



## Financial Assistance

### PURPOSE

To establish a policy governing the provision of financial assistance to patients of each of the Carris Health Entities, in accordance with the guidelines set forth by the Minnesota Attorney General and the Internal Revenue Service. In this document, Entities refers to any and all of the separate Carris Health Entities.

### Carris Health adopts the following Policy/Procedure for:

*Carris Health - Rice Memorial Hospital  
Carris Health Care Center & Therapy Suites  
Carris Health Dental Clinic  
Carris Health Cancer Center  
Carris Health Surgery Center - Willmar  
Carris Health Home Medical  
Carris Health Rehabilitation Center  
Carris Health Rice Hospice*

*Carris Health Behavioral Services  
(hospital- based services only)  
Willmar Ambulance Service  
Carris Health Sleep Center*

### POLICY

The Entities of Carris Health accept their social responsibility to care for patients regardless of the patient's ability to pay for services. As such, Entities will provide financial assistance to those who meet the guidelines listed below.

### GUIDELINES

- A. Entities will seek to identify patients who may qualify for financial assistance. Entities will provide financial assistance applications and the financial assistance policy to patients or their representatives and will provide guidance as needed. The application and policy also will be available on the Carris Health - Rice Memorial Hospital Web site for patients to download free of charge for him/herself. The Entity will inform the patient how to apply for assistance, what information must be included with the application and where to send the application. The Entities may request a copy of the patient's appropriate federal tax form, pay stubs, Social Security Income form, bank statements, notice of action forms, County Decision forms, unemployment forms, Public Assistance program forms, child support forms, disability forms

or pension forms. Entities also may request verification of assets. Based on the information contained in the application, the tax form and the asset verification, a decision will be made on each individual case to determine if a patient qualifies for financial assistance utilizing the grid contained in Appendix A. 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.

#### B. Applying for Financial Assistance

1. To apply for financial assistance, patients must submit a complete application (including supporting documents) on the hospital website, give to any Carris Health entity or by mail to 301 Becker Avenue SW, Willmar, MN 56201 Attn: Business office, either in person or by mail.
2. Applications can be accessed online at <http://www.ricehospital.com/billing-insurance/documents-and-resources> and by email: [PatientEstimateRequests@rice.willmar.mn.us](mailto:PatientEstimateRequests@rice.willmar.mn.us) or Carris Health - Rice Memorial Hospital's Business Office.
3. To be considered eligible financial assistance, patients must cooperate with Carris Health to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for financial assistance or other private or public payment programs.
4. In addition to completing an application, individuals should be prepared to supply the following documentation:
  - a. Copy of most recent federal tax return required, if available
  - b. Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently financially supporting themselves
  - c. Bank statements
  - d. Payment history of any outstanding accounts for prior hospital services
  - e. Documentation of qualification for Medicaid.
  - f. In some cases, information on available assets or other financial resources  
External, public sources like credit scores may also be used to verify eligibility.

#### C. Presumptive Eligibility

1. If patients fail to supply sufficient information to support financial assistance eligibility, Carris Health may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:
  - a. Patient is homeless
  - b. Patient is eligible for other state or local assistance programs
  - c. Patient is eligible for food stamps or subsidized school lunch program
  - d. Patient is eligible for a state-funded prescription medication program
  - e. Patient's valid address is considered low-income or subsidized housing

- f. Patient receives free care from a community clinic and is referred to hospital for further treatment
  2. Financial Assistance Income Guidelines can be found at:
    - a. Clinic: <http://www.ricehospital.com/billing-insurance/documents-and-resources>
    - b. Hospital and Regional Clinics: <http://www.ricehospital.com/billing-insurance/documents-and-resources>
    - c. Or by calling our Business Office at 1-866-601-0527
- D. It is the policy of the Carris Health that once an account receives 100% financial assistance, all collection effort is terminated. If a patient receives less than 100% financial assistance, full payment of the remaining balance will be requested. It is the patient's responsibility to pay the remaining balance. If the patient cannot immediately pay the remainder in full, the patient will be required to contact us to set up an appropriate payment plan.
- E. Financial Assistance can be denied for the following reasons:
  1. Income above guidelines.
  2. Failure to apply for third party payments including Medical Assistance, Minnesota Care and Medicare. If the patient has insurance or Medicare coverage he/she is not required to apply for Medical Assistance.
  3. Fraudulent application.
  4. Service is an elective or cosmetic procedure
  5. Service is for non-citizens who come to the United States specifically for free care
  6. Patient has not cooperated in providing requested information to insurance company
  7. Incomplete application, reapplication is allowed F. For all hospitals of Carris Health with Financial Assistance eligible individuals will not be charged more for emergent and medically necessary care, using the look back method of (average generally billed) AGB as described in the 501r Regulations than the amount generally billed to individuals with insurance covering emergency and medically necessary care.
- F. Communication and Publicity of Financial Assistance
  1. The Financial Assistance Application will be given free of charge to all who request it. The Financial Assistance process also will be suggested to patients by Entity patient financial services staff. The Financial Assistance Policy, the Financial Assistance Summary, the Financial Assistance Application and the Financial Assistance Grid will be available on the Rice Hospital Web site (<http://www.ricehospital.com/billing-insurance/documents-and-resources>) in downloadable form that does not require any proprietary software. Further, any person may obtain a copy of the Financial Assistance policy and/or summary, the Financial Assistance Application and the Financials Assistance Grid via mail free of charge simply by asking the Entity patient financial services department to mail such documents. Phone numbers to obtain such documents will be included in signage, letters and on the Web site. Documents will be available in English and in the primary language of any population that comprises more than 10% of the community.

2. A plain language summary of the financial assistance policy and the application and grid will be available at hospital registration locations.
3. Billing statements to patients for patient liability amounts will contain notification of the availability of financial assistance and a plain language summary of the financial assistance policy.
4. Any collection phone calls that are made by either Entity staff or collection agency staff will include informing the patient about the ability to obtain financial assistance.
5. Entity registration areas, including the Emergency Room, will post signage on the availability of financial assistance and a phone number through which the patient can obtain additional information on financial assistance.
6. Information regarding the financial assistance policy will be distributed to local agencies that address the health needs of the poor.
7. Community members may obtain a free written summary of Financial Assistance Communication measures by contacting Carris Health at (320) 235-4543.
8. Carris Health will collaborate with agencies that serve lower income clients to communicate the financial assistance policy to those client's who the agency serves. Carris Health has a separate Billing and Collection Policy that is also available to the public via the website or by requesting the policy from the Entity Patient Financial Services Office.

## **REGULATORY CITATIONS**

Facility specific, none stated

## **REFERENCE CITATIONS**

Facility specific, none stated

## **CROSS REFERENCE**

Collection Policy, Zero Tolerance in Collection Practices Policy, Third Party Debt Collection Policy, Debt Collection Litigation Policy, CentraCare Health Hospitals' Uninsured Patient Discount Policy

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