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Sleepy Eye  
Medical Center

Origination 12/2023  
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Owner Jen Farasyn:  
Business Office  
Manager

Policy Area Business Office

## Financial Assistance Policy

### Purpose:

Sleepy Eye Medical Center (SEMC) is committed to providing access to health care to all patients regardless of their ability to pay. This commitment includes providing Financial Assistance (FA) to qualified uninsured or underinsured individuals who are unable to pay for medically necessary hospital and related outpatient services (including clinic visits).

### Policy:

The Financial Assistance Program (FAP) at SEMC was established to grant free or discounted care based on an individual determination of financial need and shall not take into account age, gender, race, color, national origin, religion, social or immigrant status, sexual orientation, gender identity, spousal affiliation, physical handicap or mental handicap. FA is provided to medically necessary charges and eligibility is determined by patient's household size and income. Participation in the FAP (a) may be contingent upon a patient's willingness to apply for Medicaid or such other public insurance programs that the patient may be eligible for based upon the SEMC screening tool, and (b) requires the patient to fully cooperate with SEMC's application requirements, including the disclosure of personal, financial or other documents necessary to determine financial need.

### Program Administration

The FAP shall be implemented by staff of the Business Office, primarily the Financial Counselor, under the guidance and direction of the Administrator.

### Eligibility:

The following eligibility guidelines will be used to determine if applicant qualifies for FA:

- FA shall be considered for patients who are uninsured, underinsured, ineligible for any government programs, or otherwise are unable to pay for their medically necessary care.

- Patient's qualifying assets include all checking account balances, all savings accounts balances, health savings account balances, and non-primary residence real estate held by members of the household.
- In addition to annual household income, family size, including the number of dependents the applicant is responsible for, may be considered according to the Federal Poverty Guidelines.
- Federal Poverty Guidelines, as published by The Department of Health and Human Services, will be used to determine amount of discount available. No discount is available where household income is at or above 300% of HHS Poverty Guidelines. Full discount is available for patients with household income is at or below 200 % of HHS Poverty Guidelines. Patients with household income between 200% and 300% of HHS Poverty Guidelines will be eligible for a 75% discount based on the schedule attached.

Household/ Family Size	Maximum Annual Household Income for free care (200% of 2024 Federal Poverty Guidelines)	Maximum Annual Household Income for 75% discount (275% of 2024 Federal Poverty Guidelines)
	200%	275%
1	\$30,120	\$41,415
2	\$40,880	\$56,210
3	\$51,640	\$71,005
4	\$62,400	\$85,800
5	\$73,160	\$100,595
6	\$83,920	\$115,390
For each additional person, add	\$10,760	\$14,795

- An applicant's eligibility is contingent on them providing the needed documentation necessary to support FA computation.
- SEMC will review any special circumstances that the patient would like to submit for consideration.
- FA will be granted when:
  - Patient is deceased with no known estate;
  - Patient is homeless;
  - Patient with non-participating out-of-state Medicaid insurance plans that will not cover services.
- Medicaid or MNCare Copays that are not paid will be considered FA, and will not submitted to a Collection Agency.

## Procedure

Pursuant to MN Statute 144.587, SEMC will offer to schedule an uninsured patient with a

MNsure certified navigator prior to discharge. If the scheduling of an appointment would delay discharge or if the patient declines the scheduling of an appointment, the patient will be provided with contact information for available MNsure certified navigators who can meet the needs of the patient. These MNsure resource packets are available in English and Spanish. Note: If the patient wishes to speak to a Spanish speaking navigator, they can be reached by calling the MNsure line at 651-539-2099 for assistance. Document the appointment date (if scheduled) and that the resource packet was given in Meditech, under the Financial Screening tab. If the patient declines to schedule an appointment with a MNsure navigator, this would also be documented in Meditech under the Financial Screening tab as well as the reason they declined if they provide one.

SEMC will screen all uninsured patients for eligibility for FA for services provided in the hospital. The hospital will attempt to complete the screening process when the patient is in the facility to receive services at the hospital. If the hospital is unable to screen the patient in person, they will attempt to reach them by telephone within 30 days after the patient receives services at the hospital. Three attempts will be made to contact the patient for screening, and these will be documented in Meditech, under the Financial Screening tab. The patient may decline to be screened for FA. This should be documented in Meditech under the Financial Screening tab, as well as the reason they declined if they provide one.

There are several ways a patient can be screened and/or apply for FA. The patient may fill out a paper application which are available in English and Spanish, use the screening tool to apply and upload documents online at <https://semedicalcenter.myfa.app/>, or they may call and speak to the Financial Counselor at 507-794-8439 for assistance with the application. Paper application and documents should be mailed to Sleepy Eye Medical Center, 400 4th Ave NW, Sleepy Eye MN 56085. Documents required to apply for FA include copies of the most recent pay stubs covering the last two months, most recent years tax return, and two most recent bank statements (checkings and savings account).

The Financial Counselor will review all complete applications and a decision will be communicated to the patient within 30 days. All information is confidential. If additional information is needed from the patient, or documents were not provided, this may delay the application review process. If FA is approved, it is effective for 6 months from the approval date. SEMC reserves the right at any point to require a patient to reapply if we are made aware of a change in the patient's financial situation. The Financial Counselor will document the approval in Meditech under the Financial Screening tab. If the patient is ineligible for FA, SEMC offers interest free payment plan options that can be set up by requesting online at [www.semedicalcenter.org](http://www.semedicalcenter.org), or contacting our Financial Counselor.

## **Billing of Uninsured Patients**

Pursuant to MN statute 144.589, there is a limit as to what hospitals can charge uninsured patients. SEMC offers an uninsured discount to hospital patients whose annual household income is less than \$125,000. The charges are determined to be the amount that is the lowest amount that SEMC would be reimbursed for that service or treatment from a nongovernmental third-party payer. These charges are computed by using the Machine Readable File (MRF) in TruBridge which calculates the allowable charges by our nongovernmental contracted payers. This supersedes the Minnesota Attorney General Hospital Agreement.

## Program Exclusions:

The following circumstances (in most cases) may exclude the patient from receiving FA:

- Patients who are dependent students and their parent's income/resources exceed the established guidelines for income and resources.
- Patients who fail to cooperate in providing the necessary information to make a determination regarding their eligibility for FA.
- Patients who appear to have financial resources which may be used to pay a portion of their account but refuse to cooperate in making payment arrangements.
- Patients seeking elective procedures such as cosmetic surgery.

## Application:

- Application for FA is offered to all uninsured patients, when a person does not have third party payer coverage, or when the patient has a substantial personal payment responsibility after insurance has paid. The application process can take place at the time of service (during admission or during discharge planning) or at a later date when it becomes evident that the patient is having difficulty paying their bill. This is available for hospital and/or clinic services.
- The application process includes completion of a personal financial questionnaire and providing verification documents. Primary verification documents include:
  1. Most recent pay stubs covering two months of pay.
  2. Most recent year's tax return.
  3. Two most recent bank statements (checking and savings).
- If primary documentation is not available, then the following secondary documentation may be used to assist in determining eligibility:
  1. Individual or family income
  2. Individual or family net worth
  3. Employment Status
  4. Earnings Capacity
  5. Family size
  6. Other financial obligations
  7. Credit reports
- Alternative funding sources such as Medicaid, MNCare or MNSure will be explored. Denial letters from such sources will be included in the patient's financial file.
- Application must be completed within 30 days of receiving application from Business Office.

## Documentation:

- The Business Office will maintain a log of all patients receiving FA each fiscal year for audit purposes.

- An applicant's financial documentation is confidential and is maintained in the Business Office, separate from their medical record.

## Approval and Authorization:

- All applications will be reviewed by a Financial Counselor. The Financial Counselor will communicate the decision to the patient within 30 days of receipt of the application. The Financial Counselor may contact patients if additional information is needed, application is incomplete or the documents are not received.
- If patient is approved for FA, it is effective for 6 months from the approval date. SEMC reserves the right at any point to require a patient to reapply if we are made aware of a change in the patient's financial situation.

### All Revision Dates

01/2024, 12/2023

### Attachments

[SEMC Financial Assistance App English.pdf](#)

[Sleepy Eye Medical Center Financial Assistance Policy plain language 2023.docx](#)

[Spanish SEMC Financial Assistance Application.docx](#)

[Spanish Sleepy Eye Medical Center Financial Assistance Policy plain language Spanish 2023.docx](#)

### Approval Signatures

Step Description	Approver	Date
	Jen Farasyn: Business Office Manager	01/2024