

HealthPartners Medical Group Financial Assistance Program Frequently Asked Questions

What is the HealthPartners Medical Group (HPMG) Financial Assistance Program (FAP)?

The FAP is a program offered to assist our patients who have difficulty paying their HPMG medical bills. The FAP includes a discount program for eligible patients, as well as a payment plan option.

Who is eligible for the FAP?

Any account guarantor who meets the program criteria and has a HPMG medical bill of \$500 or greater for non-elective (medically necessary) professional services.

Who is an account guarantor?

The account guarantor is the person responsible for a bill. If you are over age 18, you are own guarantor. Patients under 18 usually have a parent or guardian as their guarantor. Emancipated minors are their own guarantor.

Can people who have insurance apply for the FAP?

Yes, both self-pay and insured account guarantors can apply for the FAP. The self-pay portion of the bill will be considered for insured patients.

Does the HPMG FAP provide assistance for Region Hospital's bills?

No, however Regions Hospital does have a Financial Assistance Program that patients can apply for that provides assistance with Regions Hospital bills. HPMG's FAP includes patients who have qualified for Regions Hospital's program.

What are non-elective professional services?

Those services that are medically necessary and provided by a medical professional. Examples of eligible services are biopsies, office visit for illness and throat culture. Examples of non-eligible services are eyeglasses, cosmetic services, and durable medical equipment.

How does a person apply for the FAP?

A completed application, along with required documentation (income tax return, etc.), must be submitted to Patient Accounting. We recommend that applications be sent through the US mail, however will accept them at clinics. If you drop your application off at a clinic, please put it in a sealed envelope to ensure confidentiality.

Does the program include a self-pay discount for account guarantors without insurance?

The FAP does not currently include a self-pay discount. We encourage you to contact Patient Accounting to discuss payment options.

Does the program include a prompt-pay discount.

The FAP does not currently include a prompt-pay discount. We encourage you to contact Patient Accounting to discuss payment options.

What guidelines are used to determine if an account guarantor is eligible for the program?

The FAP application requires income, family size, asset and liabilities (bills). This information is compared to the Federal Poverty guidelines. Additionally, the amount owed must be \$500 or greater.

Do applicants have to apply for Medical Assistance (MA)?

The FAP requires that patients have applied for MA, as well as General Assistance Medical Care (GAMC) & MinnesotaCare (Minnesota Healthcare Programs (MHCP)), if, based on MHCP guidelines, it appears that he/she may be eligible for one of the programs.

How does HPMG know if an applicant has applied for one of the MHCP programs?

HPMG requires written documentation, or verbal confirmation from the applicant's county worker, that government assistance has been requested, is in process and/or has been denied.

How much is the HPMG bill discounted?

The percent of the discount is dictated by a sliding scale based on federal poverty guidelines.

Can minors (patients under age 18) apply for the FAP?

The account guarantor (the person who is responsible for the patient's bill) can apply for the FAP – the account guarantor is usually a parent or guardian for patients under age 18. Emancipated minors, who are their own guarantors, can apply on their own behalf.

Can a parent apply for the FAP, on behalf of their child, even if he/she is not the account guarantor?

If the parent and account guarantor share a household, than the parent may apply for the FAP. Otherwise, the account guarantor should apply for the FAP.

Who decides if an account guarantor is eligible for the FAP?

Using the criteria, HPMG Patient Accounting will make the determination.

How are applicants notified if they have qualified?

Applicants are notified of HPMG's determination via the mail. If qualified, the letter will include what percent the bill is discounted. Patient Accounting will apply the discount to the bill.

How long is the approval good for?

The approval is good for one year from the date of approval (e.g. approved on May 2, 2008 – approved through May 1, 2009).

Will HPMG honor other medical system's Financial Assistance Programs (e.g. Fairview, Allina, etc.)?

No, HPMG will not be honoring other health system's Financial Assistance Programs. We do, however, encourage those account guarantors to apply for our FAP.

What services will the discount be applied to?

The discount will apply to non-elective professional services with an outstanding balance, as well as any charges incurred for one year from the date of approval. After one year, a new application must be submitted and reviewed for continuing eligibility.

What happens if a family's financial circumstances change and they no longer need assistance with their medical bills?

HPMG asks program participants to inform us of any changes in their financial circumstances.