Patient Financial Options (Financial Assistance, Charity Care, Community Care)

POLICY STATEMENT:

Stevens Community Medical Center's (SCMC) policy is to assure that our patients will receive the medically necessary health care they need regardless of the individuals ability to pay, whether payment for those services would be made under Medicare, Medicaid or CHIP, the individuals race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity. We work with excellence to assist our patients with their financial concerns in a respectful and dignified manner. SCMC will grant financial assistance to all patients that meet the guidelines set forth in this policy. Financial assistance is offered to patients who are uninsured and under insured or otherwise have concerns about their ability to pay. Partial or full financial assistance will be granted based on a patient's household size and income.

DEFINITIONS

Federal Poverty Guidelines- income guidelines issued annually each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs. https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines

Amount Generally Billed (AGB)- A patient determined to be eligible for Financial Assistance may not be charged more than amounts generally billed for emergency or other medically necessary care compared with patients who have insurance for such care.

Financial Assistance- also called Community Care, Charity Care, Sliding Fee Scale, and Discounted Care

Medically Necessary Care and Services- emergency or other health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. Some examples of non-medically necessary services are experimental or non-traditional care, tests, or treatment, gastric by-pass procedures, retail services such as eye wear or contact lenses, elective services, cosmetic, transportation, food, durable medical equipment, and prescriptions.

Presumptive Coverage Determinations- eligibility determinations based on financial screening software or other simplified means.

Household Size: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one household.

Income: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

PROCEDURECopy Link

Financial Assistance ReferralsCopy Link

- Patients can be referred to the Financial Assistance program several ways. Patients can self-refer by obtaining an application for assistance via the website, by calling the Business Office and requesting one by mail or in person at the Business Office Monday-Friday from 7:30 a.m. - 4:30 p.m. SCMC has signs sharing information about the Financial Assistance program located in various locations as well as on the website.
- Financial Counselor and Financial Collector routinely review their aging reports and daily worklists and will identify patients with potential financial need, for example uninsured patients, patients with a history of bad debt, potentially vulnerable adults, and patients with past Medicaid coverage that now are uninsured. Staff will send applications to patients at their discretion in an attempt to offer opportunity to patients who may benefit from Financial Assistance.
- SCMC staff may routinely refer patients to the Financial Assistance program and Financial Counselor will work with patients to assess options for insurance and/or assist them with the Financial Assistance process.
- Hospital patients such as inpatients or observation patients are standardly asked if they have financial concerns upon admission. If the patient indicates a concern, the Financial Counselor will meet with the patient at the patient's approval to determine options for assistance.

Application ProcessCopy Link

- SCMC is a MNSure Certified Application Counselor Site accepting and submitting MNSure applications to better assist our patients in obtaining insurance coverage to meet ACA guidelines and assist our patients with broader coverage.
- SCMC is also a Hospital Presumptive Eligibility (HPE) site screening for and enrolling patients that meet criteria into a short term Medical Assistance program.
- Patients can apply for Financial Assistance at any time there is an identified need. Patients must cooperate and complete the application process and submit the required proofs:
    A. Copy of most recent pay stubs equaling one month's income for all wage earners contributing to the household
    B. Copy of their most recent 1040 tax return
    C. If applicable, copy of Social Security or Social Security Disability awards letter
    D. If applicable, copy of unemployment statement, disability award or workers compensation award
    E. Other income sources (child support, alimony, pension, stocks, mutual funds, retirement income) etc
    F. Copy of all health insurance information (if applicable)
- Additional proofs may be required and include other itemized explanations, such as for those self-employed individuals where tax information shows an ability pay but patient is indicating a hardship, etc. This is only for those above the 200% of the Federal Poverty Guidelines.

- Applicants are asked to report any changes in income, household size or insurance coverage and SCMC reserves the right to ask patients to reapply if we are made aware of eligibility changes that may affect their coverage for Financial Assistance.
- Failure to return Financial Assistance application within 30 days from date sent will result in resuming of collections efforts.
- Failure to respond to requests for additional information within 60 days will result in a denial of the current Financial Assistance application and a need for patient to reapply.
- Presumptive coverage determinations will not be made except where a patient has a power of attorney or a patient is identified as a vulnerable adult. Alternative simplified verification steps may be approved so long as they are enough to determine a need based on guidelines.

Determination of Financial EligibilityCopy Link

- Application will be processed within 30 days. All submitted information will be evaluated to determine patient's ability to pay. SCMC compares family size and income against the Federal poverty guidelines. For individual patient circumstances who are above 200% of the Federal Poverty Guidelines, where family size and income alone do not accurately reflect the patient's ability to pay, living expenses will also be included in the assessment.
- Once the Business Office has made a determination of eligibility, the discount percent ranges between 20-100%. A letter and/or phone call with the eligibility results will be sent to the patient. The eligibility percentage is effective for a year from the date the patient is approved
- If a patient qualifies for a partial discount, monthly payments are needed to keep account(s) in good standing and prevent further collections efforts. Payment agreement terms will be agreed upon at the time of the determination. SCMC follows reasonable collection efforts and will refer to a collections agency when payments are not being made, see Billing and Collections Policy for details.
- Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Community Care Application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time SCMC can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

Administrative Direction for DeterminationsCopy Link

- Courage Cottage daily rent services are not covered by medical insurance plans, occasionally reimbursed to the patient directly by long-term care plans, considered private pay and therefore elective in nature . Due to these indications Courage Cottage daily rent services shall be considered for Financial Assistance for short term, end of life stays and where sources of patient funding have been exhausted or are at risk to exhaust within 90 days. Once a referral is placed from the SCMC Social Worker to the Director of the Courage Cottage a discussion will be ensued with the Patient Account Services Director to determine what portion of the payment the

patient is able to make. The monthly expense sheet will be used as a source of determination. The Patient Account Services Director will review the results with the CEO to determine applicability for approval on a case by case basis.

- Business Office will assess the best way to assist patients with past medical debt, and a onetime retroactive application of assistance can be applied to any 12-month span. Patients can then reapply for current dates after this determination has been made and is exhausted.
- Accounts placed with an outside collection agency for longer than 30 days are ineligible for Financial Assistance consideration. Accounts placed less than 30 days will be considered for removal from collections.

References:Copy Link

The Affordable Care Act Section 501 (r)

The NHSC site eligibility page can be accessed here – https://nhsc.hrsa.gov/sites/how-to-apply.html

Reference Guide can be accessed here - (https://nhsc.hrsa.gov/sites/eligibility-requirements.html).

Determination of Poverty Scale & Percentage Discounts: Financial Assistance discounts will be compared annually with our calculated AGB. SCMC utilizes Medicare and Commercial Payors to perform this look back and corresponding AGB.

SCMC Poverty guidelines will be updated annually with the currently published Federal Poverty Guidelines as published normally in late January in the Federal Register via the Department of Health and Human Services.

Non-covered services under Financial Assistance Program:Copy Link

Services that are considered non-medically necessary services, cash based services, or elective service are not covered under Financial Assistance.

Some examples of these services include but are not limited to:

- Gastric By-pass Procedures such as Lap band
- Genetic Testing
- Supplies and Durable Medical Equipment (Shoe inserts)
- Pharmacy or Prescriptions
- Eye Wear, supplies or contact lenses
- Cosmetic services and supplies
- Transportation
- Food

- Direct Lab Access (self-pay labs)

Additionally, only services provided at SCMC Morris, Starbuck & Wheaton locations are covered, services provided by visiting specialists or otherwise located in the visiting specialist outreach area are not covered.