



[SECTION]

FRASER CLINICAL OPERATIONS MANUAL

Policy Title Sliding Fee Scale/Charity Care (Essential Community Provider Designation)
Policy Number TBD
Approval Date 4/08/15
Revised Date 04/04/2023

Approved By: James Olson, CFO

Policy/Purpose:

Fraser's mission is to make a meaningful and lasting difference in the lives of children, adults and families with special needs. We accomplish this by providing education, healthcare and housing services. As part of that commitment Fraser appropriately serves clients in difficult financial circumstances and offers financial assistance to those who have an established need to receive medically necessary services. Pursuant to Minnesota Statutes 62Q.19 and Minnesota Rules Chapter 4688, Fraser has applied for and has been designated by the commissioner as an essential community provider which, among other criteria requires charging for services on a sliding fee schedule based on current poverty income guidelines. Fraser is required to provide an Essential Community Provider Report, including any updates to our Sliding Fee Schedule.

Procedure:

A client will be considered for charity care if his/her financial criteria meet Fraser's Charity Care Guidelines.

1. Charity care will be extended to those who qualify for all three (3) of these reasons:
 - a. The client is uninsured or the services are not a covered benefit;
 - b. The client is not eligible for Medicaid or is pending Medicaid approval; and
 - c. The client is determined to be unable to pay for some or all of the services provided.
2. There are a number of ways a client may be identified and evaluated for charity care assistance, including:
 - a. Clients or their representative may request financial assistance.
 - b. Account adjustments may be reclassified as charity care, based on closed and returned accounts from a collection agency.
 - c. Employees may identify financial need through conversations with client\family.
3. If a client is deemed a possible candidate for financial assistance, the client will be sent a Sliding Fee Scale Application. (See attached example.) The letter will contain a request for the following financial information:
 - a. A copy of their last two pay checks stubs;
 - b. Current year Federal 1040 tax return;
 - c. Unemployment benefits (check stubs);
 - d. Social Security benefits (copy of check or letter from Social Security); and
 - e. Department of Social Services grants and/or amount of food stamps.
4. The client will be given ten business days to return the completed forms to the Accounts Receivable Department.
5. The returned forms will be reviewed for approval by the Accounts Receivable Coordinator. The Account Receivable Coordinator will route his/her determination to the Clinical Revenue Cycle Director for approval.

The following structure will be utilized to determine the amount of care to be provided:

Fraser
Sliding Fee Determination
2023

Federal Poverty Level	100%	150%	200%	300%	>300%
Discount Level	75%	65%	55%	45%	40%
Family Size					
1	\$14,580	\$21,870	\$29,160	\$43,740	\$43,740
2	\$19,720	\$29,580	\$39,440	\$59,160	\$59,160
3	\$24,860	\$37,290	\$49,720	\$74,580	\$74,580
4	\$30,000	\$45,000	\$60,000	\$90,000	\$90,000
5	\$35,140	\$52,710	\$70,280	\$105,420	\$105,420
6	\$40,280	\$60,420	\$80,560	\$120,840	\$120,840
7	\$45,420	\$68,130	\$90,840	\$136,260	\$136,260
8	\$50,560	\$75,840	\$101,120	\$151,680	\$151,680

If income level is less than or equal to the federal poverty level, application for Medical Assistance funding will be advised.

6. The client's current financial information and documents will be reviewed every six (6) months.
7. Clients and/or representatives will be expected to keep current with payments, or they may be considered for termination of services.
8. The sliding fee scale/charity care adjustment will be written off with an adjustment code.

Cross Reference:

Fraser Financial Policy



Child's Name: _____ DOB: _____

Sliding Fee Schedule Application

Applicants are under no obligation to provide the following information; however, incomplete applications may result in delay or a denial of the application.
Information is collected and stored under the rules set forth by the Minnesota Data Privacy Act.

NAME (Last) (First) (Middle) (Date of Birth) Home Phone #

Address (Street) (City) (State) (Zip) (County)

Place of Employment Address Telephone Number

FAMILY MEMBERS IN HOUSEHOLD or dependent upon family income:

Name	Date of Birth	Relationship	Occupation

Please present family financial situation.

Family's gross income (before taxes or withholding):

Current monthly: _____

Expected Annual: _____

Other income (rental income, tips, jury duty, severance pay, alimony, annuity, workers comp, pension payments, etc.) _____

1. Present value of savings accounts & cash: _____

2. Value of stocks and bonds: _____

*****Include copies for proof of income/financial status; see cover letter for requirements**

(See next page for Signatures and Assurances.)

Child's Name _____ DOB _____

Signatures and Assurances

I understand that:

1. The information in this summary is private and will not be released outside of Fraser without my expressed consent.
2. All statements made on this summary are true and correct to the best of my ability. Any falsified statements will result in immediate termination of the program.
3. It is my responsibility to notify Fraser of changes in income or family status during the period of eligibility.

Signature (Relationship if not signed by client)

Date

Mail Completed Application to:

Fraser
Attn: Billing Department
2400 W 64th Street
Richfield, MN 55423

PROCEDURE TO COMPLETE THE SLIDING FEE APPLICATION PROCESS

Welcome to Fraser's Sliding Fee application process. Fraser offers a reduced cost or a waiver of fees to individuals or families who do not have insurance coverage or do not have benefit coverage for services, and meet the sliding fee scale income guideline.

We have outlined some steps to assist you in completing our process:

1. To aid with timely processing, we ask that you answer all questions completely. If a question does not apply, put NA in the blank space to indicate that item does not apply to you.

2. Proof of Income is necessary to complete the application process.

- a) Please be sure to send copies of proof of income/financial status in with your application.
- b) If applicable, the **most recent copy of federal income tax return.**
- c) If applicable, a **copy of the most recent paycheck stub for employed household members** or letters of salary from employers.
- d) A **copy of the last bank statement** including investments, savings accounts, and value of stocks and bonds.

3. Please note that Fraser can only help to meet the cost of services provided through Fraser's programs.

4. We recommend that you do not submit originals of documents, since we keep these documents for our records.

5. If you have any questions about our process, do not hesitate to contact our billing department number at 612-331-9413