



## FINANCIAL ASSISTANCE POLICY

### INTRODUCTION:

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HealthPartners RC, doing business as Olivia Hospital & Clinic, which includes the hospital and clinic in Olivia, MN and the clinics in Hector, MN and Renville, MN (refer to all together as “Hospital”), is committed to providing quality medical care to our patients, including those in need of financial assistance. As a result, our Financial Assistance Policy (referred to herein as “Policy”) is available to patients based on the patient’s inability to pay for emergency and other medically necessary care. Our Policy is available to provide episodic help; it is not meant to provide long-term free or discounted care. Patient must reapply for assistance for each visit at Hospital. Our Policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, and our policy related to emergency medical care. Patients can obtain free copies of this Policy and the financial assistance application form in person at Patient Registration locations at the Hospital. For additional information or questions about the application process, or to request copies by mail, patient can contact our Patient Financial Services Department at 320-523-8300 for local calls or 800-916-1836 toll free. Free copies of this policy and the financial assistance application form are also available at [www.healthpartners.com](http://www.healthpartners.com).

### ELIGIBILITY CRITERIA:

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Hospital has established the following eligibility criteria for patients to receive discounted emergency and other medical necessary care:

- Excluded services include elective services (cosmetic services or other non-medically necessary services), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers’ compensation, or liability insurance.
- The patient must provide evidence that they have been or would be denied government benefits, such as Medical Assistance.
  - Appropriate income verification(s) must be provided which include a copy of the patient’s most recent, current Federal 1040 tax return included all applicable schedule and/or benefit letter for Social Security, unemployment, or disability benefits.
  - A denial of benefits letter from the government may also be required.
- The patient must fully exhaust any available government assistance and any available health insurance benefits.
- The patient must complete Hospital’s Financial Assistance Application and supply all requested documentation.
- The patient’s eligibility for discounted care will be based on household income, family size, and assets as follows:
  - Hospital provides 100% assistance to all patients whose family income is less than 100% of the Federal Poverty Level (FPL)

- Patients may be eligible of 10-90% assistance with family income between 133-300% of the Federal Poverty Level (FPL), with the level of discount determined based upon the patient’s family income as a percent to FPL.

**2023 Maximum Annual Income Amounts for each Sliding Fee Percentage Category**

|               |      |      |      |      |      |      |      |
|---------------|------|------|------|------|------|------|------|
| Poverty level | 100% | 133% | 138% | 150% | 200% | 300% | 400% |
|---------------|------|------|------|------|------|------|------|

**Discount Percentage Based on Income**

| Family Size                     | 100%      | 90%       | 70%       | 50%       | 30%        | 10%        | 0%          |
|---------------------------------|-----------|-----------|-----------|-----------|------------|------------|-------------|
| 1                               | \$ 14,580 | \$ 19,391 | \$ 20,120 | \$ 21,870 | \$ 29,160  | \$ 43,740  | \$ 58,320   |
| 2                               | \$ 19,720 | \$ 26,228 | \$ 27,214 | \$ 29,580 | \$ 39,440  | \$ 59,160  | \$ 78,880   |
| 3                               | \$ 24,860 | \$ 33,064 | \$ 34,307 | \$ 37,290 | \$ 49,720  | \$ 74,580  | \$ 99,440   |
| 4                               | \$ 30,000 | \$ 39,900 | \$ 41,400 | \$ 45,000 | \$ 60,000  | \$ 90,000  | \$ 120,000  |
| 5                               | \$ 35,140 | \$ 46,736 | \$ 48,493 | \$ 52,710 | \$ 70,280  | \$ 105,420 | \$ 140,560  |
| 6                               | \$ 40,280 | \$ 53,572 | \$ 55,586 | \$ 60,420 | \$ 80,560  | \$ 120,840 | \$ 161,120  |
| 7                               | \$ 45,420 | \$ 60,409 | \$ 62,680 | \$ 68,130 | \$ 90,840  | \$ 136,260 | \$ 181,680  |
| 8                               | \$ 50,560 | \$ 67,245 | \$ 69,733 | \$ 75,840 | \$ 101,120 | \$ 151,680 | \$ 202,240, |
| For each additional person, add | \$ 5,140  | \$ 6,836  | \$ 7,053  | \$ 7,710  | \$ 10,280  | \$ 15,420  | \$ 20,560   |

A financial assistance application will cover services prior to the application and will be valid for 6 calendar months forward unless another application is submitted.

Olivia Hospital & Clinic may determine that a 100% discount is appropriate for certain cases outside of the formal application process based on documentation from the medical provider, case manager, financial counselor, county, state, or intake worker, which include but not limited to:

- Homelessness
- Medically necessary services not covered or payable under a Medicaid program or federal grant rendered to a qualified recipient.
- Qualification and effective date for Medicaid subsequent to the service dates
- Medicaid denials from other states due only to that State’s Disability requirements
- Non-US citizens no longer in the country with no verifiable means of payment
- Documented bankruptcy
- Decease and no available estate funds and no surviving spouse
- Patients who have met the financial criteria for Medicaid but were denied coverage for non-compliance with program eligibility requirements.

### **Amounts Generally Billed:**

A patient eligible for financial assistance at Olivia Hospital & Clinic Hospital will not be charged more than amounts generally billed (AGB) to insured patients by the Hospital for emergency or other medically necessary care.

### **Minnesota Attorney General Discount Eligibility:**

Pursuant to the Hospital's agreement with the Minnesota Attorney General, uninsured Minnesota patients may be eligible for a specific discount. If you are a resident of Minnesota, are uninsured, and have an annual household income less than \$125,000, you are eligible for the Minnesota Attorney General Discount.

### **HOW TO APPLY FOR FINANCIAL ASSISTANCE:**

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1. Patients must complete the Financial Assistance Application and provide appropriate income verifications(s) in person or mail to: HealthPartners RC, Business Office, 100 Health Way, Olivia, MN 56277.
2. Appropriate income verification(s) include a copy of the patient's most recent, current Federal 1040 tax return including all applicable schedules, and/or a benefit letter for Social Security, unemployment, or disability benefits. If the patient's income has changed since the most recent Federal tax return, 3 months of current paystubs may be requested.
3. The application can be printed from our website or patients can obtain a copy by calling a Patient Account Representative at 320-523-8300 for local calls or 800-916-1836 toll free. We are open Monday-Friday from 7:00 am-4:30 pm.
4. Designated staff in the Business Office are available to assist patients by phone or in person with completing the application. In person assistance is also available in applying for government programs such as Medical Assistance. Patient may also contact the Department of Human Services in the count in which they reside or call MNsure at 1-855-7873

Patients may contact a patient Account Representative at 320-523-8300 for local calls or 800-916-1836 toll free with questions about the application or to find a location where a representative is available to meet with in person.

### **FINANCIAL ASSISTANCE CALCULATION:**

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Based on the eligibility of the patient, Olivia Hospital & Clinic will apply the discount which results in the highest discount to the patient. The following describes how Olivia Hospital & Clinic calculate the discounts.

### **Amounts Generally Billed Discount Calculation:**

Hospital calculates a patient's level of financial assistance as follows:

- A patient eligible for financial assistance will not be charged more than amounts billed (AGB) to insured patients by the Hospital for emergency or other medically necessary care. Currently, the Hospital determines AGB by multiplying gross charges for any emergency or other medically necessary care provided to a patient eligible for financial assistance by an AGB percentage of

67.0%, which is a 33.0% discount. The Hospital calculated this percentage by dividing the sum of all its claims for medical y necessary care allowed by health insurers during a prior 12-month period by the sum of the associated gross charges for those claims.

- For example: Patient A has a \$10,000 hospital bill. Patient A is eligible for financial assistance. Hospital will not charge Patient A more than \$6,700 for the care related to that bill (10,000 X (AGB) 67%).

**Minnesota Attorney General Agreement Discount Calculation:**

Uninsured Minnesota patients may be eligible for a discount pursuant to the Hospital's agreement with the Minnesota Attorney General, calculated by applying the same percentage discount that would apply to the Hospital's highest revenue commercial payer. Currently, the Minnesota Attorney General discount is determined by multiplying gross charges for any medical necessary care received at the Hospital by a percentage of (67%), which is a 33% discount. For example, if gross charges for medically necessary care are \$10,000, Olivia Hospital & Clinic will not charge an Attorney General-eligible patient more than \$6,700 (\$10,000 X 67%).

**PRESUMPTIVE ELIGIBILITY:**

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Olivia Hospital & Clinic may use third-party estimates of a patient's family size and income from one of the three credit bureaus to presumptively determine financial assistance. This data is used to calculate a patient's specific level of financial assistance using the table in this policy. For patients with a balance on their account, 30 days after the Date of Service or Date of Discharge, Olivia Hospital & Clinic Hospital will collect the data from a credit bureau to estimate a patient's Federal Poverty Level (FPL). If a patient's FPL is 275% or below, they will receive a 100% discount. If a patient's FPL is above 275% (and they are not on a payment plan), they will receive a full or partial discount on their remaining open balance 360 days after the Date of Service or 120 days from the first patient statement.

**LIST OF PROVIDERS IN HOSPITAL:**

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Hospital is required to list all providers, other than the Hospital itself, delivering emergency or other medical necessary care in Hospital and specify which providers are covered by the Financial Assistance Policy and which are not. This provider list is maintained in a separate document. Patients can view this document online by visiting [healthpartners.com](http://healthpartners.com) or request a paper copy by contacting Patient Account Representative at 320-523-8300 for local calls or 800-916-1836 toll free.

**EMERGENCY MEDICAL CARE POLICY:**

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Hospital provider care, without discrimination, for emergency medical conditions to patents regardless of their ability to pay or eligibility for financial assistance. Hospital prohibits any actions(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of Hospital demanding that emergency department patients pay before receiving

treatment for emergency medical care or permitting debt collection activities that interfere with the provision of emergency medical care.

Hospital will comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate. Hospital will provide all emergency services in accordance with CMS conditions of participation.

**SEPARATE BILLING & COLLECTIONS POLICY:**

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The actions that the Hospital may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of the Hospital's Billing & Collections Policy can be viewed and downloaded on our website at <http://www.healthpartners.com>.