

Financial Assistance Policy

Park Nicollet Health Services, which includes Methodist Hospital, Park Nicollet Clinics and TRIA Orthopaedic Center, is committed to providing quality medical care to our patients, including those in need of financial assistance. As a result, our Financial Assistance Policy (referred to herein as “Policy”) is available to patients based on the patient’s inability to pay for emergency and other medically necessary care. Our Policy is available to provide episodic help; it is not meant to provide long-term free or discounted care. Patients must reapply for assistance for each visit at Park Nicollet Health Services. Our Policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, and our policy related to emergency medical care.

Patients can obtain free copies of this Policy and the financial assistance application form in person at Methodist Hospital, South Admitting, Suite 1-615, Monday through Friday, 8:00 a.m. – 4:30 p.m. For additional information or questions about the application process, or to request copies by mail, patients can contact our Patient Financial Services Department at **952-993-7672** (address: FA/5050, 3800 Park Nicollet Blvd, St. Louis Park, MN 55416). The following additional resources can be accessed at www.parknicollet.com/FA:

- Free copies of this Policy and the financial assistance application form
- Free copies of this Policy and the financial assistance application form in English, Spanish, Somali, and Vietnamese

ELIGIBILITY CRITERIA

Park Nicollet Health Services has established the following eligibility criteria for patients to receive discounted emergency and other medically necessary care:

1. The patient must be a resident of Minnesota (minimum of 30 days prior to receipt of service) or in the Hospital’s service area for reasons unrelated to their health or in need of emergency care.
 - A. Excluded services include elective services (not medically necessary or cosmetic services), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers’ compensation or liability insurance. Health Care Products equipment rental and ostomy supplies are also excluded.
2. The patient must provide evidence that they have been or would be denied government benefits, such as Medical Assistance.
 - A. Appropriate income verification(s) must be provided which include a copy of the patient’s most recent, current Federal 1040 tax return and/or benefit letter for Social Security, unemployment or disability benefits.
 - B. A denial of benefits letter from the government may also be required.
3. The patient must fully exhaust any available government assistance and any available health insurance benefits.

4. The patient must complete Park Nicollet Health Services Financial Assistance Application and supply all requested documentation.
5. The patient will be responsible for the first \$200 self-pay balance from eligible services received at a Park Nicollet Health Services facility. Failure to pay the first \$200 may result in denial of future Financial Assistance Applications.
6. The patient's eligibility for discounted care will be based on household income, family size, and assets as follows:
 - A. Park Nicollet Health Services provides 100% assistance (after the first \$200) to all patients whose family income is less than or equal to 275% of the Federal Poverty Level (FPL).
 - B. Patients may be eligible for 50-90% assistance (after the first \$200) with family income between 275% and 385% of the Federal Poverty Level (FPL), with the level of discount determined based upon the patient's family income as a percentage of FPL.

Family Size	2017 Federal Poverty Level	275% of Federal Poverty Level	385% of Federal Poverty Level
1	\$12,060	\$33,165	\$46,431
2	\$16,240	\$44,660	\$62,524
3	\$20,420	\$56,155	\$78,617
4	\$24,600	\$67,650	\$94,710
5	\$28,780	\$79,145	\$110,803
6	\$32,960	\$90,640	\$126,896
7	\$37,140	\$102,135	\$142,989
8	\$41,320	\$113,630	\$159,082

- C. Patients who are uninsured for hospital services and whose annual household income is less than \$125,000 and who apply for Park Nicollet Health Services Financial Assistance program are eligible for a discount. The discount is pursuant to our agreement with the Minnesota Attorney General, as described below.
 - a. In these cases, the patient will not be required to pay the first \$200 self-pay balance for qualifying hospital services if the discount results in a guarantor balance less than \$200.
- D. Patients must supply documentation of assets such as cash and other liquid assets in order for application to be reviewed. Liquid assets include cash property that can be easily converted to cash, such as savings and checking accounts, stocks, bonds, certificates of deposit, annuities and money market accounts. Liquid assets in excess of \$20,000 are included in the income calculation. To assist in evaluating financial assistance for applicants with financial means exceeding that outline in the Park Nicollet Health Services Financial Assistance Policy, the following criteria will be considered:
 - a. Liquid assets (as defined above) in excess of \$20,000 will be considered the same as family income for this calculation. Self-pay responsibility will be capped at 25% of prior year income and current eligible assets.

7. Park Nicollet Health Services may presumptively determine that a patient is eligible for financial assistance based on a prior eligibility determination. This presumptive determination may be based on information Park Nicollet Health Services has or subsequently receives. If a patient is presumptively determined to be eligible for less than the most generous financial assistance, Park Nicollet Health Services will notify the patient as to the basis for the presumptive determination, how to apply for more generous assistance, give the patient a reasonable amount of time to apply for more generous assistance, and make a determination once a complete application for more generous assistance is received.
8. Park Nicollet Clinics participate in the Senior Partners Care financial assistance program for Medicare beneficiaries. For information on this program and eligibility criteria, contact Senior Partners Care at 952-541-1019 or visit their website at <http://seniorcommunity.org/programs/senior-partners-care/>.

HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. Patients must complete the Financial Assistance Application and provide appropriate income verification(s) in person or mail to: Park Nicollet Health Services, Patient Financial Services - FA/5050, 3800 Park Nicollet Blvd, St. Louis Park, MN 55416.
2. Patients may also fax completed applications and appropriate income verification(s) to Patient Financial Services at 952-993-2770.
3. Appropriate income verification(s) include a copy of the patient's most recent, current Federal 1040 tax return, and/or a benefit letter for Social Security, unemployment or disability benefits. If the patient's income has changed since the most recent Federal tax return, 3 months of current paystubs may be requested.
4. The application can be printed from our website at parknicollet.com/FA or patients can obtain a copy by calling Patient Financial Services at 952-993-7672. We are open Monday – Friday from 8 am – 6 pm. The application is available in English, Spanish, Somali and Vietnamese.
5. Designated staff in Patient Financial Services are available to assist patients by phone or in person with completing the application. In person assistance is also available in applying for government programs such as Medical Assistance. Patients may also contact the Department of Human Services in the county in which they reside or call MNsure at 1-855-366-7873.

Patients may contact Patient Financial Services at 952-993-7672 with questions about the application or to find a location where a representative is available to meet with in person.

FINANCIAL ASSISTANCE CALCULATIONS

Park Nicollet Health Services may calculate a patient's level of financial assistance in three ways:

1. For Methodist Hospital bills, a patient eligible for financial assistance will not be charged more than amounts generally billed (AGB) to insured patient by Methodist Hospital for emergency or other medically necessary care. Currently, Methodist Hospital determines AGB by multiplying gross charges for any emergency or other medically necessary care provided to a patient eligible for financial assistance by **56.62%**.

For example, if gross charges for medically necessary care are \$10,000, Methodist will not charge an FAP-eligible patient more than \$5,662 (10,000 X 56.62%), which is a 43.38% discount.

Methodist Hospital calculated this percentage by dividing the sum of all its claims for medically necessary care allowed by health insurers during a prior 12 month period by the sum of the associated gross charges for those claims. This calculation, also called the “Look-Back Method,” is calculated annually by Methodist Hospital.

2. For Methodist Hospital bills, *if more favorable than the AGB discount described above*, uninsured Minnesota patients may be eligible for a discount pursuant to Methodist Hospital’s agreement with the Minnesota Attorney General, calculated by applying the same percentage discount that would apply to Methodist Hospital’s highest revenue commercial payer. Currently, the Minnesota Attorney General discount is determined by multiplying gross charges for any medically necessary care received at Methodist Hospital by a percentage of **70.7%**, which is a 29.3% discount.
3. For Park Nicollet Clinic bills, and the remainder of a patient’s Methodist Hospital bill after the discounts just mentioned in #1 and #2 of this section are taken, patients may be eligible for discounts based on household income, family size and assets as outlined in #6 under ELIGIBILITY CRITERIA.

LIST OF PROVIDERS IN HOSPITAL

Methodist Hospital is required to list all providers, other than the Methodist Hospital itself, delivering emergency or other medically necessary care in Methodist Hospital and specify which providers are covered by the Financial Assistance Policy and which are not. This provider list is maintained in a separate document. Patients can view this document online by visiting parknicollet.com/FA or request a paper copy by contacting Patient Financial Services at 952-993-7672.

EMERGENCY MEDICAL CARE POLICY

Methodist Hospital provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. Methodist Hospital prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of Methodist Hospital demanding that emergency department patients pay before receiving treatment for emergency medical care, or permitting debt collection activities that interfere with the provision of emergency medical care.

Methodist Hospital will comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate. Methodist Hospital will provide all emergency services in accordance with CMS conditions of participation.

SEPARATE BILLING AND COLLECTIONS POLICY

The actions that the Hospital may take in the event of nonpayment are described in a separate Billing and Collections Policy. A free copy of the Hospital’s Billing and Collections Policy can be viewed and downloaded on our website at parknicollet.com/billing.