



**BIGFORK VALLEY HOSPITAL**  
**COMMUNITY CARE PROGRAM**

## **POLICY**

Bigfork Valley Hospital is committed to providing access to quality healthcare for the community it serves, including patients in difficult financial circumstances, and offers financial assistance to those with a need to receive medical care.

### **Bigfork Valley Hospital Community Care Program**

The Community Care Program (CCP) is a charity care program that was approved by the Northern Itasca Hospital District Board of Directors in 1991. This fund is to assist patients of the hospital with payment of medical expenses incurred at Bigfork Valley Hospital (BVH) for qualifying services. It was established to assist persons who are not eligible for public or other private assistance programs and demonstrate an inability to finance all or a portion of their health care expenses.

#### **FUNDING**

The Bigfork Valley Hospital Board of Directors awards funding for this program and is limited. The yearly allocation total established by the Board of Directors is \$25,000; \$15,000 for district members and \$10,000 for non-district members. Once program resources have been exhausted, the program will be discontinued until the Board of Directors awards additional funding or donations obtained.

#### **QUALIFYING SERVICES**

Services that qualify for the CCP must be provided and billed by BVH and are limited to:

Acute Inpatient and outpatient care

#### **NON-QUALIFYING SERVICES**

Professional services.

#### **CONDITIONS OF ELIGIBILITY**

The application and financial disclosure statement provided by BVH must be completed in its entirety and signed by the applicant.

Patient's eligibility will be determined on the following information:

- Income from all sources for individuals responsible for payment
- Listing of checking and savings accounts, certificate of deposit, stocks and bonds.
- A copy of the most recent income tax return

- W-2's
- Copy of last three months bank statements
- A copy of the letter of denial for Medical Assistance or be currently eligible for Medical Assistance
- A copy of sliding fee scale eligibility or denial

### **PROGRAM ADMINISTRATION**

The CCP will be reviewed and verified by Business Office personnel. After reviewing income, Business Office will determine if the patient/guarantor qualifies for CCP benefits. The patient/guarantor will be notified of the eligibility determination.

Falsification of application or refusal to cooperate will result in denial of benefits. BVH reserves the right to change benefit determination if the recipient's financial circumstances have changed.

Applicants that qualify for a partial discount must agree to a payment plan to pay the remaining balance on their account with BVH. Failure to fulfill this payment obligation will disqualify the recipient from future CCP participation and standard collection efforts will be followed to collect the unpaid balance.

Bigfork Valley Hospital may add criteria of its own to the above, which will allow additional persons to be eligible for uncompensated services.

Standard collection efforts will continue during the application and approval process.

### **DENIAL OF COMMUNITY CARE PARTICIPATION**

If the application for CCP is denied for any reason, the applicant will be notified by mail with the reason for the denial.

Applicants that wish to file a grievance regarding their denial for participation must do so in writing within ten business days of the notification of denial. The grievance will be brought to the CEO and the CFO. A written response will be mailed to the applicant within five business days following the decision of the grievance.