

<b>Windom- Windom Area Health: Finance:</b>	<b>Financial Assistance to Patients-Windom</b>
	<b>APPROVED BY:</b> Windom Governing Board, EXECUTIVE ASSISTANT
<b>DATE REVIEWED/REVISED:</b> 02/27/2024	<b>FORMULATED BY:</b> CHIEF FINANCIAL OFFICER

**Scope:** Windom Area Health

**I. PURPOSE**

- 1.1 Windom Area Health is committed to provide emergency and medically necessary care to all patients without regard to race, creed, sex, national origin, disability, age, or ability to pay. This policy sets forth the Windom Area Health policy and procedures to offer and provide financial assistance to all qualified patients receiving emergency and medically necessary care at Windom Area Health. This policy is intended to be read in conjunction with Windom Area Health’s Screening for Health Coverage or Assistance for Uninsured or Unknown Insurance Status Hospital Patients Policy as it relates to coverage and financial assistance screening for uninsured patients, assisting such patients with the financial assistance process, and limitations on certain activities, including debt collection activities, while financial assistance applications are pending. As outlined therein, the procedures of such policy control in the event of any irreconcilable conflict with the procedures outlined herein.

**II. POLICY**

- 2.1 Patients receiving emergency or medically necessary care and services at Windom Area Health have the opportunity to apply for financial assistance. For patients who meet the eligibility criteria established in this policy, Windom Area Health will offer financial assistance that can reduce their financial obligations for payment of these services.
- 2.2 Financial Assistance is not a substitute for personal responsibility. Patients are expected to cooperate with Windom Area Health’s procedures for obtaining financial assistance and to contribute to the cost of their care based on their ability to pay.
- 2.3 This policy is specifically targeted at low-income, uninsured and underinsured patients who meet certain eligibility requirements and is not intended to be applied to insured or self-insured patients who have the means to accept the responsibility for their incurred charges. Financial assistance is also considered a last resort option for patients. Insurance, County Poor Relief, Christian Ministry Programs, etc. must be exhausted prior to financial assistance approval.

**III. DEFINITIONS**

For purposes of this policy, the following definitions apply:

- 3.1 **Emergency Care and Services:**  
Individuals who present to emergency department seeking emergency care shall receive a medical screening examination by a qualified medical person to determine if an emergency medical condition exists. An emergency medical condition is one manifesting symptoms, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, that the absence of immediate medical attention is likely to cause serious dysfunction or impairment to a bodily organ or function, or serious jeopardy to the health of the individual or unborn child. With respect to a pregnant woman having contractions, an emergency

medical condition also includes situations where there is not enough time to safely transfer the woman prior to the delivery, or a transfer would pose a threat to the individual or her unborn child. See EMTALA. Windom Area Health policy.

### 3.2 **Medically Necessary Care and Services:**

Medically necessary care and services include procedures and treatments necessary to diagnose and provide curative or palliative treatment for physical or mental conditions in accordance with professionally recognized standards of health care. The term "medically necessary" does not include for example cosmetic procedures, birth control or fertility treatments, gastric by-pass procedures, non-emergency dental services, experimental or nontraditional care, tests, or treatment, hearing aids, and retail services such as pharmacy, optical shop, or durable or home medical equipment. For purposes of this policy, Windom Area Health reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of "medically necessary" for the purpose of eligibility for financial assistance.

3.3 Patients are encouraged to contact providers directly to inquire into any available assistance and to make payment arrangements for services received from care providers not employed by Windom Area Health (i.e. private and/or non-Windom Area Health medical and physician professionals, Ambulance transport, etc.).

3.4 **Patient – Household:** Those who are responsible for payments for self or dependents. This may not be limited to those living directly at a single residence and may encompass any dependent relationship such as a child or dependent at college in a different town. This may also encompass other dependents living at the same residence such as dependent relatives living within the household.

## IV. ELIGIBILITY

### 4.0 **Eligibility Criteria for Financial Assistance:**

The most recent federal poverty guidelines (FPG) will be used as an income guideline.

4.0.1 Patients with a gross income less than 200% of the FPG may be granted a full write off, less than 250% may be granted a 75% write off, less than 300% may be granted a 50% write off, less than 350% may be granted a 25% write off.

4.1 Eligibility for full or partial financial assistance is contingent upon the completion of a Financial Assistance Application and submission of sufficient documentation requested by Windom Area Health to demonstrate financial need.

4.1.1 Exceptional circumstances may influence a patient's (or guarantor's) eligibility for financial assistance and may be considered on a case-by-case basis. These circumstances include, but are not limited to:

- 4.1.1.1 Employment status
- 4.1.1.2 Total amount of debt (medical and non-medical)
- 4.1.1.3 Assets (liquid and non-liquid) in excess of liabilities
- 4.1.1.4 Terminal illness
- 4.1.1.5 Total monthly expenses

- 4.2 Minnesota residents receiving emergency or medically necessary care and services at Windom Area Health are eligible for the uninsured discount if they have no insurance.

## V. PROCEDURE

### 5.1 Availability of Financial Assistance

Windom Area Health takes reasonable efforts to fully inform all patients and the public of the availability of financial assistance, including the following means of communication:

5.1.1 Posting of signs in all patient admission and registration areas, the emergency department, the publicly accessible portion of Windom Area Health's financial services/billing department, and in other public areas of the facility

5.1.2 Making available at registration desks the Financial Assistance Application.

5.1.3 Posting of information, including the policy, a summary, and the Financial Assistance Application on the [windomareahealth.org](http://windomareahealth.org) website

5.1.4 Providing written notification on patient billing statements of the availability of Financial Assistance and directions on how to apply.

5.1.5 Mentioning the availability of financial assistance when discussing the bill over the telephone with patients or guarantors

5.1.6 Providing written notification in brochures, rack cards and other information that is provided to the patient upon admission or discharge

- 5.2 Windom Area Health takes reasonable efforts to help overcome any language or disability barrier that may serve as an impediment to informing patients and guarantors about the availability of financial assistance, including:

5.2.1 Multi-lingual signs in English and in any other language that constitutes the primary language of at least 5% of the population of Windom Area Health's service area or the 1000 person threshold of the population in the community where the facility is located.

5.2.2 Providing interpreters upon request of the patient or patient's companion to accommodate either language or disability needs.

- 5.3 Windom Area Health's Financial Assistance Policy, summary, and the Financial Assistance Application are available free of charge, in English (or in other languages that constitute the primary language of at least 5% of the population of Windom Area Health's service area or the 1000 person threshold of the population). Individuals may obtain these documents through the following means:

5.3.1 Hard copies can be provided in person or can be mailed to the patient upon request.

5.3.2 Hard copies can be accessed, downloaded, and printed from the [windomareahealth.org](http://windomareahealth.org) website.

- 5.4 Once Windom Area Health has provided emergency or medically necessary services, a patient or guarantor may submit a Financial Assistance Application. The right to apply for financial assistance consideration begins on the date of service and extends through the 180<sup>th</sup> day after the first billing statement is sent to the patient and guarantor. However, patients and guarantors are encouraged to submit their Financial Assistance Applications as soon as possible.

- 5.5 Windom Area Health provides assistance in completing the Financial Assistance application to any patient needing or requesting assistance. Patients (or the patients' guarantors) may contact Windom Area Health at 507-831-0616 for this assistance. The patient may also present to the front desk or registration and they will be directed to the nearest location for someone to assist in completion of the Financial Assistance application.
- 5.6 **Financial Assistance Application Process**  
Patients (or patients' guarantors) seeking financial assistance have the following obligations:
- 5.6.1 Complete, sign, and submit a Financial Assistance Application.
  - 5.6.2 Submit sufficient documentation to establish financial need, including, but not limited to, documents such as the latest filed IRS tax return, the two most recent pay stubs, current bank statements and a letter denying Medical Assistance benefits (if requested).
  - 5.6.3 Respond to follow-up questions and further requests for information so Windom Area Health can accurately and promptly assess eligibility for financial assistance.
  - 5.6.4 Resolve and finalize any pending matters with applicable insurers and third party payers so that Windom Area Health can proceed with the processing of a Financial Assistance Application.
  - 5.6.5 Cooperation in applying for other financial assistance available through state or local agencies if qualified under the eligibility criteria of such programs.
- 5.7 Patients (or guarantors) are expected to cooperate and to submit requested documents and information in a timely manner. Financial Assistance Applications will not be deemed complete until such time that the patient or guarantor submits all required documents. Windom Area Health allows patients and guarantors a reasonable amount of time to submit the supporting documentation and to respond to follow up requests. A pending or incomplete Financial Assistance Application will be cancelled if the patient or guarantor:
- 5.7.1 Fails to submit all required supporting documentation within 30 days, or
  - 5.7.2 Fails to respond to any follow-up questions and requests within 30 days.
- 5.8 In the event that the patient or guarantor applies for financial assistance after an unpaid account has been referred to an external collection agency, Windom Area Health will refrain from any extraordinary collection actions while the application remains incomplete and awaiting all required documents. However, in the event that a pending Financial Assistance Application is cancelled for a reason stated in the above paragraph, the unpaid account shall be subject to the terms and provisions of Windom Area Health's Collections Policy.
- 5.9 Upon receipt of a Financial Assistance Application that is deemed "complete", Windom Area Health will:
- 5.9.1 Suspend all collection activity until such time that Windom Area Health makes a final determination on the eligibility for financial assistance.
  - 5.9.2 Make a determination of the eligibility for financial assistance at the next scheduled board meeting of receipt of a completed Financial Assistance Application.
  - 5.9.3 Notify the patient (or guarantor) by mail within 30 days of Windom Area Health's determination to approve or deny the Financial Assistance Application.

- 5.9.4 In cases where full or partial financial assistance is approved, make appropriate adjustments in the account to reflect the percentage and amount of financial assistance.
- 5.9.5 Approved financial assistance requests will be written off in the month that they were approved.
- 5.10. Subject to Windom Area Health's discretion, once a patient or guarantor has qualified for financial assistance, the eligibility can be extended up to a maximum of six months from the approval date to cover future qualified care or services. To be eligible for this extended term, Windom Area Health may require patients or guarantors to provide updated financial information.
- 5.11 Financial assistance can be granted solely for services and care performed by Windom Area Health providers.
- 5.12 For services received from care providers not employed by Windom Area Health, patients are encouraged to contact the provider directly to inquire into any available assistance and to make payment arrangements.
- 5.13 Windom Area Health shall maintain confidentiality for all Financial Assistance Applications and supporting documents and may share this information outside of Windom Area Health only upon written or verbal request from the patient or guarantor, or upon request by Windom Area Health's external auditors, collection agencies, or law firms.
- 5.14 If a patient is deceased and there are no assets or estate, a letter from the family or personal representative stating the situation will be requested. If the account is returned from the collection agency for this reason, the acknowledgement for the collection agency will serve as documentation.
- 5.15 Deductibles and co-payments remaining on patient claims paid in full or part by Minnesota Health Care Programs (MHCP) will be considered presumptive financial assistance and will be written off. A financial statement will not be required of this patient per IRS and OIG. These regulatory agencies recognize MHCP recipients as being indigent.
- 5.16 Granting Full or Partial Financial Assistance  
For patients or guarantors who are deemed qualified for financial assistance, Windom Area Health will send a written notification by mail within 30 days of that determination.
- 5.16.1 Patients (or guarantors) who are deemed qualified for partial financial assistance, Windom Area Health (or its external collection agency if the patient account has been referred to collections) will submit a financial assistance partial letter to the patient or guarantor reflecting the discount for the partial financial assistance.
- 5.17 Collections Practices  
Windom Area Health expects payment from patients and guarantors who have the ability to pay. In the event such patients or guarantors fail or refuse to fulfill their financial obligation, Windom Area Health may engage in collections action including the referral of unpaid accounts to external collections agencies. Windom Area Health will not engage in

extraordinary collection actions before taking reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.

- 5.18 Patient Financial Counselor, or designee, will prepare a monthly report for the Windom Area Health Governing Board of Directors Finance Committee of all patient accounts recommended for financial assistance write-off.
- 5.19 Recommended financial assistance requests will be reported individually showing de-identified patient/debtor detail.
- 5.20 Approval of financial assistance applications will be handled in the following manner based on the amount of the patient's account.
  - 5.20.1 The Patient Financial Counselor and Chief Financial Officer may approve Financial Assistance requests up to \$1,500.00.
  - 5.20.2 Patient accounts totaling \$1,500.00 and over will be reviewed by the Finance Committee of the Governing Board.