SUBJECT: **Financial Assistance Policy**	Astera Health Wadena Minnesota
DEPARTMENT: Patient Financial Clearance	PAGE 1 of 13
APPROVED BY: Astera Board of Directors	EFFECTIVE: 1/16 REVISED: 4/24

PURPOSE

The purpose of Astera Health's Financial Assistance Policy is to ensure patients receive medically necessary care regardless of ability to pay.

Astera Health provides care for emergency medical conditions to individuals, without discrimination and regardless of whether the individual is eligible for financial assistance. Astera Health prohibits engaging in any action that discourages individuals from seeking emergency medical care at Astera Health. Astera Health provides care for emergency medical conditions in accordance with 42 CFR 482.55 (or any successor regulations).

POLICY

FINANCIAL ASSISTANCE PROGRAM

Astera Health has elected to provide a reasonable number of services without charge or at a discount to people who cannot afford to pay for needed care. Single dependent adults up to the age of 26 who are covered under a guardian's insurance are generally ineligible for our program on their own unless their household qualifies. Individuals able to demonstrate undue hardship may be reviewed on a case-by-case basis. Parental household income may be combined with the single's income for hardship eligibility review purposes. If Astera Health has reason to believe that information provided in an application is misleading or incomplete, we will consider the application incomplete until appropriate support is provided. At Astera Health's discretion, based on an individual's facts and circumstances, we may choose to provide financial assistance to an individual who does not otherwise meet the eligibility requirements as provided in this policy.

Under this program, we have elected to provide services without charge or at a discount to eligible persons, excluding non-medically necessary/elective services. Covered services include any clinic, inpatient and outpatient services routinely provided by Astera Health's hospital and clinics: Bertha, Sebeka, Henning, Ottertail, Verndale, Wadena, rehabilitation clinics, mental health and Astera Health Hospital. Please see the attached lists of providers covered and not covered by this program (Exhibits 2 & 3).

Eligibility is determined by comparing family income and assets to guidelines established by the Astera Health Governing Board and administered by the Astera Health Financial Assistance Committee. You must meet both income and asset requirements to be considered for our program. However, assets are not considered for assistance on clinic balances. ***We must receive proper proof in order to process applications.***

YOU MAY RECEIVE UNCOMPENSATED SERVICES IF YOU MEET ALL OF THE FOLLOWING REQUIREMENTS:

- Apply for or currently have Medical Assistance. If you refuse to apply, your application for Financial Assistance may be denied unless proof of income is greater than medical assistance qualification guidelines.
- If you are denied Medical Assistance or Minnesota Care but meet our guidelines, you may still be considered for approval under our program.
- Have net assets that are not more than the Asset Limits established by Astera Health. *Applies to hospital balances only.
- Have income that is not more than the Income Guidelines established by Astera Health.
- Transfer any medical insurance benefits that apply to the services provided.
- Have extenuating circumstances which document that your situation is consistent with the intent of the Astera Health Financial Assistance Program.

Family Size and Income Guidelines

- Family size of one is denoted as a person 15 years of age or over who ***is not*** living with any relatives.
- Family units of size greater than one include only persons related by birth, marriage or adoption, who reside together.
- Students under age 26 regardless of residence who are supported by parents or others related by blood, marriage or adoption are considered to be residing with those who support them and therefore should be considered a family unit.
- Income is the total of all gross (before tax) cash receipts from all sources including wages, salaries, unemployment, social security, disability, alimony, child support, interest, dividends, rental income, public assistance, etc. It also includes net income (excluding non-cash expenses such as depreciation) from self-employment, farm or business activities.
- Astera Health has established the income guidelines to be 200% of the Federal Poverty Guidelines.
    - ***These guidelines are updated annually and can be found on the Health and Human Services web page*** hhs.gov***.***

Assets

Note: Assets are not considered for forgiveness of clinic balances and can be skipped if applying for clinic bills only. (Assets are not considered for NHSC Program.)

- Assets are what you own including cash, savings, cash value of life insurance, stocks, bonds, CDs, vehicles, or non-homestead property.
    - ***Assets protected under a retirement plan should not be considered if you are not of retirement age.***
- A person living alone may own $10,000 in net assets. A married couple or family may own $25,000 in net assets.
- Assets that are not considered are homestead property, mobile home used as your primary home, pre-paid burial fund up to $2,000 & one motor vehicle. Business assets may be excluded from the asset test if applicant is solely relying on the income generated from such assets.

Information requested for eligibility determinations:
Please include the following items with your application when applicable

- Complete copy of most recent federal tax return or tax transcript. (Form 1040)
- Three months of most recent pay stubs for you and your spouse
- Two months of most recent bank statements for all checking and savings accounts showing proof of income and explanation of any large deposits/withdrawals.
- Approval/denial from county for medical assistance Proof of direct deposits
- Property tax statements of non-homestead property
- Proof of unemployment or disability income
- Proof of child support or alimony paid or received
- Most recent statement for any investments

For assistance completing applications please call or visit the Patient Resources Department at the contact information listed below. Please return completed and signed applications within 30 days to:

Astera Health

Patient Financial Clearance
Department

Contact for Questions
(218) 631-7498 or 1-800-631-1811, Ext. 7498
Fax: 218-631-7595

Additional Notes & Considerations

- Financial Assistance adjustments are only applied to patient self-pay balances. Astera Health will still attempt to collect payment from applicable third-party payers who insure/cover a patient.
- Astera Health limits the amounts charged to Financial Assistance eligible patients to the amounts generally billed to individuals who have Medicare.
    - Astera Health determines amounts generally billed using the prospective method by calculating the expected amount that would be paid by Medicare Parts A & B.
    - An individual who qualifies for financial assistance under this policy can receive services without charge or at a discount, excluding non-medically necessary/elective services.

- ***Astera Health will always accept Financial Assistance applications for balances related to dates of service no older than 240 days from the first statement date. Astera Health may accept applications for balances older than 240 days, but forgiveness for those balances will only be applied to unpaid balances.**
- Approval for Financial Assistance is effective for 12 months from the date of application approval. After that time, individuals will be required to complete another application.
- An individual who belongs to the Amish community/faith who otherwise qualifies for

financial assistance under this policy may not be required to apply for Medicaid if it is deemed that they are not allowed to under the guidelines of their community and will be given a financial assistance discount similar to the discount that would be provided under the Medicaid program. Astera Health may require evidence of a person's membership in the Amish community/religion, such as a signed letter from the elder of their community. These patients will otherwise be required to follow all other guidelines under this program.

- Financial Assistance adjustments apply to all emergency and other medically necessary care provided by Astera Health. Non-medically necessary/elective services do not qualify for Financial Assistance. Examples of such services are cosmetic procedures, respite care and fertility/infertility treatments.
- Financial Assistance applicants are brought to the Financial Assistance Committee for review and approval.
- Astera Health's Financial Assistance committee may take up to 60 days to review applications from the date a fully completed application is received.
    - Astera Health may expedite the review of applications based on individual circumstances.
    - Patients will be notified in writing of approval/denial of Financial Assistance.
- Astera Health reserves the right to approve alternative or conditional adjustments/discounts based on individual patient circumstances as part of the Financial Assistance application review and approval process.
- Astera Health's Board of Directors has the authority to approve Astera Health's Financial Assistance Policy and subsequent revisions. However, the Board of Directors has delegated that responsibility to the CFO for the following:
    - List of covered and uncovered providers (Exhibits 2 & 3).
    - List of ways patients are made aware of Astera Health's Financial Assistance program (Exhibit 4). Updated Annually.
    - Once a patient receives a financial assistance application to be filled out, Astera will put all accounts in the lookback period on hold from all collection activity. If an application is not completed and returned within 30-days, Astera will mark the patient's status as "financial assistance refused" and collection action will be resumed. If an application is returned after this time, the accounts will be put on hold again until a determination has been made on the application.

UNCOMPENSATED CARE

There are instances when a patient may appear eligible for financial discounts through our Financial Assistance Program, but there is no Financial Assistance application on file or there is a lack of supporting documentation. In the event there is no evidence to support a patient's eligibility for financial assistance, Astera Health may apply Uncompensated Care without the patient completing an application.

- Financial assistance through Uncompensated Care will be determined by the patient's proven qualification for certain means-tested public programs. Specifically, patients may be given financial assistance if they are/or have been enrolled in Medicaid or PMAP coverage within the last 12 months, are incarcerated, or are otherwise housed in a court- ordered rehabilitation center.

Based on the available information, patients will be deemed eligible/ineligible for Uncompensated Care by the patient financial advocates and adjustments are approved by the appropriate Supervisor/Manager.

- Patients approved for Uncompensated Care will receive 100% forgiveness for their outstanding self-pay balances with Astera Health that fall within the necessary time guidelines.

HRSA Sliding Fee Discount Program (SFDP)

All Astera Health Rural Health Clinic locations participate in programs administered by the Health Resources and Services Administration (HRSA). As a condition of participation, Astera Health maintains a Sliding Fee Discount Program for eligible services provided within its HRSA-approved scope of project. These requirements are separate from, and may differ from, Astera Health's Hospital Financial Assistance Program and other charity care programs, which are governed by different federal and state requirements.

HRSA financial assistance applies only to eligible services provided at locations included within Astera Health's HRSA-approved scope of project. Under HRSA requirements, Astera Health must operate in a manner such that no patient is denied covered services due to an inability to pay and must maintain a Sliding Fee Discount Program based on family size and household income. Family size and income guidelines used to determine eligibility under the HRSA Sliding Fee Discount Program are consistent with those utilized under Astera Health's Financial Assistance Program. Patients approved under Astera Health's Financial Assistance Program will automatically be evaluated for and enrolled in the HRSA Sliding Fee Discount Program, when eligible, and are not required to submit a separate application. Patients will also automatically be evaluated for eligibility in the HRSA Sliding Fee Discount Program if they do not meet the criteria for Astera's Financial Assistance program due to any section specifically identified as applying only to hospital services.

Patients also have the right to apply solely for the HRSA Sliding Fee Discount Program without applying for assistance related to hospital services. To apply only for the HRSA Sliding Fee Discount Program for services provided at Astera Health Rural Health Clinics, patients may complete the Financial Assistance Application and may leave blank any section specifically identified as applying only to hospital services.

Astera Health

Discrimination is Against the Law

Astera Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, sexual orientation, or gender. Astera Health does not exclude people or treat them differently because of race, color, sex, age, religion, national origin, disability, sexual orientation, or gender.

Astera Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, notify registration or scheduling staff.

If you believe that Astera Health has failed to provide these services or discriminated in another way on the basis of race, color, sex, age, religion, national origin, disability, sexual orientation, or gender, you can file a grievance with: The Director of Quality and Compliance.

You can file a grievance in person, by mail or fax at the following: 415 Jefferson St N Wadena MN 56482, Telephone: 218-631-7516; or Fax: 218-631-7503.

If you need help filing a grievance, **Tammy Suchy, Director of Quality and Compliance** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

AsteraHealth.org

Exhibit 1

Exhibit 2

THE FOLLOWING PROVIDERS AND SERVICES ARE NOT COVERED UNDER THIS AGREEMENT BECAUSE THE BILLING FOR THEIR SERVICES IS NOT COMPLETED BY ASTERA HEALTH.

*PLEASE NOTE THAT ALL OTHER PROVIDERS AND SERVICES ARE COVERED UNDER THIS AGREEMENT.

Lake Region Health Care
Pathology*
Orthopedics:
-Joel Shobe, M.D.
Katie Heller, PA-C
Podiatry:
Kevin McCann, DPM
Audiology:
Sara Nelson, Au.D.
Oncology:
Wade Swenson, M.D.
Alyssa Manning, FNP-C

Dermatology:
Rebekah White, NP
Kristina Britton, MD
Kassandra Nelson, APRN, CNP

Neurology:
Kathleen Rieke, M.D.
Alissa Wigen, PA-C

Physiatry:
James Andrews, D.O.
Pulmonary and Sleep Study:
Todd Greatens, M.D.
Ophtalmology:
Michelle Atchison, M.D.

CentraCare:
Cardiology*

*ASTERA HEALTH BILLS FOR TECHNICAL CHARGES FOR PATHOLOGY AND THESE CHARGES WILL BE ELIGIBLE FOR FINANCIAL ASSISTANCE. ALL PROFESSIONAL CHARGES ARE BILLED BY LAKE REGION AND ARE NOT ELIGIBLE

*ASTERA HEALTH BILLS FOR ALL CHARGES RELATED TO CARDIOLOGY EXCEPT FOR EKG, ECHO AND STRESS TEST INTERPERATATIONS. THESE CHARGES ARE BILLED BY CENTRACARE AND ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE.

Approved By: Kim Aagard, CFO 04/01/2024

Exhibit 4

PATIENTS ARE NOTIFIED OF ASTERA HEALTH'S FINANCIAL ASSISTANCE PROGRAM IN THE FOLLOWING WAYS:

- Patient Financial Advocates are available to meet with patients to discuss financial assistance. We are available Monday - Friday from 8 a.m. – 4:30 p.m. at the main campus in Wadena, MN. We can also be reached by phone at 218-631-7498.
- Patient Financial Advocates are also available to meet with inpatients right in their room regarding financial assistance upon request.
- Astera Health's Financial Assistance Policy and application are available on our website: https://asterahealth.org/patients-and-visitors/billing-financial-information/
- Paper copies of the policy, plain language summary and application are available upon request and without charge by mail.
- Paper copies of the policy, plain language summary and application are available upon request and without charge in the emergency room and all admissions areas.
- A paper copy of the plain language summary is offered to all patients as part of the consent form that is signed at registration.
- Astera Health notifies and informs community members who may need financial assistance by the following:
    - Social media posts and blogs
    - Fliers in County Offices
    - HealthyTimes – Astera Health Publication mailed to all citizens in our service areas.
- Written notice is included on billing statements and collection letters.
- Through facility signage and brochures located by the emergency room and all admissions areas.
- Astera Health also attempts to screen all uninsured patients for financial assistance within 30-days of their visit prior to initiating collection action.

Approved By: Kim Aagard, CFO 04/01/2024