



Financial Assistance Program

POLICY:

The philosophy of Swift County-Benson Health Services (SCBHS) is to accept the social responsibility to care for patients regardless of the patient's ability to pay for services. SCBHS is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, ineligible for a government program, or otherwise unable to pay. Eligibility for the program is defined in section 3 of this policy.

PROVISIONS AND PROCEDURES:

Under this philosophy, certain accounts may be adjusted to charity care. Accounts must pertain to services with open accounts receivables. A decision will be made on each individual case to determine if a patient qualifies for financial assistance. Eligibility for financial assistance will not be based on age, gender, race, sexual orientation or religious affiliation. All medically necessary services will be eligible for financial assistance. Elective or cosmetic procedures are excluded from this policy. If approved, discounts will be honored for six (6) months. The applicant will be required to reapply after six (6) months.

1. **Identification Process:** The Business Office assumes responsibility to exercise sound business practices and to make a reasonable effort to collect on patient accounts. There may be accounts that will be identified as eligible for SCBHS's Financial Assistance Program after collection efforts are made. Any unpaid bill that meets the guidelines of the policy may be written off or discounted according to our financial assistance sliding scale. SCBHS will have information and applications for financial assistance available at all of patient care areas. SCBHS will make a good faith effort to identify and inform any uninsured, under-insured, or self-pay patients of payment options.

Circumstances that may qualify an account for the Financial Assistance Program are:

- A. The patient qualifies based on current income guidelines used to determine the Federal Poverty Level (FPL) published in the Federal Register.
- B. The patient has expired leaving no estate.
- C. The patient has a health plan SCBHS does not participate with and the patient does not have the ability to pay.
- D. Small co-pay balances on Minnesota Healthcare Program accounts.
- E. Unusual change in circumstances; For example: unemployment.

2. **Application Process:** The patient or responsible party must submit an application and be returned to the

Business Office Manager. The application will be marked with a date received. All patient financial assistance applications will be treated with respect and their financial information will be kept confidential.

In addition to completing an application, individuals should be prepared to supply the following documentation:

- A. Copy of written denial letter from Medical Assistance may be required when applicable.
- B. Copy of last year's tax return.
- C. If a tax return is unavailable, the applicant will be required to complete section B2 of the financial assistance application for income verification. For example:
 - 1. Proof of Income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or a written statement from your employer showing year to date earnings.
 - 2. Copies of the most recent Bank Statements showing balance in each bank account(s).

3. **Eligibility Guidelines and Determination:**

- A. Every effort will be made to determine the applicant's ability for the Financial Assistance Program (FAP) at the earliest possible time.
- B. Collection activity will be put on hold during this assessment period. It is the policy of SCBHS that once an account receives 100% financial assistance, all collection effort is terminated.
- C. Eligibility for financial assistance is based on the value of the applicant's income. The Chief Financial Officer (CFO) will complete the financial assistance program eligibility calculations using income information and calculate the following:
 - 1. Earned income including monthly gross wages, salary and self-employment income.
 - 2. Unearned income including dividends, interest and income from any other source such as unemployment or workers compensation.
 - 3. Number of dependents in the household.
 - 4. Last year's tax return.
- D. On occasion, extenuating circumstances may exist which could cause SCBHS to grant financial assistance to a patient who may otherwise not meet the quantitative criteria. In such cases, the Business Office Manager will document why the assistance was granted and supporting documentation will be maintained. If an individual would qualify for financial assistance but they are unable or unwilling to complete the required application, the CFO may approve financial assistance if enough evidence exists to support that determination.
- E. Non-payment of a previous patient account balance will not affect future eligibility for FAP.
- F. Delegation of Authority for Approval is as follows:
 - 1. Discount \$0 - \$1,000 = Business Office Manager
 - 2. Discount \$1,001 - Higher = Chief Financial Officer
- G. The applicant's income is compared to current Federal Poverty Guidelines. The FAP eligibility and discount schedule is as follows:

Number in Household:																6480
Discount %	1		2		3		4		5		6					
100%	\$ -	to \$ 18,210		to \$ 24,690		to \$ 31,170		to \$ 37,650		to \$ 44,130		to \$ 50,610		to \$ 57,090		
80%	\$ 18,211	to \$ 22,763	\$ 24,691	to \$ 30,863	\$ 31,171	to \$ 38,963	\$ 37,651	to \$ 47,063	\$ 44,131	to \$ 55,163	\$ 50,611	to \$ 63,263	\$ 69,711	to \$ 85,311	\$ 93,811	to \$ 114,411
60%	\$ 22,764	to \$ 27,315	\$ 30,864	to \$ 37,035	\$ 38,964	to \$ 46,755	\$ 47,064	to \$ 56,475	\$ 55,164	to \$ 66,195	\$ 63,264	to \$ 75,915	\$ 85,015	to \$ 102,725	\$ 134,525	to \$ 167,335
40%	\$ 27,316	to \$ 31,868	\$ 37,036	to \$ 43,209	\$ 46,756	to \$ 54,549	\$ 56,476	to \$ 65,889	\$ 66,196	to \$ 77,230	\$ 75,916	to \$ 88,570	\$ 114,420	to \$ 138,570	\$ 184,980	to \$ 227,790
20%	\$ 31,869	to \$ 36,419	\$ 43,210	to \$ 49,379	\$ 54,550	to \$ 62,339	\$ 65,890	to \$ 75,299	\$ 77,231	to \$ 88,258	\$ 88,571	to \$ 101,218	\$ 138,575	to \$ 167,335	\$ 227,795	to \$ 281,595
0%	\$ 36,420	to \$ 49,380	\$ 62,340	to \$ 75,300	\$ 93,810	to \$ 114,410	\$ 145,810	to \$ 176,810	\$ 207,810	to \$ 248,810	\$ 289,810	to \$ 351,810	\$ 467,810	to \$ 574,810	\$ 767,810	to \$ 945,810

4. **Notification to Applicant:** Applications will be processed in an accurate, timely and consistent manner. If more information is required from the applicant in order to process the application, applicant will be notified via a telephone call or a letter or both. Decisions will generally be communicated in writing to the applicant within 30 days of receipt of the completed application and financial documents.

Attachments:



[12-06-18 Charity Care Grid](#)

[Screenshot.xlsx](#)

[12-06-18 Charity Care Grid.xlsx](#)

[Financial Assistance Application.docx](#)

Approval Signatures

Approver	Date
Dan Enderson: CFO	08/2019

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