Platte Health Center Avera

Financial Assistance and Billing Practices

1. Introduction

1.1. In a spirit of charity and justice, Platte Health Center Avera (PHCA) exists in response to God's calling for a healing ministry to the sick, the elderly and the oppressed, and to provide healthcare services to all persons in need, without regard to the consideration of age, race, sex, creed, national origin or ability to pay.

1.2. Our philosophy on providing healthcare for sick and needy patients:

1.2.1. We believe that providing healthcare for those who require it is an obligation of justice, as well as charity and mercy.

1.2.2. We believe that all persons have a right to medically necessary healthcare and equal access to diagnostic and therapeutic treatment regardless of financial status.

1.2.3. We believe caring and ensuring equal access to medically necessary healthcare is a societal obligation and should be shared by all healthcare institutions and society in general.

1.2.4. We believe that our healthcare organizations, because of our deep concern for human dignity, have an obligation to respond as fully as possible to the healthcare needs of the poor and medically indigent in our area.

1.2.5. We believe that we have a dual responsibility to maintain a leading role in providing medically necessary, cost effective healthcare for the poor and medically indigent and to take an advocacy role by working toward adequate reimbursement of healthcare services for the poor and medically indigent.

2. Scope

2.1. Persons and departments covered by this policy include Pre-Admission, Patient Financial Advocate, Registrars and Patient Access Leadership. Independent physicians and other non-Avera providers and services are not covered. Patients seeking a discount for services provided by an independent physician or non-Avera provider should directly contact their physician or other provider.

2.2. This policy does not apply to certain groups or providers that may treat a PHCA patient. See Appendix A for a list of those providers.

3. Purpose

3.1. The purpose of this policy is to state specifically how PHCA views financial assistance, charity care, how requests for charity care will be addressed, and to ensure that PHCA follows and applies uniform billing practices.

3.2. Patients who are without health insurance, or otherwise show a demonstrated inability to pay for healthcare services received, may qualify for various financial assistance programs. Providing qualified patients with financial assistance for healthcare needs is an essential element of fulfilling the PHCA mission.

4. Policy

4.1. PHCA is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with its mission to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values, PHCA strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care.

4.2. Charity care is not a substitute for personal responsibility. Patients are expected to cooperate with PHCA's procedures for obtaining charity care or other forms of financial assistance and to contribute to the cost of their care based on their ability to pay. Individuals and/or families with the financial capacity to purchase health insurance are encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual and/or family assets.

4.3. PHCA shall maintain an open door policy to provide **emergency and medically necessary medical care** to the community within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd). No limitations or situations for rendering care will be based on the patient's ability to pay.

4.4. This policy is specifically targeted at low-income, uninsured and underinsured patients who meet certain eligibility requirements and is not intended to be applied to insured or self insured patients who have the means to accept the responsibility for their incurred charges.

4.5. PHCA recognizes that certain state and/or federal laws require it to make good-faith efforts to collect all accounts and as such, collection agency services will be utilized in accordance with standard business industry practice.

4.6. Additionally, PHCA recognizes that certain state and/or federal laws do not allow discounts to all patients and as such, PHCA will only consider discounts on a case-by-case basis as requested by the patient or his or her legal representative or guardian. PHCA also recognizes that laws may prevent it from discounting or waiving certain co-pays and deductibles.

4.7. Any patient can complete an application and apply for financial assistance. Financial assistance can include full or partial charity adjustments, Medicaid, and other state and county assistance programs. The financial assistance program is designed to meet all Federal and State requirements.

4.8. PHCA has the discretion to weigh any extenuating circumstances when determining eligibility for financial assistance and when determining discount levels. Any such determinations must meet the parameters of this policy at a minimum such that eligibility may become easier for a patient to meet or discount levels are greater than prescribed in this policy.

5. Guiding Principles

5.1. To: Provide community assistance to patients and families when charges for hospital/clinical services received create an undue financial hardship.

5.2. To: Create a process in which all financial resources of the patient is evaluated (including household income and under some state laws, the income of adult children) and charity

care provided relative to the patient's entire financial situation including all healthcare obligations.

6. Definitions

Bad Debt is defined as those amounts that are uncollectible and do not meet the charity care services eligibility criteria. Bad Debt is the result of unsuccessful collection efforts on accounts of patients unwilling to pay. PHCA will use all methods legally available to collect on accounts of patients who have the means, yet are unwilling to pay. Any discounts to and write offs due to bad debt shall not count as charity care.

Charity Care: 100% free medical care for Emergency or Medically Necessary Services provided by PHCA. Patients who are Uninsured or Underinsured for a medically necessary service who are ineligible for governmental or other coverage, and who have family incomes not in excess of 150% of the Federal Poverty Guidelines may be eligible to receive Charity care based on their financial assistance application. PHCA may determine or re-determine a patient's eligibility for charity care any time information on the patient's eligibility becomes available.

Financially Indigent: Uninsured or underinsured patients who are provided care with no obligation or a discounted obligation to pay for the services rendered. These patients are also defined as poor or economically disadvantaged and have income at or below federal poverty levels.

Indigent by Design: Patients who were offered health insurance and chose not to participate in the employers health plan AND whose income is in excess of 400% of the Federal Poverty Guidelines. PHCA may, at its sole discretion, grant a discount to patients deemed to be indigent by design and will work with such patients to arrive at a payment schedule acceptable to both parties. PHCA will use all methods legally available to collect on accounts of patients who are deemed indigent by design. Any discounts in this category shall not count as charity care.

Other situations that may be deemed Indigent by Design include, but are not limited to:

- Patients under 26 who qualify for inclusion on their parents health insurance plan
- College students who did not elect the student health plan

Medically Indigent: Patients whose medical or hospital bills, after payment by third-party payers, exceed the financial resources available to the patient. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include catastrophic medical expenses of patients where after payment by third-party payers, the residual amount exceeds the financial resources available to the patient.

Medically Necessary: Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site and duration; and (c) not primarily for the convenience of the patient, physician, or other health care provider. (AMA definition of "medical necessity" Policy H-320.953[3], AMA Policy Compendium).

Partial Charity Care: Care at a discounted rate for Emergency or Medically Necessary services provided by PHCA. Patients who are Uninsured or Underinsured for a medically necessary service, and who have family incomes in excess of 150% of the Federal Poverty Guidelines, are eligible to receive Partial Charity Care in the form of a discount of up to 90% off of net inpatient, outpatient and/or clinic charges. However, patients who would otherwise qualify for Partial Charity Care but who have sufficient liquid assets available to pay for care without becoming Medically Indigent are not eligible for Partial Charity Care. Authorized Patient Financial

Advocates, Patient Financial Services and Senior Staff may grant a larger discount than the grid allows if the situation warrants the larger discount and may go up to 100%.

Patient - Household: Those who are responsible for payments for self or dependents. This may not be limited to those living directly at a single residence and may encompass any dependent relationship such as a child or dependent at college in a different town. This may also encompass other dependents living at the same residence such as dependent relatives living within the household.

Presumptive Charity Care: A determination that a patient is presumed eligible for Charity Care when adequate information is provided by the patient or through other sources which allow PHCA to determine that the patient qualifies for Charity Care. (See Attachment IV).

7. Eligibility (HR3590 (4)(A)(i))

7.1. PHCA will adhere to an established methodology to determine eligibility for Charity Care and Partial Charity Care. The methodology shall consider whether health care services meet Emergency or Medical Necessity criteria, as well as income, family size, and resources available to pay for care.

7.2. Uninsured and underinsured patients whose income/family income does not exceed 150% of the current Federal Poverty Guidelines may be granted 100% forgiveness of their charges for emergent or medically necessary care.

7.3. Uninsured and underinsured patients whose income/family income is greater than 150% of the Federal Poverty Guidelines may be granted up to 90% forgiveness of their charges for emergent or medically necessary care based on a sliding scale.

7.4. Uninsured, underinsured, and indigent by design patients whose income/family income is greater than 400% of the Federal Poverty Guidelines may be eligible for discounted care based on their particular circumstances. Such discounts are at the discretion of the organization and will not be counted as charity care.

7.5. PHCA offers the option to provide a prompt pay discount. Such discounts are at the discretion of the organization and will NOT be counted as charity care.

7.6. Eligibility for Charity Care and Partial Charity Care will extend for up to 180 days from the date eligibility is determined, but can be re-examined at any time new information is available. The 180 day period is contingent upon the patient working in good faith with PHCA on all payment sources.

7.6.1 Within this 180 day period, charity will not automatically be applied to patient accounts. The patient must contact Avera indicating they have an inability to pay. The patient will not have to reapply, but will need to confirm their current financial situation has not changed.

7.7. Circumstances that may disqualify a patient for a charity care are:

7.7.1. Fraud (providing false information on the Financial Assistance Application & Patient Financial Information Form).

7.7.2. Patient or legal representative/guardian unresponsive to requests for information.

7.7.3. Refusal to fully complete Financial Assistance Application & Patient Financial Information Form.

7.7.4. Refusal to provide requested documentation of income and assets.

7.7.5. Refusal to cooperate with the charity care policy.

7.7.6. Refusal to cooperate with any reasonable payment arrangements.

8. Calculation Methodology (HR3590 (4)(A)(ii))

8.1. Available financial resources shall be evaluated before a determination regarding charity care or partial charity care is made. PHCA shall consider the financial resources of the patient, as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse). Special consideration may be given for the patient's primary residence and primary vehicle.

8.1.1 If, in the course of evaluating the patient's financial circumstances, it is determined by PHCA that the patient may qualify for federal, state, or local programs or insurance coverage, financial counseling will be provided to assist patients in applying for available coverage. **Charity Care and Partial Charity care will be denied to patients/guarantors who do not cooperate fully in applying for available coverage.**

8.1.2 Patients with Healthcare Reinsurance or Medical Savings Accounts are insured for purposes of this policy and the amount on deposit will be considered as an available resource toward payment for services.

8.1.3 If a patient has a claim, or potential claim, against a third party from which the hospital's bill may be paid, the hospital will defer its Charity Care determination pending disposition of the third party claim.

8.2 Eligibility for Charity Care or Partial Charity Care will be determined using a sliding scale in excess of 150% of the Federal Poverty Level Guidelines as published annually in the Federal Register, as well as consideration of available assets and any extenuating circumstances.

8.3 PHCA has a standard worksheet to score Charity Care and Financial Assistance Applications and apply the applicable discount to patient's bill where the patient's income is in excess of 150% of the Federal Poverty Guidelines.

8.4 Patients/Guarantors shall be notified in writing when PHCA makes a determination concerning Charity Care or Partial Charity Care.

8.5 All information obtained from patients and guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable federal, state or local privacy laws.

8.5.1 Applications and supporting documentation should not be stored in the patient's paper or electronic record. Storage should be in the central contract management system or other electronic, secure central repository as may be determined by Administration.

9. Presumptive Charity Care (HR3590 (4)(A)(ii))

9.1 Presumptive Charity Care is a tool of last resort and applies only after all other avenues have been exhausted. There are occasions when a patient may appear eligible for a charity care discount, but there is no financial assistance form on file because documentation was lacking that would support the provision of financial aid. Such instances have resulted in a patient's bill being assigned to a collection agency and ultimately recognized in the accounting records as a bad debt expense, due to a lack of payment. This approach, however, results neither in a fair solution for the patient nor in an appropriate accounting of the transaction. Often there is adequate information provided by the patient or through other sources, which could provide

PHCA with sufficient evidence to provide the patient with a charity care discount, without needing to determine eligibility for medical indigence. This presumptive eligibility, when properly documented internally by PHCA staff, is sufficient to provide a charity care discount to patients who qualify. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted to the patient by PHCA is a 100% write-off of the account balance.

9.2 Some patients are presumed to be eligible for charity care discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs such as food stamps or WIC). PHCA shall grant only 100% charity care discounts to patients determined to have presumptive charity care eligibility. PHCA shall internally document any and all recommendations to provide presumptive charity care discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

9.2.1 To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.

9.2.2 For instances in which a patient is not able to complete an application for financial assistance, PHCA may grant a 100% charity care discount without a formal request, based on presumptive circumstances, approved by the PHCA CEO.

9.2.3 PHC shall utilize the Standardized Patient Charity Care Discount Application Form - Presumptive Eligibility**.**

9.2.4 The determination of presumptive eligibility for a 100% charity care discount shall be made by PHCA on the basis of patient/guarantor income, not solely based on the income of the affected patient.

9.2.5 Individuals may not be required to complete additional forms or provide additional information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals may be considered charity care and shall be considered as qualifying such patients on the basis of presumptive eligibility. Examples can be found on Attachment IV.

10. Application Process (HR3590 (4)(A)(iii))

10.1 Patients can apply for financial assistance by contacting the business office of by visiting www.phcavera.org to obtain all application materials. Copies of documents to substantiate income levels shall be provided by the patient/guarantor (e.g.: W-2, Tax Returns, Pay Stubs, and Bank Statements).

10.2 The patient/guarantor shall be required to provide information sufficient for PHCA to determine whether he or she is eligible for benefits available from insurance, Medicare, Medicaid, Workers' Compensation, third party liability and other federal, state, or local programs. Use Attachment I.

10.3 In the event that PHCA determines that a patient is ineligible for Charity Care or Partial Charity Care, the patient may appeal that decision in writing to the Chief Financial Officer (CFO) or designee within thirty (30) days following receipt of the bill for which financial assistance has been requested. Failure to appeal will result in the decision becoming final. The determination of the CFO or designee shall not be subject to further appeal.

10.4 Patients who return a completed application and qualify for financial assistance must have all extraordinary collection activities reversed on their accounts and refunded any amounts they

have paid above and beyond their new calculated balance.

10.5 Patients who return an incomplete application must be given 10 business days to compete the application and all extraordinary collection activities must be suspended. They patient must also be sent a letter indicating what information is needed to process their application and the contact information to use if they have questions.

10.6 Should a patient need free assistance with completing or understand this polity or the application materials, they can obtain assistance by visiting one of the Avera locations Financial Counselors or by calling 605-337-3364.

10.7 Completed applications and attached documents will be forwarded to the organization's CEO for processing and scoring.

10.8 Applications will be scored and determination letters sent to the patient or guardian within three weeks of receipt.

10.9 Application, attachments, and determination letter will be on file in the business office with the expiration noted as 180 days for determination.

11. Billing and Collections (HR3590 (4)(A)(iv)) (dependent upon final IRS rule)

11.1 At the time of billing, the organization shall provide to all SELF-PAY, low-income, uninsured patients that qualify for free or discounted care under this policy the same information on services and charges that it provides to all other patients receiving care. Qualified patients will be granted a self pay discount and any applicable Charity Care discount. Thus, the gross charges, applicable discounts, and net balance will show on the bill with the net charges being the patient's responsibility to pay.

11.1.1 If the patient qualifies for 100% charity care, no further bills will be sent. A letter will be sent instead indicating that the patient's bill has been completely forgiven.

11.2 When sending a bill to any patient, the organization shall include on the bill all of the following information:

11.2.1 A statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the organization for help in paying for the services that were provided; and

11.2.2 A statement that provides the patient with an organization contact resource from which the patient may obtain information about the organization's financial assistance policy for low-income uninsured patients and how to apply for such assistance for the payment of services that were provided.

11.2.3 Notices and contact information may be printed on the front of patient billings. The printing on the bill does not need to be exhaustive and may read similar to "PHCA has a financial assistance policy. If you meet certain requirements and are unable to pay part or all of your bill you may qualify for a discount. This policy, along with a summary of the policy and applications material scan be found at www.phcavera.org For more information contact the business office."

11.3 If the patient qualifies for the organization's financial assistance policy for low-income, uninsured patients and is cooperating with the organization with regard to efforts to settle an outstanding bill within a reasonable time period, the organization or its agent shall not send, nor intimate that it will send, the unpaid bill to any outside collection agency. At such time as the organization sends the uncollected account to an outside collection agency,

the amount referred to the agency shall reflect the reduced-payment level for which the patient was eligible under the organization's financial assistance policy for low-income uninsured patients. PHCA does not report any data to any of the credit agencies, however, the collection agencies PHCA utilizes may report to the credit agencies.

11.4 PHCA will allow 240 days from the first post discharge billing statement for individuals to apply for financial assistance.

11.5 PHCA will allow all individuals 120 days from the first post discharge statement to apply for financial assistance before initiating any extraordinary collection activities (ECA). PHCA considers placement at a collection agency an ECA.

11.6 The term “individual” does not include any trust, estate, partnership, association, company, corporation, or governmental entity and, thus, would not include any private or public insurer. Accordingly, the final regulations retain the provision in the 2012 proposed regulation regarding ECAs against individuals with responsibility for a patient’s hospital bill. This provision does not require a hospital facility to make reasonable efforts to determine FAP-eligibility before engaging ECAs against private or public insurers or any other liable third parties that are not individuals.

11.7 Prior to sending to a collection agency, PHCA will provide the patient with a statement of final notice that contains a listing of the specific collection action(s) it intends to initiate, and a deadline after which they may be initiate (that is no earlier than 30 days after the date the notice is provided); a summary of the FAP will also be included with the notice. The language to be used on statements or billing notices is: “Extraordinary collection activity may result upon non-payment of your account within 30 days of the date of this notice. This activity may include the placement of your account with a debt collection agency. Subsequent to judgment, the collection agency may choose to proceed with garnishment.”

11.8 for any patient that PHCA intends to initiate ECAs on, the patient will be notified of PHCAs financial assistance policy in all verbal communications regarding their bill.

11.9 Avera will refrain from any debt collection practices during an emergency room visit unless the patient has been discharged.

11.10 Any extended payment plans offered by a hospital, or the hospital’s representative, is settling the outstanding bills of patients who qualify for financial assistance shall be interest-free so long as the repayment schedule is met.

12. Public Notice, Posting, and Communication with Patients. (HR3590 (4)(A)(v))

12.1 PHC organizations shall post a notice, in accordance with the Community Assurance Provision of the Hill-Burton Act and various other State and Federal requirements, regarding the availability of financial assistance for the payment for services provided to low-income uninsured patients.

12.2 The Community Assurance Provision of the Hill-Burton Act under Title VI of the Public Health Service Act requires recipients of Hill-Burton Funds to make services provided by the facility available to persons residing in the facility’s service area without discrimination on the basis of race, color, national origin, creed, or any other ground unrelated to the individual’s need for the service or the availability of the needed service in the facility. The community service obligation does not require the facility to make non-emergency service available to persons unable to pay for them. It does, however, require the facility to make emergency services available without regard to the person’s ability to pay. This assurance is in effect for the life of the facility only so long as the facility is operated by a not-for-profit or public entity. For reference, please visit http://www.hhs.gov/ocr/hburton.html and http://www.hrsa.gov/osp/dfcr/obtain/CONSFAQ.HTM .

12.3 Notices shall be posted in the community's dominant language(s) in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as emergency departments, billing offices, admitting offices, and outpatient service settings as well as the organization's website.

12.3.1 Posted notices shall contain the following:

12.3.1.1 A statement indicating that the organization has a financial assistance policy for patients who are low income and/or uninsured may not be able to pay their bill and that this policy provides for charity care and reduced-payment for healthcare services; and

12.3.1.2 Identification of a contact phone number that a patient can call to obtain more information about the financial assistance policy and about how to apply for such assistance.

12.4 In addition, PHCA will make the financial assistance policy widely publicized within the communities they serve. Publication may include, but is not limited to, newspaper, radio, or television advertisements, website, mailers, flyers, or distribution at centers or locations frequented by indigent populations such as food pantries or shelters.

12.5 PHCA shall post on its website or otherwise make available to the public on a reasonable basis, notification that it has a financial assistance program for low-income, uninsured patients and the organization's contact person or department to request financial assistance.

12.6 PHCA shall post on its website and otherwise make available to the public this policy or any local variation of this policy

12.7 PHCA will make available free copies of the summary of financial assistance via www.phcavera.org. This summary will also be offered prior to discharge and within the final billing statement prior to any extraordinary collection activities.

12.8 PHCA will make available the translation of the financial assistance policy, application form and summary of the policy in the language spoken by each LEP language group that constitutes the lesser of 1,000 individuals, or five percent of the community serviced by the hospital.

13. Limitation on Charges (HR3590 (5)(A) & (B)) (dependent upon final IRS rule)

13.1 PHCA recognizes that Medicare regulations require uniform Hospital "charges" for cost reporting purposes. Therefore all patients must be "charged" the same amount for the same service.

13.2 PHCA also recognizes that Section 501(r)(5) limits amounts "charged" to patients for emergency or other medically necessary care to amounts not more than those generally billed to individuals who have insurance covering such care.

13.2.1 PHCA organixtaion shall bill 100% patients who apply and qualify for charity care of financial assistance under this policy (incomes at or less than 400% of the Federal Poverty Guidelines) not more than the lowest IP & OP combined Medicare and commercial payment rate. This rate may vary by each Avera organization and will be reviewed on an annual basis. This rate is considered the look-back methor per IRS guidelines.

13.2.1.1.1 Rates will be updated annually each October and therefore during the course of a calendar year two different rates may be used.

13.2.1.1.2 For information on how this rate was calculated please contact our CFO at 605-337-3364.

13.2.2 Patients shall receie a new statement from PHCA that line items out the following: gross charge amount, discount amount applied through the look back methods, financial assistance discount amount, and the total balance due.

13.2.2.1.1 The account balance post any self pay discounts will be used to determine the percentage of charity given.

13.2.3 In the instance where a State, Federal, or other regulation or agreement is more stringent than Section 501(r)(5), the method prescribed in that regulation or agreement will be followed. Onc specific example is the Minnesota Attorney General agreement with the hospitals. That agreement specifies that the hospitals shall provide the Most Favored Nation discount.

13.3 The statement sent ot the patient will show the gross charges, self-pay discount, any charity care of financial assistance discounts and the net patient responsibility amount.

13.4 Clinics bill the best rate for charges to self pay and the bill may not necessarily show the gross charges and self pay discount, but rather only the best net charge.

14. Data Compilation and Reporting Requirements

14.1 PHCA will be included in the Avera Central Office annual report that is posted on its website or otherwise make available to the public on a reasonable basis the following data in accordance with the Catholic Health Association (CHA) and Internal Revenue Service (IRS) guidelines:

14.1.1 The amount of charity care provided based on cost.

14.1.2 The un-reimbursed costs of care provided to beneficiaries of government programs including, but not limited to Medicaid and county indigent programs with this item being defined as the shortfalls between costs and off-setting reimbursement/revenue that a hospital experiences in providing care.

14.1.3 The un-reimbursed costs of care provided to beneficiaries of Medicare with this item being defined as the shortfalls between costs and off-setting reimbursement/revenue that a hospital experiences in providing care. This item is not to be included in the Community Benefits Report except as a separate note.

14.1.4 The amount of Bad Debt incurred based on cost. This item is not to be included in the Community Benefits Report except as a separate note.

15. Compliance Monitoring

15.1 Avera Health Finance and/or Avera Internal Audit may periodically conduct audits to ensure compliance with this policy.

16. Amendments/Interpretation

16.1 This policy is subject to change without prior notice, is subject to interpretation by PHCA at it sole discretion, and is not intended to create any contractual relationship or obligation.

16.2 PHCA shall determine the need for revisions to this policy and shall submit revisions for review to the Annual Policy Review Committee.

Submitted and Updated by: Vicki Jensen, CFO
Written: September 2013

Revised: May 2015
February 2016

Appendix A

Providers and groups not subject to this policy that may treat Platte Health Center – Avera patients. (last updated 05/13/16).

Dr. Galen Vonk, North Central Heart Institute, Sioux Falls, SD

Dr. William Graham, Graham Ear Nose & Throat, P.C., Mitchell, SD

Dr. Jeffrey Schmidt, Podiatry, Mitchell, SD

Dr. Richard Jensen, Nephrology Associates, PC, Sioux Falls, SD

Dr. Jessica Claussen, Avera Medical Group Ophthalmology, Mitchell, SD

Dr. Kathleen Naegele, Avera Cancer Institute, Mitchell, SD

Dr. Chris Krouse, Avera Medical Group Orthopedics & Sports Medicine, Mitchell SD

Dr. Ronald Anderson, Obstetrics/Gynecology, Sanford Health, Mitchell, SD

James Valley Imaging LTD, Mitchell, SD

Platte Ambulance Service, Platte, SD

Avera Medical Group Surgery, Mitchell

- Dr. Michael Haley
- Dr. Dennis Leland
- Dr. Clint Seifert
- Dr. Jerome Howe
- Dr. Aaron Baas

Avera St. Benedicts, Parkston SD

- Dr. Richard Honke
- Dr. Antoinette VanderPol
- Dr. Jason Wickersham