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**

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.
Example: Family of 4 with an income of $60,000 would be expected to pay a bill up to $1,660 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.

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:**

1. 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.

2. Patients presenting for non-medically necessary/scheduled visits who do not have any form of insurance (non-Ramsey County residents and non-low income Ramsey County residents) 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%], 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 ($10,000x33%).

**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.

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: [http://www.regionshospital.com/rh/patients-guests/financial-assistance](http://www.regionshospital.com/rh/patients-guests/financial-assistance) 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.regionshospital.com](https://www.regionshospital.com) 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 [http://www.regionshospital.com](http://www.regionshospital.com).