

Document Owner: VP, Revenue Cycle	Reviewed By: Finance Leadership Compliance	Approved By: NMH System Leadership Team (SLT)
---	---	--

SCOPE

This Policy and Procedure applies to:

- Ambulatory Services
 - Ambulance
 - Clinics
- Home and Community
- North Memorial Health Hospital - Robbinsdale
- North Memorial Health Hospital – Maple Grove

PURPOSE

North Memorial Health is committed to empowering our patients to achieve their best health. This commitment includes providing financial assistance to qualified uninsured and underinsured patients.

POLICY

This policy describes the requirements for qualifying for and receiving financial assistance for emergency and medically necessary services through North Memorial Health’s (NMH) financial assistance programs. The granting of free or discounted care shall be based on an individualized determination of financial need, and the eligibility status for other insurance/coverage programs, and shall not take into account age, gender, race, color, national origin, disability, social or immigrant status, sexual orientation or religious affiliation. Patients are expected to contribute to the cost of their care based on their individual ability to pay and to cooperate with NMH’s procedures for obtaining all other forms of medical assistance (e.g., private health insurance, or any applicable federal, or state programs).

SCOPE

This policy applies to all NMH hospital and clinic facilities within the NMH system, including both facility fees and professional services offered by NMH and MGH hospital employed providers, NMH clinic services, NMH hospice services, and NMH emergency transportation services. The policy for NMH Specialty Pharmacy is described in Addendum C. This policy does not apply to non-emergency or non-medically necessary services, NMH retail pharmacies, services provided by a non-NMH entity, or by a non-NMH provider.

DEFINITIONS

Amounts Generally Billed (AGB): Amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. Refer to Section 7.b of this Financial Assistance Policy (FAP) for the method of AGB calculation.

AGB Discount: The discount percentage set forth on Addendum B.

Charity Care: Healthcare services that have or will be provided by NMH but are not expected

to result in cash inflows of an amount equal to the cost of care. Charity Care results when an individual needing care meets eligibility criteria and receives discounted or free care in accordance with NMH's Financial Assistance Policy.

ECA (Extraordinary Collection Actions): Actions taken against an individual related to obtaining payment of a bill for care as described in the IRS Rule 501(r), including liens on property, reporting to credit bureaus, foreclosing on property, attaching or seizing a bank account or other personal property, commencing a lawsuit, causing an arrest, subjecting an individual to writ of body attachment, or garnishing wages. It is not an -ECAs to file a claim in bankruptcy court or to file a lien with respect to the proceeds of personal injury judgements or settlements.

Eligible Patient: An Eligible Patient is an individual who meets the eligibility criteria described in this policy, whether he or she is (1) uninsured; (2) received coverage through a public program (e.g., Medicare, Medicaid, or subsidized health care coverage purchased through a health insurance exchange); or (3) is insured by a health plan.

Family: A group of two or more people who reside together and who are related by birth, marriage, adoption, or considered a dependent on an income tax return.

Family Income: Family Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability benefits, pension or retirement income, interest, dividends, rents, royalties, and estates and trusts, educational assistance, alimony, child support, financial assistance from outside the household, and other miscellaneous sources;

1. Noncash benefits (such as food stamps and housing subsidies) do not count;
2. Determined on a before-tax basis;
3. Excludes capital gains or losses; and
4. If a person lives with a family, includes the income of all immediate family members (Non-relatives, such as housemates, do not count as family members).

Federal Poverty Level (FPL): The levels of annual income for poverty determined by the United States Department of Health and Human Services and updated annually.

Liquid Assets: The sum of any assets held in cash, marketable securities (IRA, Stock accounts), or other funds easily converted to cash.

Medically Necessary Care:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the patient's health status;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room; and
4. Care, treatment, or services that are needed for the prevention, evaluation, diagnosis or treatment of a medical condition that in the opinion of a NMH credentialed treating physician/clinician and according to standard of care, is reasonably needed.

Uninsured: The patient has no insurance or third-party assistance to assist with meeting their payment obligations.

Underinsured: The patient has some insurance or third-party assistance but still has out-of-pocket expenses that exceed their financial abilities.

PROCEDURE

I. NMH Uninsured Discount

1. NMH offers discounts to patients who are residents of Minnesota and who are uninsured and require medically necessary care.
2. Patients approved for an Uninsured Discount will receive the same discount from Gross Charges that NMH provides to its nongovernmental third-party payer that had the highest discount on billed services over last 12 months.
 - a. The Uninsured Discount does not apply to services provided in ambulatory clinics (non-hospital facility locations) or NMH Ambulance Services
3. NMH offers an Uninsured Discount to Patient's with a Family Income at or below \$125,000. There is no asset level requirement.
4. Unless there is reason to believe that a Patient is not giving their correct address, the address provided will be considered accurate for purposes of qualifying as a Minnesota resident. If there is reason to believe otherwise, NMH shall have the right to pursue all lawful means of verifying the address.
5. The Uninsured Discount will not be applied to patient balances after insurance payment of the co-pays, deductibles, and co-insurance.
6. The Uninsured Discount rates will be calculated annually for the following facilities/services:
 - a. North Memorial Health Hospital - Robbinsdale
 - b. North Memorial Health Hospital - Maple Grove
 - c. North Memorial Professional Services (applies only to hospital facility-based professional services).

II. Financial Assistance

1. **Services that are Eligible and Not Eligible under the Financial Assistance Policy**
 - a. **Services Eligible for Financial Assistance:**
 - i. Emergency services provided in a NMH/MGH emergency room setting;
 - ii. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;
 - iii. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
 - iv. Medically necessary services including care, treatment, or services provided by a NMH/MGH provider/clinician, or physician practice, that are needed for the prevention, evaluation, diagnosis or treatment of a medical condition that in the opinion of a NMH/MGH credentialed treating physician/clinician and according to standard of care, is reasonably needed;
 - v. Medically necessary care services include inpatient and outpatient services;
 - vi. Medically necessary services evaluated on a case-by-case basis at NMH discretion.

- b. Services Not Eligible for Financial Assistance:
- i. Non-NMH facilities, providers, or services;
 - ii. Services including cosmetic services or services that are experimental in nature, that are not considered Medically Necessary Care;
 - iii. Third Party Liability, and/or Workers Compensation services;
 - iv. Optical, hearing aids, durable medical equipment, and retail medical supplies;
 - v. Infertility treatments;
 - vi. Retail pharmacy services including over-the-counter drugs or supplies;
 - vii. Non-emergency transportation; and
 - viii. Laboratory services that are not related Medically Necessary Care.

2. Providers

Financial assistance is applied to Medically Necessary Care delivered by North Memorial Health hospitals (NMHH and MGH), and North Memorial clinics and departments, as well as professional services provided by NMH and its employed providers. See ADDENDUM A: Providers Not Subject to the Financial Assistance Policy.

3. Financial Assistance Programs Available

- a. NMH Charity Care
- b. NMH Charity Care – Catastrophic Charity Care Cap
- c. NMH Charity Care – Senior Partners Care

4. Eligibility for Financial Assistance Programs

- a. Financial assistance shall be considered for patients who are uninsured, underinsured, ineligible for any government programs, or otherwise are unable to pay for medically necessary care, based upon financial need in accordance with this policy and consistent with the mission and values of North Memorial Health. All patients must submit a Financial Assistance Application to be considered for Charity Care eligibility.
 - i. NMH Charity Care:
 - a) NMH's uninsured or underinsured patients whose Family Income is at or below 300% of the Federal Poverty Level (FPL) will be provided Charity Care consistent with this policy through an application process.
 - b) To qualify for Charity Care, a patient must meet the following income and asset guidelines:
 - (1) Income Level: The patient's combined annual Family Income is at or below 300% of the FPL. Patients who are eligible for State or Federal health care coverage, are eligible for NMH Charity Care up to the date of eligibility for the healthcare coverage.
 - (2) Asset Level:
 - 1. Patients whose Family Income is at or below 200% of the FPL with liquid assets under \$20,000 will be eligible for free care under this policy.
 - 2. Patients whose Family Income is at or below 200% of the FPL with liquid assets that exceed \$20,000 will be eligible for free care under this policy, only if the patient provides

- payment to NMH to reduce liquid assets to \$20,000. The amount paid by the patient in this situation will not exceed the Amount Generally Billed.
3. Patients whose Family Income is at or below 300% of the FPL with liquid assets that exceed \$20,000 will be eligible for a discount established by the Amount Generally Billed (AGB) calculation of the FAP.
 - (3) Patients with insurance who receive Medically Necessary Care are required to have a claim submitted to the insurance carrier for payment or denial of payment prior to determining the amount eligible for Charity Care coverage under this policy.
 - c) FAP-eligible uninsured or underinsured patients will not be personally responsible for more than the AGB calculated.
- ii. NMH Charity Care– Catastrophic Charity Care Cap
- a) Patients who meet the eligibility criteria for Catastrophic Charity Care will not be personally responsible for more than 25% of their total annual verified income, or the Amount Generally Billed for the single episode of care, whichever is less.
 - b) A patient who meets the eligibility criteria for NMH Charity Care may be granted additional catastrophic Charity Care assistance for eligible services, if they meet the following eligibility criteria:
 - (1) Must cooperate in applying for other coverage available;
 - (2) Patients with insurance must allow NMH to process a claim to their insurance and respond to all insurance requires within the time frame allowed;
 - (3) Must comply with Asset Level limitations related to Charity Care; and
 - (4) Eligibility is limited to a single episode of care, which includes any subsequent treatment of services related to that same episode of care, for services covered by this policy;
- iii. NMH Charity Care – Medicare Partners
- a) NMH Medicare Partner is a partnership between NMH and Senior Community Services and is not a coverage or an insurance. NMH has agreed to waive hospital and clinic co-insurance and deductibles for members of this program. Members of this program understand that they are responsible for any items not covered by Medicare, such as take-home drugs. NMH will provide for a Charity Care adjustment for amounts covered by this partnership. Please note:
 - (1) The Medicare Partners program is for Minnesota residents with Medicare Part A and Part B;
 - (2) Applications for enrollment are sent to and processed by Senior Community Services. Patients may request an application or more information by calling 952-767-0665 or visiting www.seniorcommunity.org. Senior Community Services charges a fee for application processing;

- (3) NMH patient's eligibility for Medicare Partners is determined by Senior Community Partners. NMH does not make eligibility determinations for the Medicare Partners program.
- b. Determination of Financial Need
 - i. Financial need will be determined in accordance with an individual assessment that includes:
 - a) An application, in which the patient or the patient's guarantor is required to supply personal, financial, and other information and documentation relevant to making a determination of financial need;
 - b) Reasonable efforts by NMH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; and
 - c) Taking into account all other financial resources available to the patient listed in the Financial Assistance Application.
 - c. Presumptive Eligibility: If patient appears eligible for Charity Care, but no Financial Assistance Application is available to make a financial assistance determination (and therefore no evidence to support a patient's financial assistance eligibility.) NMH may make a presumptive eligibility determination.
 - i. Factors that may support a presumptive eligibility determination include but are not limited to: patient is homeless at the time of care or patient resides at a low income/subsidized housing and provides a valid address.
 - ii. NMH may use third-party-provided presumptive determination, including predictive modeling, of the patient's eligibility for financial assistance and provide a full or partial Charity Care discount on their remaining balance.
 - iii. NMH may use presumptive eligibility to decide not to seek payment for a patient account balance during the usual collection process. Where NMH's decision not to seek payment is based on a patient's financial hardship, these balances will be re-classified by NMH as Charity Care.
 - iv. Presumptive eligibility for State or Federal health insurance or grant programs that NMH may be enrolled in is not considered an application for NMH's financial assistance programs.
 - d. Retro Charity Care Eligibility: In determining whether a NMH patient qualifies for charity care, other county or governmental assistance programs may be considered. If a NMH patient has current Medical Assistance or MinnesotaCare coverage and previous dates of service within a 180 days of coverage eligibility were not covered by insurance, any account with a NMH open self-pay balance within the 180-day period may be eligible for charity care provided that the services provided were for medically necessary care.

6. Application Process for Financial Assistance

- a. Application Period for Financial Assistance: A patient must apply for financial assistance within 365 days after the date of the first post-services billing statement.
- b. Applications

- i. An application for financial assistance may be obtained from any of the following sources:
 - a) North Memorial Health Hospital Registration Department, Robbinsdale and Maple Grove;
 - b) North Memorial Health – Financial Assistance, 3500 France Avenue North, Suite 106, Robbinsdale, MN 55422;
 - c) North Memorial Health Ambulance, 4501 68th Avenue North, Brooklyn Center, MN 55429;
 - d) Download an application by visiting NMH’s website at <https://northmemorial.com>.
 - a) Request a copy of the application by calling our Financial Assistance Department at: 763-581-0911, or (833) 494-2900
- c. The Financial Assistance Application will contain the information and documentation required for financial assistance, the phone number and physical locations of the NMH departments that can provide additional information and the phone number and physical location of the NMH departments that can assist with the application process.
- d. Patients must complete and submit a NMH Financial Assistance Application to apply for financial assistance.
- e. Completed applications including all required information and documentation should be submitted to NMH for eligibility determination:
 - i. North Memorial Health Hospital – Financial Assistance, 3300 Oakdale Avenue North, Robbinsdale, MN 55422
 - ii. Delivered in person at the following locations:
 - a. North Memorial Health Hospital Registration Department, Robbinsdale and Maple Grove
 - b. North Memorial Health – Financial Assistance, 3500 France Avenue North, Suite 106, Robbinsdale, MN 55422;
 - c. North Memorial Health Ambulance, 4501 68th Avenue North, Brooklyn Center, MN 55429.
 - e. Fax to: (763) 581-4491
 - f. Email to: FAA@NorthMemorial.com
- f. Requests for eligibility for financial assistance shall be processed promptly and NMH shall notify the patient or applicant of eligibility determination in writing within 30 days of receipt of a completed application.
- g. Incomplete Applications: NMH reviews submitted applications only once they are complete and will determine whether a patient is eligible according to the NMH FAP. Incomplete applications are not considered. Patients are notified by mail or by phone when their application is incomplete and provided an opportunity to send in the missing documentation or information within 30 days from patient notification (i.e., date of patient mailing or phone conversation).
- h. NMH has the right to deny an application for financial assistance if:
 - i. Financial assistance application is incomplete and missing information is not provided by patient within 30 days of patient notification;
 - ii. The applicant provides false information;
 - iii. The patient does not qualify for the Financial Assistance Programs provided for in this policy;

- iv. The patient does not choose to obtain other coverage available; or
- v. The patient elects not to bill their insurance for a procedure or date of service.
- i. If a patient’s application for financial assistance is denied, the reason for denial will be explained in the FAP denial letter. A patient who believes that their application was not properly considered may appeal the decision. Instructions for completing the appeal process are including the FAP denial letter.
- j. Revoking Application/Eligibility for Financial Assistance: NMH has the right to, and may revoke, rescind or amend awards when:
 - i. A case of fraud, misrepresentation, theft, changes in a patient’s financial situation or other circumstances that undermine the integrity of the FAP;
 - ii. A patient has been screened for a public or private health coverage program and is presumed eligible but is not cooperating with the process to apply for the public or private health coverage program.
- k. The need for payment assistance shall be re-evaluated at least every six months provided an updated application is submitted for NMH financial assistance.

7. Financial Assistance Program Discounts

- a. North Memorial Health patients who are eligible for NMH Charity Care will be provided the following charity care discount:

Family Income as % of Federal Poverty Guidelines	Charity Care Discount Provided
< = 200%	100% discount from billed charges
201% to 300%	Amount owed not to exceed AGB

- b. Amount Generally Billed (AGB) Discount Calculation
 - i. Patient responsibility for patients approved for AGB Discount will not exceed the amount established by AGB calculation.
 - ii. Charity Care eligible patient will not be charged more than the AGB Discounted amount for emergency or other medically necessary care. The AGB Discount is based upon a look-back method with the following calculation:
 - a) Review of actual past claims paid by Medicare fee-for-service and all private insurers that pay claims to the hospital facilities during a prior 12-month period and determination of the average percent of allowed payments to Gross charges for claims paid. “Gross Charges” are the total charges at NMH’s full rates for patient care services before reductions are applied.
 - b) Allowed payments include payments owed by the individual, including co-pays, co-insurance and deductibles, regardless of whether they have been paid.
 - c) NMH will calculate the AGB separately for the following categories of care:
 - (1) North Memorial Health Hospital (includes Robbinsdale and Maple Grove campus’, ambulance, hospice and lab services)
 - (2) North Memorial Health Professional Services
 - d) AGB will be calculated at least annually. The annual AGB discount will be applicable by the 120th day after the 12-month period used for calculating the AGB percentage.

- c. North Memorial Health – Catastrophic Care Cap
 - i. To determine if the NMH patient would qualify for the Catastrophic Care Cap the patient’s total annual income will be verified through the financial application process. The verified annual income amount will be multiplied by 25% to establish the Catastrophic Care Cap, or the cap on the total amount the patient would pay for the episode of care;
 - ii. For the episode of care that the Financial Assistance Application is applied for the AGB discount would be calculated;
 - iii. The patient will pay the lesser amount of the Catastrophic Care Cap or the AGB calculation.

8. Billing and Collections Policy

- a. NMH shall maintain a zero-tolerance policy, and enforce a zero-tolerance standard for abusive, harassing, oppressive, false, deceptive, or misleading language or collection conduct by its debt collection agency, and their agents and employees, debt collection attorneys, and NMH employees responsible for collecting medical debt from NMH patients.
- b. NMH will follow the requirements of both the Minnesota Attorney General’s Office and Internal Revenue Service related to the collection of medical debt practices.
- c. NMH shall maintain a policy and established procedures to be utilized by the NMH’s third party collection agencies, and attorneys related to the collection and litigation practices regarding the collecting of debt from NMH patients.
- d. NMH’s management shall maintain policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient’s good faith effort to apply for a governmental program or for free or discounted care from NMH, and a patient’s good faith effort to comply with their payment agreements.
- e. NMH shall provide employees responsible for admissions, billing or collections about the existence of NMH Financial Assistance Policy, and to ensure consistent compliance with these policies across the NMH system.
- f. Before engaging in any collection action(s) NMH patient’s patients/guarantors are informed of NMH Financial Assistance Programs.
- g. NMH may contract with outside collection agencies to pursue collection of delinquent accounts. All unpaid accounts without prior exception or payment arrangement are placed in outside collection with an agency after a minimum of 120 days from the post-discharge statement and the delivery of all scheduled patient account statements to the patient/guarantor has occurred. NMH’s outside collection agencies will return any accounts to NMH for financial assistance review that they determine to qualify for financial assistance according to the eligibility criteria outlined in NMH’s FAP. NMH’s placement with an outside collection agency prior to 120 days is permitted in the following situations:
 - i. The patient/guarantor bill/statement is returned due to an invalid mailing address;
 - ii. The patient/guarantor has communicated that they do not intend to pay the charges;

- iii. The patient/guarantor defaulted on a payment plan and does not meet the Financial Assistance Policy eligibility criteria.
- h. NMH does not conduct, or permit collection agencies to conduct on their behalf, Extraordinary Collection Actions (ECAs) against individuals before reasonable efforts have been made to determine whether the patient is eligible for NMH financial assistance. ECAs include, but are not limited to: wage garnishment, lawsuit, property liens, property foreclosure, reporting patient debt to credit reporting agencies, and Revenue Recapture through the Minnesota Department of Revenue (applicable to North Memorial Health Ambulance only).
- i. NMH will not give any outside collection agency or attorney any blanket authorization to take legal action against its patients for the collection of medical debt, and NMH will not file any lawsuit against any patient to collect medical debt until a billing office director authorizes the litigation.
- j. NMH will not give any outside collection agency or attorney any blanket authorization to pursue the garnishment of patients' wages or bank accounts.
- k. NMH patients/guarantors will be provided written notice at least 30 days prior to an ECA of financial assistance available to them. Notice will include a copy of the FAP Plain Language document.
- l. NMH patient debt will not be reported to a credit reporting agency.

9. Communication of North Memorial Health's Financial Assistance Programs

- a. Notification about NMH financial assistance programs shall include contact information and shall be disseminated by NMH by various means, which may include, but are not limited to, the publication of notices in patient billing statements and by posting notices in emergency rooms, admission areas, admitting and registration departments, hospital business offices, patient financial assistance offices located on and off hospital facility campuses, and at other public places as NMH may elect. Such information shall be provided in the primary languages spoken by the population serviced by NMH.
- b. Information about NMH Financial Assistance Programs including copies of the NMH Financial Assistance Application forms are available to the general public without charge. This information is available in any of the following ways:
 - i. Electronic copies can be accessed on the NMH, North Memorial Health website at <https://northmemorial.com/financial-assistance>
 - ii. Paper copies are available:
 - b) North Memorial Health Hospital – Financial Assistance, 3300 Oakdale Avenue North, Robbinsdale, MN 55422
 - c) By calling: (763) 581-0911, or (833) 494-2900,
 - d) Upon request at the following locations:
 - i. North Memorial Health Hospital Registration Department, Robbinsdale and Maple Grove
 - ii. North Memorial Hospital – Financial Assistance, 3300 Oakdale Avenue North, Robbinsdale, MN 55422
 - iii. North Memorial Health Ambulance, 4501 68th Avenue North, Brooklyn Center, MN 55429

- e) Provided to patients during admission to a hospital facility.

11. Miscellaneous

- a. The Director of Revenue Cycle, or his/her delegate, will conduct an annual review of all medical debt collection agency, and medical debt litigation agency contracts and ensure compliance with this policy and the billing and collection procedures of NMH.
- b. The Director of Revenue Cycle will oversee training related to this policy.
- c. The NMH Board of Trustees will review and approve this policy at least one time per year,
- d. Addendums to this policy may be revised and updated by the Director of Revenue Cycle Services.

REFERENCES/ATTACHMENTS

Addendum A: North Memorial Health System Providers Subject to and Not Subject to the Financial Assistance Policy

Addendum B: North Memorial Health Financial Assistance Program Discounts

Emergency Medical Treatment and Active Labor Act (EMTALA) Policy

Financial Assistance Policy Plain Language Document

ADDENDUM A: Providers Not Subject to Financial Assistance Programs

A list of individual North Memorial Health Providers covered by the NMH FAP can be located by visiting our website at: <https://northmemorial.com/find-a-doctor/doctor-search/>

The following list of Partner Clinics/Providers are not covered by the NMH FAP. This list is subject to change.

PROVIDER PRACTICE
Clarus Dermatology
Clinic Sofia
Emergency Physicians Professional Association (EPPA)
Fairview Maple Grove Cancer Center
Fairview Rogers Clinic
Harrington Plastic Surgery
Institute for Low Back and Neck Care
Kovada Plastic Surgery
M Health Maple Grove Medical Center
Maple Grove Ambulatory Surgery Center
Maple Grove Surgical Specialists
Metro Foot and Ankle Clinic
Midwest Center for Reproductive Health
Minneapolis Clinic of Neurology
Minneapolis Vascular Physicians
Minnetonka Ambulatory Surgery Center
Minnesota Bone & Joint Specialists
Minnesota Gastroenterology, Inc.
MMK Plastic Surgery
Voyage Clinic
Voyage Clinic Obstetrics and Gynecology
Voyage Clinic Surgical Division
North Pathology Associates
Northwest Family Physicians
Oakdale Ear, Nose and Throat
Oakdale Obstetrics and Gynecology
Paparella Ear, Head and Neck Institute
Park Nicollet – Maple Grove
Partners in Pediatrics
Respiratory Consultants
South Lake Pediatrics
Specialists in General Surgery
Twin Cities Orthopedics
Wayzata Children’s Clinic
Wayzata Plastic Surgery
University of Minnesota Physicians

ADDENDUM B: 2022 & 2023 NMH Discount Rates

Discount Rates Effective 04/01/2023 to 3/31/2024

1. Amounts Generally Billed (AGB) Discounts for Financial Assistance eligibility by NMH service category/entity:

SERVICE CATEGORY/ENTITY	AGB Discount off Charges 4/1/2023-3/31/2024	AGB Discount off Charges 4/1/2024-03/31/2025
North Memorial Health Hospital Robbinsdale and Maple Grove	58.7%	59.8%
North Memorial Professional Services	46.6%	51.9%

2. Uninsured Discounts by NMH service category/entity:

SERVICE CATEGORY/ENTITY	Uninsured Discount off Charges 11/1/2023-3/31/2024	Uninsured Discount off Charges 4/1/2024-3/31/2025
North Memorial Health Hospital Robbinsdale and Maple Grove	46.5%	47.3%
North Memorial Professional Services (hospital facility-based professional charges only)	34.2%	35.7%

ADDENDUM C: Specialty Prescription Assistance Policy

Purpose:

It is North Memorial Health's intent to provide services to all patients regardless of the patient's ability to pay. North Memorial Health utilizes its resources to ensure patients have access to healthcare services and to support the patient's treatment plan. North Memorial Health understands that it is important for patients to receive the specialty medications ordered by the treating physician. In order to support the patient's ability to receive medications regardless of the cost of the medication, North Memorial Health may offer financial assistance to patients who experience financial hardship. This policy supports the North Memorial Health Financial Assistance policy.

Policy

- In general, no employee or member of North Memorial Health shall offer any kind of payment, including any kickback, bribe, or rebate, whether in cash or in kind, in any manner or form, including waiver of copayments or deductibles, to any physician, patient, or other party to induce the referral of any health care business, patient, or other item of service to North Memorial Health.
- Notwithstanding the general rule, specialty pharmacy staff of North Memorial Health may, on receipt of a request from a patient, waive copayments, deductibles, or provide discounted cash prices for specialty prescriptions provided that such waivers shall be made only after documented efforts to determine financial hardship. Staff must offer patient the North Memorial Health Financial Assistance Application and ask the patient to complete it to obtain timely financial assistance.
- This policy aligns with North Memorial Health's Financial Assistance Program, available at <https://northmemorial.com/financial-assistance/>.
- Where the above policies fail to describe specifics about specialty prescription medications, this policy will augment the health system policy.
- Patients' pharmacy payer status will not directly inhibit the ability to participate, except for when a payer prohibits copay waivers, including in cases when a patient demonstrates financial need, but it will determine the patient's needs and extent of participation in this Specialty Prescription Assistance Policy.
- Neither North Memorial Health nor its staff shall advertise to patients that it will waive coinsurance or deductibles.
- North Memorial Health will not use this patient assistance plan to routinely waive copays or deductibles.
- North Memorial Health will verify that patients using the patient assistance plan have a genuine financial need, as outlined in the procedure.
- This policy will outline the procedure for applying to the Specialty Prescription Assistance Program for patients needing specialty medications as outlined in the attached specialty medication list.

Procedure

1. This procedure is intended to be used for patients who demonstrate a financial need and are eligible to receive a specialty medication purchased by North Memorial Health at a discounted price under the 340B drug pricing program. North Memorial Health is able to reduce the price of a drug for patients demonstrating financial need if the drug was purchased at the discounted price.
 - a. Due to the high patient cost and clinical complexity of specialty medications, this policy shall not exclude any patient needing assistance, who demonstrates financial need, with a specialty prescription copay, regardless of 340B status.
2. The following conditions must be met to proceed with the Specialty Prescription Assistance Policy:
 - a. Attempts are made to identify therapeutic alternatives and contact the physician to identify one that may be more affordable for the patient if appropriate.
 - b. Manufacturer offerings for financial assistance options are exhausted.
 - c. Medication must be dispensed from the North Memorial Health Specialty Pharmacy.
 - d. Prescription qualifies for 340B pricing.
 - e. Confirmation that the medication is medically necessary to treat the condition of the patient.
 - f. Payer qualification for the North Memorial Health Specialty Prescriptions Assistance Program:
 - i. Medicare D Plans
 - ii. Self-Pay (No applicable insurance)
 - iii. Medicaid: Patients are not eligible for this program.
 - iv. Commercial Insurance:
 1. Cannot be billed in conjunction with the Specialty Prescription Assistance Program.
 2. The pharmacy staff can consider the patients as self-pay if the patient meets the eligibility requirements.
3. Pharmacy staff must qualify patient's eligibility for financial assistance under this Specialty Prescription Assistance Policy. Pharmacy staff must establish that the patient has genuine financial hardship that necessitates assistance under this policy.
4. All other payer means that can satisfy the patient's out of pocket responsibility must be appropriately exhausted prior to application under this policy. Exceptions can be made to this clause on a case-by-case basis if needed (e.g., if the expected turnaround time for external financial assistance is too lengthy and can cause harmful delays in start or continuation of patient's therapy), so long as all other eligibility requirements under this policy are met.
5. The process for application and qualification under this Policy will follow the

steps outlined below:

- a. Patients that lack financial resources to pay for their specialty medications may complete appropriate form.
 - b. A patient is eligible for financial assistance under this policy if the patient's Gross Family income for the 12 months before the date of the request is at or below five hundred percent (500%) of the federal poverty level as published by the Department of Health and Human Services (DHHS) for patients managed by the North Memorial Health Specialty Pharmacy.
 - c. North Memorial Health Specialty Pharmacy staff or our subcontractor determines need for assistance and potential alternatives are researched based on routine procedures (e.g., formulary and external financial assistance sources). If no alternatives are available, pharmacy staff will consider whether copay assistance under this policy may apply.
 - d. North Memorial Health Specialty Pharmacy staff will not qualify a patient for assistance if an insured patient's payer prohibits copay waivers, including cases when a patient demonstrates financial need. Pharmacy staff will be kept informed as to which payers prohibit copay waivers.
6. The following will be the discount parameters based on percentage of the federally defined Health and Human Services Federal Poverty Guidelines (HHS FPG).

Percentage of HHS FPG	Prescription Discount Amount
Specialty Medications – Less than 500%	100% of copay waived

7. In addition to the Specialty Prescription Assistance Program, patients that are Medicare beneficiaries may be eligible for additional assistance directly from the manufacturers. The Pharmacy shall evaluate the patient assistance programs located at: <https://www.medicare.gov/pharmaceutical-assistance-program/#> for any respective medications that may apply to the specific patient.
8. The Specialty Prescription Assistance Program is available for all patients regardless of race, gender, national origin, or religion.
9. North Memorial Health administration reserves the right to edit, modify, or eliminate this policy at any time based on financial or other determinants.