



Essentia Health

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| Title: Financial Assistance Program | Policy #: EHA0014 |
| Type: Organizational | Market: EH |
| Category: Administrative | Approval Date: 3/12/2014 |
| Section: Revenue Services | Effective Date: 3/12/2014 |
| Primary Author: DIR-SYSTEM-PATIENT ACCOUNTS | ***Revision Date: 6/20/2017 |
| Approval Body: *Essentia Health Board of Directors | Page 1 of 15 |

Scope: **Essentia Wide

Purpose:

- I. **Scope:** This policy applies to all hospital and clinic facilities within the Essentia Health system, including both facility and professional services (see Attachment J for Legal Entity Names covered by this policy). The policy will not apply to Essentia Health’s skilled nursing facilities, assisted living facilities, home care, hospice, or retail services.
- II. Consistent with our mission to deliver compassionate, high quality, affordable health care services, Essentia Health is committed to provide financial assistance to eligible patients who are uninsured or underinsured, who meet the income-based and asset eligibility criteria and for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medically necessary services.
- III. This policy is intended to:
 - A. Describe the various forms of financial assistance available to Essentia Health patients.
 - B. Include eligibility criteria for financial assistance – full or partially discounted care.
 - C. Describe the basis for calculating amounts charged to patients eligible for financial assistance under this policy.
 - D. Describe the method by which patients may apply for financial assistance.
 - E. Describe the methods to be used to widely publicize the policy within the community Essentia Health serves.
 - F. Limit the amounts that Essentia Health will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance.

Definitions:

- I. **Amount Generally Billed (AGB):** the gross charges generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
- II. **Application Period:** Application period means the period during which a hospital facility must accept and process an application for financial assistance.
- III. **Catastrophic Charity Care Eligibility:** Financial assistance that provides a discount based on a sliding scale, to eligible patients, or their guarantors, with annualized household income in excess of 310% of the Federal Poverty Guidelines and financial obligations resulting from medical services provided by any Essentia Health hospital or clinic, including both facility and professional services that exceed 20% of annualized household income.
- IV. **Extraordinary Collection Action (ECA):** Any action taken against an individual(s) responsible for a bill relating to obtaining payment of a self-pay balance that requires a legal or judicial process. Examples of ECAs are: lien on property, reporting adverse information to credit bureaus for closing

on real property, attaching or seizing a bank account or any other personal property, commencing a civil action, causing an individual's arrest, subjecting an individual to a writ of body attachment, or garnishing wages. Examples of non-ECAs are filing of a claim in bankruptcy court proceedings and liens filed by hospitals with respect to the proceeds of personal injury judgments, settlements, or compromises.

- V. **Financial Assistance Application:** The information and accompanying documentation that an individual submits to apply for financial assistance.
- VI. **Financial Assistance Program (FAP):** A program for rendering free or discounted care to persons who would incur financial hardship in order to fully pay for their medical care. Patients will qualify by meeting income and asset guidelines. Essentia Health may determine inability to pay prior to or at the time care is rendered or through subsequent attempts to collect sufficient information to make such a determination.
- VII. **Federal Poverty Guidelines (FPG):** Income guidelines published annually by the U.S. Department of Health and Human Services that are used for determining financial eligibility for certain programs. Guidelines vary by family size. Essentia Health FAP income guidelines will be updated at the beginning of each fiscal year (July) based upon the prevailing FPG.
- VIII. **Gross Charge:** The established price for medical care that is consistently and uniformly charged to all patients before applying any contractual allowances, discounts, or deductions
- IX. **Guarantor:** An individual who is responsible for payment of the medical bill. The guarantor may or may not be the same as the patient. The term patient in this policy includes the guarantor
- X. **Household:** A group of two (2) or more persons who reside together and are related by birth, marriage, adoption, civil union, domestic partnership or otherwise and are financially responsible for each other, which is indicated by either: (1) jointly filing or claiming the other person(s) as a dependent on the most recent federal tax return; or (2) married but filing separately and may or may not be residing in the same household; or (3) submission of some other legal documents to indicate joint financial responsibility for personal expenses.
- XI. **Household Income:** Includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources:
 - A. Non-cash benefits (such as food stamps and housing subsidies) do not count.
 - B. Income is determined on a pre-tax basis (Gross Income).
 - C. Excludes capital gains or losses.
- XII. **Limitation of Charges:** Hospitals are required to limit the amounts charged for emergency or other medically necessary care provided to persons eligible for assistance under the FAP to no more than the amounts general billed (AGB) to persons who have coverage for such care. The methodology for calculating the AGB rate for Essentia Health uses a combination of the Medicaid, Medicare, and private payer rates.
- XIII. **Medically Necessary Services:** These include, but are not limited to, the following:
 - A. Trauma and emergency medical services;
 - B. Dental services performed in a hospital setting;
 - C. Any diagnostic study, procedure or treatment needed to prevent, diagnose, correct, cure, alleviate, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, or may result in overall illness or infirmity;
 - D. Services defined under a patient's health insurance coverage as "covered items or services", including items and services covered by Medicare;
 - E. Services provided and denied insurance coverage due to pre-existing conditions; and
 - F. Other services scheduled in advance, with physician orders, and assessed on a case-by-case basis and determined to be medically necessary by a physician and or medical director may be approved at Essentia Health's discretion (see exclusions in Attachment A).
 - G. When a service is experimental or investigational and deemed medically appropriate by the medical director, the patient will be eligible to apply for financial assistance.
 - H. Note the term medically necessary for purposes of the uninsured discount may vary from the above (see Attachment G).

- I. Medically necessary respiratory equipment purchased through Essentia Health Medical Equipment and Supply such as: BiPAP/CPAP equipment and supplies, portable and stationary oxygen systems, nebulizers, ventilators, suction, apnea monitors and aerosol compressors.
- XIV. **Patient:** The individual who received medical services and who is responsible for payment of the medical bill. If there is a guarantor that is separate from the patient, the term patient refers to the guarantor as well.
- XV. **Plain Language Summary:** "Helping You Pay Your Medical Bills" brochure summarizes the Financial Assistance policy, in an easy to read format, and provides information on how and when to apply for financial assistance.
- XVI. **Presumptive Charity Care Eligibility:** Process of proactively classifying eligibility for financial assistance on the basis of limited financial information. A determination that a patient is presumed eligible for financial assistance when adequate information is provided by the patient or through other sources not provided directly by the patient, which allows Essentia Health to presume that the patient qualifies for Financial Assistance.
- XVII. **Uninsured Patient:** An individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program such as Medicare, Medicaid, TriCare and CHAMPUS, Worker's Compensation, third-party liability (e.g. auto), Medical Savings Accounts, or other third-party assistance to assist with meeting their payment obligations.
- XVIII. **Uninsured Discount:** (Amounts Generally Billed) Uninsured discounts represent discounts from gross charges for uninsured patients to arrive at amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
- XIX. **Underinsured Patient:** An individual, with private or other insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by Essentia Health. This would also include benefit exclusions in the insurance policy such as pre-existing conditions or mental health benefits.

Policy:

- I. Financial Assistance shall be considered for those individuals who are uninsured, underinsured, and unable to pay for their care based upon a determination of financial need in accordance with this policy and consistent with the mission and values of Essentia Health.
- II. Patients seeking emergent or medically necessary care at Essentia Health shall be treated without regard to their ability to pay for such care. Financial Assistance will be based on financial need and shall not take into account race, color, ethnicity, national origin, religion, creed, gender, age, social or immigration status, residency, disability, sexual orientation or insurance status.
- III. Essentia Health's FAP is not a substitute for personal responsibility.
- IV. Patients are expected to cooperate with Essentia Health's procedures for obtaining charity or other forms of payment or financial assistance and to contribute to the cost of their care based on their individual ability to pay.
- V. Uninsured patients who could qualify for Medical Assistance must apply for this coverage before their application will be processed. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services, for their overall personal health.
- VI. This Financial Assistance policy is intended to be compliant with all applicable federal, state and local laws and regulations and any other applicable agreements for the provision of health care services.
- VII. Amounts Generally Billed (AGB) to the Uninsured Patient:
 - A. Calculation of uninsured discount:
 1. Essentia Health will use a look-back method for calculating the uninsured discount.

2. Each facility's uninsured discount will be calculated separately by including a rolling twelve-(12) month period using a combination of expected reimbursement from Medicaid, Medicare fee-for-service and all private health insurers based on contracted payers' allowed amount and actual payments plus settlements to determine the overall percentage.

VIII. Financial Assistance Programs: Essentia Health offers the following types of financial assistance to those patients who are insured, underinsured and uninsured:

A. Uninsured Discount:

1. Essentia Health offers discounts to patients who are uninsured and who require medically necessary health care treatment. The discount does not apply to cosmetic procedures without medical necessity. Refer to Attachment G for the list of exclusions to this discount.
2. Uninsured Discounts will be extended to all eligible patients regardless of their residency.
3. The uninsured discount will be applied to the gross charges billed to the patient.
4. In the event a location inadvertently sends a bill to a patient in excess of that which is allowed under this discount program because the location is not aware that the treatment or service constitutes uninsured treatment and the location thereafter learns that the treatment or service constitutes uninsured treatment, the location will promptly adjust its charges so as not to exceed the amount allowable under this policy and the hospital will promptly notify the patient of the new amount of the bill.
5. For those entities using the EPIC billing system, the uninsured discount will be automatically applied upon initial billing and will appear on the patient's statement.
6. For those entities not using the EPIC billing system, the uninsured discount will be applied to the initial account balance manually.

B. Payment in Full Discount: A patient may be eligible for a 20% discount on any self-pay balance greater than \$10,000 when paying a balance in full assuming all applicable insurance plans and third-party payers have been billed, paid and all applicable discounts have been applied. This discount can be applied up until the time an account is turned over to a collection agency, allowing time for any payer source to be identified and benefits exhausted.

1. Insurance co-payments and deductibles are excluded from receiving this discount (see Collection Policy EHA0021).

C. NHSC Discount Program:

1. Essentia Health participates in the National Health Service Corps Program (NHSC).
2. Low-income patients being seen in an approved NHSC location will be offered an application for this discount program and if eligible, patients may qualify on a sliding scale based on federal poverty income guidelines.
3. Discounts will be offered based on patient's family size and will range from 10-100% per the sliding fee schedule.
4. Refer to the NHSC Discount Program EHA0012 for more details.

D. Charity Care

Traditional Application Process:

1. Full Charity Care: Full Charity Care is a *complete* write-off of Essentia Health's gross hospital and clinic charges for eligible services. 100% fully discounted care is based on FPG for patients, or their guarantors:
 - a. Whose gross income is at or below 160% of FPG; and
 - b. Whose assets do not exceed the levels shown on Attachment B.
2. Partial Charity Care: Partial Charity Care is a *partial* write-off of Essentia Health's gross hospital and clinic charges for eligible services. The following discount levels are based on FPG for patient, or their guarantors:

- a. Whose gross income is above 160% but not more than 225% of FPG and whose assets do not exceed the levels shown on Attachment B are eligible to receive 75% discount on any patient balance.
 - b. Whose gross income is above 225% but not more than 310% of FPG and whose assets do not exceed the levels shown on Attachment B are eligible to receive 50% discount on any patient balance.
 - c. If the remaining balance, after the partial charity care adjustment has been applied, exceeds the guarantor's annual household income; an additional discount of 50% will be applied to the remaining balance. To receive this additional discount, income and asset requirements must be met.
3. **Eligibility Criteria:** Eligibility for Charity Care will generally be based on a combination of household size, household income, and assets.
- a. Applicant must cooperate in applying for public and private programs.
 - b. Patients are expected to contribute to the cost of their care based on their individual ability to pay.
 - c. Applicant must exhaust all other payment options including private coverage, federal, state, and local medical assistance programs, faith based programs and other forms of assistance provided by third parties.
 - d. Applicant must follow the rules of their insurance policy which includes responding to all insurance inquiries within time frames allowed by their insurance carrier(s) and includes but is not limited to network status
 - e. Applicant must complete the Financial Assistance Application in its entirety and provide all required documentation as noted on the application.
 - f. Health Savings Accounts with balances greater than \$25 must be spent prior to charity care discounts.
 - g. Self-Administered Drug (SAD) Charges must be submitted to insurance carriers for payment. Any balance after insurance pays or denies will be eligible for financial assistance.
4. If a patient or their guarantor fails to meet each requirement as noted above, their application will be denied.
5. Essentia Health shall make affirmative efforts to help patient or patient's guarantor apply for public and private programs.

Alternate Documentation & Presumptive Process:

1. Essentia Health recognizes that it is not feasible, or in some instances not necessary, for all patients to complete the financial assistance application or provide documentation required through the traditional application process.
 - a. **Means-Tested Programs:** Essentia will grant eligibility for financial assistance to patients who have been referred by the Lake Superior Community Health Center and who are able to document that they have been deemed eligible by the Center's standards.
 - b. **Life Circumstances:** Patients will be granted presumptive eligibility for assistance on the basis of individual life circumstances. For example, deceased patients with no known estate, homeless patients with no insurance coverage and members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious organization will be granted financial assistance (see Attachment D).
 - i. Absent a predictive modeling process using the scoring methodology to determine eligibility, a patient may be presumed eligible for financial assistance when adequate information is provided by the patient or through other sources not provided directly

- by the patient. This information provides evidence that the patient may be living with limited economic means.
- ii. There are certain circumstances which, when known and formally documented by the designated Essentia Health employee, will permit the patient to be presumed to have qualified for financial assistance (see Attachment D for a listing of eligible living situations and program qualifications that would qualify a patient for presumptive charity care).
 - iii. Attachment D is the attestation form to be completed by the designated Essentia Health employee and lists the circumstances in which a patient may be eligible for presumptive charity.
- c. Predictive Modeling: Essentia Health will make a reasonable effort to notify patients of the Financial Assistance Program in order to identify or classify charity care patients. However, for those Essentia Health entities using the EPIC billing system, a predictive model developed by a third-party vendor may be used to assess financial need for patients. This information will enable Essentia Health to make an informed decision on the financial need of non-responsive patients, prior to sending accounts to collection.
- d. For the purpose of identifying financially needy, underinsured or uninsured patients, a predictive model may be utilized to conduct a review of patient information. This healthcare industry-recognized, predictive model reviews public record databases to calculate a socio-economic and financial capacity score. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical financial assistance approvals for Essentia Health. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability fail, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
- i. The scoring process takes into account public information and predicts the likelihood that the patient would have likely qualified for charity care for their self-pay balances.
 - ii. The scoring model is to be applied in a consistent and automated process.
 - iii. Essentia Health will classify certain accounts for full charity care using rules defined through the model calibration which is based on a sample of accounts approved under the traditional application process rather than sending the patient to a collection agency.
 - iv. Accounts that fall outside of the eligible range as defined by the predictive model will not be granted presumptive eligibility for charity care. When there is documented verification that the financial status of the patient has changed since the last scoring event, the director may approve presumptive charity care by completing the Financial Assistance Application Presumptive Eligibility Attestation form (attachment D).
 - v. If the processor encounters known information that indicates the patient would not be eligible for full charity care, the account will not be written off for presumptive charity care and the guarantor will follow the traditional collection process.
 - a. Examples of such information would include publicly recorded information or previously recorded and/or documented conversations with Essentia Health indicating ineligibility for Charity Care.
- e. If a patient is granted financial assistance using the alternate documentation or predictive modeling process, they will qualify for the maximum support available under the Financial Assistance Program which is a 100% discount. The alternate

documentation and presumptive process may not be used to qualify patients for partial Traditional or Catastrophic Charity Care determinations.

- f. A unique adjustment code will be used in the applicable billing system when charity care is approved using the alternate documentation or presumptive process.

E. Catastrophic Charity Care: While financial assistance is typically provided in accordance with eligibility criteria for full or partial charity care, it is recognized that there may be the need to grant additional financial assistance support based on extenuating circumstances.

1. A patient, or their guarantor, may be granted catastrophic charity care assistance for eligible services, if they meet the following criteria:
 - a. Patient, or patient's guarantor, has gross income in excess of 310% of the Federal Poverty Guidelines and has medical financial obligations from a single episode of care that exceed 20% of annualized household income.
 - i. Household Income multiplied by .20 = Amount needed to qualify for Catastrophic discount. For example, \$55,000 (annual income) x .20 = \$11,000 (Qualifying Balance).
 - b. Patient, or patient's guarantor, has exhausted all other payment options including private coverage, federal, state, and local medical assistance programs, and other forms of assistance provided by third parties.
 - c. Services are provided by any Essentia Health hospital or clinic, including both facility and professional services.
2. Eligibility Criteria: To be eligible for catastrophic charity care, patients or their guarantors must do the following:
 - a. Applicant must cooperate in applying for public and private programs.
 - b. Applicant must follow the rules of their insurance policy which includes responding to all insurance inquiries within time frames allowed by their insurance carrier.
 - c. Patient or patient's guarantor, meeting eligibility criteria for catastrophic charity care, shall have their charges adjusted to the lower of the uninsured discount at the facility where services were rendered (see Attachment E for the uninsured discount table).
 - d. Patient or their guarantor will be required to complete the Financial Assistance Application in its entirety and provide all required documentation as noted on the application.
 - e. Patients are expected to contribute to the cost of their care based on their individual ability to pay.
 - f. Health Savings Accounts must have a balance less than \$25.00 prior to charity care discounts.
3. If a patient or their guarantor fails to meet each requirement as noted above, their application will be denied.
4. There will be no asset test required for catastrophic charity care.

IX. Eligible Services: Only services and goods that are deemed medically necessary are eligible for financial assistance under this policy.

X. Ineligible Services: For services not eligible for Financial Assistance, see Attachment A.

XI. Patient Refunds due to FAP Approval: If the patient subsequently submits a complete FAP application and they are determined to be FAP-eligible for the care, Essentia Health will refund any amount the patient has paid to Essentia Health after Essentia Health received their application. This applies to Essentia Health or any other Essentia Health contracted third party to whom

Essentia Health has referred or sold the patient's debt to for their care that exceeds the amount for which the patient is determined to be personally responsible as a FAP-eligible patient, unless such excess amount is less than \$5.00.

Procedure:

- I. Informing patients about the FAP:
 - A. Essentia Health will make the FAP policy, application and plain language summary (see Attachment I) available upon request by the patient and at no cost to the patient.
 1. Information about Essentia Health financial assistance programs will be available on the Essentia Health website (www.essentiahealth.org). The Financial Assistance policy, program information, application along with the plain language summary will be easily accessible to the patient and can be viewed, downloaded and printed at no charge to the patient.
 2. The patient will be notified of the FAP plain language summary at the following points of service:
 - a. During the time of scheduling or during the pre-service (financial screening) process and if the patient has not received the financial assistance information within the last ninety (90) days, they will be provided the following options:
 - i. The financial assistance information can be found online
 - ii. Will be offered to be transferred to a Patient Account Representative
 - iii. Will be advised that they will be given a FAP plain language summary at the time of registration
 - b. At the time of registration and if the patient has not received the FAP plain language summary within the last ninety (90) days, staff will provide the patient with a paper copy of the FAP plain language summary.
 - c. If the patient has not been provided the FAP plain language summary at the time of registration, staff will provide a paper copy of the FAP plain language summary to the patient prior to discharge.
 - d. If the patient has not been provided the FAP plain language summary at the time of registration and the patient has been discharged, staff will mail a paper copy of the FAP plain language summary to the patient.
 3. Contact information about Essentia Health Financial Assistance Programs can be found on Attachment L – Contact Information for the Essentia Health Financial Assistance Program.
 4. Notices on the availability of financial assistance will be conspicuously posted in emergency room departments and admission areas. A paper copy of the FAP application and policy will be available at these locations. A paper copy of the plain language summary will be provided to all uninsured patients being seen in the emergency room departments and admission areas.
 - a. At each admissions and emergency room department there is information in a binder available that includes financial assistance applications, FAP policy and the plain language summary.
 5. Financial Assistance Applications, FAP policy and FAP plain language summary will be in English, and in any other language that is a prominent language of the communities in each hospital service area (lesser of 1,000 individuals or 5% limited English proficiency in the area). Interpreter services will be available upon request as needed to discuss the program further with patients or their guarantors.
 - a. Essentia Health will annually review the patient demographics to determine if the Financial Assistance Application needs to be provided in additional language formats.
 6. Information about the Essentia Health FAP will be included in all collection letters and patient statements.
 - B. FAP information and/or applications will be made available to appropriate community health services agencies and other organizations that assist people in need.
 1. Insure Duluth – 800-543-7709

2. MN Sure's Help Center on-line (Mn Residents) – 855-366-7873
 3. Lake Superior Community Health – Duluth – 218-722-1497
 4. Lake Superior Community Health – Superior – 715-392-1955
 5. Indian Health Services – Detroit Lakes - 218-983-6282
 6. Mahube Community Council – Detroit Lakes – 218-847-1385
 7. Lutheran Social Services – Brainerd – 218-828-4383
 8. The Village – Fargo – 701-451-5003
 9. SHIBA Representative – Orofino, ID – 208-476-8018
 10. Clearwater Human Needs Counsel – Orofino, ID – 208-476-0155
 11. Grangeville Human Needs Counsel – Grangeville, ID – 208-983-2522
 12. Community Action Agency – Orofino, ID – 208-4949
- C. Essentia Health will provide a listing of all departments and types of services provided by all Essentia Health physicians, credentialed providers and locums that are employed by Essentia Health and being billed using the Epic billing system. These providers, excluding the providers in attachment K will be covered under the FAP and the listing will be available on the www.essentiahealth.org website by selecting "Find a Medical Professional."
1. Exclusions to FAP covered services can be found on Attachment A "List of Exclusions for the Essentia Health Financial Assistance Program."
 2. Free paper copies of the provider listing will be provided upon request.
 3. The provider listing for St. Mary's Hospital, Inc. and Clearwater Valley Hospital and Clinics, Inc. can be located on their website at www.smh-cvhc.org.
- D. Essentia Health will educate staff members who work closely with patients providing direct patient treatment, and those staff responsible for admissions, billing or collections about the existence of Essentia Health's FAP and how a patient may obtain more information.
- E. Annual education/awareness of the FAP will be provided to ensure all employees with patient contact are aware of the program and how patients can obtain additional information.
1. Clinical and hospital staff that provide direct patient care must have knowledge of the FAP and know to direct patients to a Registration Interviewer or Business Office Representative.
 - a. Managers and supervisors are to provide an educational memo requiring staff to sign indicating that they read and understood the content. The signed document will be returned to the manager/supervisor.
 2. Registration staff must have an understanding of the policy, knowledge of where the related documents are located and where to direct the patient for more information on the FAP. Staff will be trained to recognize patients that inquire about financial assistance or hardship and/or patients that have no coverage.
 - a. Staff will receive this information during their department's new employee orientation and their respective supervisors will provide annual refresher updates.
 - b. Staff will sign a document stating they have read and understand the content of the training document and return the document to the manager/supervisor.
 3. Designated Essentia Health employees (Financial Counselors; Patient Accounts Representatives) must have a thorough understanding of the FAP and will offer the information on the FAP to those patients who make an inquiry about the program or who are determined through a financial screening to be possibly eligible for this program.
 - a. SABA classroom training will be provided annually.
- F. Availability of assistance may also be offered by patient advocacy services or other employees of Essentia Health such as clergy and social service staff at bedside, in the office, or over the phone.
- G. A request for financial assistance may be made by the patient, a patient's guarantor, a family member, close friend, or associate of the patient, subject to applicable privacy laws. Essentia

Health will also respond to any oral or written requests for more general information on the FAP made by a patient or any interested party.

II. Applying for Financial Assistance

- A. The patient will be given every opportunity to complete an application to the FAP.
 1. Uninsured patients will automatically receive a financial assistance application. This will be noted in the billing notes on an account.
- B. Financial Assistance applications will be available as follows:
 1. On the Essentia Health web site (www.essentiahealth.org) and at each Essentia Health business office location.
 2. Whenever a patient requests an application via telephone, mail or in person of a business office representative, contracted representative, Social Services, or registration staff, prior to service, at the time of service, discharge, and post discharge, the patient will either be given a free application or information on how they can obtain a Financial Assistance Application.
 3. If it is determined that the patient may be eligible for financial assistance prior to service or throughout the collection process, the patient will be provided a Financial Assistance Application.
- C. Essentia Health will make reasonable efforts to explain the benefits of Medicaid, public assistance and private programs to patients or their guarantor and provide information on those programs when applicable.
- D. All Essentia Health patients will be given an opportunity to apply for FAP at any time throughout the collection process.
 1. Notification period of any ECA must be given a minimum of 120 days from the date of the patient's first post-discharge statement. During this notification period, Essentia Health will not initiate any ECA on a patient who has provided a complete FAP application and their eligibility has not yet been determined.
 2. If an ECA has commenced during the application period (which is after 120 days and before 240 days of the first post-discharged statement) and the patient has submitted an application for FAP, Essentia Health will process the application.
 - a. During the application period, all ECA actions will be held until eligibility determination has been made.
 - i. If the patient qualifies for a full FAP discount (100%), the ECAs will stop. The patient will be refunded for any payments they have made after Essentia Health has received their application.
 - ii. If the patient qualifies for a partial FAP discount, ECAs will resume on the remaining patient balance after notifying the patient of the discount and their balance due.
 - iii. If the patient has made payments more than the amount that is owed, the patient will be refunded the excess.
 3. If the FAP application is not complete and sufficient information has not been provided by the patient, a written notice will go out to the patient stating the application is denied due to insufficient information. The written notice will inform the patient that they have thirty (30) days in which to provide that information before the ECA action will resume.
- E. Collection agencies and debt litigation attorney/law firm who believe a patient or their guarantor may be eligible for financial assistance, shall immediately refer that patient to the hospital's business office and alert the business office personnel. Any and all collection efforts must cease until the business office notifies the agency/attorney/law firm that they have been approved to resume their efforts.

- F. If charges are within the 36 -month look-back period, Essentia Health will close and return accounts from the attorney's office and write off the principal balance and interest from the judgment. The attorney's fee will remain the cost of the guarantor.
- G. **Oral notification of FAP:**
1. A reasonable effort to orally notify an individual patient or their guarantor will be deemed made if the debt litigation attorney/law firm attempt to contact the individual at the individual's last known telephone number at least one time to inform the individual that financial assistance may be available to eligible individuals under Essentia Health's FAP and to offer assistance with the FAP application process.
 2. If an individual patient or their guarantor is unavailable or unresponsive to the debt litigation attorney/law firm's oral attempts to notify of FAP, the patient's account will be reviewed for ECA. This does not negate the reasonable steps taken to notify the patient or their guarantor.
- H. **Written notification of ECAs:**
1. Essentia Health will require its debt litigation attorney/law firm to send written notification to the patient or their guarantor of the ECAs it intends to take against the individual to obtain payment of an outstanding patient balance no less than 30 days before the first ECA against the individual is initiated.
 2. Such notice will be sent to the individual only after Essentia Health has authorized its debt litigation attorney/law firm to initiate an ECA and the debt litigation attorney/law firm actually intends to initiate an ECA (see Attachment C).
- I. Included in the notification of ECA, will be Essentia Health's phone number and website for patients or their guarantors to obtain information and a free financial assistance application.

III. Application and Documentation

- A. All applicants must complete the Financial Assistance Application form (see Attachment C) and provide requested documents when applying for assistance. The exception would be those patients qualifying for presumptive charity. As applicable, documentation must include:
1. Income information and verifications, such as: recent pay stubs, bank statements, spousal, and child support, earned interest, etc.
 2. A copy of the most recent tax return and verifications of earnings from all adult members in the household reported on the tax return.
 - a. Income information will be required for any adult child included on a tax return that is being used in the household size count. However, an applicant has the right to waive an adult child from being included in the FAP Household size criteria and therefore would not be required to submit income information for that individual.
 3. Asset information such as last two (2) months of checking and savings account statements, information on annuities, pensions and retirement funds, etc. is required under the policy.
 4. Required documentation is listed in more detail on the application.
- B. Applicant will not be denied eligibility based on failure to provide documentation that is not requested in the application.
- C. Burial funds and Federal/State administered college savings plans are not considered when making eligibility determinations.
- D. Asset documentation provided by applicants will be used solely for the purpose of determining eligibility for financial assistance.
- E. The Financial Assistance Application must be completed and documentation provided within thirty (30) days of receiving the application in order for eligibility to be considered. Failure to do so will result in a denial of the application.

1. If the guarantor submits a partially completed application, a letter will be sent requesting the additional information. The guarantor will have thirty (30) days to provide the missing documentation or the application will be denied.
 2. Applicant will be denied if the application is submitted without any documentation/verification requirements requested in the application. The patient will be sent a letter of denial outlining this decision and application will be returned with this letter.
 3. Applicant will not be denied eligibility based on failure to provide documentation that is not requested in the application.
- F. Information falsification. Financial assistance will be denied if the patient or responsible party supplies false information including information regarding their income, household size, assets, or other resources available that might indicate a financial means to pay for care.
- G. Third Party Settlement. Financial assistance will be denied if the patient receives a third party financial settlement associated with care rendered at an Essentia Health affiliated entity. The patient is expected to use the settlement amount to satisfy any patient account balances.
1. H. Financial Assistance Applications are available at no cost from the following offices: East Region - Essentia Health, BSC Reception Desk
400 E 3rd Street Duluth, MN 55805
(218) 786-3333 or (800) 985-4675
 2. Central Region – St. Joseph’s
2024 S 6th Street Brainerd, MN 56401
(218) 828-7589 or (855) 817-9702
 3. West Region – West Financial Counseling
3000 32nd Avenue South Fargo, ND 58103
(701) 364-8608 or (855) 269-1326
 4. Clearwater Valley Hospital and Clinics
301 Cedar Orofino, ID 83544
(208) 476-4555 or (800) 497-7412
 5. St. Mary’s Hospital and Clinics
701 Lewiston Street PO Box 137 Cottonwood, ID 83522
(208) 962-2311
- I. Financial Assistance Applications once completed should be mailed to:
1. East, Central and West Markets
Essentia Health
BSC Reception Desk
400 East Third Street, Duluth MN 55805
 2. Clearwater Valley Hospital
301 Cedar, Orofino ID 83544
 3. St. Mary’s Hospital Inc.
PO Box 137
701 Lewiston Street, Cottonwood ID 83522
- J. Further details on the procedure for accepting and processing the Financial Assistance Applications can be found in Attachment F.

IV. Financial Assistance Determination and Notice

- A. Determination of eligibility for financial assistance will be made after all efforts to qualify the patient for other public or private programs have been exhausted. If other avenues of financial support are being pursued, Essentia Health will communicate with the patient, or patient's guarantor, regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.
- B. Requests for financial assistance shall be processed promptly and Essentia Health shall notify the patient or applicant of an approval or denial in writing within thirty (30) business days of receipt of a completed application.
 - 1. While completed FAP applications are waiting eligibility decisions, ECAs may not be initiated or resumed.
- C. When the FAP is received and patient qualifies at 100% discount and has been making payments on their account, the patient will receive a refund equal to the payments they have made since the application was received.
 - 1. When a patient receives a partial FAP discount, and the patient has made payments, the patient will be refunded any payment amount over and above what they would owe after the discount was applied.
- D. If a patient, or their guarantor, is eligible for financial assistance discounts, their application will be kept on file as follows:
 - 1. Traditional Charity Care Applications will remain open for twelve (12) months after determination is made. If approved, the application will cover services going forward twelve (12) months and looking back for 36 months. If approved, this discount will apply to charges that have been referred to a collection agency or debt litigation attorney. For any charge at such an agency or attorney that is older than 36 months from the date we received the application, those charges will be closed as uncollectible at our request.
 - 2. Presumptive Charity Care – patient will be eligible to be re-scored for presumptive charity care every 180 days when using the scoring model. When not using the scoring model, completion of the Presumptive Eligibility Attestation form (see Attachment D) must be completed every 180 days.
 - 3. Catastrophic Charity Care – Applications will remain open for twelve (12) months after determination is made.
- E. If denied financial assistance, the patient or patient's guarantor, may re-apply at any time there has been a change of income or status.
- F. Should a life changing event happen (birth, death, job loss, etc.) that changes household size, income or asset information the guarantor will be required to complete a new application.
- G. In reviewing the application, Essentia Health cannot rely upon information suspected to be unreliable or incorrect or information obtained under duress.

V. Appeals and Dispute Resolution

- A. Contact information for disputes and appeals regarding a determination of eligibility or denial. (See Attachment L – Contact Information for the Essentia Health Financial Assistance Program)
- B. The basis for the dispute or appeal should be in writing and submitted within three (3) months of the patient's experience giving rise to the dispute or notification of the decision on financial assistance eligibility.

VII. Relationship to Collection Policies

- A. Essentia Health shall pursue collection of outstanding patient balances in accordance with the Essentia Health Collections Policy (see Policy EHA0021).
- B. Essentia Health's collection policies shall comply with federal and state laws and regulations and any agreement governing healthcare billing and collections.

VIII. Regulatory Requirements

- A. Essentia Health will comply with all federal, state, and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this policy. This policy requires that Essentia Health track all financial assistance provided to ensure accurate reporting.

IX. Record Keeping

- A. Essentia Health will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements. All related records shall either be scanned into an electronic document imaging system or where a document imaging system is not available documentation will be retained for seven (7) years beginning from the date on which we received a completed application.

X. Policy Approval

- A. This policy and any changes must be approved by Essentia Health Board of Directors. For hospital entities, each hospital's local Board of Directors/Trustees must adopt any and all versions of this policy for their local hospital entity. See Attachment F. for level of approvals.

Attachments:

Attachment A: List of exclusions for Financial Assistance Program
Attachment B: Essentia Health Financial Assistance Program Income and Asset Guidelines
Attachment C: Financial Assistance Application
Attachment D: Presumptive Eligibility Attestation Form
Attachment E: Uninsured Discount Schedule
Attachment F: Procedure for Taking/Processing Financial Assistance Program Applications
Attachment G: Uninsured Discount Exclusion List
Attachment H: Financial Assistance Authorization Matrix
Attachment I: "Helping You Pay Your Medical Bills" brochure
Attachment J: Legal Entity Names covered by Essentia Health Financial Assistance Program
Attachment K: Medical Providers Not Covered Under the Essentia Health Financial Assistance Program
Attachment L: Contact Information for the Essentia Health Financial Assistance Program

Keywords: CCP, Community Benefit

References:

Billing and Collections Policy EHA0021
Collection Agency Practices Policy EHA0015
Debt Litigation Practices Policy EHA0016
NHSC Discount Program Policy EHA0012

Replaces Policies: SMDC A0174; Central 804.044; West MA.0134; First Care Medical Services-Fosston, Community Care Policy; EH-Graceville Charity Care Program; MN Valley Health Center Policies on Charity Care and Discounts for the Uninsured; and any other Charity Care, Financial Assistance, Community Care policy not specifically noted with a policy number.

*****Previous Revision dates:** 06/30/2016

Approval dates:

*Approved by Essentia Health Leadership Team 6/13/2017;

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**Scope: This Policy, Standard Work /Procedure, or Protocol (collectively “P&P”) applies to Essentia Health and all Essentia Health Entities and their subsidiaries including, but not limited to, the following:

Brainerd Lakes Integrated Health System, dba Essentia Health Central

- Brainerd Medical Center, dba Essentia Health Convenient Care - Baxter
- St. Joseph’s Medical Center, dba Essentia Health St. Joseph’s Medical Center

St. Mary’s Duluth Clinic Health System, dba Essentia Health East

- Deer River Healthcare Center, Inc., dba Essentia Health Deer River
- Essentia Health Virginia, LLC, dba Essentia Health Virginia
- Northern Pines Medical Center, dba Essentia Health Northern Pines
- Pine Medical Center, dba Essentia Health Sandstone
- SMDC Medical Center, dba Essentia Health Duluth
- St. Mary’s Hospital of Superior, dba Essentia Health St. Mary’s Hospital-Superior
- St. Mary’s Medical Center, dba Essentia Health St. Mary’s Medical Center

Innovis Health, LLC, dba Essentia Health West

- Bridges Medical Center, dba Essentia Health Ada
- First Care Medical Services, dba Essentia Health Fosston
- Graceville Medical Center, dba Essentia Health Holy Trinity Hospital
- Innovis Health, LLC, dba Essentia Health Fargo
- St. Mary’s Regional Health Center, dba Essentia Health St. Mary’s-Detroit Lakes

Critical Access Group

- Clearwater Valley Hospital and Clinics
- St. Mary’s Hospital



List of Exclusions for the Essentia Health Financial Assistance Program

Services excluded from the **Essentia Health** Financial Assistance Program include, but are not limited to:

- **Cosmetic Services:**
 - Facelift
 - Liposuction
 - Breast Augmentation – Saline or Silicone
 - Rhinoplasty
 - Botox for aging/elective
 - Facial Implants
 - Buttock Lift
 - Tattoo Removal
 - Eye lift
 - Circumcisions
- **Reproductive Management Services**
 - Services to achieve pregnancy and/or surrogate motherhood
 - Contraceptive Management Services
 - Erectile Dysfunction Services
 - IUD Maintenance
 - Birth Control
 - Voluntary sterilization procedures such as Vasectomies and Tubal Ligations
 - Reversal of voluntary sterilization procedures
- Eye Glasses / Contacts
- Durable Medical Equipment and Supplies not covered in the hospital or clinic settings
- Hearing Aids/Batteries/Inserts/Repair
- Skilled Nursing Facilities
- Assisted Living Facilities
- Home Care – services not provided by skilled provider
- Hospice Care
- Hospice and Solvay Hospice House Services
- Prescription Medications / Retail Pharmacy including SAD charges
- Travel Vaccines
- Chiropractic and Acupuncture Services / Massage Therapy Services
- Convenient Care / E-Visits
- Dental Services provided in a clinic setting, which includes implants.
- Cardiac Rehab III
- Out of Network Insurance Denials
- Master Level Providers for Behavioral Health Services
- Lasik Eye Surgery
- DOT/Flight Physical
- Sports (School) Physical

Updated: 7/1/2017



**Financial Assistance Program
Income Guidelines
Fiscal Year 2018**

| Size of Household Unit * | Poverty Income Guidelines | <u>100% Coverage</u> | <u>75% Coverage</u> | <u>50% Coverage</u> |
|--------------------------|---------------------------|--------------------------------|--------------------------------|--------------------------------|
| | | (If income is not more than :) | (If income is not more than :) | (If income is not more than :) |
| 1 | \$12,060 | \$19,296 | \$27,135 | \$37,386 |
| 2 | \$16,240 | \$25,984 | \$36,540 | \$50,344 |
| 3 | \$20,420 | \$32,672 | \$45,945 | \$63,302 |
| 4 | \$24,600 | \$39,360 | \$55,350 | \$76,260 |
| 5 | \$28,780 | \$46,048 | \$64,755 | \$89,218 |
| 6 | \$32,960 | \$52,736 | \$74,160 | \$102,176 |

* If you have additional household members, add \$4,180 for each one

**Financial Assistance Program
Asset Guidelines
Fiscal Year 2018**

Assets will be considered along with the patient's income to determine eligibility for the Financial Assistance Program. To be eligible, reportable assets may not exceed \$25,000 for a household of one (1), or \$50,000 for a household of two (2) or more.

Assets may include, but are not limited to, such items as checking and savings accounts, IRA's, 401(k)'s; Pensions, Health Savings Accounts, additional property, and any other retirement funding.



@TODAYDATE@

@DBLINK(EAR,,2,,11,)@

@GADDR@

@GCSZ@

Re: Your Essentia Health Account Number @DBLINK(EAR,,1,,,1)@

Dear @GNAME@,

Did you know that Essentia Health has a program that may help you with your medical bills, called the **Essentia Health Financial Assistance Program**? You may be eligible to have your bills reduced if your income falls between the guidelines listed below:

| Household Size | 100% Discount If Income is less than: | 75% Discount If Income is less than: | 50% Discount If Income is less than: |
|----------------|--|---|---|
| 1 | \$19,296 | \$27,135 | \$37,386 |
| 2 | \$25,984 | \$36,540 | \$50,344 |
| 3 | \$32,672 | \$45,945 | \$63,302 |
| 4 | \$39,360 | \$55,350 | \$76,260 |
| 5 | \$46,048 | \$64,755 | \$89,218 |
| 6 | \$52,736 | \$74,160 | \$102,176 |

For families/households with more than 6 persons, add \$4,180 for each additional household member

In order to qualify for the Financial Assistance Program you must:

- Apply for Medical Assistance and other forms of public/private assistance depending on applicable eligibility guidelines.
- Have a determination of any Medical Assistance disability claim.
- Cooperate with your Workers Compensation, auto or any other insurance carrier requirements.
- Have received medically necessary, eligible services delivered through Essentia Health that are covered under our program. Please contact us for a list of exclusions.
- Reportable assets may not exceed \$25,000 for a household of one, or \$50,000 for a household of two or more.

Reminders on filling out the application:

- Be sure you complete the entire application and answer all of the questions.
- Attach copies of all documents needed (do not send originals).
- Sign and date the application and return it to Essentia Health within 30 days from the date this application was mailed.
Your application may be denied if all required information is not submitted.

Mail or drop off this application and the requested copies to the office nearest you: See Attachment L for a list of Contact Information for the Essentia Health Financial Assistance Program.

Remember, Essentia Health is here with you. Please contact us if you have any questions about your eligibility for this program. We may be able to assist you with other programs if you are not eligible for the **Essentia Health Financial Assistance Program**.

Guarantor # @DBLINK(EAR..1,,,1)@

Medical Record # _____

ESSENTIA HEALTH FINANCIAL ASSISTANCE APPLICATION

Please complete the application below. Please note that additional documentation may be requested to complete the review of your application. If approved, your application is valid for 12 months from the date we receive it. If you need help filling out this application, or have other questions, please call our office. We can help you!

Please list the people who live in your household (list only household members that you would claim on your taxes).

| First and Last Name | Date of Birth | Relationship to you | Does this person have Medical Assistance? Yes/No - Explain |
|---------------------|---------------|---------------------|---|
| 1.) | | Self | |
| 2.) | | | |
| 3.) | | | |
| 4.) | | | |
| 5.) | | | |
| 6.) | | | |

CHECK BOXES FOR ALL APPLICABLE ITEMS IN YOUR HOUSEHOLD

| Required Information for ALL household members (if applicable): | Send Copies of: | Yearly Amount (Gross) |
|---|--|-----------------------|
| Federal Tax Return | Last year's Federal Tax Return 1040 including schedule C, E and/or F if applicable | \$ |
| Employment Income (wages) | Last 2 full months (60 days) of employment pay stubs | \$ |
| SSI, SSDI, RSDI Income | Award Letter(s) AND a copy of 2 most recent bank statements showing deposits | \$ |
| Unemployment / Work Comp Benefits / Disability | Benefit Letter AND a copy of pay history printout | \$ |
| Spousal, Child Support | Benefit Letter AND a copy of 2 most recent bank statements showing deposits | \$ |
| Pension, Annuity, VA Benefits | Award Letter(s) AND a copy of 2 most recent bank statements showing deposits | \$ |
| Other Sources of Income (Tribal, Per Capita, TANF, MFIP, etc.) | Award Letter(s) AND a copy of 2 most recent bank statements showing deposits | \$ |
| Checking, Savings, Flex, HSA's, HRA, etc. *Flex/HSA/HRA accounts must have a balance less than \$25.00 | Last 2 months of bank statements for each type of account | \$ |
| Medical Assistance Application | Award / Denial Letter from the County | \$ |
| Check Here if You Did Not File Taxes Last Year | Total Income: \$ _____ | |
| No Income: Please explain how you support yourself. For example: daily living expenses such as food, gas, housing and other bills. | | |
| Other Property / Assets: | Send Copies of: | Estimated Value |
| Other Property Owned (besides your primary home). | Last year's property tax statement for each property | \$ |
| Retirement & Investment Accounts: IRAs, 401Ks, Stocks, Bonds, Life Insurance, Pension Plan, etc. | Most recent statement(s) for each account | \$ |

I/we hereby request that Essentia Health make a determination of my eligibility for the Essentia Health Financial Assistance Program. I acknowledge that the information provided in this application is true and correct. I understand that the information that I submit will be subject to verification by Essentia Health, and if this is determined to be false, it will result in a denial of the Essentia Health Financial Assistance Program. Failure to fully complete this application and provide supporting documents may result in denial of the application.

Applicant's Signature _____ Date _____



Financial Assistance Application Presumptive Eligibility Attestation Form

| | | |
|-----------------------|----------------------|----------------------------|
| Guarantor Name | Date of Birth | Guarantor Account # |
|-----------------------|----------------------|----------------------------|

Eligibility Criteria- must meet at least one or more of these eligibility criteria.

| Initial those that apply | Reason for Eligibility |
|--------------------------|--|
| | Eligibility for state or federal Medicaid program |
| | Eligibility for other state or local assistance programs that are un-funded (i.e. Medicaid spend-down) |
| | State funded prescription programs |
| | Deceased patients, with no known estate |
| | Homeless patients |
| | Food stamp eligibility |
| | Members of the Benedictine Sisters who are subject to the sponsorship agreement in place with Essentia Health |
| | Incarcerated persons |
| | Participation in Women, Infants and Children programs (WIC) |
| | Family or friends of the patient have provided information in writing establishing the patient's inability to pay their medical bills due to extenuating circumstances outside their control |
| | Patients seeking medical care at a Federal Qualified Health Center (e.g Lake Superior Community Health Center). |
| | Low income/subsidized housing in provided as a valid address |

Note how presumptive eligibility was verified:

Attach documentation demonstrating eligibility, when applicable

| | |
|-----------------------------|-------------|
| Submitters Signature | Date |
| Approved By | Date |

Approval is valid for 12 months



Uninsured Discount Percentages
As of 7/1/2017

Uninsured discount percentages by facility and location

| Legal Name | State | % FY17 |
|---|--------------|---------------|
| Clearwater Valley Hospital and Clinics, Inc. and Associated Clinics | ID | 13.8% |
| St. Mary's Hospital, Inc. and Associated Clinics | ID | 12.6% |
| Bridges Medical Center and Associated Clinics | MN | 18.3% |
| Deer River Health Care Center, Inc. and Associated Clinics | MN | 37.3% |
| SMDC Medical Center and Associated Clinics | MN | 49.2% |
| The Duluth Clinic, Ltd (regional free-standing clinics) | MN | 44.2% |
| First Care Medical Services and Associated Clinics | MN | 36.0% |
| Graceville Health Center and Associated Clinics | MN | 16.5% |
| Northern Pines Medical Center and Associated Clinics | MN | 35.7% |
| Polinsky Medical Rehabilitation Center | MN | 42.9% |
| Pine Medical Center | MN | 36.2% |
| St. Joseph's Medical Center and Associated Clinics | MN | 55.2% |
| Brainerd Medical Center, Inc. | MN | 55.2% |
| St. Mary's Medical Center and Associated Clinics | MN | 57.5% |
| St. Mary's Regional Health Center and Associated Clinics | MN | 48.4% |
| Essentia Health Virginia, LLC and Associated Clinics | MN | 52.3% |
| Innovis Health, LLC and Associated Clinics | ND | 56.9% |
| St. Mary's Hospital of Superior and Associated Clinics | WI | 48.7% |



PROCEDURE FOR TAKING/PROCESSING FINANCIAL ASSISTANCE APPLICATIONS

The applicant will be required to provide the following information with the application in order to determine eligibility.

- Notification of eligibility or denial of medical assistance must be provided by the County or other approving party, when applicable.
 - If an applicant does not have a notification of eligibility or denial for medical assistance, they may submit documentation showing an application has been submitted for a medical assistance determination.
- Copy of last year's federal income tax return, including schedules, when applicable.
- Verification of all applicable income being claimed on their income tax return.
 - For any adult child living in household, they will need to apply for financial assistance individually.
- Complete copies of all savings, checking, HSA, HRA, Flex, CDs, and money market savings account statements showing financial activity for two (2) months prior to application being mailed in.
- Copy of property tax and mortgage statements, when applicable, for all property owned (other than guarantor's primary residence).
- Copies of most recent statements showing cash value of all other assets listed on the application.

The completed application should be referred to the designated Business Office Representative responsible for processing the Financial Assistance applications.

Upon receipt of the application, the processor will review the application for completeness, making sure the following information has been completed and documentation required has been provided:

- All applicable check boxes have been marked and explanations provided where necessary;
- Listing of all household members, date of birth, and relationship to applicant as reported on the income tax return;
- Copies of medical assistance application submittal/determination when applicable;
- Copies of pay stubs or statement from employer(s) for all adult members on the application showing wages for the past two (2) months from the date of the applicant's signature or the last pay stub received from an employer.
- Copies of award letters for VA income, Retirement income, Pension, VA benefit, Unemployment, Workers Comp Benefits, etc.;
- Complete copies of the two (2) most recent statements for each checking, savings, 401K, IRA, money market, CD accounts, HSAs, or dividend/ interest income;
 - Verification of any other income such as spousal and child support, Inheritance, etc.; Self-employed individuals must provide Federal Tax return to include schedule C, E and/or F, whichever is applicable.

Processing the completed application:

- Application review must be completed within thirty (30) calendar days of receipt of the application. Notification will be sent to the patient within five (5) business days upon approval or denial.
- Essentia Health entities using the Epic billing system will enter application information in the Financial Assistance database and send original copies of the application and documents to OnBase to be scanned for retention purposes.
- Business Office Representative will forward the completed Financial Assistance Application for review and approval to the authorized person listed on Financial Assistance Authorization matrix (see attachment H).



List of Exclusions for Essentia Health Uninsured Discount

Services excluded from the Essentia Health Uninsured Discount as they are considered cosmetic, not medically necessary, or retail services exempt from the AG agreement, but are not limited to:

- Cosmetic Services:
 - Facelift
 - Liposuction
 - Breast Augmentation – Saline or Silicone (excludes breast implants following mastectomy – reconstruction)
 - Rhinoplasty (for reasons other than sleep apnea, deviated septum, etc.)
 - Botox for cosmetic services only
 - Facial Implants
 - Buttock Lift
 - Tattoo Removal
 - Eye lift
 - Circumcisions
- Eye Glasses/Contact Lens
- Contacts
- Hearing Aids/Batteries/Inserts/Repair
- Prescription Medications from retail pharmacies including SAD charges

- Chiropractic and Acupuncture Services
- Massage Therapy Services
- Convenient Care
- E-Visits
- Cardiac Rehab III
- Home Health and Hospice series not performed by a skilled provider
- Services to achieve pregnancy and /or surrogate motherhood
- Contraceptive management services (excludes reasons other than birth control)
- Fertility management services
- Erectile Dysfunction (ED) services
- Voluntary sterilization procedures such as vasectomy's and tubal ligations
- Reversal of voluntary sterilization procedures

Updated: 07/01/2017



Financial Assistance Authorization Matrix

| Self-Pay Balance | Epic Billing System | Non-Epic Billing System |
|---------------------|--|---|
| | All Other EH Facilities | Cottonwood, Clearwater and Associated Clinics |
| \$0.01 - \$9,999 | Patient Account Supervisor | Financial Counselor Manager |
| \$10,000 - \$24,999 | Patient Account Manager | Financial Counselor Manager |
| \$25,000 - \$49,999 | Director of Patient Accounts | Director of Revenue Cycle |
| \$50,000 - \$99,999 | Vice-President, Revenue Services & Local CFO | Director of Revenue Cycle & CFO |
| \$100,001 + | EH CFO | Director of Revenue Cycle & CFO |

- Each supervisor, manager, and director that reviews and approves the application must initial and date the worksheet when approval or denial is made and enter a note into the billing system.
 - The director is required to sign the written authorization form in addition to the application worksheet.
 - The VP and CFO are not required to sign the application worksheet but are required to sign and date the official write off authorization form.
- If the approver believes the application is not complete, it will be referred back to the processor for follow-up.
- The eligible amounts will be written off by a designated employee other than the employee that is approving the application.

When the application is not complete:

- The processor will contact the patient by letter requesting the additional information that is needed.
- The patient will be given a minimum of 14 days to provide the requested information.
- If the information is not received within the specified time frame, the patient will be sent a letter of denial stating why denied and routine collection efforts will begin.
- Should the patient qualify for Presumptive Charity Care by methods of determination included in this policy and does not return a completed application, the patient will be eligible for a Presumptive Charity Care write off and will not be subject to additional collection activities.

Other:

- Financial Assistance applications will remain active for twelve (12) months. This means that patient will be eligible for discounts for services provided in the twelve (12) months following the date the original application was received. There will be a 36-month look-back period for traditional charity care discounts from the time the application is received. Accounts at a collection agency or debt litigation attorney that fall outside of the 36-month look-back period will be closed as uncollectible per our request.
- Patient is eligible to reapply for assistance when the twelve (12) month period has passed. Only new services will be eligible to be considered for the next application period.
- All self-pay balances that do not stem from charges listed on Attachment A are eligible to be considered for financial assistance.



Helping you pay your medical bills

Here With You

At Essentia Health, we know it is hard to heal when you are worried about paying your medical bills. As part of our promise to be here with you, we provide cost estimates – both proactively and upon request – to patients prior to surgeries or other high-priced procedures. These estimates include costs for your hospital stay, surgeon's fees and anesthesia charges as well as insurance co-pays and deductibles.

If you are uninsured or underinsured, our financial counselors can also work with you to determine what discount programs you may qualify for to help cover your costs.

If you do not hear from us in advance of your surgery or procedure and would like to receive a cost-estimate, or if you are concerned about your ability to pay your medical bills, please call us at: (see Attachment L for a list of Contact Information for the Essentia Health Financial Assistance Program).

Payment Options

For your convenience, we take payments online and over the phone. We can even schedule payments to take the worry out of making your payments on time. Essentia Health offers short term interest-free payment plans and long-term financing. Payments will be determined by the balance on your account.

Uninsured Discounts

Patients without insurance coverage are eligible for a discount for medically necessary services provided by Essentia Health. Discounts may vary by location; contact your local business office representative for more details.

Financial Assistance Program

Essentia Health is dedicated to making a healthy difference in people's lives. In fulfilling our mission, we offer financial assistance to patients whose insurance coverage and/or ability to pay their medical bills is limited.

Essentia Health's Financial Assistance Program provides a discount on bills for emergent and medically necessary care. The program may cover current and outstanding bills – up to 36 months prior to the enrollment in the program – and may remain in effect for 12 months after enrollment.

You may qualify for financial assistance when:

- You meet our program's income/asset guideline.
- You are uninsured.
- Your insurance policy does not provide full coverage for medically necessary care.
- You have substantial out-of-pocket expenses and are unable to manage your medical bills.
- You have completed an application.

The Financial Assistance Program is not an insurance program and does not cover:

- Certain medical services. Contact a representative for a complete list of non-covered services.
- Retail services from audiology, pharmacies or optical shops, etc.
- Services supplied by organizations that are not part of Essentia Health.

Important Billing Information

Before your visit

Prior to your visit, please check with your insurance company to verify whether or not you need a referral from your primary care clinic or a prior authorization from your insurance company.

On the day of your visit

Please bring a current copy of your identification, insurance card and any co-payments required by your insurance policy to your appointment.

After your visit

Essentia Health will bill your insurance company for charges related to your visit. After your insurance determines what they will cover, we will bill you for the remaining balance. Payment for that balance is due upon receipt of your billing statement.

If you are unable to pay the remaining balance in full, or believe that your insurance company should have covered the expenses, please contact one of our representatives. We can work with you to resolve billing issues and determine what programs you may be eligible for. A collection agency may be used when balances go unpaid, be sure to let our business office know if you require assistance. We are here to help and here with you.

At Essentia Health, we understand the importance of receiving health care when you need it, regardless of your financial situation.

Are you uninsured?

As part of the Affordable Care Act, there may now be insurance coverage available for you and your family. Visit www.healthcare.gov to research coverages that you may be eligible for. You may also call our office if you have any questions.

How do I apply for Financial Assistance?

For information on how to apply or to get a copy of a free financial assistance application or to review our policy you can:

- Visit the website under Quick Links and select Financial Assistance (see Attachment L for a list of Contact Information for the Essentia Health Financial Assistance Program)
- Call the Essentia Health Business Office toll-free and request a free application to be mailed to you. (see Attachment L for a list of Contact Information for the Essentia Health Financial Assistance Program).
- Visit the financial counseling office and/or registration desk at any Essentia Health hospital or clinic.



Legal Entity Names covered by the Essentia Health Financial Assistance Program

| Legal Entity Name | DBA Name |
|--|--|
| Central Region | |
| Brainerd Lakes Integrated Health System | Essentia Health Central |
| Brainerd Medical Center, Inc. | Essentia Health Brainerd Specialty Clinic |
| St. Joseph's Medical Center | Essentia Health St. Joseph's Medical Center |
| East Region | |
| Midwest Medical Equipment and Supplies, Inc. | Essentia Health Medical Equipment & Supplies |
| St. Mary's Duluth Clinic Health System | Essentia Health East |
| Deer River Healthcare Center, Inc. | Essentia Health Deer River |
| The Duluth Clinic, Ltd | |
| Essentia Health Virginia, LLC | Essentia Health Virginia |
| Polinsky Medical Rehabilitation Center | Essentia Health Polinsky Medical Rehabilitation Center |
| Northern Pines Medical Center | Essentia Health Northern Pines |
| Pine Medical Center | Essentia Health Sandstone |
| SMDC Medical Center | Essentia Health Duluth |
| St. Mary's Hospital of Superior | Essentia Health St. Mary's Hospital-Superior |
| St. Mary's Medical Center | Essentia Health St. Mary's Medical Center |
| West Region | |
| Bridges Medical Center | Essentia Health Ada |
| First Care Medical Services | Essentia Health Fosston |
| Graceville Health Center | Essentia Health Holy Trinity Hospital |
| Innovis Health, LLC | Essentia Health West |
| St. Mary's Innovis Health | |
| St. Mary's Regional Health Center | Essentia Health St. Mary's-Detroit Lakes |
| Critical Access | |
| Clearwater Valley Hospital and Clinics, Inc. | |
| St. Mary's Hospital, Inc. | |



Medical Providers Not Covered Under the Essentia Health Financial Assistance Program

| Market | Last | First | | Title | Specialty | Locations |
|---------------|-------------|--------------|----------------|--------------|---------------------------------|---|
| Central | Ahlquist | Adam | | MD | Ophthalmology | Essentia Health St. Joseph's Medical Center Essentia Health Deer River |
| Central | Anderson | Courtney | | DDS | Oral Surgery | Essentia Health St. Joseph's Medical Center |
| Central | Dalzell | Andrea | Lee | LGSW | Social Worker-Crisis Specialist | Essentia Health St. Joseph's Medical Center |
| Central | Derose | Stephen | | MN | Sleep Medicine | Primary: Deer River Secondary: Graceville |
| Central | Ehlen | Katie | | NP | Orthopedic Surgery | Essentia Health St. Joseph's Medical Center |
| Central | Elgallab | Janet | | MD | Neurology | Essentia Health St. Joseph's Medical Center |
| Central | Fenstad | Eric | R | MD | Cardiovascular Disease | Essentia Health St. Joseph's Medical Center |
| Central | Frear | Adam | Winfield Scott | PA-C | Physician Assistant | Essentia Health St. Joseph's Medical Center |
| Central | Garcia | John | James | MD | Sleep Medicine/Telehealth | Essentia Health Brainerd Specialty Clinic & Essentia Health St. Joseph's Medical Center |
| Central | Gerhardt | Teri | Jean | LGSW | Social Worker | Essentia Health St. Joseph's Medical Center |
| Central | Henry | Robert | | MD | Tele Radiology | Essentia Health St. Joseph's Medical Center |
| Central | Hilton | Nathan | E. | MD | Radiation Oncology | Essentia Health St. Joseph's Medical Center |
| Central | Hulse | Tina | Ivette | PA-C | Physician Assistant | Essentia Health St. Joseph's Medical Center |
| Central | Jackson | Richard | Allen | LGSW | Social Worker | Essentia Health St. Joseph's Medical Center |

| | | | | | | |
|---------|------------|-------------|-----------|-------|---|--|
| Central | Jenson | Carl | R | MD | Radiation Oncology | Essentia Health St. Joseph's Medical Center |
| Central | Kosiak | John | Alexander | MD | Therapeutic Radiology | Essentia Health St. Joseph's Medical Center |
| Central | Krogstad | Brian | Nicholas | PA-C | Physician Assistant | Essentia Health St. Joseph's Medical Center |
| Central | Lankireddy | Srilakshmi | | MBBS | Nephrology | Essentia Health St. Joseph's - Brainerd Clinic & Essentia Health St. Joseph's Medical Center |
| Central | Lelwica | Amy | Elizabeth | MD | Orthopedic Surgery | Essentia Health St. Joseph's Medical Center |
| Central | Mayer | Philip | | DDS | Oral Surgery | Essentia Health St. Joseph's Medical Center |
| Central | Mclver | Trevor | Charles | MD | Orthopedic Surgery/Surgery of the Spine | Essentia Health St. Joseph's Medical Center |
| Central | Metz | Christopher | M. | MD | Orthopedic Surgery | Essentia Health St. Joseph's Medical Center |
| Central | Shideman | Charles | | MD | Radiation Oncology | Essentia Health St. Joseph's Medical Center |
| Central | Stewart | John | Edward | MD | Diagnostic Radiology (Reads) | Essentia Health St. Joseph's Medical Center |
| Central | Truong | Walter | Huu | MD | Orthopedic Surgery | Essentia Health St. Joseph's-Brainerd Clinic & Essentia Health St. Joseph's Medical Center |
| Central | Turnblom | Daniel | H | PA-C | Physician Assistant | Essentia Health St. Joseph's Medical Center |
| East | Chu | Bradford | Jan | MD | Pediatric Cardiology | The Duluth Clinic, Ltd. & Essentia Health Duluth |
| East | Horoshak | Robert | John | DDS | Oral Surgery | The Duluth Clinic, Ltd. |
| East | Humes | Nicole | Anne | RDH | N/A | The Duluth Clinic, Ltd. |
| East | Jefferies | Johnny | Lynn | MD | Cardiovascular Disease | The Duluth Clinic, Ltd. & Essentia Health Duluth |
| East | Kreykes | Nathaniel | Scott | MD | Pediatric Surgery | Essentia Health St. Mary's Medical Center |
| East | Lehto | Michelle | Lee | RDH | N/A | The Duluth Clinic, Ltd. |
| East | March | Shamane | Kimara | MD | Cardiovascular Disease | The Duluth Clinic, Ltd. & Essentia Health Duluth |
| East | Nicholay | Katherine | | LICSW | Behavioral Health | Essentia Health Virginia |

| | | | | | | |
|-------|----------------|-----------|---------|----------|--|--|
| East | Nijjar | Prabhjot | Singh | MBBS | Internal Medicine | The Duluth Clinic, Ltd. & Essentia Health Duluth |
| East | Patel | Sachin | R | MD | Neuroradiology (Reads) | The Duluth Clinic, Ltd. & Essentia Health Duluth |
| East | Sjoberg | Stacy | | MD | Ophthalmology | Essentia Health Deer River |
| East | Zak | Steven | Mark | MD | Neurology | Essentia Health 32nd Avenue Clinic & Essentia Health Fargo |
| West | Abdullah | S.Ahmed | | MD | Plastic Surgery | Essentia Health Fargo |
| West | Aligada | Jonathan | M | PsyD | Psychology | Essentia Health St. Mary's-Detroit Lakes |
| West | Barton | Edward | Gerald | MD | Clinical Neurophysiology (Reads) | Essentia Health 32nd Avenue Clinic & Essentia Health Fargo |
| West | Bellanger-Dahl | Judy | A | PA-C | Physician Assistant-Surgical | Essentia Health St. Mary's-Detroit Lakes |
| West | Bennett | Mosi | | MD | Cardiology (ND telemed only) | Essentia Health 32 Ave Clinic |
| West | Chu | Bradford | Jan | MD | Pediatric Cardiology | Essentia Health Fargo |
| West | Eckman | Peter | Matthew | MD | Cardiovascular Disease - Heart Failure/Transplant | Essentia Health 32nd Avenue Clinic & Essentia Health Fargo |
| West | Ernster | Dale | J | MD | Family Medicine (FAA physicals are private pay only) | Essentia Health Jamestown Clinic |
| West | Gallagher | Stanley | C | DO | Family Medicine | Essentia Health Holy Trinity Hospital |
| West | Glawe | Brett | Jon | MD | Surgery | Essentia Health St. Mary's-Detroit Lakes |
| West | Greenwood | Michael | D | MD | Ophthalmology | Essentia Health Fargo |
| West | Jeyanandarajan | Dhiraj | Raj | MD | Neurology | Essentia Health Fargo |
| West | Klemme | Rebekka | | NP | Hepatology | Essentia Health 32 Ave Clinic |
| West | Lamb | Donald | R | MD | Plastic Surgery | Essentia Health Fargo |
| West | Langlois | Tricia | J | MD | Internal Medicine | Essentia Health Fargo |
| West | Nelson | Erica | Jean | DDS | Dentist - General Practice | Essentia Health Fosston |
| West | Ottenbacher | Ronovan | Lavaine | MD | Internal Medicine | Essentia Health Fargo |
| West | Pocha | Christine | | MD | Hepatology | Essentia Health 32 Ave Clinic |
| West | Root | Jill | Marie | APRN,CNP | Nurse Practitioner-Family | Essentia Health St. Mary's-Detroit Lakes |
| West | VanNess | William | C | MD | Physical Medicine & Rehabilitation | Essentia Health 32nd Avenue Clinic & Essentia Health Fargo |
| Idaho | Orme | Eric | | MD, FACC | Cardiology | St. Mary's Hospital and Clinics |

| | | | | | | |
|-------|----------|-------------|--|----------|--------------------------------|--|
| Idaho | Wallace | Eric | | MD, FACC | Cardiology | St. Mary's Hospital and Clinics |
| Idaho | Silvers | Jan | | RN | RN for Heart Clinics Northwest | St. Mary's Hospital and Clinics |
| Idaho | Kavanagh | Kevin | | MD, FACC | Cardiology | Clearwater Valley Hospital and Clinics |
| Idaho | Williams | Michael | | MD, FACC | Cardiology | Clearwater Valley Hospital and Clinics |
| Idaho | Bennett | William | | MD, FACC | Cardiology | Clearwater Valley Hospital and Clinics |
| Idaho | Ward | Christopher | | MD | Vascular Surgeon | Clearwater Valley Hospital and Clinics |

Updated: 4/25/2018



Contact Information for the Essentia Health Financial Assistance Program

For questions regarding our Financial Assistance Program or to speak with someone in person, refer to phone numbers listed below:

| Epic Billing System | | Non-Epic Billing System | |
|----------------------------|--|--------------------------------|---|
| East Market | Phone: 218-786-3333 Toll-free: 800-985-4675 Website: www.essentiahealth.org | Clearwater Valley | Mail Applications to: Essentia Health Clearwater Valley Hospital and Clinics 301 Cedar Street Orofino, ID 83544 Phone: 208-476-4555 Toll-free: 800-497-7412 Website: www.smh-cvhc.org |
| Central Market | Phone: 218-828-7589 Toll-free: 855-817-9702 Website: www.essentiahealth.org | Cottonwood | Mail Applications to: Essentia Health St. Mary's Hospital and Clinics PO Box 137 *701 Lewiston Street Cottonwood, ID 83522 Phone: 208-962-3251 Toll-free: 800-497-7412 Website: www.smh-cvhc.org |
| West Market | Phone: 701-364-8608 Toll-free: 855-269-1326 Website: www.essentiahealth.org | | |

**Mail applications for the East, Central and West markets to
Essentia Health
BSC Reception Desk
400 E Third Street, Duluth MN 55805**

For disputes and appeals regarding a determination of eligibility or denial, submit request to:

| Epic Billing System | Non-Epic Billing System |
|--------------------------------|--|
| All Other EH Facilities | Cottonwood, Clearwater and Associated Clinics |

Essentia Health
Patient Accounts Director; BSC
400 East 3rd Street
Duluth, Minnesota 55805

Essentia Health
Clearwater Valley Hospital and Clinics
Patient Accounts Manager
301 Cedar Street
Orofino, ID 83544