

Uninsured Discount Program

Policy Number: 1400.03 **Version #:** 14
Site: System
Responsible for Review: Vice President, Revenue Management; general counsel
Original Effective Date: 10/13/05
Version Date: 9/12/19 **Review Annually**
Next Review Date: 9/01/20

Policy: Children's Minnesota is committed to serving all patients regardless of their ability to pay and strives to ensure that patients are not prevented from seeking or receiving medically necessary care due to lack of insurance coverage.

Patients who are uninsured will be offered a discount on billed charges for medically necessary care.

Scope: All services provided by and billed through Children's Minnesota hospital and ambulatory locations are covered by this policy.

This policy does not cover physicians who are not employed by or do not bill professional services through Children's Minnesota.

Definition(s):

Limit on Charges: The amount that is charged for an uninsured service or treatment must not exceed the lowest total amount the provider would be reimbursed from a nongovernmental third-party payor. This amount includes reimbursement received from the third-party payer and any applicable co-payments, deductibles, and coinsurance from the policyholder.

Uninsured: Patients who do not have coverage under private health insurance, state-sponsored or government-sponsored plans or programs, or a military health plan. This is commonly referred to as self-pay or private-pay..

Uninsured Discount: A discount on applied to a patient's gross billed charges, if the patient is uninsured and receiving medically necessary care in accordance with Minnesota Statute 144.589 Billing of Uninsured Patients. The discount applies to families whose income exceeds Children's Minnesota's financial assistance policy guidelines, and have an annual household income of less than \$125,000.

Uninsured Treatment: Any treatment or service a patient receives which is not covered under private health insurance, state-sponsored or government-sponsored plans or programs, or a military health plan.

Procedure:

Eligibility for Discount: Uninsured patients who receive medically necessary treatment will be eligible for a discount based upon their income level and the location of the services provided.

The financial threshold for uninsured discount eligibility is an annual household income below \$125,000.

Determination of Financial Threshold:

1. All uninsured patients will be screened during the pre-registration, registration, or admission process, or at any other points in the billing and collections process, to determine if they qualify for financial assistance. Documentation of this response will be considered and will support the application of discounts to gross billed charges, which shall not be an amount greater than the lowest total amount the provider would be reimbursed for that service or treatment from a nongovernmental third-party payor.
 - a. The total charge for uninsured treatment shall not be more than the provider would be reimbursed directly from its lowest paying nongovernmental third-party payor and from that insurer's policyholder under any applicable and allowable copayments, deductibles, or coinsurance.
 - b. Children's Minnesota shall apply the same percentage discount to its charge description master for uninsured treatment that it would apply to charges incurred by a policyholder of its lowest paying nongovernmental third-party payor.
2. Children's Minnesota personnel will give patients information about financial assistance once the patient is identified as uninsured or as receiving uninsured treatment.
3. If the patient indicates that their annual household income falls below 350% of the Federal Poverty Level (FPL), Children's Minnesota staff will inform the patient that he/she may qualify for financial assistance and will urge the patient to complete an application for financial assistance.
4. Patients who do not qualify for financial assistance but whose annual household income is below \$125,000, will receive a discount on gross charges for medically necessary services as provided above if they are uninsured or receive uninsured treatment.
5. If Children's Minnesota seeks payment from an uninsured patient for a medical bill, it shall provide to that patient, upon request, a detailed, itemized bill as part of the billing process.
6. In the event that Children's Minnesota inadvertently sends a bill to an eligible patient in excess of that which is allowed per above, because it is not aware that the treatment or service constitutes uninsured treatment, and Children's Minnesota thereafter learns that the treatment or service constitutes uninsured treatment, Children's Minnesota shall promptly adjust its charges so as not to exceed the amount allowable per above, and shall promptly notify the patient of any new amount of the bill.

Communication of the Discount Program to Patients and the Public:

- Information about Children's policy is provided to uninsured patients/guarantors:
- during the pre-registration process
 - upon admission
 - during a financial counselors visit
 - on Children's Minnesota external website, www.childrensmn.org
 - on billing statements and collection letters to patients/guarantors
 - during calls to Children's Minnesota billing office

It is the responsibility of every employee of Children's Minnesota to identify and inform families of the availability of financial assistance.

Children’s routinely screens all patients with limited financial resources, high deductible plans or patients with Supplemental Security Income (SSI) qualifying disabilities for

- **SSI benefits**
- **Medicaid (including Emergency Medical Assistance)**
- **Individual health insurance plans**
- **Group health insurance plan**

Financial assistance application forms can be obtained freely at any Children’s Minnesota facility, or by contacting the financial counseling department. Applications are also available at the welcome center located on each campus, and in the emergency room at all hours every day of the week.

Children’s Minnesota

Phone: 612-813-6432

Fax: 612-813-6429

Mailing Address:

Children’s Minnesota

Financial Counseling #17-750

2525 Chicago Ave S

Minneapolis, MN 55404

Location: hospital Welcome Center desk

The financial assistance policy, application and plain language summary is translated for populations with limited English proficiency. This includes any group that constitutes the lesser of 1,000 individuals or 5 percent of the community served.

Board of Directors’ Responsibility: The board of directors or a delegated board committee shall perform an annual review of this policy and all policies concerning collection of medical debt, uninsured discount, and financial assistance. The Board shall also review the results of an annual audit related to these areas in accordance with the Minnesota Attorney General’s Agreement.

Related Policy(s): [1400.01 Billing and Collection Process](#)
[1400.02 Outside Counsel for Collection Matters](#)
[1400.04 Collection Agency](#)
[1401.00 Financial Assistance](#)

Version Dates: Version 1: 10/13/05
Version 2: 10/23/07
Version 3: 01/05/09
Version 4: No changes
Version 5: 09/20/10
Version 6: 03/01/11
Version 7: 01/19/12
Version 8: 06/27/13
Version 9: 06/26/14
Version 10: 10/01/15
Version 11: 07/01/16
Version 12: 09/20/17
Version 13: 09/20/18

Version 14: 9/12/19 (no changes)

Approval Group(s)

Version #

14

Group

Audit and Compliance Committee of the Board

Date

9/12/19