

<b>Ortonville- Ortonville Area Health Services: Operations:</b>	<b>Financial Assistance Program</b>
	<b>APPROVED BY: CFO</b>
<b>DATE REVIEWED/REVISED: 03/17/2020</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 who do not have Medicaid or coverage under another plan 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  
2020

Family Size	2020 FPL	Less Than	ANNUALIZED GROSS WAGES / INCOME					
			From	To	From	To	From	To
1	12,760	25,520	25,520	31,900	31,901	38,280	38,281	44,660
2	17,240	34,480	34,480	43,100	43,101	51,720	51,721	60,340
3	21,720	43,440	43,440	54,300	54,301	65,160	65,161	76,020
4	26,200	52,400	52,400	65,500	65,501	78,600	78,601	91,700
5	30,680	61,360	61,360	76,700	76,701	92,040	92,041	107,380
6	35,160	70,320	70,320	87,900	87,901	105,480	105,481	123,060
7	39,640	79,280	79,280	99,100	99,101	118,920	118,921	138,740
8	44,120	88,240	88,240	110,300	110,301	132,360	132,361	154,420
9	48,600	97,200	97,200	121,500	121,501	145,800	145,801	170,100
10	53,080	106,160	106,160	132,700	132,701	159,240	159,241	185,780
<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 2020.  
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 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 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:**