Stevens Community Medical Center	
Subject: PATIENT FINANCIAL OPTIONS (FINANCIAL ASSISTANCE, CHARITY CARE, STEVENS COMMUNITY CARE)	Page: 1 of: 4
	Effective Date: 09/15/2017
Department: Business Office	
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Approved By: CEO, Business Office, Finance	Annual Review:

POLICY STATEMENT:

Stevens Community Medical Center's (SCMC) policy is to assure that our patients should receive the medically necessary health care they need regardless of their ability to pay. 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 underinsured or otherwise have concerns about their ability to pay. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges.

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.

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 Stevens 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.

PROCEDURE

Financial Assistance Referrals

- 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 Process

- 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 any wage earner contributing to the household
    B. Copy of their most recent 1040 tax return. If tax return is not available, then we need one of the following:
        1. Social Security Awards letter
        2. Proof of non-filing from the IRS (call 800-829-1040 to obtain a copy)
    C. Copy of all health insurance information
        1. If uninsured and eligible, patient must be seeking active coverage
- An expense form may need to be completed as an additional verification step, for cases where there are outstanding circumstances that cannot be explained with required proofs or where wage or tax information does not provide a complete picture of the patient's ability to pay.
- Additional proofs may be required and include other itemized explanations, such as for those self-employed individuals where tax information shows an ability to

pay but patient is indicating a hardship, etc.

- Applicants are asked to report any changes in income, family 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 insurance or 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 Eligibility

- 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 SCMC poverty guidelines. When individual patient circumstances including 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 40-100%. 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.

Administrative Direction for Determinations

- Courage Cottage services shall be considered for Financial Assistance only for patients that are considered hospice patients and where sources of funding have been exhausted or are at risk to exhaust within 90 days. Expense forms will be used to justify what portion of the payment the patient is able to make.
- 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.

Attachments:

Reasonable Efforts to Exhaust Patients Accounts/Reasonable Payment Guidelines
SCMC 2017

Non-Covered Services Under Financial Assistance (below reference)
SCMC 2017

SCMC Poverty Guidelines
SCMC 2017

SCMC Financial Assistance Application and Cover Letter
SCMC 2017

SCMC Plain Language Financial Assistance Summary
SCMC 2017

References:

The Affordable Care Act Section 501 (r)
The U.S. Department of Health & Human Services Federal Poverty Guidelines
https://aspe.hhs.gov/poverty-guidelines
National Health Service Corps NHSC Sliding Fee Discount Program
https://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf

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 lookback 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.

SCMC's derived poverty scale has ranges for percentage discounts at 100% for patients at 100% of the Federal Poverty Guidelines, partial percentage discounts at various increments of 120%, 150% and 170% of the Federal Poverty Guidelines are offered and will be assessed annually to assure they are supportive of our patient population.

Non-covered services under Financial Assistance Program:

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 and Starbuck locations are covered, services provided by visiting specialists or otherwise located in the visiting specialist outreach area are not covered.