

POLICY

Subject: Financial Assistance/Community Care
/Presumptive Community Care

Reference # 1033

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Approved Electronically by:
Darla Anderson

Distribution Departments:
Finance, HIM, PAS

I. Objective

Consistent with its mission to provide high quality health and wellness services for the community, Ridgeview Sibley Medical Center is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income below 225% of the Federal Poverty Guidelines (FPG).

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under Ridgeview Sibley Medical Center's financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

II. Policy

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. Ridgeview Sibley Medical Center offers both free care and discounted care, depending on individuals' family size and income.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured and underinsured patients who do not qualify for free care will receive a discount off the gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation.

III. Definitions. The following terms are meant to be interpreted as follows within this policy:

1. Community Care: Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy.

2. Medically Necessary: Hospital services or care rendered both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

3. Emergency Care: Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

4. Urgent Care: Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours. Care typically treated in an Urgent Care Center.

5. Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

6. Underinsured: Insured patients whose out-of-pocket medical costs exceed 5% of their annual family income.

7. Amount Generally Billed (AGB): The amount generally billed to insured patients for emergent or medically necessary care (determined as described in section (B) of this policy below).

8. Gross Charges: The full amount charged by Ridgeview Sibley Medical Center for items and services before any discounts, contractual allowances, or deductions are applied.

9. Presumptive Eligibility: The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

IV. Procedures

(A) Eligibility. Ridgeview Sibley Medical Center will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients. Services eligible for financial assistance include: emergency or urgent care, services deemed medically necessary by Ridgeview Sibley Medical Center, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

Patients who are uninsured or underinsured and have a household income at or below 150% of [Federal Poverty Guidelines](#) (FPG) may receive free care (a 100% discount). Individuals with annual household incomes between 151% and 225% FPG will be eligible for 25% to 75% discount off of gross charges.

Note: all uninsured patients regardless of income will receive a discount of 30% on gross charges for medically necessary and emergency care that they receive in accordance with the Minnesota Attorney General Agreement with Minnesota Hospitals.

Other factors that may qualify an account for financial assistance may include:

- a. The patient has endured a financial hardship.
- b. The patient qualifies for financial assistance based on the income/family levels as defined in this policy.
- c. The facility has received notice for a person who declares bankruptcy.
- d. The facility has negotiated and settled for an amount less than the full balance of a patient's account. The negotiated discounted amount may qualify as financial assistance.
- e. The patient has expired leaving no estate.
- f. The patient has experienced a catastrophic health related circumstance.

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors.

When determining patients' eligibility for financial assistance, Ridgeview Sibley Medical Center does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

(B) Determining Discount Amount. Once eligibility for financial assistance has been established, Ridgeview Sibley Medical Center will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

To calculate the AGB, Ridgeview Sibley Medical Center uses the "look-back" method described in section 4(b)(2) of the IRS and Treasury's 501(r) final rule.

In this method, Ridgeview Sibley Medical Center uses data based on claims sent to Medicare fee-for-service and all private commercial insurers for all care provided over the past year to determine the percentage of gross charges that is typically allowed by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. Ridgeview Medical Center re-calculates the percentage each year. In 2019, the AGB percentage for services is 71%.

Example

If the gross charge for an outpatient colonoscopy procedure is \$1,000, and the AGB percentage is 71%, any patient eligible for financial assistance under this policy will not be personally responsible for paying more than \$710.00 for an outpatient colonoscopy procedure.

Because the AGB percentages for services is 71%, and because the minimum amount of assistance available under this policy is a 25% discount off gross charges, no patient eligible for financial assistance will be required to pay an amount in excess of AGB.

(C) Applying for Financial Assistance. To apply for financial assistance patients must submit a complete application (including supporting documents) to 601 West Chandler Street, Arlington, MN 55307-2127 either in person or by mail. Amount to be applied to financial assistance will be the current balance due at receipt of complete application.

Applications can be obtained:

[Charity Care Application](#)

[Charity Care Application - Spanish](#)

- At the facility:
 - Arlington Campus: 601 West Chandler Street, Arlington, MN at the Main Admitting Desk
 - Gaylord Campus: 660 3rd Street, Gaylord, MN 55334
 - Henderson Campus: 550 Main Street, Henderson, MN 56044
 - Winthrop Campus: 202 S County Road 33, Winthrop, MN 55396
- By phone at 507-964-2271
- By mail at 601 West Chandler Street, Arlington, MN 55307
- Online here: www.sibleymedical.org

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Social Security Income, Disability, Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application, individuals should be prepared to supply the following documentation:

- Bank statements
- Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently financially supporting themselves
- Copy of most recent federal tax return
- Documentation of denial of other assistance programs

External, public sources like credit scores may also be used to verify eligibility.

Individuals who do not have any of the documentation listed above; have questions about Ridgeview Sibley Medical Center's financial assistance application; or would like assistance with completing the financial assistance application may contact our financial counselors either in person at 601 West Chandler Street, Arlington, MN 55307 or over the phone at 507-964-2271

Financial counseling office hours are Monday through Thursday, 7:00 am to 4:30 pm; Friday 7:00 am to 3:30 pm.

Ridgeview Sibley Medical Center's FAP policy is widely publicized on the website, statements, letters and community events.

Financial Assistance applicants will be notified in writing within 45 days after receiving their completed application informing them of the amount of discount.

(D) Actions in the Event of Non-Payment

The collection actions Ridgeview Sibley Medical Center may take if a financial assistance application and/or payment is not received are described in Ridgeview Sibley Medical Center's [Billing and Collection](#) Procedure.

Ridgeview Sibley Medical Center will make efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include civil actions).

You can request a copy of this full policy in person or by mail at 601 West Chandler Street, Arlington, MN 55307, by calling 507-964-2271 or online here: www.sibleymedical.org.

(E) Presumptive Eligibility

If patients fail to supply sufficient information to support financial assistance eligibility, Ridgeview Sibley Medical Center may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:

- Patient is homeless
- Patient is eligible for other unfunded state or local assistance programs
- Patient is eligible for food stamps or subsidized school lunch program
- Patient is eligible for a state-funded prescription medication program
- Patient's valid address is considered low-income or subsidized housing
- Patient receives free care from a community clinic and is referred to hospital for further treatment

Ridgeview Sibley Medical Center also uses Professional Service Bureau and Change Healthcare, eligibility vendors, to help identify patients who may be eligible for financial assistance under this policy or through other public and private programs.

Ridgeview Sibley Medical Center may also use previous financial assistance eligibility determinations. Upon the request of the patient financial assistance applications on file at Ridgeview Medical Center may be used for a time period of up to 12 months after the date of submission.

All patients presumptively determined to be eligible for assistance available under this policy will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

(F) Eligible Providers

In addition to care delivered by Ridgeview Sibley Medical Center, emergency and medically necessary care delivered by the providers listed below is also covered under this financial assistance policy:

- Ridgeview Sibley Medical Center
- Ridgeview Arlington Clinic
- Ridgeview Henderson Clinic
- Ridgeview Gaylord Clinic
- Ridgeview Winthrop Clinic

Care provided by any of the providers listed below at a Ridgeview Sibley Medical Center facility will NOT be covered under this policy since they are not employed by Ridgeview Sibley Medical Center. As such, the bills received by Ridgeview Sibley Medical Center patients for care provided by any of the following providers will NOT be eligible for the discounts described in this financial assistance policy.

- All ambulance and emergency transportation entities
- Chu Vision
- Consulting Radiologists
- Lakeview Clinic
- Mayo Health Systems
- Minneapolis Heart Institute
- MN Oncology
- Quests Labs
- Ridgeview Homecare and Hospice
- Ridgeview DME
- Ridgeview Medical Center – Waconia
- Ridgeview LeSueur Medical Center - LeSueur
- Ridgeview Clinics
 - Chanhassen Clinic
 - Chaska Clinic
 - Delano Clinic
 - Excelsior Clinic
 - Howard Lake Clinic
 - Westonka Clinic
 - Winsted Clinic
- Ridgeview Specialty Clinics
- Twin Cities Orthopedics
- Two Twelve Medical Center
- Western OB/Gyn
- Xygent, Inc

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact the Patient Account Services Department at 507-964-2271.

[Financial Assistance Policy/Charity Care - Spanish](#)