

Subject Financial Assistance Policy	Attachments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Key words Admissions, Charity, Collection, Credit, Financial hardship, self-insured, underinsured, uninsured	Number RH-BP-AD25:00:18
Category Business Practices (BP)	Effective Date 1-1-16
Manual Administration	Last Review Date 02/11/2020
Issued By Finance	Next Review Date 02/2021
Applicable Applies to those seeking and/or receiving healthcare at Regions Hospital, those making payments on behalf of Regions Patients, Hospital personnel, debt collection agencies and debt litigation attorneys.	Origination Date 12-1-83
	Retired Date n/a
Review Responsibility Regions Chief Financial Officer	Contact Regions CFO

Regions Hospital’s mission is to provide quality health care to all members of our community. The Hospital is committed to treating all patients the same - with dignity, respect, and compassion. In keeping with its nonprofit, charitable mission, the Hospital offers financial assistance to patients with demonstrated and verified financial need. Regions Hospital complies with applicable federal and state laws and regulations, an agreement with the Minnesota Attorney General, and requirements of Ramsey County.

ELIGIBILITY CRITERIA

It is not the intent of this policy to offer free or discounted care to patients who have health insurance with high deductibles or coinsurance unless they otherwise qualify for Financial Assistance under this policy. Any person who does not have insurance or does not have the ability to pay all or part of their financial responsibility to Regions Hospital for services provided may apply for charity care and financial assistance. Patients who are receiving elective cosmetic surgery, non-medically necessary/scheduled visits will be asked to pay a down payment of 50% of the projected cost or 100% of the projected collection amount under the Hospital’s voluntary agreement for billing and collection from the uninsured, prior to the receipt of such services.

For patients whose household income is at or below 200% of the Federal Poverty Level (FPL), medically necessary care is discounted at 100%. Patients whose income is above 200% of FPL may qualify for partial financial assistance based on the total charges, household income, and family size. The table below shows the calculation of the maximum payment from a patient based on their Federal Poverty Income Levels.

Percentage of Federal Poverty Level	Family Size: 1		Family Size: 2		Family Size: 3		Family Size: 4		Family Size: 5		Family Size: 6	
	Family Income	Approximate Maximum Patient Payment	Family Income	Approximate Maximum Patient Payment	Family Income	Approximate Maximum Patient Payment	Family Income	Approximate Maximum Patient Payment	Family Income	Approximate Maximum Patient Payment	Family Income	Approximate Maximum Patient Payment
200%	25,520	0	34,480	0	43,440	0	52,400	0	61,360	0	70,320	0
205%	26,158	63	35,342	86	44,526	108	53,710	130	62,894	153	72,078	175
210%	26,796	127	36,204	172	45,612	217	55,020	262	64,428	306	73,836	351
215%	27,434	191	37,066	258	46,698	325	56,330	393	65,962	460	75,594	527
220%	28,072	255	37,928	344	47,784	434	57,640	524	67,496	613	77,352	703
225%	28,710	319	38,790	431	48,870	543	58,950	655	69,030	958	79,110	1,098
230%	29,348	382	39,652	517	49,956	651	60,260	982	70,564	1,150	80,868	1,582
235%	29,986	446	40,514	603	51,042	950	61,570	1,146	72,098	1,610	82,626	1,845
240%	30,624	510	41,376	689	52,128	1,086	62,880	1,572	73,632	1,840	84,384	2,461
245%	31,262	574	42,238	969	53,214	1,221	64,190	1,768	75,166	2,416	86,142	3,164
250%	31,900	638	43,100	1,077	54,300	1,629	65,500	2,292	76,700	3,068	87,900	3,516
260%	33,176	957	44,824	1,551	56,472	2,280	68,120	3,144	79,768	3,681	91,416	4,746
270%	34,452	1,116	46,548	1,810	58,644	3,040	70,740	3,668	82,836	4,832	94,932	5,537
280%	35,728	1,531	48,272	2,413	60,816	3,475	73,360	4,716	85,904	5,522	98,448	7,032
290%	37,004	1,722	49,996	3,103	62,988	3,909	75,980	5,305	88,972	6,903	101,964	9,493
300%	38,280	2,233	51,720	3,448	65,160	4,887	78,600	6,550	92,040	9,204	105,480	10,548
325%	41,470	3,190	56,030	4,848	70,590	6,787	85,150	9,825	99,710	11,505	114,270	13,185
350%	44,660	3,828	60,340	6,465	76,020	9,774	91,700	11,790	107,380	13,806	123,060	15,822
375%	47,850	5,024	64,650	9,051	81,450	11,403	98,250	13,755	115,050	16,107	131,850	18,459
400%	51,040	6,380	68,960	10,344	86,880	13,032	104,800	15,720	122,720	18,408	140,640	21,096
500%	63,800	11,484	86,200	15,516	108,600	19,548	131,000	23,580	153,000	27,612	175,800	36,918
600%	76,560	15,312	103,440	20,688	130,320	26,064	157,200	36,680	184,080	42,952	210,960	49,224
700%	89,320	19,140	120,680	25,860	152,040	38,010	183,400	45,850	214,760	61,360	246,120	70,320
800%	102,080	22,968	137,920	36,204	173,760	45,612	209,600	62,880	245,440	73,632	281,280	94,932
900%	114,840	26,796	155,160	42,238	195,480	60,816	235,800	73,360	276,120	96,642	316,440	110,754
1000%	127,600	35,728	172,400	48,272	217,200	69,504	262,000	94,320	306,800	110,448	351,600	140,640
1100%	140,360	40,194	189,640	62,064	238,920	78,192	288,200	106,110	337,480	138,060	386,760	174,042
1200%	153,120	44,660	206,880	68,960	260,640	97,740	314,400	131,000	368,160	168,740	421,920	193,380
1300%	165,880	49,126	224,120	75,856	282,360	107,514	340,600	144,100	398,840	185,614	457,080	212,718
1400%	178,640	61,248	241,360	93,096	304,080	130,320	366,800	172,920	429,520	202,488	492,240	232,056
1500%	191,400	66,352	258,600	100,854	325,800	141,180	393,000	187,330	460,200	219,362	527,400	251,394
1600%	204,160	71,456	275,840	108,612	347,520	167,244	419,200	201,740	490,880	236,236	562,560	270,732
1700%	216,920	76,560	293,080	129,300	369,240	179,190	445,400	216,150	521,560	253,110	597,720	290,070
1800%	229,680	91,872	310,320	137,920	390,960	191,136	471,600	230,560	552,240	269,984	632,880	309,408
1900%	242,440	97,614	327,560	146,540	412,680	203,082	497,800	244,970	582,920	286,858	668,040	328,746
2000%	255,200	103,356	344,800	170,676	434,400	215,028	524,000	259,380	613,600	303,732	703,200	348,084

Example: Family of 4 with an income of \$60,000 would be expected to pay a bill up to \$982.00 over 2 years. The remaining patient balance would be discounted.

A financial assistance application will be valid for 12 calendar months unless another application is submitted. The financial assistance application will have a limit of a 2 year look back for eligible services rendered.

Regions Hospital may determine that a 100% discount is appropriate for certain cases outside of the formal application process based on documentation from the medical provider, case manager, financial counselor, county, state, or intake worker, which include but not limited to:

- Homelessness
- Medically necessary services not covered or payable under a Medicaid program or federal grant rendered to a qualified recipient
- Qualification and effective date for Medicaid subsequent to the service dates
- Medicaid denials from other states due only to that State's Disability requirements
- Non-US citizens no longer in the country with no verifiable means of payment

- Documented bankruptcy
- Deceased and no available estate funds and no surviving spouse
- Patients who have met the financial criteria for Medicaid but were denied coverage for non-compliance with program eligibility requirements

Amounts Generally Billed:

A patient eligible for any financial assistance at Regions Hospital will not be charged more than amounts generally billed (AGB) to insured patients by the Hospital for emergency or other medically necessary care.

Minnesota Attorney General Discount Eligibility:

Pursuant to the Hospital's agreement with the Minnesota Attorney General, uninsured Minnesota patients may be eligible for a specific discount. If you are a resident of Minnesota, are uninsured, and have an annual household income less than \$125,000, you are eligible for the Minnesota Attorney General Discount.

Ramsey County Residents:

Regions Hospital is obligated to provide Hospital and medical services to residents of Ramsey County, regardless of ability to pay, as specified in the Minnesota statute, in its lease with Ramsey County and in furtherance of its long standing mission. Ramsey County residents who claim to, or are believed to be low income, will receive emergency and non-emergency hospital and medical services without regard to their ability to pay. Thereafter, standard billing and collection procedures will be employed to verify low income, ability to pay, or financial status. Regions Hospital makes charity care discounts available to patients who complete the Hospital's application process, whose financial need is verified via other electronic tools and/or processes using consistent criteria, or who qualify based on situations such as those mentioned in this policy.

Non-Ramsey County Residents:

Patients not requiring medically necessary services will be required to provide Medicare, Medicaid, Health Maintenance Organization (HMO) coverage or other insurance information; or other evidence of ability to pay the costs of such non-medically necessary services.

Non-Medically Necessary/Scheduled Visits

Patients presenting for non-medically necessary/scheduled visits who do not have any form of insurance will be asked to pay a down payment of 50% of the projected cost or 100% of the projected collection amount under the Hospital's voluntary agreement for billing and collection from the uninsured, prior to the receipt of such services.

Patients presenting for non-medically necessary/scheduled visits who are non-Ramsey County residents indicating financial hardship may be asked to complete a financial assistance application prior to the services to determine if a charity discount can be offered, based on the established financial criteria

PRESUMPTIVE ELIGIBILITY

Regions may use third-party-provided estimates of a patient's family size and income from one of the three credit bureaus to presumptively determine financial assistance. This data is used to calculate a patient's specific level of financial assistance using the table in this policy. For patients with a balance on their account, 30 days after Date of Service or Date of Discharge, Regions Hospital will collect the data from a credit bureau to estimate a patient's Federal Poverty Level (FPL). If a patient's FPL is 200% or below, they will receive a 100% discount. If a patient's FPL is above 200% (and they are not on a payment plan), they will receive a full or partial discount on their remaining open balance 360 days after Date of Service or 120 days from the first patient statement.

FINANCIAL ASSISTANCE CALCULATION

Based on the eligibility of the patient, Regions will apply the discount which results in the highest discount to the patient. The following describes how Regions calculates the discounts.

Regions Hospital Financial Assistance Discount Calculation:

1. Patient household size and income is collected on the financial assistance application.
2. Patient responsibility balance on their hospital account is collected from our electronic health record system.
3. Using household size and income, we calculate their level of the Federal Poverty Level.
4. If the patient is at or below 200% of the Federal Poverty Level, they will receive the full discount (100%).
5. If the patient is above 200% of the Federal Poverty Level:
 - a. The patient's available percent of income for medical expenses for a 2 year period is calculated based on a sliding scale and the percent above 200% of Federal Poverty Level. (See above table for maximum patient payment for a 2 year period)
 - b. The percent of income available is then subtracted from the patient responsibility balance.
 - c. The patient is then responsible for payment of the remaining balance over a 2 year period.

Amounts Generally Billed Discount Calculation:

A patient eligible for financial assistance will not be charged more than amounts generally billed (AGB) to insured patients by the Hospital for emergency or other medically necessary care. Currently, the Hospital determines AGB by multiplying gross charges for any emergency or other medically necessary care provided to a patient eligible for financial assistance by an AGB percentage of [33%] (*for Minnesota Residents*), which is a 67% discount.

For example: Patient A has a \$10,000 hospital bill. Patient A is eligible for financial assistance. Regions will not charge Patient A more than \$3,300 for the care related to that bill (10,000 X (AGB) 33%).

The Hospital calculated this percentage by dividing the sum of all its claims for medically necessary care allowed by health insurers during a prior 12 month period by the sum of the associated gross charges for those claims. This calculation, also called the "Look-Back Method," is calculated annually by Regions Hospital.

Minnesota Attorney General Agreement Discount Calculation:

Uninsured Minnesota patients may be eligible for a discount pursuant to the Hospital's agreement with the Minnesota Attorney General, calculated by applying the same percentage discount that would apply to the Hospital's highest revenue commercial payer. Currently, the Minnesota Attorney General discount is determined by multiplying gross charges for any medically necessary care received at the Hospital by a percentage of [33%], which is a 67% discount. For example, if gross charges for medically necessary care are \$10,000, Regions will not charge an Attorney General-eligible patient more than \$3,300 ($\$10,000 \times 33\%$).

HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. At Regions Hospital, Financial Counselors are available to assist patients who are uninsured or have limited insurance coverage. They may be reached by phone at 651-254-4791 or 877-974-3600 toll free for assistance by phone or to setup an appointment in-person. The Regions Financial Application can also be found on our website at:

<https://www.healthpartners.com/content/dam/hot/regions-com/patients-guests/pdfs/financial-assistance-application-regions-hospital.pdf>

2. Patients will be contacted for information as to healthcare financial coverage including insurance and programs such as Medicare, Medicaid, or any other program that might cover their care. If a patient is not already enrolled for coverage, Regions Hospital staff will assist the patient in pursuing coverage.

3. While visiting Regions Hospital, Financial Counselors may give patients applications to complete. The applications are also available online at:

<https://www.healthpartners.com/content/dam/brand-identity/pdfs/corporate/financial-assistance-application-regions-hospital.pdf> and in various locations within the hospital and hospital based clinics.

4. Those persons claiming indigence and/or applying for a financial hardship status may be asked to assist with a determination of eligibility for charity care by providing information to establish such status. Patients who do not cooperate may be denied future non-medically-necessary hospital and medical services unless they make payment arrangements.

5. Patients need to complete the Financial Assistance Application and provide appropriate income verification(s). Examples of income verifications are:

- Most recent federal tax returns
- Social Security Income Statement
- Other proof of income (e.g. 60 Days of Pay Statements)

6. Completed applications and income verifications can be submitted in person or mailed to:

Regions Patient Accounting Office
640 Jackson St
Mail Stop 11102S
Saint Paul, MN 55101

7. Patients may also fax completed applications and appropriate income verification(s) to Patient Financial Services at 651-254-1684.

LIST OF PROVIDERS IN HOSPITAL

Regions Hospital is required to list all providers, other than the Regions Hospital itself, delivering emergency or other medically necessary care in Regions Hospital and specify which providers are covered by the Financial Assistance Policy and which are not. This provider list is maintained in a separate document. Patients can view this document online by visiting <https://www.healthpartners.com/content/dam/hot/brand-identity/pdfs/care/provider-list-appendix-regions-hospital.pdf> or request a paper copy by contacting Patient Financial Services at 651-254-4791 or 877-974-3600 toll free.

EMERGENCY MEDICAL CARE POLICY

Regions Hospital provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. The Hospital prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of the Hospital demanding that emergency department patients pay before receiving treatment for emergency medical care, or permitting debt collection activities that interfere with the provision of emergency medical care.

Regions Hospital will comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate. Regions Hospital shall provide all emergency services in accordance with Centers for Medicare and Medicaid Services (CMS) conditions of participation.

SEPARATE BILLING & COLLECTIONS POLICY

The actions that Regions may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of the Billing & Collections Policy can be viewed and downloaded on our website at <https://www.healthpartners.com/hospitals/regions/>.