

## **Policy Title: Financial Assistance Policy**

#1225

Department: Patient Financial Services		
Audience: General	Last Review/Revision Date: 11/3/2023	
Category: Patient Care	Classification: [RidgeviewClassification]	
Applies to but is not limited to: Revenue & Network Management		
Location(s): All Locations		

## **ACCREDITATION/REGULATORY STANDARDS:**

## **PURPOSE/OBJECTIVE:**

Consistent with its mission to provide high quality health and wellness services for the community, Ridgeview is committed to providing financial assistance to uninsured and underinsured individuals, who need emergency or medically necessary treatment and have a household income that meet the income-based criteria.

This policy is in accordance with the Minnesota Attorney General Agreement, 501r, and Minnesota Statute 144.587 and 144.589.

Additionally, Attachment A: Financial Assistance Policy – Plain Language Summary is included for a condensed version of the following policy and is located in Attachment A.

#### **POLICY:**

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial assistance criteria. Ridgeview offers financial assistance, taking into consideration an individuals' family size, income, expenses, and extenuating circumstances.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace), as appropriate, before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured and underinsured patients who do not qualify for 100% discount will receive a discount off patient responsibility for their medically necessary services based on information included on the completed Financial Assistance application. These patients are expected to pay their remaining balance for care and may collaborate with our Patient Account Representatives to set up a payment plan based on their financial situation.

## **DEFINITIONS:**

The following terms are meant to be interpreted as follows within this policy:

**Charity Care** – The cost of providing free or discounted care to individuals who cannot afford to pay all, or a portion of their hospital medical bills based on the eligibility rules identified in this policy.

**Medically Necessary** - Hospital services or care rendered, both outpatient and inpatient, to a patient to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause, or aggravate a handicap, or result in overall illness or infirmity.

**Emergency Care** - Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

**Urgent Care** - Medically necessary care to treat medical conditions that are not immediately life-threatening but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours. Care typically treated in an Urgent Care Center.



**Uninsured** - Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

**Underinsured -** Insured patients whose personal resources are inadequate to cover their out-of-pocket medical costs.

**Amount Generally Billed (AGB)** - The amount generally billed to insured patients for emergent or medically necessary care. Refer to section 2 of this Financial Assistance Policy (FAP) for the method of AGB calculation.

**Gross Charges -** The full amount charged by Ridgeview for items and services before any discounts, contractual allowances, or deductions are applied.

**Presumptive Eligibility -** The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

**Federal Poverty Guidelines (FPG)** – The FPG establishes the levels of annual income for poverty as determined by the United States Department of Health and Human Services and are updated annually in the Federal Register.

**Family** – Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, adoption, or considered a dependent on an income tax return.

**Family Income** – Family income is determined starting with the Census Bureau definition, which uses the following income when computing federal poverty guidelines: Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability benefits, pension or retirement income, interest, dividends, rents, royalties, and estates and trusts, educational assistance, alimony, child support, financial assistance from outside the household, and other miscellaneous sources;

- Noncash benefits (such as food stamps and housing subsidies) will not be used to determine eligibility.
- Determined on a before-tax basis.
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members. Children of non-married couples who live together, income and tax returns will be required from both parents. Non-relatives, such as housemates, will not be used to determine eligibility.

## **PROCEDURE:**

## 1. Eligibility

Ridgeview will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients. Services eligible for financial assistance include emergency or urgent care, services deemed medically necessary by Ridgeview, and in general, care that is non-elective and needed to prevent death or adverse effects to the patient's health.

Patients who are uninsured or underinsured and have a household income at or below 200% of the FPG may receive a 100% discount. Individuals with annual household incomes between 200% and 225% FPG will be eligible for 75% discount.

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including SSI, Disability, Medicare, and Medical Assistance Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application, individuals will be required to provide the following documentation:

- Bank statements
- Proof of income for applicant and spouse/significant other such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently financially supporting themselves



- Proof of liquid assets such as checking and savings accounts, stocks, bonds, certificate of deposit, annuities, and money market accounts
- Copy of most recent federal tax return

Ridgeview will take medical bills with current patient responsibility into consideration when determining eligibility for Financial Assistance.

Ridgeview considers liquid assets. Liquid assets in excess of \$20,000 will be considered the same as family income for this calculation.

The Financial Assistance staff review submitted applications which are complete, and then determine financial assistance eligibility in accordance with the Financial Assistance Policy. Any applications that are incomplete will not be considered, but applicants will be notified and given an opportunity to submit the required documentation/information.

Financial Assistance applications on file at Ridgeview will be used during the calendar year (Jan – Dec) the application was submitted. A new application will be needed for each calendar year (Jan – Dec). In some circumstances, you may be asked to reapply in a calendar year.

External or public sources like propensity to pay scores may also be used to verify eligibility.

When determining patients' eligibility for financial assistance, Ridgeview does not consider race, gender, age, sexual orientation, religious affiliation, and social or immigrant status.

Refer to Attachment B: *Ridgeview Financial Assistance Guidelines* for the current Financial Assistance guidelines based on income and household size.

## 2. Determining Discount for Amounts Generally Billed

Once eligibility for financial assistance has been established, Ridgeview will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

To calculate the AGB, Ridgeview uses the "look-back" method described in section 4(b)(2) of the IRS and Treasury's 501(r) final rule.

In this method, Ridgeview uses data based on claims sent to Medicare fee-for-service and all private commercial insurers for all care provided over the past year to determine the percentage of gross charges that is typically allowed by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. Ridgeview re-calculates the percentage each year. The 501(r) regulations require Ridgeview to calculate the AGB percentage separately for each hospital it operates.

Refer to Attachment C: Ridgeview AGB per Facility/Entity for the AGB discount per facility/entity.

#### **Example:**

If the gross charge for an outpatient colonoscopy procedure is \$1,000, and the AGB percentage discount is 57%, any patient eligible for financial assistance under this policy will not be personally responsible for paying more than \$430 for an outpatient colonoscopy procedure.

For uninsured/insured patients that qualify for financial assistance under the AGB guidelines, the insurance/uninsured discount applied counts towards the AGB discount. For example, the insurer provided a discount of 50% on the patients' visit. The patient was approved for financial assistance with the AGB discount of 57%. The Financial Assistance Coordinator will add an additional discount of 7% to the account.



## 3. Applying for Financial Assistance

Copies of the Financial Assistance applications are available to the public without charge. The information is available in the following ways:

Electronic copies can be accessed on Ridgeview's website at <a href="https://www.ridgeviewmedical.org/patients-visitors/patient-financial-services/">https://www.ridgeviewmedical.org/patients-visitors/patient-financial-services/</a>

Paper copies can be obtained by mail or in person at any Ridgeview entity, including the following locations:

- Ridgeview Le Sueur Campus, 621 South Fourth Street, Le Sueur, MN 56058
- Ridgeview, 500 South Maple Street, Waconia, MN 55387
- Ridgeview Arlington Campus, 601 West Chandler Street, Arlington, MN 55307

## By phone:

Ridgeview by calling 952-442-8054 or 866-286-9840

Completed applications including all required information and documentation should be submitted to Ridgeview for eligibility determination:

- Ridgeview Le Sueur Campus, 621 South Fourth Street, Le Sueur, MN 56058
- Ridgeview 500 South Maple Street, Waconia, MN 55387
- Ridgeview Arlington Campus, 601 West Chandler Street, Arlington, MN 55307

Individuals who have questions about Ridgeview's Financial Assistance application; or would like assistance with completing the Financial Assistance application may contact Ridgeview Patient Financial Services by phone at 952-442-8054 or 866-286-9840.

Financial Assistance hours are Monday through Friday, 8:00am to 4:30pm.

Ridgeview's Financial Assistance Program Policy is widely publicized on its website, social media channels, statement, letters, and community events.

## 4. Actions in the Event of Non-Payment

The collection actions Ridgeview may take if a financial assistance application and/or payment is not received are described below.

In brief, Ridgeview will make efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include civil actions).

For more information on the steps Ridgeview will take to inform uninsured patients of our Financial Assistance Policy and the collection activities we may pursue, please see Ridgeview's Billing and Collections Policy.

You can request a free copy of this full policy in person or by mailing a request to Ridgeview 500 South Maple Street, Waconia, MN 55387.

## 5. Presumptive Eligibility

There are circumstances where Ridgeview may presumptively determine that a patient is eligible for financial assistance based on prior eligibility determination or meeting certain circumstances for financial assistance. Factors that may support a presumptive eligibility determination may include, but not limited to homelessness; patient's valid address is considered low-income or subsidized housing; medical qualification and effective date of Medical Assistance subsequent to the service date.

Ridgeview uses Change Healthcare Clearance, an eligibility vendor, to help identify patients who may be eligible for financial assistance under this policy or through other public and private programs. Ridgeview's early-out and bad debt vendor(s) use proprietary presumptive eligibility tool to help determine eligibility for financial assistance.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy (100% discount) will be informed about how the discount amount was calculated and given a reasonable amount of time to apply for further financial assistance.



#### 6. Uninsured Discount

Patients receiving uninsured treatments as defined by the Ridgeview's agreements with the Attorney General's Office will be eligible for a discount. Patients who are uninsured or whose insurance is not known will receive an eligibility screen during the pre-registration, registration, or admission process, or at other points in the billing and collection process, per Minnesota Statute 144.587 subd.2, will receive an eligibility screen within 30 days after the patient receives services.

## Eligibility for Discount:

Uninsured patients will be identified during the pre-registration, registration, or admission process, or at other points in the billing and collections process. Uninsured patients, including, but not limited to, all uninsured patients with a household income equal to or below \$125,000, who receive medically necessary treatment will be eligible for an uninsured discount equivalent to Ridgeview's highest revenue private payer contracted rate.

### **Discount Exclusions:**

Patients who receive cosmetic, elective, experimental, or other non-medically necessary services are not eligible for the uninsured discount.

## Discount to Billed Charges:

Discount levels will be established at the beginning of each year. The discount will be based on the average reimbursement rate provided to each Ridgeview's highest revenue private payer for hospital-based services.

Ridgeview will calculate the Uninsured Discount separately for the following facilities:

- Ridgeview Le Sueur Campus
- Ridgeview Waconia Campus
- Ridgeview Arlington Campus

Refer to Attachment D: *Ridgeview Uninsured Discount per Facility/Entity* for the current Uninsured Discount rates per facility/entity.

## 7. Eligible Providers

In addition to care delivered by Ridgeview, emergency and medically necessary care delivered by the providers listed below is also covered under this financial assistance policy.

- Orthopedic Institute
- Ridgeview Arlington Campus
- Ridgeview Clinics
- Ridgeview Home Health
- Ridgeview LeSueur Campus
- Ridgeview Waconia Campus
- Western OB/GYN, A Division of Ridgeview Clinics

Care provided by any of the providers listed below at a Ridgeview facility will NOT be covered under this policy since they are not employed by Ridgeview. Bills received by provider other than the organizations listed above will NOT be eligible for the discounts described in this financial assistance policy.

- Allina Health
- Anesthesiology Providers
- Children's Hospitals and Clinics of Minnesota
- Chu Vision



- Consulting Radiologists, LTD
- Cura of Le Sueur
- Edina Eye Physicians & Surgeons
- Interventional Spine and Pain Physicians
- Kottemann Orthodontics
- Lakeview Clinic
- Mankato Clinic
- Mayo Health Systems and Clinics
- Minneapolis Heart Institute® at Ridgeview Heart Center
- MN Oncology
- Northland Counseling Services
- OBGYN West
- Other non-Ridgeview providers
- Orthopedic and Fracture Clinic
- Park Nicollet Clinic Pathology
- Quest Labs
- Ridgeview Home Medical Equipment
- South Lake Pediatrics
- Southwest Eye Care
- South Valley Anesthesia, P.A.
- St. Francis Health Services Specialty Clinic
- Sunrise Plaza
- Tailwind Pediatric Dentistry
- Twin Cities Orthopedics
- Two Twelve Surgery Center
- Wayzata Children's Clinic
- Xygent, Inc

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact Ridgeview Patient Financial Services at 952-442-8054 or 866-286-9840.

### References:





## Ridgeview

## Financial Assistance Policy - Plain Language Summary

Ridgeview's Financial Assistance Policy/Program exists to provide eligible patients, partially or fully – discounted emergent or medically necessary care. Patients seeking financial assistance must apply for the program, which is summarized below.

**Eligible Services** – Emergent and / or medically necessary healthcare services provided by Ridgeview, and all owned clinics of Ridgeview. Financial assistance only applies to services billed by Ridgeview.

**Eligible Patients** – Patients receiving eligible services, who submit a completed application for Financial Assistance (with required documentation), and who are determined to be eligible for financial assistance based on income guidelines based on household size.

How to Apply – Financial Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at any Ridgeview registration desk.
- Reguest an application by calling Patient Financial Services at 952-442-8054 or 866-286-9840.
- Request an application by mail to Ridgeview, Attn: Patient Financial Services, 500 S Maple St, Waconia, MN 55387.
- Download an application online at: <a href="https://www.ridgeviewmedical.org/patients-visitors/patient-financial-services/">https://www.ridgeviewmedical.org/patients-visitors/patient-financial-services/</a>

Mail completed applications to Ridgeview, Attn: Patient Financial Services, 500 S Maple St, Waconia, MN 55387.

## **Determination of Financial Assistance Eligibility**

Generally, eligible persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 250% of the Federal Government's Federal Poverty Guidelines (FPG); Eligibility for Financial Assistance, means Eligible Persons will have their care fully or partially discounted, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons (AGB, as defined by IRS Section 501(r)). Financial Assistance levels based solely on Family income and FPG, are:

- Family Income at 0 to 200% of FPG Eligible for 100% discount
- Family Income at 201 to 225% of FPG Eligible for 75% discount
- Family Income at 226 to 250% of FPG Eligible for AGB discount

**NOTE**: If no Family income is reported, information will be required to show how daily expenses are covered. The Financial Assistance staff review submitted applications which are complete, and then determine financial assistance eligibility in accordance with the Financial Assistance Policy. Any applications that are incomplete will not be considered, but applicants will be notified and given an opportunity to submit the required documentation/information.

Contact Ridgeview's Patient Financial Services department for help or with questions. Regular business hours are Monday through Friday, 8 a.m. to 4:30 p.m.

Phone: 952-442-8054 or 866-286-9840 Email: PFSself.pay@ridgeviewmedical.org

Ridgeview does not report medical debt to credit agencies and does not limit the care a patient can receive when they are behind on medical bill payments.

For Non-English Speakers, translations of the Financial Assistance Policy, Financial Assistance Application, and this Plain-Language Summary are available at <a href="https://www.ridgeviewmedical.org/patients-visitors/financial/">www.ridgeviewmedical.org/patients-visitors/financial/</a>.

We comply with applicable federal and state civil rights laws, including the Minnesota Human Rights Act. We do not discriminate because of race, color, creed, religion, or national origin, marital status, age, disability, sexual orientation, or sex.



# **Ridgeview Financial Assistance Guidelines**

Household Size	200% FPG 100% Discount	225% FPG 75% Discount	250% FPG AGB Discount Per Site
1	\$29,160	\$32,805	\$36,450
2	\$39,440	\$44,370	\$49,300
3	\$49,720	\$55,935	\$62,150
4	\$60,000	\$67,500	\$75,000
5	\$70,280	\$79,065	\$87,850
6	\$80,560	\$90,630	\$100,700
7	\$90,840	\$102,195	\$113,550
8*	\$101,120	\$113,760	\$126,400

<sup>\*</sup>For family units with more than 8 members, add \$10,280 for each additional person at 200% FPG



# Ridgeview Amount Generally Billed (AGB) per Facility/Entity

Facility/Entity	AGB for 2024	AGB Discount for 2024
Ridgeview Le Sueur Campus	65%	35%
Ridgeview	37%	63%
Ridgeview Arlington Campus	62%	38%



# Ridgeview Uninsured Discount per Facility/Entity

Facility/Entity	Uninsured Discount for 2024	
Ridgeview Le Sueur Campus	24%	
Ridgeview	51%	
Ridgeview Arlington Campus	30%	