



Financial Assistance Policy

Olmsted Medical Center's Mission

The delivery of exceptional patient care focusing on caring, quality, safety, and service.

Purpose

This policy supports Olmsted Medical Center's mission to serve, establish, and ensure a fair and consistent method for uninsured and under insured patients to apply and be considered for financial assistance related to medically-necessary care at Olmsted Medical Center (OMC).

Medically-necessary care – As defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

Policy:

OMC informs patients of the Financial Assistance programs available and assists patients who indicate an inability to pay and requiring financial assistance. OMC provides care for all patients, regardless of their ability to pay. All patients are triaged without discrimination and regardless of patient's eligibility for hospital's Financial Assistance Policy in compliance with the Emergency Medical Treatment and Labor Act (EMTALA).

Patient confidentiality

Any information submitted for consideration for financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Application completion assistance

Patient financial counselors are available to answer questions and/or assist OMC patients in the application process located at:

- 210 Ninth Street SE, Rochester, MN 55904
- 5067 55 Street NW, Rochester, MN 55901
- 1650 Fourth Street SE, Rochester, MN 55904
- Phone 507.287.2780 or 866.287.2780

Financial Assistance applications in English and Spanish can be found:

- at www.olmstedmedicalcenter.org
- at all OMC locations
- by calling 507.287.2780 or 886.287.2780 to have it mailed.

Application process

- Completed applications and required documentation in person at all OMC locations or by mailing to Olmsted Medical Center, 210 Ninth Street SE, Rochester, MN 55904.
- Applications are requested to be returned after ten days of receipt of the application.
- Application for financial assistance will be considered up to 240 days after the date of the first post discharge statement.
- Patients may qualify for additional OMC Financial Assistance programs beyond the 240-day post-discharge statement.

Eligibility Information

- Application for financial assistance will be considered up to 240 days after the date of the first post discharge statement.
- Patients may qualify for additional OMC Financial Assistance programs beyond the 240-day post-discharge statement.
- Patients may qualify for 100% financial assistance (see appendix A for guidelines and eligibility determination). Determination is based on income, assets, and Minnesota residency status.

Documentation required

Income

- Most current Income tax return (including all supporting tax schedules)
- Last 90 days of pay stubs for all members of the household; including any unemployment, child support, Public Assistance, or Social Security benefits received
- Most recent banking statements (checking and savings)

Assets

- Current year's Property Tax forms (this shows the estimated value of your property)
- Mortgage Loan principal (bank statement or letter from bank showing balance owing on mortgage)

MN Residency

- Copy of MN driver's license or MN ID card
 - Employees will be considered for financial assistance regardless of their residency
 - Long-term patients will be considered regardless of their residency; the definition of "long-term" patients is at the discretion of OMC management.

Ineligible services

All services are eligible for Financial Assistance excluding:

- cosmetic services
- surgical birth control (unless documented medical condition)
- infertility services
- circumcision
- hearing aids
- orthotics
- glasses/contacts
- bariatric services and surgeries (including any pre-/post-op appointments relating to bariatric surgery)
- claims denied due to patient information or coordination of benefits needed
- professional fees for outside providers that are treating at OMC facilities (see Appendix C).

Eligibility notice

The patient financial counselors inform the patient with a letter regarding the financial assistance determination of approval, denial, or needing additional information.

If an application is incomplete, or there has been a request for additional information, the application will remain active for 30 days from the date the letter was mailed to the applicant requesting this information. If the applicant has not responded within the 30-day timeframe, the application will be denied. If information is returned after the 30-day time frame, a new Financial Assistance application will be required. Return the requested information to:

Olmsted Medical Center
Attn: Financial Assistance Processing
210 Ninth Street SE
Rochester, MN 55904

Following a determination of financial assistance eligibility, an individual will not be charged more than amounts generally billed for emergency and other medically-necessary care. Patient payments apply to the oldest owing balance unless otherwise specified by patient. Refunds will be sent to patients if over \$5 and if the patient payments were applied to the dates of service within the 240-day approval time period.

Appeals

Appeals must be received within 30 days of the date of the original determination. Appeals must be received in writing to:

Olmsted Medical Center
Attn: Financial Assistance Processing
210 Ninth Street SE
Rochester, MN 55904

Appeal determinations will be reviewed with a team of patient financial counselors and business services manager. If the appeal warrants further review, the business services manager presents case(s) to OMC's administrators. If this appeal is denied, the patient will be notified by phone and letter and counseled on OMC's extended payment plan and zero percent bank loan.

Calculating the amounts generally billed (AGB) to patients

The amount billed to patients is the expected payment from patients or guarantor. This amount will not exceed a rate that will be determined utilizing a Look Back Method. The Look Back Method is based on Medicare and Commercial insurance (see appendix B).

Billing and Collections Policy

OMC has a separate Billing and Collections Policy that identifies the actions that may be taken in the event of nonpayment. Copies may be obtained at:

- www.olmstedmedicalcenter.org
- by mail by calling 507.287.2780 or 866.287.2780.

OMC utilizes a third party to conduct an electronic review for presumptive eligibility of patient information to assess financial need through Transunion / Ebureau. Accounts that have been approved under this process will be applied to the Financial Assistance program and further collection action will not take place.

Appendix A

Financial Assistance Income and Asset Guidelines

OMC Financial Assistance Program Income Guidelines July 1, 2018 – June 30, 2019

Family Size	State Poverty Guideline	Poverty Level Increments	Annual Gross Income/Asset	
			Minimum	Maximum
1	\$12,140	300%	\$0	\$36,420
2	\$16,460	300%	\$0	\$49,380
3	\$20,780	300%	\$0	\$62,340
4	\$25,100	300%	\$0	\$75,300
5	\$29,420	300%	\$0	\$88,260
6	\$33,740	300%	\$0	\$101,220
7	\$38,060	300%	\$0	\$114,180
8	\$42,380	300%	\$0	\$127,140
9	\$46,700	300%	\$0	\$130,761
10	\$51,020	300%	\$0	\$153,060

- Discount 100%
- Eligibility is determined by measuring income and home equity assets. Both income and assets (separately) have to fall below the Annual Gross Income/Asset Max in the above chart to qualify.
 - For example, a family of five that has a home net value (property tax value – remaining mortgage balance) of \$100,000, but a gross income of \$75,000 would not qualify for financial assistance.

Appendix B

Amounts Generally Billed Limit (AGB)

The amount billed to patients is the expected payment from patients, or guarantor. This amount will not exceed a rate that will be determined utilizing a Look Back Method. The Look Back Method is used to calculate the AGB by dividing the allowed amounts from Medicare, Commercial, and Private Insurers by the gross charges submitted. This AGB is 61.49%. This indicates the average amount paid.

Appendix C

Outside Providers not eligible for OMC's Financial Assistance program

Facility Name
SE MN Oral Surgery
Apollo Dental
Dentistry for Children
Associates in Oral & Maxillofacial Surgery
Nicholas H Psimos DDS
Rochester Pediatric Dentistry
Blue Sky Dental
Rochester Clinic
Rochester Foot & Ankle Clinic
Northern Lights