

Financial Assistance Policy

Park Nicollet Health Services, which includes Methodist Hospital, Park Nicollet Clinics and TRIA Orthopedic 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 as “FAP” or “Policy”) is available to uninsured or underinsured patients based on the patient’s ability 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. An application for financial assistance is valid for six (6) months. Our Policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, the providers delivering care in our Hospital, and our emergency medical care policy. 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 financial assistance:

- The patient and household members may be asked to provide evidence that they have been or would be denied government benefits, such as Medicaid. Denial of benefits letter(s) from the government may be requested.
- The patient must fully exhaust any available government assistance programs and any available health insurance benefits.
- The patient must complete the hospital’s Financial Assistance Application and supply all requested documentation.
- The patient’s eligibility for free or discounted care will be based on household income, family size, and other factors, (ex. Assets) as follows:
 - o Patients must supply documentation of household assets such as cash and other liquid assets in order for application to be reviewed.
 - o Liquid assets include cash property that can be easily converted to cash, such as savings and checking accounts, stocks, bonds, certificates of deposit, life annuities and money market accounts. Retirement funds (e.g. 401K, IRA accounts and deferred annuities) are excluded from liquid assets.
 - o Liquid assets in excess of \$20,000 are included in the income calculation.

- o 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.
- o The Hospital provides assistance to all uninsured and underinsured patients whose family income is less than or equal to 275% of the Federal Poverty Level (FPL). Patients meeting this criteria will receive a 100% financial assistance discount after the first \$200.
- o Patients with a gross income and family size that place them above 275% of the FPL will receive partial financial assistance based on the following table:

Family Size	2021 Federal Poverty Level	275% of Federal Poverty Level	385% of Federal Poverty Level
1	\$12,880	\$35,420	\$49,588
2	\$17,420	\$47,905	\$67,067
3	\$21,960	\$60,390	\$84,546
4	\$26,500	\$72,875	\$102,025
5	\$31,040	\$85,360	\$119,504
6	\$35,580	\$97,845	\$136,983
7	\$40,120	\$110,330	\$154,462
8	\$44,660	\$122,815	\$171,941

- o Self-pay responsibility will be capped at 25% of prior year income and current eligible assets.
- o Park Nicollet Clinics participate in the Medicare Partners financial assistance program for Medicare beneficiaries. For information on this program and eligibility criteria, contact Medicare Partners at 952-541-1019 or visit their website at <https://seniorcommunity.org/services/medicare-partners/>.

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: (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 952-993-0770.
3. Appropriate household income verification(s) must be provided which include a copy of the most recent, current Federal 1040 tax return, last 60 days of pay stubs, and/or benefit letter for Social Security, unemployment or disability benefits and alimony agreement documentation.
4. The application can be printed from our website at www.parknicollet.com/FA or patients can obtain a copy by calling Patient Financial Services at 952-993-7672. We are open Monday – Friday, from 8:00 a.m. – 5:00 pm.
5. Patients may contact Patient Financial Services at 952-993-7672 with questions about the application or to arrange/schedule an appointment with a Financial Counselor.

6. 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 Medicaid. 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 CALCULATION:

Park Nicollet Health Services calculates a patient's level of financial assistance as follows:

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 **53.1%**.

For example, if gross charges for medically necessary care are \$10,000, Methodist will not charge an FAP-eligible patient more than \$5,310 ($10,000 \times 53.1\%$), which is a 46.9% 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.

For Methodist Hospital bills, *if more favorable than the AGB discount described above*, uninsured Minnesota patients whose annual household income is less than \$125,000 and who apply for the Hospital's financial assistance program, 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 **59.8%**, which is a **40.2%** discount.

For Park Nicollet Clinic bills, and the remainder of a patient's Methodist Hospital bill after the AGB and uninsured discounts just mentioned in this section are taken, patients may be eligible for discounts based on household income, family size and assets as outlined under ELIGIBILITY CRITERIA.

PRESUMPTIVE ELIGIBILITY:

Park Nicollet Health Services may presumptively determine that a patient is eligible for financial assistance based on a prior eligibility determination or meeting certain circumstances for financial assistance, which include:

- Homelessness
- Medically necessary services not covered or payable under a Medicaid program or federal grant rendered to a qualified recipient
- Qualification and effective date for Medicaid subsequent to the service dates
- Deceased and no surviving spouse

Excluded services included elective services (cosmetic services or other non-medically necessary services), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers' compensation or liability insurance.

Park Nicollet Health Services may choose to grant presumptive eligibility in rare or unusual patient situations not specifically set forth in this FAP. In making presumptive eligibility determinations, if the presumptive discount is not the most generous discount available, Park Nicollet Health Services will notify patients and give a reasonable amount of time for the patients to personally apply for financial assistance.

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:

Park Nicollet Health Services provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. The Hospital prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of the 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.

Park Nicollet Health Services shall 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. Park Nicollet Health Services shall provide all emergency services in accordance with CMS conditions of participation.

SEPARATE BILLING & COLLECTIONS POLICY:

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