

Policy Title: Burnett Medical Center Community Care Program Policy

Departments Affected: Business Office, Registration

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Original Date: 09/06/2001

Revised: 04/14/17, 11/2/18, 11/22/19

Review Date: 04/14/2018

Purpose

In accordance with Burnett Medical Center's vision to becoming the "Provider of Choice" in Burnett County and Internal Revenue Code Section 501(r), Burnett Medical Center will provide uncompensated healthcare to patients that are determined to be unable to pay for emergency or other medically necessary care provided by the facility.

Policy

1. The Community Care Program of Burnett Medical Center shall be considered for those individuals who are uninsured, underinsured, and unable to pay for their care based upon a determination of financial need in accordance with this policy and consistent with the missions and values of Burnett Medical Center.
2. Patients seeking care at Burnett Medical Center, including emergent or medically necessary care shall be treated without regard to their ability to pay. Community Care approval will be based on financial need and shall not consider race, color, ethnicity, national origin, religion, creed, gender, age, social or immigration status, residency, disability, sexual orientation or insurance status.
3. Burnett Medical Center will limit the amounts charged for emergency and other medically necessary care provided to Community Care eligible individuals to not more than the amounts generally billed (AGB) to individuals who have insurance covering care. To calculate the AGB, Burnett Medical Center uses the "look-back" method. In this method, Burnett medical Center uses data based on claims sent to governmental and private commercial insurers for emergency and medical necessary care over the past fiscal year to determine the percentage of gross charges that is typically allowed by these insurers. The AGB percentage is then multiplied by the gross charges for emergency and medically necessary care to determine the AGB. Burnett Medical Center re-calculates the percentage each fiscal year.
4. Burnett Medical Center has a list of covered and non-covered providers in further attachments that will be updated on a quarterly basis. The list of non-covered providers is on Attachment A, while the list of covered providers is on Attachment B.
5. The full application process must be completed by the patient/responsible party. Falsification of the application information, failure to fully disclose all assets and/or income, or refusal to cooperate will result in a denial from the Community Care program.
6. All third-party resources and public assistance available through the state Medicaid program must be exhausted before Financial Assistance can be considered. If an individual has applied for and not yet received determination, the eligibility for Community Care will be postponed until the Medicaid eligibility determination has been made.

7. Those persons that are found to be eligible for Medicare or Medicaid benefits and are not enrolled will be referred to the appropriate agency. Community Care will be offered as a last resort to other aids available (i.e. Medicare or Medicaid) to the following types of patients as defined by Wisconsin and/or Minnesota Medicaid Regulation:
 - a. Minor child
 - b. Adult with minor child/children
 - c. Disabled adults (must have been approved for SSI disability benefits)
 - d. Elderly (over age 65)
 - e. Wisconsin & Minnesota resident adults (age 22-64) without minor children and with low income.

The Community Care Program will have two components:

1. Full Community Care: Full Community Care is a complete write-off of Burnett Medical Center's gross hospital and clinic charges for eligible services. 100% fully discounted care is based on Federal Poverty Level (FPL) for patients or their guarantors:
 - a. Whose gross income is at or below 100% FPL; and
 - b. Whose assets do not exceed the levels shown on (Attachment C)
2. Partial Community Care: Partial Community Care is a partial write-off of BMC's gross hospital and clinic charges for eligible services. The following discount levels are based on FPL for patients or their guarantors:
 - a. Whose gross income is 101% - 150% FPL will receive 90% discount.
 - b. Whose gross income is 151 - 200% FPL will receive 75% discount.
 - c. Whose gross income is 201% - 250% FPL will receive 50% discount.
 - d. Whose assets do not exceed the levels shown on (Attachment C)

Eligibility Criteria

1. Determination of a person's ability to pay will be based on household income and assets. Eligibility will be reviewed at least on a semi-annual basis or upon a change in employment status. The following criteria will be applied consistently and equitably:
 - Medical Insurance Coverage
 - Household income
 - Household size
 - Financial resources other than income
 - Health Savings Account balanceA review of assets including cash, savings, stock and other liquid assets, personal property used in the production of income and other personal property of reasonable value.
2. Alternative Documentation & Presumptive Process

Burnett Medical Center recognizes that it is not feasible, or in some instances not necessary, for all patients to complete the financial assistance application or provide documentation required through the traditional application process:

- a. Life Circumstances: Patients will be granted presumptive eligibility for assistance based on individual life circumstances. For example, deceased patients with no known estate and homeless patients with no insurance coverage.
- b. A patient may be presumed eligible for financial assistance when adequate information is provided by the patient or through other sources. This information provides evidence that the patient may be living with limited economic means.
- c. If a patient is granted financial assistance using the alternate documentation or presumptive process, they will qualify for the maximum support available, which is a 100% discount.

Procedure

1. Informing patients about the Community Care program:
 - a. BMC will make the Community Care policy, application and plain language summary (Attachment D) available upon request by the patient and at no cost to the patient.
 - i. Information about the BMC Community Care program will be available on the BMC website at www.burnettmedicalcenter.com.
 - ii. The patient will be notified of the Community Care plain language summary at the following points of service:
 1. During the time of scheduling or a pre-service financial screening process.
 2. At the time of registration and if the patient has not received the plain language summary in the last 90 days.
 - b. Notices on the availability of the Community Care program will be conspicuously posted in the Emergency Department and Registration areas. A paper copy of the Community Care application will also be available in these areas.
2. Applying for Community Care Program
 - a. All applicants must complete the Community Care application (Attachment E) and provide requested documents when applying for assistance within 240 days of the first post-discharge billing statement. The exception would be those patients qualifying for presumptive charity. As applicable, documentation includes:
 - i. Income information and verifications, such as: recent pay stubs, bank statements, spousal and child support, earned interest, etc.
 - ii. A copy of the most recent tax return and verifications of earnings from all adult members in the household reported on the tax return.
 - iii. Asset information such as the last two months of checking and savings account statements, information on annuities, pensions and retirement funds, etc. is required under this policy.
 - b. Required documentation is listed in more detail on the application.
 - c. Burial funds and Federal/State administered college savings plans are not considered when making eligibility determinations.
 - d. If the guarantor submits a partially completed applications, a letter will be sent requesting the additional information. The guarantor will have thirty (30) days to provide the missing documentation or their application will be denied.
 - e. Information falsification. Financial assistance will be denied if the patient or responsible party supplies false information including information regarding their income, household size, assets, or other resources available that might indicate a financial means to pay for care.
 - f. Community Care applications once completed should be mailed to:

Burnett Medical Center
Attn: Financial Counselor
257 W St George Ave
Grantsburg, WI 54840
3. Community Care Determination and Notice
 - a. Determination of eligibility for Community Care program will be recommended by the Financial Counselor after all efforts to qualify the patient for other public or private programs have been exhausted. Once recommendation by Financial Counselor is complete it will be given to the Revenue Cycle Manager for final approval.
 - b. Requests for Community Care shall be processed promptly, and BMC shall notify the patient or applicant of an approval/denial in writing within thirty (30) days of receipt of a completed application.
 - c. If the patient, or their guarantor, is eligible for discounts, their Community Care application will be kept on file and will remain open for six (6) months.

- d. Those approved for discounted services will be responsible for paying their balance and/or making payment arrangements with BMC’s Financial Counselor within thirty (30) days of their determination letter.
- 4. Appeals and Dispute Resolution
 - a. Contact information for disputes and appeals regarding determination of eligibility or denial shall be submitted within 30 days of denial notification. The CEO and CFO will make final determination after reviewing the case.
- 5. Regulatory Requirements
 - a. BMC will comply with all federal, state, and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this policy. This policy requires that BMC track all Community Care provided to ensure accurate reporting.
- 6. Record Keeping
 - a. BMC will document all Community Care in order to maintain proper controls and meet all internal and external compliance requirements. All related records shall be retained for seven (7) years beginning from the date on which we received the completed application.
- 7. Policy Approval
 - a. This policy and any changes must be approved by the BMC Board of Directors.

Policy Owner:
 Revenue Cycle Manager, Patient Financial Services

Approved By:
 Burnett Medical Center Chief Executive Officer

Burnett Medical Center Chief Financial Officer

 Concurred by Date Approved

 Concurred by Date Approved

List of Medical Providers Not Covered Under BMC Community Care Program

Name	Specialty	Location
Allina Pathology	Pathology	Minneapolis, Minnesota
Dr. Hinze	Psychologist	Siren, Wisconsin
Debra Schulman	Acupuncture	Beyond Well St. Louis Park, Minnesota
Doreen LaMirande	Audiologist	St. Croix Regional Medical Center St. Croix Falls, Wisconsin
Dr. Rice	Ophthalmologist	St. Paul Eye Clinic St. Paul, Minnesota
Diagnostic Radiology	Radiology Providers	Rice Lake, WI
Dr. Bernhardson Dr. Hurrel Dr. Knickelbine Dr. Chu Dr. Jay Julie Wagner, PA	Cardiology	Minneapolis Cardiology Associates Minneapolis, Minnesota
Dr. Rieser	Orthopedic Surgery	Stillwater, MN

List of Medical Providers Covered Under BMC Community Care Program

Provider Name	Specialty
Richard Burris, PA-C	Family Practice
Melinda Deye, NP-C	Family Practice / Emergency Services
David Lang, MD	Family Practice
Christina Markovitz, CNP	Family Practice / Emergency Services
Timothy Novick, MD	Family Practice / Emergency Services
Blaise Vitale, MD	Family Practice
Amy Wachter, NP-C	Family Practice
Debra Hammer, CNM	Women's Health
Julie Andersson, PA-C	Emergency Services
Patricia Dooley Eid, CNP	Emergency Services
Linae Hicks, FNP-BC	Emergency Services
Mark Thayer, MD	Emergency Services
N. Hans Rechsteiner	General Surgery
Brent Kapfer, CRNA	Anesthesia / Pain Management
Torfi Hoskuldsson, MD	General Surgery
Henry Bong, MD	General Surgery
Patrick Hall, MD	Orthopaedic
Oleg Froymovich, MD	Otolaryngology
M. Talha Khan, MD	Pulmonology

Federal Poverty Level Chart 2020

Number of Persons in Household	100% Poverty Threshold	150% Poverty Threshold	200% Poverty Threshold	250% Poverty Threshold
	(100% discount)	(90% discount)	(75% discount)	(50% discount)
	Annual	Annual	Annual	Annual
1	\$12,760	\$19,140	\$25,520	\$31,900
2	\$17,240	\$25,860	\$34,480	\$43,100
3	\$21,720	\$32,580	\$43,440	\$54,300
4	\$26,200	\$39,300	\$52,400	\$65,500
5	\$30,680	\$46,020	\$61,360	\$76,700
6	\$35,160	\$52,740	\$70,320	\$87,900
7	\$39,640	\$59,460	\$79,280	\$99,100
8	\$44,120	\$66,180	\$88,240	\$110,292

*If you have additional household members, add \$4,420 for each one.

Community Care Program
Asset Guideline 2020

Assets will be considered along with the patient’s income to determine eligibility for the Community Care Program. To be eligible, reportable assets may not exceed \$25,000 for a household of one (1), or \$50,000 for a household of two (2) or more.

Assets may include but are not limited to items such as checking and savings accounts, IRA’s, 401K’s, Pensions, Health Savings Accounts, additional property, and any other retirement funding.

Understanding Your Medical Bills

At Burnett Medical Center, we understand the importance of receiving healthcare when you need it, regardless of your financial situation. As part of our mission, we can provide cost estimates upon request to patients prior to services. If you are uninsured or underinsured, our Financial Counselor can work with you to help determine if you qualify for Burnett Medical Center's Community Care Program.

Payment Options

For your convenience, we take payments over the telephone, in person at Burnett Medical Center or via the mail.

Community Care Program

Burnett Medical Center is dedicated to making a healthy difference in people's lives. In fulfilling our mission, we offer a Community Care Program to assist patients whose insurance coverage and/or ability to pay is limited. Financial Assistance may be available for medically necessary services. The Community Care Program does not cover certain Specialists who bill for their own professional services rendered at Burnett Medical Center. No person eligible for financial assistance under the FAP will be charged more for medically necessary care than amounts generally billed (AGB) to individuals who have insurance covering such care.

You may qualify for financial assistance when:

- You meet our program's income/asset guidelines.
- You are uninsured and/or underinsured.
- You have completed a Burnett Medical Center Community Care Application.

Total Household Income	Discount From Gross Charges
Less than 100% of FPL	100% Discount
Between 101% - 150% of FPL	90% Discount
Between 151% - 200% of FPL	75% Discount
Between 201% - 250% of FPL	50% Discount

Important Billing Information Before Your Visit

Prior to your visit, please check with your insurance company to verify whether you need a referral from your primary care clinic or a prior authorization from your insurance company.

On the Day of Your Visit

Please bring a current copy of your photo identification, insurance card(s) and any co-payments required by your insurance policy to your appointment.

After Your Visit

Burnett Medical Center will bill your insurance company for charges related to your visit. After your insurance determines coverage, we will bill you for the remaining balance due. Payment is due upon receipt of your statement. If you are unable to pay the remaining balance in full or believe that your insurance company should have covered the expenses, please contact our Business Office for further assistance. A Collection Agency may be used if balances go unpaid. As part of the Affordable Care Act, there may be insurance coverage available for you and your family. Visit www.healthcare.gov to research coverages that you may be eligible for. You may also call our office if you have any questions.

How do I apply for Financial Assistance/Community Care Program?

- Visit www.burnettmedicalcenter.com for Community Care program and polices.
- Visit the Financial Counselor Office or any Registration Desk at Burnett Medical Center
- Contact our Financial Counselor at 715-463-7247, Revenue Cycle Manager at 715-463-7232 or Toll Free at 1-800-293-5353, to request an application to be mailed to you.

Community Care Program Application

Please complete the application below. Please note that additional documentation may be requested to complete the review of your application. If approved, your application is valid for six (6) months. If you need help filling out this application, or have questions, please call our office.

Please list the people who live in your household.

First and Last Name	Date of Birth	Relationship to You	Does this person have Medical Assistance
1)		Self	
2)			
3)			
4)			
5)			
6)			

Required Information for ALL Household Members (If Applicable)	Send Copies Of:	Yearly Amount Gross)
Federal Tax Return	Last year's Federal Tax Return 1040 including schedule C, E, and/or F if applicable	\$
Employment Income	Last 2 full months (60 days) of employment pay stubs	\$
SSI, SSDI, RSDI Income	Award Letter(s) AND a copy of 2 most recent bank statements showing deposits	\$
Unemployment / Work Comp Benefits / Disability	Benefit Letter AND a copy of pay history	\$
Child or Spousal Support	Benefit Letter AND a copy of 2 most recent bank statements showing deposits	\$
Pension, Annuity, VA Benefits	Award Letter(s) AND a copy of 2 most recent bank statements showing deposits	\$
Other Income (Tribal, TANF, MFIP, etc.)	Award Letter(s) AND a copy of 2 most recent bank statements showing deposits	\$
Checking, Savings, Flex, HSA's, HRA, etc. *Flex/HSA/HRA accounts must have a balance less than \$25.00	Last 2 months of bank statements for each type of account	
Medical Assistance Application	Award / Denial Letter from the County	
<input type="checkbox"/> Check here if you did not file taxes last year	Total Income: \$	
<input type="checkbox"/> <u>No Income:</u> Please explain how you support yourself. For example: daily living expenses such as food, gas, housing and other bills.		
Other Property / Assets:	Send Copies Of:	Estimated Value:
<input type="checkbox"/> Other Property Owned (besides your primary home)	Last year's property tax statement for each property	\$
<input type="checkbox"/> Retirement & Investment Accounts: IRAs, 401Ks, Stocks, Bonds, Life Insurance, Pension Plan, etc.	Most recent statement(s) for each account	\$

I/we hereby request that Burnett Medical Center determine my eligibility for the Burnett Medical Center Community Care Program. I acknowledge that the information provided in this application is true and correct. I understand that the information that I submit will be subject to verification by Burnett Medical Center, and if this is determined to be false, it will result in a denial of the Burnett Medical Center Community Care Program. Failure to fully complete this application and provide supporting documents may result in a denial of the application.

Applicant's Signature: _____ Date: _____