Frequently Asked Questions (FAQ)—Hospital Stabilization Program

Notice & Data Reporting of Qualifying Hospitals

UPDATED SEPTEMBER 4, 2026

Question: Can the Minnesota Department of Health (MDH) extend the submission deadline?

MDH understands that the reporting timeline is short and hospitals are working quickly to prepare their submissions. The reporting periods and submissions deadlines are established in Laws of Minnesota 2026, chapter 127, article 3, section 15.

Reporting deadlines

- The deadline for the first reporting period is **Sept. 15, 2026.**
- The deadline for the second reporting period **is March 15, 2027.**
- The deadline for additional information for MDH to evaluate the use of funds and other organizational reporting required by statute is **June 30, 2027.** Details and instructions for this reporting will be shared in the first quarter of 2027.

Question: Will MDH provide training or a webinar before the submission deadline?

MDH understands that the timeline for this reporting process is short. Because of the limited time before the submission deadline, MDH is not planning to host a webinar before the first reporting deadline.

Hospitals may submit questions to hospitalstabilizationprogram.mdh@state.mn.us. MDH will use questions received from hospitals to update the website FAQ and provide additional clarification as needed.

Question: What definitions should hospitals use for charity care and bad debt?

Hospitals should use the definitions and reporting concepts for charity care and bad debt from the posted 2025 Hospital Annual Report instructions. These fields should reflect the portion of the

submitted episode classified as 'charity care' or 'bad debt' under the hospital's Hospital Annual Report (HAR)-consistent accounting, revenue cycle, and financial assistance practices.

Charity Care is the total dollar amount that would have been charged by a facility for rendering healthcare services that were provided for which there was an expectation of payment. Charity care results from a provider's policy to provide healthcare services to individuals who meet the provider's established criteria of inability to pay.

Bad Debt is the provision for actual or expected doubtful accounts resulting from the extension of credit. This includes the total amount charged for healthcare services that were provided for which there was an expectation of payment. Do not include charity care or self-pay discounts in this category; only include the portion of the charge for which there was an expectation of payment.

In determining whether to classify charity care as bad debt expense, the facility must consider the following points:

A. The facility must presume the patient is able and willing to pay until and unless the facility has reason to consider this a charity care case under its charity care policy and the facility classifies this as a charity care case; and
B. The facility may include bad debt expense, unpaid deductibles, co-insurance, co-payments, and charges for non-covered services and any other unpaid patient responsibilities.

Question: Some patients may qualify for Medical Assistance/MinnesotaCare but do not complete enrollment or applications, so they may remain uninsured. Can those patients be included?

Hospitals should refer to **Section 8: Coverage Status and Retroactive Eligibility** of the Form and Manner for Qualifying Hospitals (PDF) instructions. A submitted episode must involve a patient who had no coverage for the date of service. The patient must not have been enrolled in Medical Assistance, MinnesotaCare, or Medicare; must not have had other health coverage for the date of service; and must have been determined ineligible for Medical Assistance and MinnesotaCare following any applicable retroactive eligibility determination. Episodes with pending, unknown, or unresolved coverage or eligibility status should not be submitted.

A patient's refusal, failure to cooperate, or failure to complete an application does not, by itself, establish that the patient was ineligible for Medical Assistance or MinnesotaCare. Hospitals should retain documentation showing the steps taken to complete coverage screening and eligibility review, including any information available to the hospital and the basis for submitting the episode.

Hospitals should also refer to **Section 11: Supporting Documentation**, which explains that hospitals must retain documentation supporting each submitted episode and make that documentation available to MDH upon request. Examples include coverage screening documentation, retroactive

eligibility documentation, charity care or bad debt documentation, and duplicate-removal or reconciliation support.

Patient statements or attestations may be part of the hospital's documentation, but MDH expects hospitals to retain documentation showing the hospital's coverage screening and eligibility review process. Episodes with unresolved, pending, or unknown eligibility should not be submitted unless resolved consistent with MDH's submission instructions.

Questions?

For any questions about this program, please email hospitalstabilizationprogram.mdh@state.mn.us.

URL References

- Laws of Minnesota 2026, chapter 127, article 3, section 15 (https://www.revisor.mn.gov/laws/2026/0/Session+Law/Chapter/127/)
- 2025 Hospital Annual Report (https://www.health.state.mn.us/data/economics/hccis/docs/harinst25.pdf)
- Form and Manner for Qualifying Hospitals (PDF) (https://www.health.mn.gov/data/economics/hospstabilization/docs/formmanner.pdf)