
FINANCIAL ASSISTANCE POLICY (PLAIN LANGUAGE SUMMARY)

Hutchinson HEALTH

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| Date Reviewed/Revised: | <u>01/22/2019</u> | by: | <u>Patient Financial Services Manager (LW)</u> |
| Date Approved: | <u>01/22/2019</u> | by: | <u>Patient Financial Services Manager (LW)</u> |
| Origination Date: | <u>12/30/2015</u> | by: | <u>Audit and Compliance Committee of the Board</u> |

POLICY:

Hutchinson Health strives to provide quality, affordable care for all of its patients and is committed to providing financial assistance to uninsured and underinsured individuals in need of medically necessary and emergency care.

- **Uninsured Patients** – Individuals who have no insurance or third-party assistance to help pay for their medically necessary care.
- **Underinsured Patients** – Individuals who receive treatment or services that are not covered by their insurance.

Patients that qualify for our financial assistance programs will not be charged more for medically necessary or emergency care than the amount generally billed to insured patients for similar services.

Financial Assistance Programs

We offer two financial assistance programs – Charity Care and Uninsured/Underinsured Discount. Patients eligible for Charity Care will receive either free care or a 50% discount based on their income level. Patients eligible for the Uninsured/ Underinsured Discount will receive a 43% discount. To be covered by one of these programs you must meet the criteria described below.

- **Charity Care**
 - Only medically necessary care is covered
 - The accounts of deceased patients who have no known estate and no surviving spouse will be determined uncollectible and eligible for the Charity Care without the completion of an application
 - Uninsured patients need to apply for Medical Assistance and provide proof of eligibility or denial
 - Insured patients need to work with the insurance company responsible for paying for the care so that all insurance payments can be made. Applicants must cooperate with the rules of their insurance policy which includes responding to all insurance inquiries within time frames allowed by their insurance carrier(s).
 - Personal assets must be under \$20,000
 - A financial assistance application, including all supporting documentation, must be completed and approved

- Yearly household income must fall within the income levels in the following chart, as a percent of the federal poverty level (“FPL”).

| Income Level Eligibility Guidelines for the Charity Care Program | | | |
|---|---|---|--|
| | | Free Care if income is not more than | 50% discount if income is not more than |
| Family Size | Annual Gross Income at 100% of FPL | Annual Gross Income at 200% of FPL | Annual Gross Income at 400% of FPL |
| 1 | \$12,490 | \$24,980 | \$49,960 |
| 2 | \$16,910 | \$33,820 | \$67,640 |
| 3 | \$21,330 | \$42,660 | \$85,320 |
| 4 | \$25,750 | \$51,500 | \$103,000 |
| 5 | \$30,170 | \$60,340 | \$120,680 |
| 6 | \$34,590 | \$69,180 | \$138,360 |
| 7 | \$39,010 | \$78,020 | \$156,040 |
| 8 | \$43,430 | \$86,860 | \$173,720 |
| * | \$4,420 | \$8,840 | \$17,680 |

*For families/households with more than 8 persons, add \$4,420.00 and \$8,840.00 and \$17,680.00 respectively to the annual incomes listed above for each additional member.

- **Uninsured/Underinsured Discount**

- No application is required
- Patient must be uninsured or underinsured
- Patient does not qualify for our Charity Care assistance
- Only medically necessary care is covered
- For uninsured patients, the discount is automatically applied to gross charges and reflected on statement
- Underinsured patients must inform Hutchinson Health that they are eligible for the discount and the discount will be applied

Financial Assistance Application and Guidelines

A free copy of Hutchinson Health’s financial assistance policy, application, and guidelines that explain how to complete the application, can be obtained from any of the sources listed below. This information is also available in Spanish translation from these same resources.

- Hutchinson Health’s website – <https://hutchhealth.com/patients-visitors/billing-and-insurance/>
- By Telephone - Contact a Hutchinson Health Patient Financial Advocate Monday-Friday, during the hours of 8:00 a.m. – 4:30 p.m., at 320-484-4493 or 800-454-3903 to request a copy that can be mailed or picked up.

- By Mail – Send a written request to a Patient Financial Advocate at the following address to request a copy that can be mailed or picked up:
 Hutchinson Health
 Attn: Patient Financial Advocate
 1095 Highway 15 South
 Hutchinson, MN 55350
- In Person at any of the following locations:

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| Hutchinson Health Hospital Main Entrance or ER Registration Desk 1095 Highway 15 South Hutchinson, MN 55350 | Hutchinson Health Clinic Check-In Desk and Patient Financial Advocate Offices 3 Century Ave SE Hutchinson, MN 55350 |
| Hutchinson Health Mental Health Clinic Check-In Desk 1071 Highway 15 South Hutchinson, MN 55350 | Hutchinson Health Orthopedic & Rehabilitation Clinic Check-In Desk 1029 Highway 15 South Hutchinson, MN 55350 |
| Hutchinson Health Dassel Clinic Check-In Desk 460 5th Street North Dassel, MN 55325 | Hutchinson Health Cancer Clinic Check-In Desk 3 Century Ave SE Hutchinson, MN 55350 |

Additional Questions

If you have any questions that have not been answered by the resources above, please contact our Patient Financial Advocates at 320-484-4493 or 800-454-3903 and one of them will be happy to assist you in finding an answer.

DEFINITIONS:

None.

REFERENCES:

None.

ATTACHMENTS:

- [PFS Charity Care Application and Instructions Form 4246](#)
- [PFS Charity Care Application and Instructions - Spanish Form 4247](#)
- [PFS Billing and Collection Policy](#)
- [PFS Billing and Collection Policy \(Spanish\)](#)
- [PFS Financial Assistance Policy \(FAP\)](#)
- [PFS Financial Assistance Policy \(FAP\) \(Spanish\)](#)
- [PFS Financial Assistance Policy \(FAP\) - Plain Language Summary \(Spanish\)](#)