Floyd Valley Hospital dba/Floyd Valley Healthcare
Community Health Needs Assessment and Health Implementation Plan Summary FY 2022-23
(Utilizing 2019-2021 Data)

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

Floyd Valley Healthcare, working together with the Plymouth County Health Planning Committee, conducted and completed a Community Health Needs Assessment (CHNA) to adopt an implementation strategy to meet the community health needs identified through the assessment. A summary of the assessment follows. The complete Floyd Valley Community Health Needs Assessment can be found at www.floydvalley.org.

PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT

To provide information from local residents regarding:

- Demographics of Respondents
- Utilization of Local Health Services
- Factors that were important for health and well-being of Plymouth County Residents
- Meets IRS Requirement for 990 Charitable Status

KEY COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

- Promote healthy living through increased awareness of mental health illness and resources.
- Promote healthy living through increased awareness of chronic disease such as diabetes and cardiac disease.
- Promote the spread of epidemics through child and adult immunization/vaccination rates and surveillance.

COMMUNITY NEEDS

- Increase access to mental health resources.
- Increase education and resources for healthy living focusing on education and resources for chronic disease.
- Reminder systems and strategies for increasing Childhood and Adult vaccination rates.

IMPLEMENTATION PLAN

1. **Promote Healthy Living through increased awareness of Mental Health illness and resources.** Aligning with our community partners in health promotion strategies, to include implementing health-enhancing public policy, creating supportive environments (parenting interventions), strengthening community action (participatory research, media campaigns), developing personal skills (resilience), and reorienting health services (postpartum depression screening) to enhance health.
    1. Continue partnership with Senior Life Solutions to provide services and support for seniors with mental health illness.
    2. Continue partnership with Plains Area Mental Health to provide Mental Health Services with open access appointments and expansion with telemedicine platform.
    3. Screen all Floyd Valley Healthcare patients, 12 years and older, through initial self-harm assessment.
    4. Align with Avel e- Emergency services for support in mental health evaluations and treatment plans.
    5. Collaborate with Integrated Health Services to offer community support and resources for patients with mental health illness.
    6. Implementation of perinatal/postnatal depression scale (EPDS) to screen for depression risk.
2. **Promote Healthy Living through increased awareness of chronic disease including diabetes and cardiac disease.**
    1. Continue collaboration with community partners to promote healthy physical activities. (I.e. YMCA, Heart Walk, etc.)
    2. Coordinated education programs with diabetic education and clinic physicians.
    3. Promote health resource navigation home visits to patients at a high risk for complications from chronic medical conditions.
3. **Promote Immunizations: Stop the Spread of Epidemics through child and adult immunization/vaccination rates and surveillance.**
    1. Increase community demand for vaccinations through education available at health fairs, community education programs and Floyd Valley Healthcare internet site.
    2. Increase use of Patient Portal using this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of vaccinations that are due.
    3. Continue to support access to vaccination services. (i.e. vaccine clinics)

    Collaboration with community schools to provide education and resources to families related to childhood immunizations.

Resources: American Public Health Association; Centers for Disease Control and Prevention; Minnesota Department of Health Injury and Violence Prevention; Iowa Behavior Risk Factor Surveillance System; Iowa Department of Public Health; www.countyhealthrankings.org

Floyd Valley Healthcare

Community Health Needs Assessment and Health Implementation Plan Summary FY 2022-2023

(Utilizing 2019-2021 Data)

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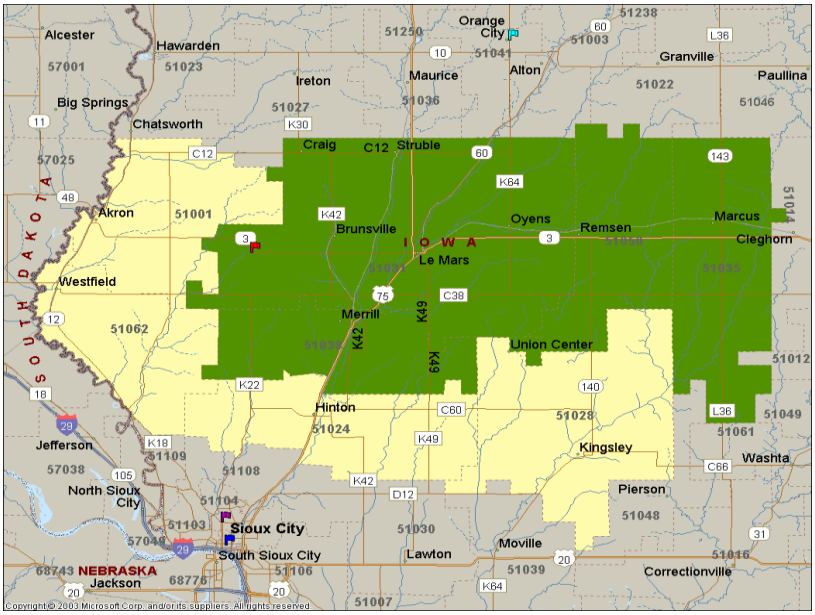
ATTACHMENTS

SECTION A – INTRODUCTION & DEFINITION OF COMMUNITY SERVED – PRIMARY SERVICE AREA

During 2021, a Community Health Needs Assessment (CHNA) was conducted by Floyd Valley Healthcare for the estimated 25,500 residents of Plymouth County, Iowa. Plymouth County includes its county seat, Le Mars, a town of 9,935 residents located in the Northwest corner of Iowa. Floyd Valley Healthcare is a municipally-owned, state licensed, full-service general acute care, critical access 25-bed hospital located in Le Mars, Iowa.



During the late summer and early fall of 2021 a Community Health Needs Assessment Survey was conducted in Plymouth County. The survey was distributed among Floyd Valley Healthcare Employees and family members, the Plymouth County Health Planning Committee, Floyd Valley Healthcare Board of Trustees and the Plymouth County Board of Health. The survey questions were based on six factors that were recognized as being important for the health and well-being of everyone in the community. A copy of the survey instrument and responses are included at the end of this report.

EXHIBIT A – Plymouth County Health Needs Assessment Survey - 2021.

SECTION B – DEMOGRAPHICS IN THE COMMUNITY

Plymouth County, Iowa Population, Demographics and Statistics

- The total area of the land in Plymouth County is 863.56 square miles. There are on average 28.8 people living within each square mile of the county.
  - In 2000 there were 24,849 people living in the county within 9,372 households (averaging 2.61 people in each household) but by 2009 the population had decreased to 24,210 with an estimated -2.6% change.
  - In 2010-2014 there were 9,900 households in Plymouth County, Iowa with the average household size of 2.5 people.
  - In 2013-2017 there were 10,818 households in Plymouth County, Iowa with the average household size of 2.45 people.
  - In 2020 the population increased to 25,698, with an estimated 0.8% change. In 2015-2019 there were 10,250 households in Plymouth County, Iowa with an average household size of 2.41 people.
  - **In 2021, the population was estimated to be 25,650 down 0.2% from 2020. There are 10,298 households with a continued size of 2.41 people.**

- The **average income per person** in 1999 for Plymouth County, IA was $19,442.
  - By 2007 the income was $35,562. The average income in each household was $54,013 in 2008. The median income of households in Plymouth County, Iowa was $57,583. An estimated of 8% of households had income below $15,000 a year and 7% had income over $150,000 or more. The Median Earnings for full-time year-round male workers was $46,824 and female workers was $33,522.
  - In 2013 – 2017 the median household income was $61,316, and
  - In 2015-2019 the median household income increased to $67,297.
  - **In 2020-2021 the median household income increased to $71,147 with the per capita income in past 12 month being $35,078**.

- The percentage of **Plymouth County residents living in poverty** in 2008 was 7.3%.
  - In 2010-2014 there were 8% of people in poverty. An estimated 10 percent of related children under 18 were below the poverty level, compared with 6 percent of people 65 years old and over. An estimated 6% of all families and 24% of families with a female householder and no husband present had incomes below the poverty level.
  - In 2013-2017 there were 7.2% of people in poverty which stayed the same through the year of 2019.
  - **In 2020 persons living in poverty improved and is at 6%.**

SECTION B – CONTINUED

- In 2009 there were about 10,570 housing units within the county, a change of 690 from 2000 (or about 7.0%). The percentage of housing units that were occupied by the owner in 2000 was 77.5%. The median value of each house was about $88,200 in the county in 2000. 38 building permits were issued in 2009 totaling $7,277 (thousands of dollars) in estimated value.
    - In 2010-2014, Plymouth County, Iowa had a total of 10,600 housing units, 6% of which were vacant. Of the total housing units, 88% were in single-unit structures, 8% were in multi-unit structures, and 3 percent were mobile homes. An estimated 23 percent of the housing units were built since 1990.
    - In 2013-2017, Plymouth County, Iowa had a total of 10,818 housing units, of which 79.1% were owner-occupied. The median value of owner-occupied housing units was $150,200. In 2019 Plymouth County had a total of 10,989 housing units, which were 77.5% owner-occupied. The median value of owner-occupied housing units in 2015-2019 was $163,500.
    - **In 2016-2021, Plymouth County, Iowa Housing units as of July 1, 2021 was 10,877 with a median value of owner-occupied housing units in 2016-2020 is $172,600**.

- Le Mars, home of Floyd Valley Healthcare, is a city in the county seat of Plymouth County, Iowa, United States. The population was 9,826 at the 2010 census. There were 4,013 households, and 2,593 families residing in the city. The population density was 1,096.7 inhabitants per square mile. There were 4,220 housing units at an average density of 471.0 per square mile. The racial makeup of the city was 94.2% White; 0.5% African American, 0.3% Native American; 0.7% Asian; 2.9% from other races, and 1.3% from two or more races. Hispanic or Latino of any race was 5.4% of the population.
    - In 2013-2017 there were 4,169 housing units with 2.31 persons per household. The racial makeup of Le Mars at this time was 93.7% White: 0.8% African American, 0.2% American Indian and Alaska Native; 0.6% Asian; 0.2% Native Hawaiian or other Pacific Islander; 1.9% two or more races. The population at the 2020 census was 10,571.
    - In 2015-2019 there were 4,222 households with 2.30 persons per household in 2015-2019. The racial makeup of the city at this time was 95.2% White, 0.3% Black of African American, 0.6% American Indian and Alaska Native, 0.9% Asian, 0.0% Native Hawaiian or other Pacific Islander, 0.6% two or more races, 6.4% Hispanic or Latino.

SECTION B – CONTINUED

- In 2007, Plymouth County, IA jobs totaled 16,607 across all industries. This was a change of 1,500 jobs from 2000. The number of Plymouth County jobs in government in 2007 was 1,576. Workers traveled an average of 19.1 minutes to work each day. In 2010-2014 Plymouth County, IA jobs totaled 13,181 across all industries. An estimated 80 % of Plymouth County, IA workers drove to work alone and 11 % carpooled. Among those who commuted to work, it took them on average 17 minutes to get to work.

- There were 2,202 businesses in Plymouth County in 2002. These include 20.8% of businesses listed as owned by women, and 0.0% of businesses listed as owned by American Indians and Alaska Natives. In 2010-2014 the Industries providing employment in Plymouth County, Iowa: Agriculture, forestry, fishing and hunting, and mining (43.5%), Educational, health and social services (18.7%). Type of workers: Private wage or salary: 40%; Government: 2%; Self-employed, not incorporated: 58%; unpaid family work: 0%.

- The amount of land in Plymouth County devoted to farming was 517,248 acres in 2007. In 2012 amount of land in Plymouth County devoted to farming was 541,817 which in a 5% increase from 2007. The average size of farms is 407 acres compared to 359 acres in 2007 which is a 13% change. As of the 2017 Census of Agriculture the amount of land devoted to farming is 503, 438 acres and the average size of farms is 413 acres.

- In 2000 3.1% of residents spoke a language other than English at home. The percent of the county's population who were born in a foreign country was 1.2%. Among people at least five years old living in Plymouth County, Iowa in 2010-2014, 5% spoke a language other than English at home. Of those speaking a language other than English at home, 80% spoke Spanish and 20% spoke some other language; 49% reported that they did not speak English "very well". As of 2015-2019 those who are foreign born total 3.1%, and those who are above the age of five living in Plymouth County who speak a language other than English at home is at 5.4%.

- The percentage of adults in Plymouth County over the age of 25 who graduated high school as of 2000 was 87.4%. About 19.3% of county residents held at least a four-year college degree. In 2010-2014, 92% of people 25 years and over had at least graduated from high school and 20% had a bachelor's degree or higher. An estimated 8 percent did not complete high school. As of 2015-2019, 93.1% of people are a high school graduate or higher who are 25 years or older. Also, of those 25 years or older, 23.2% have a bachelor's degree or higher. The total school enrollment in Plymouth County, Iowa was 6,400 in 2010-2014. Nursery school and kindergarten enrollment was 1,000 and elementary or high school enrollment was 4,400 children. College or graduate school enrollment was 935.

- The number of people in Plymouth County with a disability is 3,134. In Plymouth County, Iowa, among the civilian noninstitutionalized population in 2010-2014, 10% reported a disability. The likelihood of having a disability varied by age – from 3 percent of people under 18 years old, to 7% of people 18 to 64 years old, and to 34% of those 65 and over. In 2013-2017 persons under the age of 65 with a disability was 7.3%. This increased to 7.8% between 2015-2019.

- There were 14,461 civilians working in Plymouth County jobs in 2009. The number unemployed was 630 (or 4.4% of the workforce). In 2010-2014 civilians working in Plymouth County jobs were 28,127; unemployed was 1,373; homemakers were 3,000; and retired were 1,089. Between 2015-2019, 64.9% of people aged 16+ were working in Plymouth County.

EXHIBIT B.1: 2016-2020 Census Bureau's Quick Facts Report

EXHIBIT B.2: 2017 Census of Agriculture – County Profile

EXHIBIT B.3: IDPH Plymouth County Rankings

SECTION C – EXISTING HEALTHCARE FACILITY & RESOURCES

Existing health care facilities and resources within the community available to respond to the health needs of the community.

Medical Clinics

- Floyd Valley Clinics – Le Mars, Marcus and Remsen, Iowa
- MercyOne Akron Family Medicine – Akron, Iowa
- MercyOne Kingsley Family Medicine – Kingsley, Iowa

Hospital

- Floyd Valley Healthcare – Le Mars, Iowa (EXHIBIT C – AHA ANNUAL SURVEY)

COMMUNITY HEALTH DEPARTMENT

- Floyd Valley Healthcare Community Health Department – Le Mars, Iowa

Long Term Care Facilities

- Accura of Le Mars – Le Mars, Iowa
- Akron Care Center – Akron, Iowa
- Good Samaritan Society of Le Mars – Le Mars, Iowa
- Kingsley Nursing and Rehab Care Center – Kingsley, Iowa
- Happy Siesta Nursing Home – Remsen, Iowa
- Heartland Care Center – Marcus, Iowa

Assisted Living Centers

- Bavarian Meadows – Remsen, Iowa
- Park Place Estates – Le Mars, Iowa
- Prime Living Apartments – Le Mars, Iowa

Mental Health Facilities

- Plains Area Mental Health Center – Le Mars, Iowa

Other

- Mid-Sioux Opportunity – Remsen, Iowa
- Hospice of Siouxland – Sioux City, Iowa
- Care Initiatives – Sioux City, Iowa
- St. Croix Hospice – St. Croix, MN

EXHIBIT C – American Hospital Association Survey 2021 – Services Provided by Floyd Valley Healthcare.

SECTION D – SURVEY METHODOLOGY/HOW DATA WAS OBTAINED.

During the late summer and early fall of 2021 a Community Health Needs Assessment Survey was conducted in Plymouth County. The survey was distributed among Floyd Valley Healthcare Employees and family members, the Plymouth County Health Planning Committee members, Floyd Valley Healthcare Board of Trustees and the Plymouth County Board of Health. The survey questions were based on six factors that were recognized as being important for the health and well-being of everyone in the community. A copy of the survey instrument and responses are included at the end of this report.

EXHIBIT A – Plymouth County Health Needs Assessment Survey - 2021.

PRIMARY DATA PURPOSE

The following informational objectives were addressed:

- To access the awareness and overall perceptions of each individuals top five prevention and treatment behaviors to promote healthy living in preventing diseases.
- The idea of services each individual considered important in preventing injuries.
- Services that each individual believed that were most important for their community.

Sample Characteristics	Total Sample (n=141)
GENDER	
Male	18.83%
Female	81.17%
AGE	
18-34	22.98%
35-44	19.82%
45-54	22.07%
55-64	20.27%
65+	14.86%
Median Age	*55.9 Yrs.*
RACE	
White or Caucasian	98.2%
Black or African American	.45%
Hispanic or Latino	.45%
Asian or Asian American	.45%
American Indian or Alaska Native	.45%

SECTION D – CONTINUED

SECONDARY DATA ANAYSIS

The Secondary data assessment process was initiated by Floyd Valley Healthcare. The Plymouth County Health Planning Committee was authorized by Hospital Leadership to complete this assessment. This committee consists of representatives from hospital governance, leadership, Medical Staff, Plymouth County Board of Health, area school districts, area employers, and area health professionals.

SECTION E – KEY FINDINGS/HEALTH NEEDS IDENTIFICATION AND PRIORITIZATION;

At the 2021 meeting of the Plymouth County Health Planning committee there was an open discussion regarding our Plymouth County Community Needs Assessment. On overview was provided on the past community health needs assessment and the continued focus on the importance of identifying and aligning strategies to address health concerns facing the residents of Plymouth County.

The methodology for obtaining Floyd Valley Healthcare's secondary data changed to an electronic survey process with this reporting period. Using the Survey Monkey tool Floyd Valley Healthcare was able to expand the participation to include the members of the Plymouth County Health Planning committee members, all Floyd Valley Healthcare's employees and Providers and Floyd Valley Healthcare's Board of Trustees. A total of 223 participants responded to the Plymouth County Community Needs Assessment survey.

Items ranked by importance include:

1. Promote Healthy Living through increased awareness of Mental Health illness and resources.
2. Promote Healthy Living through increased awareness of chronic disease.
3. Promoting Healthy Families through ease of access to child daycare.

The health issues found by the survey were not to be limited to any one economic or demographic category. Differences in health factors align within our county and the state of Iowa. Plymouth County faces the same social and economic factors impacting our communities' ability to make healthy choices, afford medical care or housing, and even manage stress leading to serious health problems.

Plymouth County ranks 25th out of the 99 counties in Iowa under the health outcomes category and 12th under the health factors category. By using the data obtained through our primary and secondary survey process Floyd Valley Healthcare is now able to align our data, evidence and strategies to improve the three areas of focus listed above.

A key component to risk reduction is individual behavior change. This is a complex issue as individuals have unique preferences that influence their risk. One strategy to impact risk reduction occurs at the population level. These strategies focus on environmental changes that encourage healthful behaviors at a community level. These are many positive prevention programs that are available in Iowa.

EXHIBIT A- Plymouth County Health Needs Assessment Survey – 2021

SECTION F – PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY'S INTERESTS

The Plymouth County Health Planning Committee was organized by Floyd Valley Healthcare in 1995. The mission of the Committee is to enhance and improve the health status of all the residents of Plymouth County.

Tara Geddes, Floyd Valley Healthcare, Chief Nursing Officer, chairs the Plymouth County Health Planning Committee. The Committee meets quarterly during the school year term. The Committee is a coalition of community members with representatives from the following populations: healthcare, education, non-profit organizations, businesses, law enforcement, City and County representatives, welfare, agriculture and ministry.

A total of 42 health related organizations are represented including the Boys Town, Big Brothers Big Sisters, Floyd Valley Clinic, Plains Area Mental Health Center, Northwest Iowa Tobacco Free Coalition, Jackson Recovery Centers, Plymouth County Board of Health, and multiple Floyd Valley Healthcare department representatives.

Education representatives include Northwest Iowa Area Education Agency and 5 Plymouth County schools have representatives from their school administration, counseling and student population.

EXHIBIT D – Plymouth County Health Planning Committee

SECTION G – INFORMATIONAL GAPS THAT LIMIT THE HOSPITAL FACILITY'S ABILITY TO ASSESS ALL OF THE COMMUNITY'S HEALTH NEEDS

The Plymouth County Health Planning committee has a long history of coming together to improve the health needs of our community. This prioritization effort is another example of community members working together to make health improvements. Floyd Valley Healthcare appreciates all the voluntary support it has been given.

The 2022 Plymouth County Health Needs Assessment focused on obtaining information from the following categories:

- Promoting Healthy Living
- Preventing Injuries
- Preventing Epidemics
- Protecting Against Environmental Hazards
- Prepare for, Respond to and Recover from Public Health Emergencies
- Strengthen the Health Infrastructure
- Promoting Healthy Families

In discussion regarding the areas of greatest need, the Plymouth County Health Planning Committee felt that existing programs already addressed the problem or need and did not include them in this current plan.

SECTION H – CHNA SCOPE AND PURPOSE & MAKING COMMUNITY HEALTH NEEDS ASSESSMENT PUBLIC *AND* NOTIFYING PUBLIC OF FINANCIAL ASSISTANCE POLICY

The new federal Patient Protection and Affordable Care Act requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

1) Meet/Report IRS 990 Required Documentation

   a. A description of the community served by the facility and how the community was determined;

   b. A description of the process and methods used to conduct the CHNA;

   c. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;

   d. A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications;

   e. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and

   f. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

      Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.

2) The Notice provides that a Community Health Needs Assessment (CHNA) will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA "widely available to the public" after the rules currently in effect for Form 990. Accordingly, an organization would make a facility's written report widely available by posting the final report on its website either in the form of the report itself, in a readily accessible format, or a link to another organization's website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.

Floyd Valley Healthcare's Community Health Needs Assessment and Health Implementation Plan is posted on the hospital website at www.floydvalley.org.

3) Make financial assistance policies widely available, which specifies eligibility criteria for discounted care and how billed amounts are determined for patients.
4) Notify patients of financial assistance policies through "reasonable efforts" before initiating various collection actions or reporting accounts to a credit rating agency;
5) Restrict charges of uninsured, indigent patients to those amounts generally charged to insured patients.

FLOYD VALLEY HEALTHCARE'S PATIENT FINANCIAL ASSISTANCE PROGRAM

(Policy updated 08/2022)

Floyd Valley Hospital dba/Floyd Valley Healthcare will apply uniform billing practices to patients who are without health insurance, or otherwise show a demonstrated inability to pay for healthcare services received and may qualify for financial assistance. Floyd Valley Healthcare is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for government programs or otherwise unable to pay for medically necessary care based on their individual financial situation.

POLICY:

1. Financial assistance is not a substitute for personal responsibility. Patients are expected to cooperate with Floyd Valley Healthcare's procedures for obtaining 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.

SECTION H PATIENT FINANCIAL ASSIST. POLICY CONTINUED

2. Floyd Valley Healthcare will 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) (EMTALA).

3. 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. Financial assistance applicant shall not be denied assistance based on race, creed, sex, national origin, handicap or age. The financial assistance program is designed to meet all Federal, and State requirements.

5. Floyd Valley Healthcare 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.

6. Financial assistance application will be considered when all efforts to obtain 3rd party reimbursement have been exhausted.

7. Financial assistance is available to qualifying hospital patients for services that are medical necessary. This is defined as health care services 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 in accordance with generally accepted standards of medical practice. Assistance is not offered for services that are investigational or primarily for the convenience of the patient. Additionally this financial assistance will apply to services provided in physician clinics, including the Floyd Valley Clinics in Le Mars, Remsen and Marcus. Park Place Estates Assisted Living is primarily a residential living facility and as such the services provided at Park Place Estates are not eligible as covered services under this policy. Patients seeking a discount for services provided by an independent physician or non-Floyd Valley Healthcare Provider should directly contact their physician or other provider. This policy does not apply to certain groups or providers that may treat a Floyd Valley Healthcare Patient. See Attachment III (page 6 of this policy) for a listing of those groups or providers.

8. Patients with valid health care coverage through a provider network that Floyd Valley Healthcare does not participate with may be required to access their primary network before being considered for financial assistance.

9. An approved application is valid for six months following the date of initial approval, unless facility personnel have reason to believe the patient no longer meets criteria.

10. After receiving a patient's request for financial assistance and any financial information or other documentation needed to determine eligibility for financial assistance, the patient will be notified of their eligibility determination within a reasonable period of time.

SECTION H – PATIENT FINANCIAL ASSIST. POLICY CONTINUED

11. Floyd Valley Healthcare will widely communicate the availability of financial assistance to all patients and the community served. Examples of communication include:

    a. Posting this policy and the application for financial assistance on the hospital website

    b. Placing a note on the health care bill and statements regarding how to request information about financial assistance.

    c. Staff members who interact with patients will be instructed to provide patients with information regarding this financial assistance policy and an application if applicable.

    d. Including signage or information regarding this financial assistance policy in patient waiting rooms.

    e. A summary of this policy will be made available to patients as part of the registration process.

12. Any discounts to and write-offs due to bad debt shall not count as financial assistance.

    a. Bad debt is defined as those amounts that are uncollectible and do not meet the financial assistance eligibility criteria. Bad debt is a result of unsuccessful collection efforts on accounts of patient unwilling to pay.

    b. Floyd Valley Healthcare will use all methods legally available to collect on accounts of patients who have the means, yet are unwilling to pay.

    c. Accounts will be classified as bad debt at the time they are submitted to an outside collection agency for collection efforts. At this time, the debt may be reported to a credit bureau or credit reporting agency.

    d. Accounts will not be turned over to outside collection agencies until 120 days after the first billing statement has been sent following registration (notification period) to allow for time to determine if patient is in need of financial assistance. An application for financial assistance will be considered up to 240 days after the 1st billing statement is sent (application period), at which time collection efforts will cease until a determination is made. After the 240 day application period has expired, an application for financial assistance will no longer be considered.

    e. Collection efforts shall not include wage garnishments or other legal process seizures without the approval of hospital administrator or CFO. Personal property (other than cash or cash equivalents) attachment or seizure will not occur. The entry of a judgment automatically attaches to real estate; however, no seizure of the patient's primary residence will occur.

SECTION H – PATIENT FINANCIAL ASSIST. POLICY CONTINUED

13. Presumptive Eligibility includes patients who qualify and are receiving benefits from the following programs. Patients who meet presumptive eligibility criteria under this section may be considered for financial assistance without completing the financial assistance application if they are unable to complete the application.

    a. Homeless
    b. No income
    c. Eligibility for other state or local assistance programs that is un-funded such as Medicaid spend-down.
    d. Low income/subsidized housing is provided as a valid address
    e. Patient is deceased with no known estate
    f. Patient/Guarantor is incarcerated, has no assets and is not eligible for parole with the next 18-months.

14. An applicant may be denied if the financial assistance application shows high assets in excess of liabilities and the household has sufficient resources to pay or ability to borrow funds to pay for qualifying healthcare expenses. Assets include items such as cash, savings, stocks & bonds, individual retirement accounts, trust funds, real estate and motor vehicles. This list is not intended to be inclusive.

15. Income guideline criteria:

    a. Financial assistance will be based on the U.S. Department of Health & Human Services Poverty Income Guidelines, which are updated annually and published in the Federal Register in February of each year.
    b. Income guidelines will be based on household income. Household income may include other dependents living at the same residence such as dependent relatives and unmarried couples living together.
    c. Criteria for determining the amount of assistance shall be as follows:

INCOME AS OF % OF POVERTY GUIDELINES	PECENT OF ASSISTANCE GRANTED
Less than 150%	100%*(see asterisk below)
151% to 175%	80%
176% to 200%	60%
201% to 225%	40%
226% to 250%	20%
Greater than 250%	0%

**All patients will be responsible to pay a minimum of $50.00 per visit after the determination of assistance level, or amounts generally billed (AGB), whichever is less.*

SECTION H – PATIENT FINANCIAL ASSIST. POLICY CONTINUED

16. Amounts charged by the hospital for emergency and other medically necessary care that is provided to individuals eligible for assistance under this policy may not be more than the amounts generally billed to individuals who have insurance covering such care. Amounts billed to those who qualify for financial assistance may be based on either the best, or an average of the three best, negotiated commercial rates, or Medicare rates. Gross charges will not be used to calculate such amounts.

    a. Floyd Valley Healthcare will establish a collection rate based on the three best commercial historically negotiated rates.

    b. For uninsured patients who qualify for financial assistance, the total billed charges will be reduced by the applicable adjustment prior to application of any financial assistance to the bill.

    c. The adjustment will be determined annually at the end of each fiscal year and applied to all financial assistance applications during the next fiscal year.

    d. Uninsured patients who do not qualify for financial assistance may receive a 20% prompt pay discount for accounts paid in full.

This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

4. **Promote Healthy Living through increased awareness of Mental Health illness and resources.** Aligning with our community partners in health promotion strategies, to include implementing health-enhancing public policy, creating supportive environments (parenting interventions), strengthening community action (participatory research, media campaigns), developing personal skills (resilience), and reorienting health services (postpartum depression screening) to enhance health.
    1. Continue partnership with Senior Life Solutions to provide services and support for seniors with mental health illness.
    2. Continue partnership with Plains Area Mental Health to provide Mental Health Services with open access appointments and expansion with telemedicine platform.
    3. Screen all Floyd Valley Healthcare patients, 12 years and older, through initial self-harm assessment.
    4. Align with Avel e- Emergency services for support in mental health evaluations and treatment plans.
    5. Collaborate with Integrated Health Services to offer community support and resources for patients with mental health illness.
    6. Implementation of perinatal/postnatal depression scale (EPDS) to screen for depression risk.
5. **Promote Healthy Living through increased awareness of chronic disease including diabetes and cardiac disease.**
    1. Continue collaboration with community partners to promote healthy physical activities. (I.e. YMCA, Heart Walk, etc.)
    2. Coordinated education programs with diabetic education and clinic physicians.
    3. Promote health resource navigation home visits to patients at a high risk for complications from chronic medical conditions.
6. **Promote Immunizations: Stop the Spread of Epidemics through child and adult immunization/vaccination rates and surveillance.**
    1. Increase community demand for vaccinations through education available at health fairs, community education programs and Floyd Valley Healthcare internet site.
    2. Increase use of Patient Portal using this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of vaccinations that are due.
    3. Continue to support access to vaccination services. (i.e. vaccine clinics)
    4. Collaboration with community schools to provide education and resources to families related to childhood immunizations.

END