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PURPOSE:

Consistent with its mission to provide high quality health and wellness services for the extended community, Crossing Rivers Health is committed to providing free or discounted care to qualified individuals that are in need of medically necessary treatment even if that person is under-insured, ineligible for other government programs, or unable to pay based on their individual financial situation.

POLICY:

- 1. Crossing Rivers Health will not exclude any person from receiving health care services because of their race, color, sex, creed, national origin, sexual orientation, handicap, or age. No patient, regardless of ability to pay, will be denied treatment for emergency services for conditions that are life threatening or could result in serious bodily harm.
- 2. The annual amount of community free care will be determined by the financial status and budget of the hospital and approved by the Chief Executive Officer and Board of Directors.
- 3. The calculation of the Amount Generally Billed to individuals who qualify for financial assistance will be based on the Look Back Method. For information on the calculation of the Amount Generally Billed contact the Business Office of Crossing Rivers Health. If the individual is eligible for financial assistance they will not be liable for more than the Amount Generally Billed. The basis for calculating the amounts charged to patients is based on the actual past claims paid to Crossing Rivers Health by Medicare together with private health insurers.
- 4. Community free care may be available for emergency and services applicable to inpatient, outpatient, skilled, home health, hospice and clinic care. This excludes physician services that are not billed by Crossing Rivers Health. Current services/ Items not eligible for financial assistance under this policy:
 - a. Services provided at any other facility
 - b. Inpatient Hospitalist Professional Services
 - c. Professional Services provided and billed by a physician not affiliated with Crossing Rivers
- Charity care financing may be provided to those patients having no insurance coverage or inadequate third party insurance coverage at the time of admission or upon receipt of a retroactive denial.
- 6. Accounts previously written off to bad debts but subsequently returned as uncollectible by the Hospital collection agency will be considered charity care because the external collection agency has determined the patient is unable to pay the bill.

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- 7. If a person with an outstanding hospital bill declares bankruptcy or is deceased with no estate, the account will be classified as charity care.
- 8. Patients applying for charity care must exhaust all government assistance programs first, such as Medical Assistance, BadgerCare, and General Relief.

Patient Eligibility Criteria – The following criteria will be used to identify persons who are unable to pay for needed health care services.

- 1. Confirmation that the patient is not covered or receives services that are not covered by a third party insurer or government program.
- 2. The patient, financially, is not able to pay for the services or, under special circumstances, approved by the Chief Executive Officer.

Patient Financial Eligibility Criteria – The following financial criteria will be utilized for identifying persons unable to pay for needed services.

- 1. The financial criteria established by current federal poverty guidelines will be followed and will apply to all types of care.
- 2. Individual net worth will also be a factor in determining eligibility.
- 3. Circumstances may dictate that the above criteria be waived; however, all community free care must have approval of the Business Office Director, Chief Financial Officer, or Chief Executive Officer.
- 4. It is the responsibility of the applicant to provide the hospital with the necessary information in order that we may determine eligibility.
- 5. Applicant may be required to complete and sign a community free care application. The hospital may request to view the applicant's recent W-2, federal and state income tax return, or other proof of income or assets in order to make a financial determination.

Community Free Care Administrative Procedure

- 1. The financial status of the patient applying for community free care will be established as soon as possible after receiving the application and all requested information.
- 2. The patient, physician, family member, hospital staff, or others can request community free care for a patient.

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- 3. Application for community free care for elective services should be made in advance of receiving the elective services. The patient should contact the hospital's business office to provide the necessary information.
- 4. The patient will be notified when their application for community free care has been accepted or denied.
- 5. Medicare, Medicaid, and other third party contracts will not be considered as community free care.
- 6. There are no time limits or other restrictions on declaring an account or patient as free care. This includes time elapsed, collection status, type of care, or whether it is a deductible or the unpaid portion of a third party payment.
- 7. Accounts greater than \$50,000 will have the approval of the Business Office Director, Chief Financial Officer, and Chief Executive Officer. Accounts ranging from \$10,000 \$49,000 will be approved by the Business Officer Director and the Chief Financial Officer. Accounts less than \$10,000 will be approved by the Business Office Director, with the exception of items listed in section Policy- 6.

Regulatory Requirements:

In implementing this policy, Crossing Rivers Health shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

The Business Office Director for Crossing Rivers Health will be responsible to monitor the program to insure the policy is carried out consistently.

Obtaining Additional Information

Information regarding and copies of the Community Free Care policy or application, can be obtained by:

- 1. Requesting in person at Crossing Rivers Health
- 2. Contacting your representative directly at the Crossing Rivers Health Business Office or at the general number 608-357-2000.
- 3. Accessing Crossing Rivers Health website at: www.crossingrivers.org
- 4. Submitting a written request to Crossing Rivers Health, 37868 US Highway 18, Prairie du Chien, WI 53821