

<b>Subject</b> Financial Assistance Policy	<b>Attachments</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Key words</b> Admissions, Charity, Collection, Credit, Financial hardship, self-insured, underinsured, uninsured	<b>Number</b> RH-BP-AD25:00:18
<b>Category</b> Business Practices (BP)	<b>Effective Date</b> 1-1-16
<b>Manual</b> Administration	<b>Last Review Date</b> 02/2023
<b>Issued By</b> Finance	<b>Next Review Date</b> 02/2024
<b>Applicable</b> 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.	<b>Origination Date</b> 12-1-83
	<b>Retired Date</b> n/a
<b>Review Responsibility</b> Regions Chief Financial Officer	<b>Contact</b> Regions CFO

### Introduction

Regions Hospital is committed to providing quality medical care to our patients, including those in need of financial assistance. As a result, our Financial Assistance Policy (referred to as “FAP” or “Policy”) is available to uninsured or underinsured patients based on the patient’s ability to pay for emergency and other medically necessary care. Our Policy is available to provide episodic help; it is not meant to provide long-term, free or discounted care. An application for financial assistance is 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. Our Policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, the providers delivering care in our Hospital, and our emergency medical care policy. Patients can obtain free copies of this Policy and the financial assistance application form in person at all patient registration locations. For additional information or questions about the application process, or to request copies by mail, patients can contact our Patient Financial Services Department at 651-254-4791, or at 640 Jackson Mail Stop 11102S Saint Paul MN 55101. Free copies of this Policy, application form, and translations can be accessed at [www.healthpartners.com/fa](http://www.healthpartners.com/fa)

### ELIGIBILITY CRITERIA:

Regions has established the following eligibility criteria for patients to receive financial assistance:

- The patient and household members may be asked to provide evidence that they have been or would be denied government benefits, such as Medicaid. Denial of benefits letter(s) from the government may be requested.
- The patient must fully exhaust any available government assistance programs and any available health insurance benefits.
- The patient must complete the hospital’s Financial Assistance Application and supply all requested documentation.
- The patient’s eligibility for free or discounted care will be based on household income, family size, and [other factors, ex. Assets] as follows:
  - Patients must supply documentation of household assets such as cash and other liquid assets in order for application to be reviewed.
  - Liquid assets include cash property that can be easily converted to cash, such as savings and checking accounts, stocks, bonds, certificates of deposit, life annuities and money market accounts. Retirement funds (e.g. 401K, IRA accounts and deferred annuities) are excluded from liquid assets. Documentation of liquid assets may be requested.



- Liquid assets in excess of \$20,000 are included in the income calculation.
- The Hospital provides assistance to all uninsured and underinsured patients whose family income is less than or equal to 200% of the Federal Poverty Level (FPL). Patients meeting this criteria will receive a 100% financial assistance discount.
- Patients with a gross income and family size that place them above 200% of the FPL will receive partial financial assistance based on the following table:

FPL SCORE	DISCOUNT
Under 200%	100% Discount
201% - 225%	75% Discount
226% - 275%	67.5% Discount
276% - Above	Payment Plan

**HOW TO APPLY FOR FINANCIAL ASSISTANCE**

1. Patients must complete the Financial Assistance Application and provide appropriate income verification(s) in person or mail to:  
Regions Hospital – Patient Financial Services  
Mail Stop 11102S  
640 Jackson St  
Saint Paul, MN 55101
2. Patients may also fax completed applications and appropriate income verification(s) to Patient Financial Services at 651-254-1684.
3. Patients can also apply online by logging into their healthpartners.com account.
4. Appropriate household income verification(s) must be provided which include a copy of the most recent, current Federal 1040 tax return, last 60 days of pay stubs, and/or benefit letter for Social Security, unemployment or disability benefits and alimony agreement documentation.
5. The application can be completed by logging into your healthpartners.com account, printed from our website at [www.healthpartners.com/fa](http://www.healthpartners.com/fa) or patients can obtain a copy by calling Patient Financial Services at 651-254-4791. We are open for phone calls on Monday–Friday from 8:00 a.m. – 4:30 p.m.
6. Patients may contact Patient Financial Services at 651-254-4791 with questions about the application or to arrange/schedule an appointment with a Financial Counselor call 651-254-0842.
7. Designated staff in Patient Financial Services are available to assist patients by phone or in person with completing the application. In-person assistance is also available in applying for government programs such as Medical Assistance. Patients may also contact the department of Human Services in the county in which they reside or call MNsure at 1-855-366-7873.

Patients may contact Patient Financial Services at 651-254-4791 with questions about the application or to find a location where a representative is available to meet with in person.

**FINANCIAL ASSISTANCE CALCULATION**

Regions Hospital calculates a patient’s level of financial assistance as follows:

**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 [32.5%] which is a 67.5% 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 \$3,250 for the care related to that bill (10,000 x (AGB) 32.5%).

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.

If you are uninsured and your annual household income is less than \$125,000 you may be eligible for a discount on your care. Please contact customer service at 651-254-4791 for more information.

**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.

**PRESUMPTIVE ELIGIBILITY**

Regions Hospital may presumptively determine that a patient is eligible for financial assistance based on a prior eligibility determination or meeting certain circumstances for financial assistance, which include:

- 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
- Deceased and no surviving spouse

Excluded services included elective services (cosmetic services or other non-medically necessary), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers’ compensation or liability insurance. Regions Hospital may also use a third-party-vendor-provided estimate of a patient’s family size and income to assign a FPL level to use in the table above. Regions Hospital may choose to grant presumptive eligibility in rare or unusual patient situations not specifically set forth in this FAP. In making presumptive eligibility determinations, if the presumptive discount is not the most generous discount available, Regions Hospital will notify patients and give a reasonable amount of time for the patients to personally apply for financial assistance.

**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 Minnesota law, in Regions’ 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 nonemergency 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 nonmedically necessary services.

**LIST OF PROVIDERS IN HOSPITAL**

Regions Hospital is required to list all providers, other than the Hospital itself, delivering emergency or other medically necessary care in the Hospital and specify which providers are covered by this Policy and which are not. This provider list is maintained in a separate document. Patients can request a paper copy by contacting Regions Hospital's Patient Financial Services at 651-254-4791 or 877- 974-3600 toll free or by clicking here: [Regions Hospital Provider List](#)

**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 shall 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 CMS conditions of participation.

**SEPARATE BILLING & COLLECTIONS POLICY**

The actions that Regions Hospital may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of the Hospital's Billing & Collections Policy can be viewed and downloaded on our website at [www.healthpartners.com/fa](http://www.healthpartners.com/fa)