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Owner Chad Jensen:
Director - Health
Informatics
Area Business Office
Applicability St. Michael's
Hospital- Tyndall

St. Michael's Avera - Financial Assistance Policy

1. Introduction

1. In a spirit of charity and justice, St. Michael's Hospital Avera exists in response to God's calling for a healing ministry to the sick, the elderly and the oppressed, and to provide healthcare services to all persons in need, without regard to the consideration of age, race, sex, creed, national origin or ability to pay.
2. Our philosophy on providing healthcare for sick and needy patients:
 1. We believe that providing healthcare for those who require it is an obligation of justice, as well as charity and mercy.
 2. We believe that all persons have a right to **medically necessary** healthcare and equal access to diagnostic and therapeutic treatment regardless of financial status.
 3. We believe caring and ensuring equal access to medically necessary healthcare is a societal obligation and should be shared by all healthcare institutions and society in general.
 4. We believe that our healthcare organizations, because of our deep concern for human dignity, have an obligation to respond as fully as possible to the healthcare needs of the poor and medically indigent in our area.
 5. We believe that we have a dual responsibility to maintain a leading role in providing medically necessary, cost effective healthcare for the poor and medically indigent and to take an advocacy role by working toward adequate reimbursement of healthcare services for the poor and medically indigent.

2. Scope

1. This policy and procedure pertains to St. Michael's Hospital Avera (SMHA). Persons and departments covered by this policy include Pre-Admission, Registrars and Business Office

personal. Bon Homme Pharmacy, independent physicians, other non-SMHA providers and services are not covered. Patients seeking a discount for services provided by Bon Homme Pharmacy, an independent physician or non-SMHA provider should directly contact their physician or other provider.

2. This policy does not apply to certain groups or providers that may treat a St. Michael's Hospital patient. (See Appendix A for a listing of those groups or providers.)

3. Purpose

1. The purpose of this policy is to state specifically how SMHA views financial assistance, charity care, how requests for charity care will be addressed, and to ensure that SMHA follows and applies uniform billing practices.
2. Patients who are without health insurance, or otherwise show a demonstrated inability to pay for healthcare services received, may qualify for various financial assistance programs. Providing qualified patients with financial assistance for healthcare needs is an essential element of fulfilling the SMHA mission.

4. Policy

1. SMHA is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with its mission SMHA strives to ensure that the financial capacity of people who need health services does not prevent them from seeking or receiving care.
2. Charity care is not a substitute for personal responsibility. Patients are expected to cooperate with SMHA's procedures for obtaining charity care or other forms of financial assistance and to contribute to the cost of their care based on their ability to pay. Individuals and/or families with the financial capacity to purchase health insurance are encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual and/or family assets.
3. SMHA shall maintain an open door policy to provide **emergency and medically necessary medical care** to the community within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd). No limitations or situations for rendering care will be based on the patient's ability to pay.
4. This policy is specifically targeted at low-income, uninsured and underinsured patients who meet certain eligibility requirements and is not intended to be applied to insured or self insured patients who have the means to accept the responsibility for their incurred charges.
5. SMHA recognizes that certain state and/or federal laws require it to make good-faith efforts to collect all accounts and as such, collection agency services will be utilized in accordance with standard business industry practice.
6. Additionally, SMHA recognizes that certain state and/or federal laws do not allow discounts to all patients and as such, SMHA will only consider discounts on a case-by-case basis as requested by the patient or his or her legal representative or guardian. SMHA also recognizes that laws may prevent it from discounting or waiving certain co-pays and deductibles.

7. Any patient can complete an application and apply for financial assistance. The financial assistance can include full or partial charity adjustments, Medicaid, and other state and country assistance programs. The financial assistance program is designed to meet all Federal, State and Catholic Health Association requirements.
8. SMHA has discretion to weigh any extenuating circumstances when determining eligibility for financial assistance and when determining discount levels. Any such determinations must meet the parameters of this policy at a minimum such that eligibility may become easier for a patient to meet or discount levels are greater than prescribed in this policy.

5. Guiding Principles

1. To provide community assistance to patients and families when charges for hospital/clinical services received create an undue financial hardship.
2. To create a process in which all financial resources of the patient are evaluated (including household income and under some state laws, the income of adult children) and charity care provided relative to the patient's entire financial situation including all healthcare obligations.
3. To provide a uniform, consistent billing practice and charity care program.

6. Definitions

Bad Debt: is defined as those amounts that are uncollectible and do not meet the charity care services eligibility criteria. Bad Debt is the result of unsuccessful collection efforts on accounts of patients unwilling to pay. SMHA will use all methods legally available to collect on accounts of patients who have the means, yet are unwilling to pay. Any discounts to and writes offs due to bad debt shall not count as charity care.

Charity Care: 100% free medical care for Emergency or Medically Necessary Services provided by SMHA. Patients who are Uninsured or Underinsured for a medically necessary service who are ineligible for governmental or other coverage, and who have family incomes not in excess of 100% of the Federal Poverty Guidelines may be eligible to receive 100% Charity care based on their financial assistance application. SMHA may determine or re-determine a patient's eligibility for charity care any time information on the patient's eligibility becomes available.

Financially Indigent: Uninsured or underinsured patients who are provided care with no obligation or a discounted obligation to pay for the services rendered. These patients are also defined as poor or economically disadvantaged and have income at or below federal poverty levels.

Indigent by Design: Patients who were offered health insurance and chose not to participate in the employers health plan AND whose income is in excess of 200% of the Federal Poverty Guidelines. SMHA may, at its sole discretion, grant a discount to patients deemed to be indigent by design and will work with such patients to arrive at a payment schedule acceptable to both parties. SMHA will use all methods legally available to collect on accounts of patients who are deemed indigent by design. Any discounts in this category shall not count as charity care.

Other situations that may be deemed *Indigent by Design* include, but are not limited to:

- Patients under 26 who qualify for inclusion on their parents' health insurance plan
- College students who did not elect the student health plan

Medically Indigent: Patients whose medical or hospital bills, after payment by third-party payers, exceed the financial resources available to the patient. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include catastrophic medical expenses of patients where, after payment by third-party payers, the residual amount exceeds the financial resources available to the patient.

Medically Necessary: Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site and duration; and (c) not primarily for the convenience of the patient, physician, or other health care provider. (AMA definition of "medical necessity" Policy H-320.953[3], AMA Policy Compendium).

Partial Charity Care: Care at a discounted rate for Emergency or Medically Necessary services provided by SMHA. Patients who are Uninsured or Underinsured for a medically necessary service, and who have family incomes in excess of 100% of the Federal Poverty Guidelines, are eligible to receive Partial Charity Care in the form of a discount of up to 50% off of net inpatient, outpatient and/or clinic charges. The CEO may grant a larger discount than the grid allows if the situation warrants the larger discount and may go up to 100%.

Patient – Household: Those who are responsible for payments for self or dependents. This may not be limited to those living directly at a single residence and may encompass any dependent relationship such as a child or dependent at college in a different town. This may also encompass other dependents living at the same residence such as dependent relatives living within the household.

Presumptive Charity Care: A determination that a patient is presumed eligible for Charity Care when adequate information is provided by the patient or through other sources which allow SMHA to determine that the patient qualifies for Charity Care. (See Attachment III)

7. Eligibility (HR3590 (4)(A)(i))

1. SMHA will adhere to an established methodology to determine eligibility for Charity Care and Partial Charity Care. The methodology shall consider whether health care services meet Emergency or Medical Necessity criteria, as well as income and family size.
2. Uninsured and underinsured patients whose income/family income does not exceed 100% of the current Federal Poverty Guidelines may be granted 100% forgiveness of their charges for emergent or medically necessary care.
3. Uninsured and underinsured patients whose income/family income is greater than 100% of the Federal Poverty Guidelines may be granted up to 50% forgiveness of their charges for emergent or medically necessary care based on a sliding scale.
4. Uninsured, underinsured, and indigent by design patients whose income/family income is less than 200% of the Federal Poverty Guidelines may be eligible for discounted care based on their

particular circumstances. Such discounts are at the discretion of the organization and will not be counted as charity care.

5. SMHA has the option to provide a prompt pay discount. Such discounts are at the discretion of the organization and will NOT be counted as charity care.
6. Eligibility for Charity Care and Partial Charity Care will extend for up to 180 days from the date eligibility is determined, but can be re-examined at any time new information is available. The 180 day period is contingent upon the patient working in good faith with SMHA on all payment sources.
 - Within this 180 day period, charity will not automatically be applied to patient accounts. The patient must contact SMHA indicating they have an inability to pay. The patient will not have to reapply, but will need to confirm their current financial situation has not changed.
7. Circumstances that may disqualify a patient for a charity care are:
 - Fraud (providing false information on the Financial Assistance Application & Patient Financial Information Form).
 - Patient or legal representative/guardian unresponsive to requests for information.
 - Refusal to fully complete Financial Assistance Application & Patient Financial Information Form.
 - Refusal to provide requested documentation of income.
 - Refusal to cooperate with the charity care policy.
 - Refusal to cooperate with any reasonable payment arrangements.

8. Calculation Methodology (HR3590 (4)(A)(ii))

1. All available financial resources shall be evaluated before a determination regarding charity care or partial charity care is made. SMHA shall consider the financial resources of the patient, as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse).
 - If, in the course of evaluating the patient's financial circumstances, it is determined by SMHA that the patient may qualify for federal, state, county or local programs or insurance coverage, financial counseling will be provided to assist patients in applying for available coverage. Charity Care and Partial Charity care will be denied to patients/guarantors who do not cooperate fully in applying for available coverage.
 - Patients with Healthcare Reinsurance or Medical Savings Accounts are insured for purposes of this policy and the amount on deposit will be considered as an available resource toward payment for services.
 - If a patient has a claim, or potential claim, against a third party from which the hospital's bill may be paid, the hospital will defer its Charity Care determination pending disposition of the third party claim.
2. Eligibility for Charity Care or Partial Charity Care will be determined using a sliding scale in excess of 100% of the Federal Poverty Level Guidelines as published annually in the Federal Register, as well as consideration of any extenuating circumstances.

3. Patients/Guarantors shall be notified in writing when SMHA makes a determination concerning Charity Care or Partial Charity Care.
4. All information obtained from patients and guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable federal, state or local privacy laws.
 1. Applications and supporting documentation should not be stored in the patient's paper or electronic record. Secure storage will be in the Business Office.

9. Presumptive Charity Care (HR3590 (4)(A)(ii))

1. Presumptive Charity Care is a tool of last resort and applies only after all other avenues have been exhausted. There are occasions when a patient may appear eligible for a charity care discount, but there is no financial assistance form on file because documentation was lacking that would support the provision of financial aid. Such instances have resulted in a patient's bill being assigned to a collection agency and ultimately recognized in the accounting records as a bad debt expense, due to a lack of payment. This approach, however, results neither in a fair solution for the patient nor in an appropriate accounting of the transaction. Often there is adequate information provided by the patient or through other sources, which could provide SMHA with sufficient evidence to provide the patient with a charity care discount, without needing to determine eligibility for medical indigence. This presumptive eligibility, when properly documented internally by SMHA staff, is sufficient to provide a charity care discount to patients who qualify. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted to the patient by SMHA is a 100% write-off of the account balance.
2. Some patients are presumed to be eligible for charity care discounts on the basis of individual life circumstances (e.g., homelessness, patients who have no income, patients who have qualified for other financial assistance programs such as Medicaid, food stamps or WIC). SMHA shall grant only 100% charity care discounts to patients determined to have presumptive charity care eligibility. SMHA shall internally document any and all recommendations to provide presumptive charity care discounts from patients and other sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.
 - To determine whether a qualifying event under presumptive eligibility applies, the patient/guarantor shall provide a copy of the applicable documentation that is dated within 30 days from the date of service.
 - For instances in which a patient is not able to complete an application for financial assistance, SMHA may grant a 100% charity care discount without a formal request, based on presumptive circumstances, approved by the SMHA CEO.
 - SMHA shall utilize the Standardized Patient Charity Care Discount Application Form – Presumptive Eligibility (see **Attachment III**).
 - The determination of presumptive eligibility for a 100% charity care discount shall be made by SMHA on the basis of patient/guarantor income, not solely based on the income of the affected patient.
 - Individuals may not be required to complete additional forms or provide additional

information if they already have qualified for programs that, by their nature, are operated to benefit individuals without sufficient resources to pay for treatment. Rather, services provided to such individuals may be considered charity care and shall be considered as qualifying such patients on the basis of presumptive eligibility. Examples of patient situations that reasonably assist in the determination of presumptive eligibility can be found on Attachment III to this policy.

3. SMHA may also use a presumptive charity process that includes the scoring of patient accounts via a third party vendor. For patient accounts that score out as charity eligible, SMHA will grant 100% charity and notify the patient of their decision via mail. Payments previously made on presumptive accounts will not be refunded to the patient.

10. Application Process (HR3590 (4)(A)(iii))

1. Patients can apply for financial assistance by contacting the business office or by visiting <https://www.avera.org/locations/profile/st-michaels-hospital-avera> to obtain all application materials. Copies of documents to substantiate income levels and shall be provided by the patient/guarantor (e.g.: W-2, most recent Tax Return, Pay Stubs, and Bank Statements).
2. The patient/guarantor shall be required to provide information sufficient for SMHA to determine whether he or she is eligible for benefits available from insurance, Medicare, Medicaid, Workers' Compensation, third party liability and other federal, state, county, or local programs. Use **Attachment I**.
3. In the event that SMHA determines that a patient is ineligible for Charity Care or Partial Charity Care, the patient may appeal that decision in writing to the Chief Executive Officer (CEO) within thirty (30) days following receipt of the bill for which financial assistance has been requested. Failure to appeal will result in the decision becoming final. The determination of the CEO shall not be subject to further appeal.
4. Patients who return a completed application and qualify for financial assistance must have all extraordinary collection activities reversed on their accounts and refunded any amounts they have paid above and beyond their new calculated balance.
5. Patients who return an incomplete application must be given 10 business days to complete the application and all extraordinary collection activities must be suspended. The patient must also be sent a letter indicating what information is needed to process their application and the contact information to use if they have questions.
6. Should a patient need free assistance with completing or understanding this policy or the application materials, they can obtain assistance by visiting SMHA or by calling the number found on their statement.
7. Completed applications and attached documents will be forwarded to the Business Office Supervisor for processing.
8. Applications will be reviewed and determination letters sent to the patient or guardian within 3 weeks of receipt.
9. Application, attachments and determination letter will be filed in the Business Office with expiration noted as 180 days from determination.
10. In the event a patient fails to submit all documentation as noted in the above sections, SMHA

may qualify the patient for charity based upon available information.

11. Billing and Collections (HR3590 (4)(A)(iv))

1. At the time of billing, the organization shall provide to all SELF-PAY, low-income, uninsured patients that qualify for free or discounted care under this policy the same information on services and charges that it provides to all other patients receiving care. Qualified patients will be granted a self pay discount and any applicable Charity Care discount. Thus, the gross charges, applicable discounts, and net balance will show on the bill with the net charges being the patient's responsibility to pay.
 - If the patient qualifies for 100% charity care, no further bills will be sent. A letter will be sent instead indicating that the patient's bill has been completely forgiven.
2. When sending a bill to any patient, the organization shall include on the bill all of the following information:
 - A statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the organization for help in paying for the services that were provided; and
 - A statement that provides the patient with an organization phone and website contact information from which the patient may obtain information about the organization's financial assistance policy for low-income uninsured patients and how to apply for such assistance for the payment of services that were provided.
 - Notices and contact information must be printed on the front of patient billings. The printing on the bill does not need to be exhaustive and may read similar to "SMHA has a financial assistance policy. If you meet certain requirements and are unable to pay your bill you may qualify for a discount. This policy, along with a summary of the policy and application materials can be found at <https://www.avera.org/locations/profile/st-michaels-hospital-avera>. Please contact the business office at 605-589-2145 for more information.
3. If the patient qualifies for the organization's financial assistance policy for low-income, uninsured patients and is cooperating with the organization with regard to efforts to settle an outstanding bill within current self pay collection policy guidelines and timeframes, the organization or its agent shall not send, nor intimate that it will send, the unpaid bill to any outside collection agency. At such time as the organization sends the uncollected account to an outside collection agency, the amount referred to the agency shall reflect the reduced payment level for which the patient was eligible under the organization's financial assistance policy for low-income uninsured patients. SMHA does not report any data to any of the credit agencies, however, the collection agencies SMHA utilizes may report to the credit agencies.
4. SMHA will allow 240 days from the first post discharge billing statement for individuals to apply for financial assistance.
5. SMHA will allow all individuals 120 days from the first post discharge statement to apply for financial assistance before initiating any extraordinary collection activities (ECA). SMHA considers placement at a collection agency an ECA.

6. The term "individual" does not include any trust, estate, partnership, association, company, corporation, or governmental entity and, thus, would not include any private or public insurer. Accordingly, the final regulations retain the provision in the 2012 proposed regulations regarding ECAs against individuals with responsibility for a patient's hospital bill. This provision does not require a hospital facility to make reasonable efforts to determine FAPeligibility before engaging in ECAs against private or public insurers or any other liable third parties that are not individuals.
7. Prior to sending to a collection agency, SMHA will provide the patient with a statement or final notice that contains a listing of the specific collection action(s) it intends to initiate, and a deadline after which they may be initiated (that is no earlier than 30 days after the date the notice is provided); a summary of the FAP will also be included with the notice. The language to be used on statement or billing notices is: "Extraordinary collection activity may result upon non-payment of your account within 30 days of the date of this notice. This activity may include the placement of your account with a debt collection agency. Subsequent to judgment, the collection agency may choose to proceed with garnishment."
8. For any patient that SMHA intends to initiate ECAs on, the patient will be notified of SMHA financial assistance policy in all verbal communications regarding their bill.
9. SMHA will refrain from any debt collection practices during an emergency room visit unless the patient has been discharged.
10. Any extended payment plans offered by SMHA, in settling the outstanding bills of patients who qualify for financial assistance shall be interest-free so long as the repayment schedule is met.
 - SMHA clinics generally do not offer extended payment plans.

12. Public Notice, Posting, and Communication with Patients. (HR3590 (4)(A)(v))

1. SMHA shall post a notice, in accordance with the Community Assurance Provision of the Hill-Burton Act and various other State and Federal, requirements, regarding the availability of financial assistance for the payment for services provided to low-income uninsured patients.
2. The Community Assurance Provision of the Hill-Burton Act under Title VI of the Public Health Service Act requires recipients of Hill-Burton Funds to make services provided by the facility available to persons residing in the facility's service area without discrimination on the basis of race, color, national origin, creed, or any other ground unrelated to the individual's need for the service or the availability of the needed service in the facility. The community service obligation does not require the facility to make non-emergency services available to persons unable to pay for them. It does, however, require the facility to make emergency services available without regard to the person's ability to pay. This assurance is in effect for the life of the facility only so long as the facility is operated by a not-for-profit or public entity. For reference, please visit <http://www.hhs.gov/ocr/hburton.html> and <http://www.hrsa.gov/osp/dfcr/obtain/CONSFAQ.HTM>.
3. Notices shall be posted in the community's dominant language(s) in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as emergency departments, billing offices, admitting offices, and outpatient service settings as well as the organization's website.

- Posted notices shall contain the following:
 - A statement indicating that the organization has a financial assistance policy for patients who are low income and/or uninsured may not be able to pay their bill and that this policy provides for charity care and reduced-payment for healthcare services; and
 - Identification of a contact phone number that a patient can call to obtain more information about the financial assistance policy and about how to apply for such assistance.
- 4. In addition, SMHA will make the financial assistance policy widely publicized within the communities they serve. Publication may include, but is not limited to, newspaper, radio or television advertisements, website, mailers, flyers or distribution at centers or locations frequented by indigent populations such as food pantries or shelters.
- 5. Make reasonably available, and/or on request, the booklet "A guide to your hospital bill and insurance" both in print form and on the website.
- 6. SMHA shall post on its website or otherwise make available to the public on a reasonable basis, notification that it has a financial assistance program for low-income, uninsured patients and the organization's contact person or department to request financial assistance.
- 7. SMHA shall post on its website and otherwise make available to the public this policy.
- 8. SMHA will make available free copies of the summary of financial assistance via <https://www.avera.org/locations/profile/st-michaels-hospital-avera>. This summary will also be offered prior to discharge and within the final billing statement prior to any extraordinary collection activities.
- 9. SMHA will make available the translation of the financial assistance policy, application form and summary of the policy in the language spoken by each LEP language group that constitutes the lesser of 1,000 individuals, or 5 percent of the community serviced by the facility or the population likely to be affected or encountered by the hospital facility.

13. Limitation on Charges (HR3590 (5)(A) & (B))

1. SMHA recognizes that Medicare regulations require uniform Hospital "charges" for cost reporting purposes. Therefore all patients must be "charged" the same amount for the same service.
2. SMHA also recognizes that Section 501(r)(5) limits amounts "charged" to patients for emergency or other medically necessary care to amounts not more than those generally billed to individuals who have insurance covering such care.
 - SMHA shall BILL 100% patients who apply and qualify for charity care or financial assistance under this policy (incomes at or less than 200% of the Federal Poverty Guidelines) not more than the lowest IP & OP combined Medicare & commercial payment rate. This rate may vary by each SMHA organization and will be reviewed on an annual basis. This rate is considered the look-back method per IRS guidelines.
 - Rates will be updated annually each October and therefore during the course of a calendar year two different rates may be used.
 - For information on how this rate was calculated, please contact our

business office at 605-589-2145.

- Patients shall receive a new statement from SMHA that line items out the following: gross charge amount, discount amount applied through the look back method, financial assistance discount amount, and total balance due.
 - The account balance post any self pay discounts will be used to determine the percentage of charity given.
 - In the instance where a State, Federal or other regulation or agreement is more stringent than Section 501(r)(5), the method prescribed in that regulation or agreement will be followed. One specific example is the Minnesota Attorney General agreement with hospitals. That agreement specifies that the hospitals shall provide the Most Favored Nation discount.
3. The statement sent to the patient will show the gross charges, self-pay discount, any charity care or financial assistance discounts and the net patient responsibility amount.
 4. Clinics bills the best rate for charges to self pay and the bill may not necessarily show the gross charges and self pay discount, but rather only the best net charge.

14. Data Compilation and Reporting Requirements

1. SMHA shall annually compile and post on its website or otherwise make available to the public on a reasonable basis the following data in accordance with the Catholic Health Association (CHA) and Internal Revenue Service (IRS) guidelines:
 - The amount of charity care provided based on cost.
 - The un-reimbursed costs of care provided to beneficiaries of government programs including, but not limited to Medicaid and county indigent programs with this item being defined as the shortfalls between costs and off-setting reimbursement/ revenue that a hospital experiences in providing care.
 - The un-reimbursed costs of care provided to beneficiaries of Medicare with this item being defined as the shortfalls between costs and off-setting reimbursement/ revenue that a hospital experiences in provider care. This item is not to be included in the Community Benefits Report except as a separate note.
 - The amount of Bad Debt incurred based on cost. This item is not included in the Community Benefits Report except as a separate note.

15. Compliance Monitoring

1. SMHA internal audit shall periodically conduct audits to ensure compliance with this policy.

16. Amendments/Interpretation

1. This policy is subject to change without prior notice, is subject to interpretation by SMHA at it's sole discretion, and is not intended to create any contractual relationship or obligation.

2. SMHA Business Office shall determine the need for revisions to this policy and shall submit revisions for review to the CEO and shall submit revisions for approval to the SMHA Board of Directors.

USDA Nondiscrimination Statement

This institution is an equal opportunity provider and employer.

ATTACHMENT I Financial Assistance Application & Patient Financial Information

Please see attached I: Financial Assistance Application & Patient Financial Information

ATTACHMENT II CONSENT TO RELEASE OF INFORMATION TO COUNTY OF RESIDENCE

Please see attached II: Consent to Release of Information to County of Residence

ATTACHMENT III Financial Assistance Application Presumptive Eligibility

Please see attached III: Financial Assistance Application Presumptive Eligibility

ATTACHMENT IV Sliding Fee Schedule 2023

Please see attached IV: Sliding Fee Schedule 2023

Appendix A

Providers and groups not subject to this policy that may treat SMHA patients (last updated October, 2023)

- Anesthesiology Associates, Inc
- Avera Medical Group Podiatry Yankton
- Avon Ambulance
- Bon Homme Pharmacy
- Ear, Nose & Throat Associates, PC
- Family Medicine Clinic of Yankton

- Lewis and Clark Family Medicine
- Nephrology Associates
- Niobrara Ambulance
- North Central Heart Institute
- Orthopedic Institute
- Physician Labs
- Springfield Ambulance
- Tabor Ambulance
- Tyndall Ambulance
- Willcockson Eye Associates
- Yankton Medical Clinic
- Yankton Surgical Associates

This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

COPY

Attachments

[I: Financial Assistance Application & Patient Financial Information](#)

[II: Consent to Release of Information to County of Residence](#)

[III: Financial Assistance Application Presumptive Eligibility](#)

[IV: Sliding Fee Schedule 2023](#)

Approval Signatures

Step Description	Approver	Date
	Chad Jensen: Director - Health Informatics	10/2023