

<b>Ortonville- Ortonville Area Health Services: Operations:</b>	<b>Financial Assistance Program</b>
	<b>APPROVED BY: CFO</b>
<b>DATE REVIEWED/REVISED: 06/05/2019</b>	<b>FORMULATED BY: INS &amp; BILLING SUPV</b>

**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 must 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 accounts receivable management procedures. Should it appear that the patient is unable to pay the 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:

**ORTONVILLE AREA HEALTH SERVICES**

Ortonville Hospital/Northside Medical Clinic  
Home Health Agency/Fairway View Neighborhoods  
Financial Assistance Program Guidelines  
2019

Family Size	2019 FPL	Less Than	ANNUALIZED GROSS WAGES / INCOME					
			From	To	From	To	From	To
1	12,490	24,980	24,980	31,225	31,226	37,470	37,471	43,715
2	16,910	33,820	33,820	42,275	42,276	50,730	50,731	59,185
3	21,330	42,660	42,660	53,325	53,326	63,990	63,991	74,655
4	25,750	51,500	51,500	64,375	64,376	77,250	77,251	90,125
5	30,170	60,340	60,340	75,425	75,426	90,510	90,511	105,595
6	34,590	69,180	69,180	86,475	86,476	103,770	103,771	121,065
7	39,010	78,020	78,020	97,525	97,526	117,030	117,031	136,535
8	43,430	86,860	86,860	108,575	108,576	130,290	130,291	152,005
9	47,850	95,700	95,700	119,625	119,626	143,550	143,551	167,475
10	52,270	104,540	104,540	130,675	130,676	156,810	156,811	182,945
<b>Fin Asst Adjustment</b>		<b>100%</b>		<b>75%</b>		<b>50%</b>		<b>25%</b>
<b>Patient Share</b>				<b>25%</b>		<b>50%</b>		<b>75%</b>
				2.5		3		3.5
FPL		200%	201%	250%	251%	300%	301%	350%

**THOSE BELOW THE 200% of 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 2019.  
It allows for discounts for families with earnings up to 350% of the federal guidelines  
which is consistent with information received from the Minnesota Hospital Association.

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 no 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 one 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.
7. Financial assistance adjustments will not apply to elective services.
8. Financial assistance adjustments will not be applied to any accounts until payment plan is set up and first payment is received.

**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, 01/18 KR, 02/19 kr

**REVIEWED:**