

Ortonville Area Health Services

Department: Finance

Distribution: All Departments

Policy #: 60165

FINANCIAL ASSISTANCE PROGRAM

POLICY:

1. It is the mission of the facility to provide care to patients in need regardless of their ability to pay.
2. Upon admission and per our policies, OAHS will be discussing with patients their payment options. A notation will be made if patient indicated an inability to meet any of the OAHS payment options. Patients that cannot meet (OAHS payment options) criteria should be considered for the Financial Assistance Program prior to initiating any collection activity.
3. After discharge, a patient account will be followed according to prescribed A/R management procedures. Should it appear at this time that the patient is unable to pay account in full, a determination will be made to see if they can afford a lower payment plan or might possibly be a candidate for the Financial Assistance program. If the patient is a potential candidate for the program, we will request documentation of their current financial situation.
4. The criteria for this program will minimally follow the Federal Poverty Income Guidelines. Those individuals whose income and asset values fall below the minimum criteria would first be referred to Family Services to see if they are eligible for assistance. If not eligible for medical assistance, then the patient may be eligible for a reduction of OAHS medical bills. Criteria is listed below:

PROCEDURE:

1. Must meet income guidelines on this graph:

Family Size	Less Than	ANNUALIZED GROSS WAGES / INCOME		From	To	From	To
		From	To				
1	12,060	12,060	15,196	15,197	19,148	19,149	24,127
2	16,240	16,240	20,462	20,463	25,784	25,785	32,489
3	20,420	20,420	25,729	25,730	32,420	32,421	40,851
4	24,600	24,600	30,996	30,997	39,056	39,057	49,212
5	28,780	28,780	36,263	36,264	45,692	45,693	57,574
6	32,960	32,960	41,530	41,531	52,329	52,330	65,935
7	37,140	37,140	46,796	46,797	58,965	58,966	74,297
8	41,320	41,320	52,063	52,064	65,601	65,602	82,658
9	45,500	45,500	57,330	57,331	72,237	72,238	91,020
10	49,680	49,680	62,597	62,598	78,873	78,874	99,382
Fin Asst Adjustment	100%		70%		50%		30%
Patient Share			30%		50%		70%
			1.26		1.26		1.26

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THOSE BELOW THE BASE LEVEL ARE ENTITLED TO A 100% STEP-UP ADJUSTMENT.

This is the revised qualification levels for the Financial Assistance Program. It was updated using the Federal poverty guidelines from January 2016. It allows for discounts for families with earnings up to 200% of the federal guidelines which is consistent with information received from the Minnesota Hospital Association.
Kevin Benson, CFO
OAHS

2. Assets Value – Minimum Equity Allowances
 - a. One person - \$5,000 and one vehicle of any value.
 - b. Two persons - \$10,000 and one vehicle of any value.
 - c. Add \$5,000 for each additional person.
3. Financial Assistance Program approval will require the patient’s cooperation by completing a Financial Assistance Program application. The patient/guarantor may be denied Financial Assistance Program assistance if they do not cooperate in seeking other financial assistance prior to consideration for the program.
4. Financial Assistance applications are submitted to OAHS’ business office. Approval or denial of this application will be granted within 1 month once all aspects of the application are met. The Chief Financial Officer is authorized to approve or deny these applications.
5. Written notification of qualification determination will be provided to the patient/guarantor within 1 month of OAHS receiving a completed application and verification.
6. Program applicants will not be denied financial assistance based on race, creed, sex, national origin, handicap, age, or ability to pay.

EFFECTIVE: 5/93

REVISED: 6/00, 4/01, 3/04, 1/05, 9/05, 3/06, 3/08, 8/12, 09/13, 01/14, 10/14, 3/15 KR

REVIEWED: