

# COMMUNITY BENEFIT PLAN

The Parkview Hospital Community Benefit Plan consists of two parts. The first part describes the operation of the community benefit and community health improvement process. The second part provides an overview of Parkview Hospital's initiatives to improve the health of the community. Details regarding these initiatives are available by contacting the Parkview Community Health Improvement Department.

## **I. The Community Health Improvement Program's Role**

Parkview Hospital and its Board of Directors made a major commitment in 1998 that took effect in 1999. The board committed to annually contribute 10% of the hospital's net income or a minimum of \$3,000,000 annually to fund community health improvement efforts.

These funds are used to expand the efforts of the hospital to improve the health of the community and are in addition to the broad community health improvement efforts already underway at the hospital. These funds are used primarily to support community-based and community-oriented programs, projects and organizations.

A portion of these funds along with donated funds from restricted gifts may be used to support some of the current Parkview Hospital community outreach, health improvement programs, and health initiatives. The emphasis with these projects continues to be on improving the health of the communities we serve.

A committee of community leaders, made up of members of the Parkview Hospital Board, as well as representation from Parkview Hospital employees, meet regularly to establish funding priorities for Parkview's Community Health Improvement program. Parkview proactively seeks to build community partnerships and collaborations in developing and implementing health initiatives. We are dedicated to the investment of time and resources in the process and challenges of improving the health of the communities Parkview serves. Our goal is to provide the most effective, efficient, and innovative methods of improving the health of the community, particularly for the underserved.

## **II. Community Health Improvement Initiatives**

Periodically Parkview Health conducts community health surveys, periodic physician surveys and reviews trend and treatment analysis data on an ongoing basis. Data obtained is utilized in Parkview Health's strategic planning process in identifying critical health initiatives for the communities Parkview serves. As a result of this strategic planning process, Parkview Hospital has established several priorities in its community health improvement program. This process, as guided by Parkview Health's mission, vision, and goals helps direct the types of initiatives that Parkview Hospital undertakes.

### **A. Primary Health Care/Access**

For Primary Health Care/Access, the following have been identified as critical need areas:

- Additional recruitment and training of primary care physicians for the community
- Expansion of primary care access and non-traditional hours of practice
- Continued support of programs providing primary care to the uninsured
- Programs to increase distribution of free medications to the poor
- Promotion of health careers, particularly those in which the community is experiencing a current shortage of health care professionals
- Support for activities which increase the affordability and accessibility of health insurance to the uninsured.

### **B. Health Screening and Prevention**

For Health Screening and Prevention, emphasis is placed on the following areas:

- Cancer screening programs particularly mammogram, colorectal, and prostate screening
- Tobacco Cessation programs
- Injury prevention for young people
- Education, screening and prevention of sexually transmitted diseases
- Diabetes education and screening
- Cardiovascular disease education and screening
- Pneumonia vaccinations for individuals age 65 and older
- Programs to reduce binge drinking and drunk driving

### **C. Centers of Excellence/Disease Management**

For Centers of Excellence/Disease Management, focus is placed on the following areas:

- Cardiovascular Center of Excellence and cardiovascular disease management
- Comprehensive Cancer Center and disease management of cancer
- Behavioral Health Services and management of mental illnesses
- Level II Certified Trauma Center and management of trauma and orthopaedic ailments
- Women and Children Medicine with an emphasis on children's asthma
- Management of Diabetes and Obesity

### **D. Health Innovation, Education, and Research and Development**

The health priority area for Health Innovation, Education, and Research and Development concentrates on opportunities for enhancing health care education, medical research, technology, and promoting economic and other development to enhance the health of our community.

<b>Parkview Health</b>	<b>ADMINISTRATIVE POLICY MANUAL</b>
<b>Policy &amp; Procedure Title: Charity Care</b>	
<b>Category: Fiscal</b>	

**I. POLICY STATEMENT**

Parkview Health ("PH") is committed to provide "qualified" charity care to patients unable to meet their financial obligations. It is furthermore the policy of PH to not withhold or deny any required medical care as a result of a patient's financial ability to pay his/her medical expenses.

**II. DEFINITION**

For the purpose of this policy, "qualified" charity care is defined as uncompensated care, care provided free of charge or at a discount to patients with limited or no ability to pay, together with under-reimbursements from government programs in covering actual costs.

**III. PROCEDURE**

It is the responsibility of Patient Financial Services ("PFS") to implement the provisions of this policy to qualify eligible patients for charity care. PFS will also be responsible to accumulate the cost of total charity care for PH on an annual basis and include such information in the annual financial report to the Boards of each hospital as well as the PH Board.

**A. Criteria for Qualification**

1. Family income must be at or below 200% of the United States Federal Poverty Guidelines, updated annually, to qualify for a write off. See the attached grid for specific write-off criteria.
2. Furthermore, patients or guarantor must not have assets that, if sold, would be sufficient to meet the patient's financial obligation. The hospital will consider the after-sale income in its determination. The patient's primary residence will not be considered an asset in the computation of charity care eligibility.

**B. Eligibility Requirements**

1. Patients or guarantor must cooperate with the hospital in seeking and making timely application to governmental programs if appropriate.

Origination Date: December, 1998 Revision Date(s): 10/99, 4/02, 4/03, 8/03, 02/04, 2/05, 2/06, 11/06, 11/08, 3/09, 7/10	Source: Director Patient Accounting Authorized by: Sr. VP – Revenue Cycle Management
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2. Patient or guarantor must cooperate in providing such information as required to determine financial capability. Financial information required includes:

On Balances > \$500.00:

- a. Financial Statement
- b. Federal Tax Return (prior year)
- c. W-2 Forms (prior year)
- d. Payroll stubs (past two pay periods)
- e. Banking information, account types, account balances, etc.
- f. Other data based on patient-specific circumstances

On Balances < \$500.00:

- a. One payroll stub
- b. One bank statement

3. Family income will also be considered as means of payment on the outstanding obligation. Family income is defined as income to the household including, but not limited to, wages, salaries, rental income, welfare benefits, Social Security benefits, child support, alimony and any other form of income to the household.
4. The exception to the above applies to the following:
  - a. Deceased patients or guarantors whose estates are deemed insolvent. These accounts will be approved for charity with out a financial statement.
  - b. Incomplete financial statements or other financial information may be used to approve free care if there is evidence of patient's inability to pay.

#### **IV. OTHER CONSIDERATIONS**

Additional consideration will be given to patients and their families who have large outstanding medical bills with income outside the free care guidelines to minimize the creation of "medical indigency."

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**V. APPROVALS**

Write-offs in excess of \$ 50,000 on Parkview Health accounts will be approved by the Parkview Health Chief Financial Officer.

The following levels of approvals are required for free care at Parkview Health:

\$1 - \$500	50% of accounts will be subject to retrospective audit by Financial Counselor Supervisor each month
\$501 - 2,500	Manager, Patient Accounting
\$2,501 – 20,000	Director, Patient Accounting
\$20,001 - 50,000	Sr. Vice President, Revenue Cycle Management
\$50,001 and Over	Parkview Health CFO

**VI. PERIODIC REVIEWS AND MODIFICATIONS**

Management at each facility will review and monitor on a periodic basis the total level of charity care provided and evaluate the impact of such care on the financial viability of the hospital. At intervals of no less than one year, management will report to the Boards of each hospital the results of such periodic reviews and evaluations that will be used to update and make needed alterations to this policy and practice.

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