



Effective with Date of Service: 1/1/2017

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## **I. Objective**

Consistent with its mission to provide high quality health and wellness services for the community, Lakewood Health System is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income under 100% and up to 240% of the Federal Poverty Guidelines (FPG).

In accordance with the Affordable Care Act (ACA) any patient eligible for financial assistance under Lakewood Health System's financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

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## **II. Policy**

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. Lakewood Health System offers both free care and discounted care, depending on individuals' family size and income.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate *before* eligibility under this policy as determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured and underinsured patients who do not qualify for free care will receive a sliding scale discount off the gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation.

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## **III. Definitions**

The following terms are meant to be interpreted as follows within this policy:

1. **Charity Care:** Medically necessary services rendered with the expectation of a discount to patients meeting the criteria established by the policy.
2. **Medically Necessary:** Lakewood Health System services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate,

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SOURCE: Financial Services



correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, and threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

### IV. Procedures

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#### A. Eligibility

Lakewood Health System will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed to insured patients.

Services eligible for financial assistance include: emergency urgent care, services deemed medically necessary by Lakewood Health System, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

Patients who are uninsured or underinsured and have a household income between 100% and 240% of Federal Poverty Guidelines may receive discounted care. Patients at 100% of Federal Poverty Guidelines or below may qualify for a 100% discount. See attached discount schedule.

Uninsured patients who do not meet these income requirements will receive a discount of 33% on gross charges for medically necessary and emergency care that they receive.

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors.

When determining patient's eligibility, Lakewood Health System does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

#### B. Determining Discount Amount

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Once eligibility for financial assistance has been established, Lakewood Health System will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

To calculate the AGB, Lakewood Health System uses the "look-back" method described in section 4(b)(2) of the IRS and Treasury's 501r final rule.

In this method, Lakewood Health System uses data based on claims sent to governmental and private commercial insurers for emergency and medically necessary care over the past calendar 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. Lakewood Health System re-calculates the percentage each calendar year.

### **C. Applying for Financial Assistance**

To apply for financial assistance, patients must submit a completed application (including supporting documents) on the hospital website or to 49725 County 83, Staples, MN 56479, either in person or by mail.

Applications can be accessed:

- At the facility, at all registration desks, financial counselors.
- By mail, if individuals make a request by phone (call 218-894-8337 or 218-894-8394) or by mail (send request to 49725 County 83 Staples, MN 56479)
- Online at [www.lakewoodhealthsystem.com](http://www.lakewoodhealthsystem.com)

To be considered eligible for financial assistance, patients must cooperate with Lakewood 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 hospital financial assistance or other private or public payment programs.

In addition to completing an application, individuals should be prepared to supply the following information:

- Bank statements

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- 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.
- Copy of most recent federal tax return
- Also note if your account qualifies for 50% or greater discount, you may be required to apply for Medical Assistance.
- In some cases, information from external and public sources like credit scores may also be used to verify eligibility.
- Individuals who do not have any of the documentation listed above; have questions about Lakewood Health System's financial assistance application; or would like assistance application may contact our financial counselors either in person at 49725 County 83, Staples, MN 56479.

Patient Financial Services can be reached by calling 218-894-8337 or 218-894-8394

Patient Financial Services office hours are Monday through Friday, 8 a.m. to 4:30 p.m.

### **D. Actions in the Event of Non-Payment**

The collection actions Lakewood Health System may take if a financial assistance application and/or payment is not received are described in a separate policy.

In brief, Lakewood Health System will make certain efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include civil actions, debt sales, or reporting negative information to credit bureaus).

For more information on the steps Lakewood Health System will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Lakewood Health System's Billing and Collections Policy.

You can request a free copy of this full policy in person at Lakewood Health System, at our address, 49725 County 83 Staples, MN 56479, by mail by calling us at 218-894-8337 or

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218-894-8394, or by mailing a request to 49725 County 83 Staples, MN 56479, or online here: [www.lakewoodhealthsystem.com](http://www.lakewoodhealthsystem.com)

### E. Presumptive Eligibility

- If patients fail to supply sufficient information to support financial assistance eligibility, Lakewood Health System may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:
  - Patient is homeless
  - Patient is eligible for other unfunded state or local assistance programs
  - Patient is eligible for food stamps or subsidized school lunch program
  - Patient is eligible for state-funded prescription medication program
  - Patient's valid address is considered low-income or subsidized housing
  - Patient receives free care from a community clinic and is referred to hospital for further treatment

Lakewood Health System may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at Lakewood Health System may be used for a time period of up to 12 months after the date of submission.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy (free care) will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

### F. Eligible Providers

In addition to care delivered by Lakewood Health System, emergency and medically necessary care delivered by the providers listed below is also covered under this financial assistance policy:

Lakewood Clinic-Staples  
Hospital-Staples

Lakewood Clinic-Pillager

Lakewood

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Lakewood Clinic-Motley  
Browerville

Lakewood Clinic-Eagle Bend Lakewood Clinic-

Lakewood Dermatology - Sartell

This discount does not apply to Lakewood Care Center, Lakewood Pines or Lakewood Manor accounts

This discount does not apply to any fees from outside entries such as visiting doctors, specialists, reference labs or radiologists.

**Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact the Patient Financial Services Department at 218-894-8337 or 218-894-8394.**