



Sleepy Eye
Medical Center

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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 for 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. Patients may be encouraged to apply for Medicaid, MinnesotaCare, or other public assistance programs when appropriate. Cooperation with SEMC's Financial Assistance application process is required.

Definitions:

For the purpose of this Policy, the following terms are defined as follows:

- **FA:** Financial Assistance
- **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage (including legal common law spouse), or adoption. Dependents over the age of 18 will only be considered in the family size calculation if they are listed on the previous year's tax return. Please also list them on application as a dependent. Any child not over 18 not listed as a dependent will have to apply for Financial Assistance separately. SEMC reserves the right to validate the financial responsibility for any

listed family member.

- **Family Income:** Family Income includes wages, salaries, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support and other miscellaneous sources. Family Income is determined on a before-tax basis and excludes capital gains or losses.
- **FAP:** Financial Assistance Program
- **FPG:** Federal Poverty Guidelines, a measurement of the minimum amount of annual income that is needed for individuals and families to pay for essentials. The guidelines are used to calculate eligibility for Federal and State programs and health system discount amounts.
- **Medically Necessary Services:** Health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.
- **SEMC:** Sleepy Eye Medical Center
- **Underinsured:** The patient has some level of health insurance or third-party assistance but may have out-of-pocket expenses that exceed a patient's ability to pay.
- **Uninsured:** The patient has no level of health insurance or third-party assistance to assist with meeting his/her health care related payment obligations.

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 an 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 assets that may be considered when evaluating eligibility 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 may be considered according to the Federal Poverty Guidelines (FPG).
- FPG, as published by The Department of Health and Human Services, will be used to determine the 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 the Federal Poverty Guidelines. Patients with household income between 200% and 299% of Federal Poverty Guidelines will be eligible for a 75% discount based on the schedule attached.

Current Federal Poverty Guidelines as published annually by the U.S. Department of Health and Human

Services.

Household/Family Size	Maximum Annual Household Income for free care (200% of FPG)	Maximum Annual Household Income for 75% discount (299% of FPG)
	200%	299%
1	\$31,920	\$47,879
2	\$43,280	\$64,919
3	\$54,640	\$81,959
4	\$66,000	\$98,999
5	\$77,360	\$116,039
6	88,720	\$133,079
For each additional person, add	\$11,360	\$17,040

- 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. Examples of a special circumstance would be a recent job loss, disability, or death of wage earner.
- 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 be submitted to a Collection Agency.
- SEMC will not engage in extraordinary collection actions against a patient while a FA application is pending review.

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. Interpreter and translation services are available at no charge. 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 Business Office staff will attempt to complete the screening process when the patient is in the facility to receive services at the hospital. If staff are 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 (by phone and/or mail) 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.

Patients may be screened for FA through several available options. During the registration process, staff shall ask the patient whether they would like to be screened for FA and shall document the patient's response in Meditech. If the patient agrees to or requests a screening, staff shall:

- Provide the patient with a QR code so they can access and complete the self-screening tool on their own device.
- Offer the patient an electronic screening option by having them enter their information on a tablet provided by SEMC.
- Provide a paper screening form for the patient to complete; registration staff will then enter the information into the screening tool on the patient's behalf.
- Ask the patient for the information verbally and enter it into the screening tool (as a last option).

If the screening tool indicates that the patient may qualify for MNsure or Medicaid, provide the patient with a resource packet and explain that they can use the QR code to access the MNsure website and apply online (preferred). If they choose to complete a paper application, inform them that they may return the completed form to SEMC (with the required documents), and staff will fax it to the appropriate county on their behalf.

If the screening tool indicates that the patient may qualify for the SEMC FAP, also encourage the patient to apply for Medicaid. Provide the patient with a resource packet and explain that they can use the QR code to access the MNsure website and apply online (preferred). If they choose to complete a paper MNsure application, inform them that they may return the completed form to SEMC (with the required documents), and staff will fax it to the appropriate county on their behalf.

If the screening tool indicates that the patient is not eligible for our FAP, the patient should be provided information on the Persona Pay portal and how to enroll in a payment plan option that works for them. If the patient prefers, Business Office staff can set up the payment plan on the patient's behalf.

Note: Patients may be encouraged to apply for Medicaid, MinnesotaCare, or other public assistance programs when appropriate. Failure to complete an application shall not automatically disqualify a patient from FA. Applying for coverage will be beneficial for any future visits and potentially past visits, depending on the county's determination. The patient is able to apply for FA at any time for current and past account balances.

Patients who choose to apply for SEMC FA should do so by:

- Using the self screening tool to apply and upload documents online at

<https://semedicalcenter.myfa.app/>.

- The patient may fill out a paper application which is available in English and Spanish. Paper application and documents should be dropped off or 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 (checking(s) and saving(s) account). Staff must assist patients with applying for FA if they request it.

SEMC uses a third-party service to verify income when processing FA applications. If a patient returns a paper application, the Financial Counselor (or designee) will enter the information into the portal to allow the application to be processed. SEMC will receive a report from the vendor on the application results.

The Financial Counselor will review the results and communicate the decision 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 using the Guarantor notes. 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, or contacting the Business Office.

Billing of Uninsured Patients

Patients whose annual household income is less than \$125,000 and who qualify under Minnesota Statute 144.589 shall not be charged more than the lowest total reimbursement amount SEMC receives from any nongovernmental commercial payer for the same service. 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:

- The 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. FA application;
 2. Most recent pay stubs covering two months of pay;
 3. Most recent year's tax return;
 4. Two most recent bank statements (checking and savings).
 5. Other proof of income as defined by 'Family Income' in the Definitions section of this Policy.
- 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.
- Application must be completed within 30 days of receiving application from Business Office.
- Patients may request reconsideration within 30 days of denial by submitting additional documentation to the Financial Counselor.

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. If the patient applies for FA using the online option, the application and supporting documents are stored electronically.

Approval and Authorization:

- SEMC will be notified by our third-party partner if the patient is eligible for FA and, if so, what percentage of discount applies. 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 processed application. The Financial Counselor may contact patients if additional information is needed, application is incomplete or required 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.

This policy shall be reviewed annually by the Business Office Manager and approved by the Governing Board.

All Revision Dates

06/2026, 06/2026, 01/2026, 01/2025, 10/2024, 01/2024, 12/2023

Attachments

- [!\[\]\(e662c6fdc679f154c0e75d901761d894_img.jpg\) Board Policy approval 1.16.25.pdf](#)
- [!\[\]\(e0657301a840725a62b5d9c03de7d165_img.jpg\) Board Policy approval 12.14.23.pdf](#)
- [!\[\]\(c84b30d7d5311af020af6bce6a2c548f_img.jpg\) Board Policy approval 3.26.26.pdf](#)
- [!\[\]\(a9333260d8ffbbfeaa1095df6db7bccd_img.jpg\) FA worksheet 2026.xlsx](#)
- [!\[\]\(7910f03a1b4fed5edeef128d22723166_img.jpg\) Financial Assistance Policy Spanish 6.4.26.pdf](#)
- [!\[\]\(b2e06ff94cfb845aac4c9a6fbd66627f_img.jpg\) SEMC Financial Assistance App English.pdf](#)
- [!\[\]\(1ee1d78a4d7340fd9a42bdb1c66e0ca1_img.jpg\) Sleepy Eye Medical Center Financial Assistance Policy plain language 2023.docx](#)
- [!\[\]\(ed354c28e6d10011d63b3c322fd62b41_img.jpg\) Spanish SEMC Financial Assistance Application.docx](#)
- [!\[\]\(cb0cc692eeb298cf086cd15d80e77b1c_img.jpg\) Spanish Sleepy Eye Medical Center Financial Assistance Policy plain language Spanish 2023.docx](#)

Approval Signatures

Step Description	Approver	Date
	Jen Farasyn: Business Office Manager	07/2026