



Allina Partners Care

POLICY STATEMENT:

Allina Health will grant charity care to all patients who meet the guidelines set forth in this policy. The policy is updated no less than annually by the Revenue Cycle Support Department Manager based on the Federal Poverty Guidelines published annually in the Federal Registrar. In order to manage Allina Health resources responsibly and to provide the appropriate level of assistance to the greatest number of patients in need, Allina has established the following guidelines for the provision of patient charity care.

DEFINITIONS:

Allina Partners Care:

Also termed Charity Care, Free Care, or Financial Assistance, is defined as medically necessary care provided by Allina Health without charge or at a discounted rate to persons willing to pay but without the ability to pay. Services not billed by Allina Health are **not eligible** for financial assistance outlined in this policy.

Allina Senior Partners Care:

For Medicare recipients who meet Allina Partners Care qualifications and need assistance.

Medically Necessary Care and Services: Medically necessary care and services include procedures and treatments necessary to diagnose and provide curative or palliative treatment for physical or mental conditions in accordance with professionally recognized standards of health care. Some examples of non-medically necessary services are: cosmetic procedures; birth control; or fertility treatments; gastric by-pass procedures; non-emergency dental services; experimental or non-traditional care, tests, or treatment; hearing aids; and retail services such as pharmacy, optical shop, and most durable medical equipment. For purposes of this policy, Allina Health reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of “medically necessary” for the purpose of eligibility for financial assistance.

Allina Health will provide a list of providers at each hospital that are covered under this financial assistance policy. Please see addendum E.



Allina Partners Care Application Criteria:

- When a complete application is received and a patient or their guarantor's gross income is determined to be at or below 275% of the Federal Poverty Guidelines, they will be deemed eligible for Allina Partners Care. The eligibility term will be up to 12 months from the approval date. Recipients are required to report any significant change in their income or insurance coverage that could affect their program eligibility.
- If approved for Allina Partners Care, Allina Health will write off the remaining balance for non-elective, medically necessary charges.
- Allina Partners Care will be offered as ongoing assistance only to persons living within the area served by Allina Health facilities (MN, WI or FL).
- Allina Health will take into consideration other factors such as asset information provided by the patient that might contribute to the decision to deny or approve Allina Partners Care. The decision to extend Allina Partners Care because of extenuating circumstances must be approved at a minimum by the Revenue Cycle Support Department Manager.
- Allina Health will require individuals to comply with the requirements established under the Affordable Care Act to maintain insurance. If the patient has primary insurance, the patient needs to have eligibility coverage for Allina Health facilities to receive ongoing financial assistance.
- If an application is received within 240 days from the date of the first post-discharge billing statement, and the applicant is deemed eligible for Allina Partners Care, Allina Health will refund any hospital payments made by such individual that exceeds the amounts generally billed for such charges, as calculated pursuant to addendum F.
- Allina Health will not engage in using any presumptive eligibility software to approve or deny patients for Allina Partners Care. An application and all documentation will need to be received and processed for each family.
- Applicants are expected to cooperate and to submit requested documents and information in a timely manner. Applications will not be deemed complete until such time that all required documents have been received. Allina Health allows applicants a reasonable amount of time to submit the supporting documentation and to respond to follow up requests. A pending or incomplete application will be inactivated if the applicant:
 - a. Fails to return the application along with all required supporting documentation within 30 days, or
 - b. Fails to respond to any follow-up questions and requests within 60 days.



Communication of the Charity Program to Patients

Notification about charity care availability from Allina Health will be disseminated by various means, which include, but are not limited to:

- Publication of notices in admitting and registration departments, financial service offices and emergency rooms.
- Providing written notification on patient billing statements
- Posting of information, including policies and Allina Partners Care program applications, on our public website, Allinahealth.org

The plain language summary will be offered to all patients during the check in process at each hospital site.

This policy, the application, and a plain language summary are available free of charge. Individuals may obtain these documents through the following means:

- Hard copies can be provided in person or can be mailed to the patient upon request
- Electronic copies can be accessed, downloaded, and printed from the Allina Health website (www.allinahealth.org/financialassistance)
- These documents are available in English, Somali and Spanish.

Relationship to Collection Policies:

Allina Health has a separate billing and collections procedure. To review a copy of that procedure please go to allinahealth.org/billing.

PROCEDURES:

Responsibilities – Responsibilities related to verifying patient financial information, determining eligibility and communication with patients regarding their Allina Partners Care approval status is a centralized function within Revenue Cycle Management. This procedure has been approved by the Allina Health Finance Council and any major changes to this policy will be reviewed and approved by that council.

ADDENDUMS:

[Addendum A: Allina Partners Care Guidelines](#)

[Addendum B: Application for Financial Assistance](#)

[Addendum C: Spanish Application for Financial Assistance](#)

[Addendum E1: List of Providers that Allina Partners Care applies to](#)

[Addendum E2: List of Non-Allina providers – APC does not apply to](#)

[Addendum F: Explanation of amount generally billed](#)

[Addendum G: Somali Application for Financial Assistance](#)