIDERS THAT ARE NOT COVERED BY THE UNCOMPENSATED CARE PROGRAM

Lake Region Health Care

- Pathology & Radiology
Reading

Orthopedics:

- Dr. Benjamin Robertson
- Dr. Paul Thompson
- Dr. Joel Shobe
- PA Stafani Burandt

Podiatry:

- Dr. Kevin McCann

ENT:

- Dr. Kurtis Waters
- PA Katie Stearns

Audiology:

- Dr. Sara Nelson

Oncology:

- Dr. Swenson
- PA Alyssa Manning

Cardiology:

- Dr. Daniel Tiede
- Dr. Bernard Erickson
- Dr. Jacob Dutcher
- Dr. Jamie Pelzel
- Dr. John Mahowald
- Dr. Tim Schuchard
- Dr. Wade Schmidt
- Dr. Howard Zimring
- Dr. Thom Dahle
- Dr. Richard Backes
- Dr. Mark Johnson

Dermatology:

- Dr. Krisina Britton
- NP Rebekah White

Special Procedures

Radiology:

- Dr. Tom Larson
- Dr. Vali Orandi
- Dr. Kamran Khaghany

Neurology:

- Dr. Kathleen Rieke

Physiatry:

- Dr. James Andrews

Pulmonary and Sleep Study:

- Dr. Todd Greatens

Approved By: Kim Aagard, CFO

Date: 2/1/2018

Exhibit 4

PATIENTS ARE NOTIFIED OF TRI-COUNTY HEALTH CARE'S UNCOMPENSATED CARE PROGRAM IN THE FOLLOWING WAYS:

- Patient Resources staff is available to meet with patients to discuss financial assistance. We are available Monday - Friday from 8 a.m. – 4:30 p.m. at the main campus in Wadena, MN. We can also be reached by phone at 218-631-7498.
- Patient Resources staff is also available to meet with inpatients right in their room regarding financial assistance upon request.
- TCHC's Uncompensated Care Policy and application are available on our website: www.tchc.org or URL: <http://www.tchc.org/patients-financial-information.aspx>
- Paper copies of the policy, plain language summary and application are available upon request and without charge by mail.
- Paper copies of the policy, plain language summary and application are available upon request and without charge in the emergency room and all admissions areas.
- A paper copy of the plain language summary is offered to all patients as part of the consent form that is signed at every registration.
- TCHC notifies and informs community members who may need financial assistance by the following:
 - Social media posts and blogs
 - Fliers in County Offices
 - HealthyTimes – TCHC Publication mailed to all citizens in our service areas.
- Written notice is included on billing statements and collection letters.
- Through facility signage and brochures located by the emergency room and all admissions areas.

Approved By: Kim Aagard, CFO

Date: 1/1/2016