



Allina-wide Policy: **Allina Partners Care**

Reference #: SYS-FIN-FCouncil-401-02

Origination Date: August 1998
 Revised Date: August 2011
 Next Review Date: August 2014

Approval Date:
Approved By: Finance Council

[\(Please utilize these definitions\)](#)

Allina-Wide Policy Ownership Group: Finance Council
Allina Policy Information Resource:

Stakeholder Groups
Finance Council

SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to (MD, NP, Administration, Contractors etc.)
System Wide		

POLICY STATEMENT:

Allina Hospitals and Clinics 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 RCM Support Department Manager based on the Federal Poverty Guidelines published annually in the Federal Registrar. These guidelines are typically published towards the end of January each year. In order to manage Allina Hospitals and Clinics 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: (Optional)

Allina Partners Care – Also termed Charity Care, is defined as medically necessary care provided to persons willing to pay but without the ability to pay. Charity care refers to healthcare services provided without charge or at a discount to qualifying patients.

This policy supersedes all prior policies of the same or similar subject except to the extent it is inconsistent with the express terms of a collective bargaining or individual agreement.

Please contact Jocelyn Fountain, Allina Hospitals & Clinics, P. O. Box 43, Minneapolis, Minnesota 55440-0043, (612) 262-3616 with questions or requests for additional information.



Partners Care: An Allina Hospitals and Clinics' program is offered to patients who meet income qualifications.

Allina Senior Partners Care: An Allina Hospitals and Clinics program for Medicare recipients who do not have a secondary insurance plan to pay for outstanding charges and who meet income qualifications.

Eligibility Criteria for Charity Care:

- When a patient or their guardian's gross income is below the income guidelines set forth in Attachment A, based on 275% of the Federal Poverty Guidelines, they will be deemed eligible for Partners Care. The eligibility term will be 12 months from the approval date. Recipients are required to report significant change in income that could affect their program eligibility.
- Allina Hospitals and Clinics will take into consideration other factors such as asset information provided by the patient that might contribute to the decision to deny or approve Partners Care. The decision to extend Partners Care because of extenuating circumstances must be approved by the RCM Support Department Manager.
- For more detailed information regarding the application and approval process, please review the attachment D which can be found via the link below:
http://akn.allina.com/content1/groups/non-patient-care/@akn-finance/documents/reports_financials/160873.pdf

Communication of the Charity Program to Patients: Notification about charity care available from Allina Hospitals and Clinics will be disseminated by various means, which include, but are not limited to, publication of notices in patient bills and by posting notices in emergency rooms, admitting and registration departments, and financial services offices. Referral of patients for charity care may be made by any member of Allina staff, including, but not limited to, physicians, financial counselors, social workers or business office staff.

Relationship to Collection Policies: Allina Hospitals and Clinics has developed policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for Partners Care, and a patient's good faith effort to comply with his or her payment agreements. For patients who do not qualify for charity care, payment plans based on the patient's individual circumstances will be offered.

PROCEDURES:

Responsibilities – Responsibilities related to verifying patient financial

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information, determining eligibility and communication with patients regarding their Partners Care approval status is a centralized function within Revenue Cycle Management. It is the responsibility of each respective business office to develop operating procedures to administer this policy. Establishing and educating staff on the appropriate use of adjustment codes for tracking and reporting is the responsibility of each respective business office.

PROTOCOL: (optional) LINK

FORMS: [401-02a: Partners Care Guidelines](#)
 [401-02b: Application for Financial Assistance](#)
 [401-02c: Spanish Partners Ace Appl](#)
 [401-02d: Allina Partners Care Application & Approval](#)

ALGORITHM: (optional) LINK

ADDENDUMS: (optional) LINK

FAQ's (optional) LINK

REFERENCES:

Discounts for Health Services, 401-01 governs discounts for health services unrelated to a patient's ability to pay.
Uninsured Discount Program, 401-08 governs discounts provided to uninsured patients.
Allina Partners Care Application and Approval, 401-02D

Other Related Policies:

BPC Policy 01-011 Registration Partners Care
BPC Policy 01-009 Uninsured Patient Check In
ADT Policy P-008 Uninsured Patient Follow Up
Customer Service/Collections Policy SP-1008 Allina Partners Care

Related Regulation and Laws:

Alternate Search Terms:

Related Policies:

Name of Policy	Content ID	Business Unit where Originated

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Policies Replacing:

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