



Title: Financial Assistance Policy	Policy Number: RC-05
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POLICY:

PURPOSE: To describe HealthPartners' hospitals and clinics ("HealthPartners") Financial Assistance Policy (referred to as "FAP" or "Policy"), which available to uninsured or underinsured patients based on the patient's ability to pay for emergency and other medically necessary care.

DEFINITIONS: Not Applicable

POLICY: HealthPartners is committed to providing quality medical care to our patients, including those in need of financial assistance. The Policy is available to provide episodic help; it is not meant to provide long-term free or discounted care. An application for financial assistance is valid for 12 calendar months unless another application is submitted. The financial assistance application will have a limit of a 2-year look back for eligible services rendered. Our Policy and its Appendix set forth and describe eligibility criteria, how we calculate discounts, how to apply for financial assistance, the providers delivering care in our hospitals, and our emergency medical care policy.

Patients can obtain free copies of this Policy, the Appendices, and the financial assistance application form in person at all patient registration locations. For additional information or questions about the application process, or to request copies by mail, patients can contact one of our Patient Financial Services Departments. Full contact information for each of our Patient Financial Services Departments is found in Appendix 1. Free copies of this Policy, application form, and translations can be accessed at www.healthpartners.com/fa

ELIGIBILITY CRITERIA

HealthPartners has established the following eligibility criteria for patients to receive financial assistance:

- The patient and household members may be asked to provide evidence that they have been or would be denied government benefits, such as Medicaid. Denial of benefits letter(s) from the government may be requested.¹
- The patient must fully exhaust any available government assistance programs and any available health insurance benefits.²
- The patient must complete the HealthPartners Financial Assistance Application and supply all requested documentation.

¹ Patients receiving care at Amery Regional Medical Center and Hutchinson Health are **not** required to apply for or be denied benefits under government assistance programs before they may be eligible for financial assistance.

² Patients receiving care at Amery Regional Medical Center and Hutchinson Health are **not** required to apply for or be denied benefits under government assistance programs before they may be eligible for financial assistance.



- The patient’s eligibility for free or discounted care will be based on household income, family size, and assets³,
 - Patients must supply documentation of household assets such as cash and other liquid assets for their application to be reviewed.
 - Liquid assets include cash and property that can be easily converted to cash, such as savings and checking accounts, stocks, bonds, certificates of deposit, life annuities and money market accounts. Retirement funds (e.g. 401K, IRA accounts and deferred annuities) are excluded from liquid assets. Documentation of liquid assets may be requested.
 - Any liquid assets exceeding \$20,000 are included in the income calculation.
- HealthPartners provides full or partial assistance to all uninsured and underinsured patients whose family income is less than or equal to 400% of the Federal Poverty Level (FPL). HealthPartners offers payment plans to all uninsured and underinsured patients whose family income is at or above 401% of the FPL.

HOW TO APPLY FOR FINANCIAL ASSISTANCE

For information on how to apply for financial assistance, please see Appendix 1.

FINANCIAL ASSISTANCE CALCULATION

HealthPartners calculates a patient’s level of financial assistance as follows:

HealthPartners Financial Assistance Discount Calculation:

1. Patient household size and income is collected on the financial assistance application and other information provided.
2. Patient responsibility balance on their hospital account is collected from our electronic health record system.
3. Using household size and income, we calculate the patient’s location on the Federal Poverty Level.
4. If the patient is at or below 200% of the Federal Poverty Level, they will receive a full discount (100%).
5. Patients with a gross income and family size that place them above 200% of the FPL will receive partial financial assistance as follows:

FPL Score	Discount
200% or less	100% Discount
201-300%	75% Discount
301-400%	50% Discount

Amounts Generally Billed Discount (“AGB”) Calculation:

“Amounts Generally Billed” (AGB) is a term that refers to amounts that are typically billed to individuals who have insurance covering emergency or other medically necessary care. AGB calculations for each HealthPartners hospital may be found in Appendix 2. After a patient’s eligibility for financial assistance under this policy is determined, a financial assistance-eligible patient will not be charged more than AGB

³ Asset verification and review is **not** applicable to patients receiving care at Amery Regional Medical Center and Hutchinson Health.



to insured patients by the HealthPartners care delivery location for emergency or other medically necessary care.

Presumptive Eligibility:

HealthPartners may presumptively determine that a patient is eligible for financial assistance based on a prior eligibility determination or meeting certain circumstances for financial assistance, which include:

- 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 following the service dates; or
- Deceased.

Excluded services include elective services (cosmetic services or other non-medically necessary), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers' compensation or liability insurance. HealthPartners may also use a third-party, vendor-provided estimate of a patient's family size and income to assign an FPL level to use in the discount table above. HealthPartners may also choose to grant presumptive eligibility in rare or unusual patient situations not specifically set forth in this FAP. In making presumptive eligibility determinations, if the presumptive discount is not the most generous discount available, HealthPartners will notify patients and provide a reasonable amount of time for the patients to personally apply for additional financial assistance.

LIST OF PROVIDERS IN HOSPITAL

HealthPartners hospitals are required to list all providers, other than the hospital itself, delivering emergency or other medically necessary care in the hospital and specify which providers are covered by this Policy and which are not. This provider list is maintained in a separate document. Patients can request a paper copy by contacting the Patient Financial Services location where they received care or by clicking here: www.healthpartners.com/fa. Full contact information for each of our Patient Financial Services Departments is found in Appendix 1.

EMERGENCY MEDICAL CARE POLICY

HealthPartners provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. HealthPartners prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of a HealthPartners 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. HealthPartners hospitals 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. HealthPartners hospitals provide all emergency services in accordance with CMS conditions of participation.

SEPARATE BILLING & COLLECTIONS POLICY

The actions that HealthPartners may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of HealthPartners' hospitals and clinics Billing & Collections Policy can be viewed and downloaded on our website at www.healthpartners.com/fa



Title: Financial Assistance Policy Appendix 1	Policy Number: RC-05
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Purpose: This Appendix describes how to apply for financial assistance.

Definitions: Not Applicable.

Policy:

HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. HealthPartners patients can complete their financial assistance application by logging into their online account, printing the application from our website at www.healthpartners.com/fa or obtaining a copy by calling or visiting the Patient Financial Services Department for the location they receive care. Patient Financial Services locations are open for phone calls on Monday–Friday from 8:00 a.m.–4:30 p.m.

Amery Hospital and Clinic: 715-268-8000

Amery Hospital & Clinic – Patient Financial Services
265 Griffin Street East
Amery, WI 54001

HealthPartners Clinic, Stillwater: 651-439-6528

HealthPartners Clinic Stillwater Business Office (Tuesday-Friday)
1500 Curve Crest Blvd
Stillwater, MN 55082

HealthPartners Medical Group Clinics: 651-265-1999

Hudson Hospital and Clinic: 715-531-6200

Hudson Hospital & Clinic – Patient Financial Services
405 Stageline Road
Hudson, WI 54016

Hutchinson Health: 320-484-4493

Hutchinson Health – Patient Financial Services
1095 MN-15
Hutchinson, MN 55350

Lakeview Homecare & Hospice: 651-430-8709

Lakeview Hospital: 651-430-4533

Lakeview Hospital – Patient Financial Services
927 West Churchill Street
Stillwater, MN 55082



Park Nicollet Health Services, including Methodist Hospital: 952-993-7672

Park Nicollet Health Services – Patient Financial Services
3800 Park Nicollet Blvd
St. Louis Park, MN 55416

Olivia Hospital and Clinic: 320-523-8300

HealthPartners RC, Business Office
100 Health Way
Olivia, MN 56277

Regions Hospital: 651-254-4791

Regions Hospital – Patient Financial Services
Mail Stop 11102S
640 Jackson St
Saint Paul, MN 55101

TRIA: 952-993-5463

Westfields Hospital and Clinic: 715-243-2600

Westfields Hospital & Clinic – Patient Financial Services
535 Hospital Road
New Richmond, WI 54017

2. Patients must complete the Financial Assistance Application **and** provide appropriate income and asset⁴ verification(s) in one of the following ways:
 - a. **By Mail:**
PO BOX 773217
Detroit, MI 48277-3217
 - b. **By Email:** hpfinancialassistance@healthpartners.com
 - c. **By Fax:** Patient Financial Services, 952-993-7672
 - d. **Online:** By logging into the patient's online account
3. Appropriate household income verification(s) include: a copy of the most recent, current Federal 1040 tax return, benefit letter for Social Security, unemployment or disability benefits, and alimony agreement documentation. If a patient does not file taxes or the patient's income has decreased since their last tax filing, the patient may also provide the last 60 days of pay stubs.
4. Patients may contact Patient Financial Services at the number listed for the HealthPartners entity where they received care in #1 above with questions about the application or to arrange/schedule an appointment with a Financial Counselor.

⁴ Asset verification and review is **not** applicable to patients receiving care at Amery Regional Medical Center and Hutchinson Health.



5. Designated staff in Patient Financial Services are available to assist patients by phone or in person with completing the application.
6. In-person assistance is also available in applying for government programs such as Medical Assistance. Patients may also contact the department of Human Services in the county in which they reside or Minnesota residents may call MNsure at 1-855-366-7873 and Wisconsin residents may call Wisconsin Medical Assistance at 608-266-1865. Patients may contact Patient Financial Services at the number listed for the HealthPartners entity where they received care in #1 above with questions about a government programs application or to find a location where a representative is available to meet with in person.



Title: Financial Assistance Policy Appendix 2	Policy Number: RC-05
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Purpose: This Appendix describes AGB calculations for each HealthPartners hospital.

Definitions: Not Applicable.

Policy:

AMOUNTS GENERALLY BILLED DISCOUNT (“AGB”) CALCULATION

“Amounts Generally Billed” (AGB) is a term that refers to amounts that are typically billed to individuals who have insurance covering emergency or other medically necessary care. AGB calculations for each HealthPartners hospital may be found in the chart below. After a patient’s eligibility for financial assistance under this policy is determined, a financial assistance-eligible patient will not be charged more than AGB to insured patients by the HealthPartners care delivery location for emergency or other medically necessary care.

The AGB percentage is calculated by dividing the sum of all a HealthPartners hospital or hospital outpatient location’s claims for medically necessary care allowed by health insurers during a prior 12-month period by the sum of the associated gross charges for those claims. This calculation, also called the “Look-Back Method,” is calculated annually by HealthPartners.

Amery Hospital and Clinic	47.86%
Hudson Hospital and Clinic	54.89%
Hutchinson Health	53.00%
Lakeview Hospital	61.32%
Methodist Hospital	68.21%
Olivia Hospital	36.30%
Regions Hospital	65.63%
Westfields Hospital	47.40%