

**4650.0115 CHARITY CARE REPORTING.**

Subpart 1. **Facility requirements.** For a facility to report amounts as charity care adjustments, the facility must:

- A. generate and record a charge;
- B. have a policy on the provision of charity care that contains specific eligibility criteria and is communicated or made available to patients;
- C. have made a reasonable effort to identify a third-party payer, encourage the patient to enroll in public programs, and, to the extent possible, aid the patient in the enrollment process; and
- D. ensure that the patient meets the charity care criteria of this part.

Subp. 2. **Classification as charity care adjustments.** In determining whether to classify care as charity care, the facility must consider the following:

- A. charity care may include services that the provider is obligated to render independently of the ability to collect;
- B. charity care may include care provided to patients who meet the facility's charity care guidelines and have partial coverage, but who are unable to pay the remainder of their medical bills. This does not apply to that portion of the bill that has been determined to be the patient's responsibility after a partial charity care classification by the facility;
- C. charity care may include care provided to low-income patients who may qualify for a public health insurance program and meet the facility's eligibility criteria for charity care, but who do not complete the application process for public insurance despite the facility's reasonable efforts;
- D. charity care may include care to individuals whose eligibility for charity care was determined through third-party services employed by the facility for information-gathering purposes only;
- E. charity care does not include contractual allowances, which is the difference between gross charges and payments received under contractual arrangements with insurance companies and payers;
- F. charity care does not include bad debt;
- G. charity care does not include what may be perceived as underpayments for operating public programs;
- H. charity care does not include unreimbursed costs of basic or clinical research or professional education and training;
- I. charity care does not include professional courtesy discounts;

J. charity care does not include community service or outreach activities; and

K. charity care does not include services for patients against whom collection actions were taken that resulted in a financial obligation documented on a patient's credit report with credit bureaus.

Subp. 3. **Reporting categories.** When reporting charity care adjustments, the facility must report total dollar amounts and the number of contacts between a patient and a health care provider during which a service is provided for the following categories:

A. care to patients with family incomes at or below 275 percent of the federal poverty guideline;

B. care to patients with family incomes above 275 percent of the federal poverty guideline; and

C. care to patients when the facility, with reasonable effort, is unable to determine family incomes.

**Statutory Authority:** *MS s 62J.321; 144.56; 144.703*

**History:** *26 SR 627*

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