



## FINANCIAL ASSISTANCE POLICY

### INTRODUCTION:

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Hutchinson Health 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 all patient registration locations. For additional information or questions about the application process, or to request copies by mail, patients can contact our Patient Financial Services Department at 320-484-4493 or 800-454-3903, or Hutchinson Health PO Box 850 Minneapolis MN 55480-0850. Free copies of this Policy, application form, and translations can be accessed at [www.hutchhealth.com](http://www.hutchhealth.com).

### ELIGIBILITY CRITERIA:

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Hutchinson Health 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:
  - Patients must supply documentation of household assets such as cash and other liquid assets in order for the 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, life annuities and money market accounts. Retirement funds (e.g. 401K, IRA accounts and deferred annuities) are excluded from liquid assets.
  - Liquid assets in excess of \$20,000 are included in the income calculation.
  - The Hospital provides assistance to all uninsured and underinsured patients whose household income is less than or equal to 200% of the Federal Poverty Level (FPL). Patients meeting this criteria will receive a 100% financial assistance discount.

- Patients with a household income and family size that place them less than or equal to 400% of the FPL will receive a partial financial assistance based on the following table:

<b>2024 Income Level Eligibility Guidelines for the Charity Care Program</b>			
	<b>100% coverage if income is not more than</b>	<b>100% coverage if income is not more than</b>	<b>53% coverage if income is not more than</b>
Family Size	FPL Annual Gross Income	Annual Gross Income at 200% of FPL	Annual Gross Income less than or equal to 400% of FPL
1	\$15,060	\$30,120	\$60,240
2	\$20,440	\$40,880	\$81,760
3	\$25,820	\$51,640	\$103,280
4	\$31,200	\$62,400	\$124,800
5	\$36,580	\$73,160	\$146,320
6	\$41,960	\$83,920	\$167,840
7	\$47,340	\$94,680	\$189,360
8	\$52,720	\$105,440	\$210,880
For families/households with more than 8 persons, add \$5,380.00			

**HOW TO APPLY FOR FINANCIAL ASSISTANCE:**

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1. Patients must complete the Financial Assistance Application and provide appropriate income verification(s) in person, online via HealthPartners Online account, or mail to:  
Hutchinson Health  
PO Box 850  
Minneapolis, MN 55480-0850
2. Patients may also fax completed applications and appropriate income verification(s) to Patient Financial Services at 952-883-3094.
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.hutchhealth.com](http://www.hutchhealth.com) or patients can obtain a copy by calling Patient Financial Services at 320-484-4493. We are open Monday – Friday from 8:00 am – 4:30 pm.
5. Patients may contact Patient Financial Services at 320-484-4493 with questions about the application or to arrange/schedule an appointment with a Patient Financial Advocate.

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 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 320-484-4493 with questions about the application or to find a location where a representative is available to meet with in person.

## **FINANCIAL ASSISTANCE CALCULATION:**

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Hutchinson Health calculates a patient's level of financial assistance as follows:

Once eligibility for financial assistance has been established, Hutchinson Health will not charge patients who are eligible for financial assistance more than the amount generally billed (AGB) to insured patients for emergency or medically necessary care. To calculate the AGB, Hutchinson Health uses the "look-back" method described in Treasury Regulation section 1.501(r)-5(b)(3). In this method, Hutchinson Health uses data based on claims sent to Medicare fee-for-service and all private commercial insurers for all medical care provided during the prior year to determine the percentage of gross charges that is typically allowed by these insurers. The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. Hutchinson Health re-calculates the percentage each year. In 2024 the AGB percentage is 47%.

For example,

If the gross charge for an outpatient colonoscopy procedure is \$1,000, and the AGB percentage is 47%, any patient eligible for financial assistance under this policy will not be personally responsible for paying more than \$470.00 for an outpatient colonoscopy procedure.

For Hutchinson Health bills, if you are uninsured and your annual household income is less than \$125,000 you may be eligible for a discount on your care. Please contact customer service at 1-800-454-3903 or 320-484-4493 for more information.

For the remainder of a patient's Hutchinson Health bill after the AGB and uninsured discounts just mentioned in this section are applied, patients may be eligible for discounts based on household income, family size and assets as outlined under ELIGIBILITY CRITERIA.

## **PRESUMPTIVE ELIGIBILITY**

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Hutchinson Health 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), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers'

compensation or liability insurance. Hutchinson Health 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, Hutchinson Health will notify patients and give a reasonable amount of time for the patients to personally apply for financial assistance.

#### **LIST OF PROVIDERS IN HOSPITAL**

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Hutchinson Health is required to list all providers, other than the Hospital itself, delivering emergency or other medically necessary care in the Hospital and specify which providers are covered by this Policy and which are not. This provider list is maintained in a separate document. Patients can view this document online by visiting [www.hutchhealth.com](http://www.hutchhealth.com) or request a paper copy by contacting Hutchinson Health Patient Financial Services at 320-484-4493.

#### **EMERGENCY MEDICAL CARE POLICY**

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Hutchinson Health 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.

Hutchinson Health 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. Hutchinson Health shall provide all emergency services in accordance with CMS conditions of participation

#### **SEPARATE BILLING & COLLECTIONS POLICY**

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The actions that Hutchinson Health may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of the Hospital's Billing & Collections Policy can be viewed and downloaded on our website at [www.hutchhealth.com](http://www.hutchhealth.com).