

Windom- Windom Area Health: Finance:	Screening for Health Coverage or Assistance for Uninsured or Unknown Insurance Status Hospital Patients Policy - Windom
	APPROVED BY: EXECUTIVE ASSISTANT
DATE REVIEWED/REVISED: 02/27/2024	FORMULATED BY: REVENUE CYCLE DIRECTOR

SCOPE

- I. This Policy applies to all patients of Windom Area Health’s hospital who are uninsured or whose insurance status is not known by the hospital.

PURPOSE & POLICY

- II. Windom Area Health is committed to complying with applicable laws related to patient screening for health insurance coverage or financial assistance and debt collection. This Policy has been adopted based on newly enacted requirements under Minn. Stat. 144.587 - 144.589. This Policy is intended to supplement Windom Area Health’s Financial Assistance to Patients Policy and Windom Area Health’s Collections Policy and establish internal procedures for screening hospital patients for insurance coverage and financial assistance as well as to outline limitations on debt collection and other activities while these procedures are underway. In the event of any irreconcilable conflict between the procedures outlined in this Policy and other Windom Area Health policies, this Policy supersedes and controls.

PROCEDURE

3.1 Definitions

For purposes of this Policy, “uninsured service or treatment” means any service or treatment that is not covered by: (1) a health plan, contract, or policy that provides health coverage to a patient; or (2) any other type of insurance coverage, including but not limited to no-fault automobile coverage, workers’ compensation coverage, or liability coverage.

3.2 Coverage Screening/Information and Assistance

For any uninsured patient of the hospital and for any patient whose insurance coverage status is not known, Windom Area Health will (1) prior to discharge, schedule an appointment for the patient with a MNSure-certified navigator to occur after discharge, unless the scheduling of the appointment would delay discharge; or (2) if the scheduling of an appointment under (1) above would delay discharge or if the patient declines the scheduling of an appointment, provide the patient with contact information for available MNSure-certified navigators who can meet the needs of the patient.

3.3 Financial Assistance Screening And Related Assistance

3.3.1 For any uninsured patient of the hospital and any patient whose insurance coverage status is unknown, Windom Area Health will screen the patient for eligibility for financial assistance

pursuant to Windom Area Health's financial assistance policies. Windom Area Health will attempt to complete this screening process in person or by telephone within 30 days after the patient receives services at Windom Area Health's hospital or at the emergency department associated with the hospital.

3.3.2 Upon completion of the screening process above, Windom Area Health will determine whether the patient is ineligible or potentially eligible for financial assistance. In evaluating a patient's eligibility, Windom Area Health will limit requests related to verification of assets or income to: (1) information that is reasonably necessary and readily available to determine eligibility; and (2) facts that are relevant to determine eligibility. Windom Area Health will not demand duplicate forms of verification of assets.

3.3.3 If the patient is not determined to be ineligible for financial assistance, Windom Area Health will assist the patient with applying for financial assistance and refer the patient to the appropriate department in the hospital for follow-up.

3.4 Limitation On Actions While Financial Assistance Application Is Pending

Windom Area Health will not initiate any of the following actions while a patient's application for financial assistance is pending and/or until it determines that a patient is ineligible for financial assistance or denies the patient's application for financial assistance:

- a. offering to enroll or enrolling the patient in a payment plan;
- b. changing the terms of a patient's payment plan;
- c. offering the patient a loan or line of credit, application materials for a loan or line of credit, or assistance with applying for a loan or line of credit, for the payment of medical debt;
- d. referring a patient's debt for collections, including in-house collections, third-party collections, revenue recapture, or any other process for the collection of debt;
- e. denying health care services to the patient or any member of the patient's household because of outstanding medical debt, regardless of whether the services are deemed necessary or may be available from another provider; or
- f. accepting a credit card payment of over \$500 for the medical debt owed to the Windom Area Health's hospital.

3.5 Patient's Right to Decline Assistance

A patient may decline to participate in the assistance offered under this Policy, including scheduling an appointment with a MNsure-certified navigator, accepting information about navigator services, participating in the financial assistance screening process, or applying for financial assistance.

3.6 Limits on Billing of Uninsured Patients

Windom Area Health will not charge a patient whose annual household income is less than \$125,000 for any uninsured service or treatment in an amount that exceeds the lowest total amount it would be reimbursed for that service or treatment from a nongovernmental third-party payor. Such lowest total amount includes both the amount Windom Area Health would be reimbursed directly from the nongovernmental third-party payor and the amount it would be reimbursed from the insured's policyholder under any applicable co-payments, deductibles, and coinsurance.