

SUBJECT: Uncompensated Care Policy	Tri-County Health Care Wadena Minnesota
DEPARTMENT: Patient Resources	PAGE 1 of 13
APPROVED BY: TCHC Board of Directors	EFFECTIVE: 01/2016 REVISED: 04/2022

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: 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 unless proof of income is greater than medical assistance qualification guidelines.
- 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 and therefore should be considered a family unit.
- Income is the total of all gross (before tax) cash receipts from all sources including wages, salaries, unemployment, social security, disability, alimony, child support, interest, dividends, rental income, 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.
 - ***These guidelines are updated annually and can be found on the Health and Human Services web page hhs.gov.***

Assets

Note: Assets are not considered for forgiveness of clinic balances and can be skipped if applying for clinic bills only. (Assets are not considered for NHSC Program.)

- Assets are what you own including cash, savings, cash value of life insurance, stocks, bonds, CDs, vehicles, or non-homestead property.
 - ***Assets protected under a retirement plan should not be considered if you are not of retirement age.***
- 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 are not considered 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:**Please include the following items with your application when applicable**

- Complete copy of most recent federal tax return or tax transcript. (Form 1040)
- Three months of most recent pay stubs for you and your spouse
- Two months of most recent bank statements for all checking and savings accounts showing proof of income and explanation of any large deposits/withdrawals.
- Approval/denial from county for medical assistance Proof of direct deposits
- Property tax statements of non-homestead property
- Proof of unemployment or disability income
- Proof of child support or alimony paid or received
- Most recent statement for any investments

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 Street North
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 can receive services without charge or at a discount, excluding non-medically necessary/elective services.
- ***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 12 months from the date of application approval. 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 Business Office Manager. 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:
 - List of covered and uncovered providers (Exhibits 2 & 3).
 - List of ways patients are made aware of TCHC's Uncompensated Care program (Exhibit 4). Updated Annually.

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 Business Office Manager 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.

ປັດຈຸບັນ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ສະບັບພ້ອມໆມີຢູ່ສຳລັບທ່ານ.

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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

Exhibit 2

THE FOLLOWING PROVIDERS AND SERVICES ARE NOT COVERED UNDER THIS AGREEMENT BECAUSE THE BILLING FOR THEIR SERVICES IS NOT COMPLETED BY TCHC.

***PLEASE NOTE THAT ALL OTHER PROVIDERS AND SERVICES ARE COVERED UNDER THIS AGREEMENT.**

Lake Region Health Care

Pathology*

Orthopedics:

-Joel Shobe, M.D.

Katie Heller, PA-C

Podiatry:

Kevin McCann, DPM

Audiology:

Sara Nelson, Au.D.

Oncology:

Wade Swenson, M.D.

Alyssa Manning, FNP-C

Dermatology:

Rebekah White, NP

Kristina Britton, MD

Kassandra Nelson, APRN, CNP

Neurology:

Kathleen Rieke, M.D.

Alissa Wigen, PA-C

Physiatry:

James Andrews, D.O.

Pulmonary and Sleep Study:

Todd Greatens, M.D.

Ophthalmology:

Michelle Atchison, M.D.

CentraCare:

Cardiology*

*TCHC BILLS FOR TECHNICAL CHARGES FOR PATHOLOGY AND THESE CHARGES WILL BE ELIGIBLE FOR UNCOMPENSATED CARE. ALL PROFESSIONAL CHARGES ARE BILLED BY LAKE REGION AND ARE NOT ELIGIBLE

*TCHC BILLS FOR ALL CHARGES RELATED TO CARDIOLOGY EXCEPT FOR EKG, ECHO AND STRESS TEST INTERPERATATIONS. THESE CHARGES ARE BILLED BY CENTRACARE AND ARE NOT ELIGIBLE FOR THE UNCOMPENSATED CARE.

Approved By: Kim Aagard, CFO

04/26/2022

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

- Patient Resources staff are 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 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

04/26/2022