

## System-wide Policy: Allina Partners Care

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

Policy Updated: October 2023

### **POLICY STATEMENT:**

Allina Health will grant charity care to all patients who meet the guidelines set forth in this policy. The policy is based on the Federal Poverty Guidelines that are updated annually. 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.

#### **Other covered services:**

Allina Health will consider any patient with a documented bankruptcy to be considered under the category of charity care regardless if the patient is approved for Allina Partners Care.

Allina Health will provide a list of providers at each hospital that are covered under this financial assistance policy. Please see addendum E1.

## **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.
- All income should be included in what is calculated for program eligibility regardless if it is taxable income or not.
- 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 to Allina Health patients.
- 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 insurance coverage that is eligible for Allina Health facilities to receive ongoing financial assistance.
- If the patient has a faith-based cost share plan, we will consider that qualified coverage for approval purposes. However, Allina Health does not bill these faith-based programs, so we will bill the patient with the expectation that the patient will submit their claims to their faith-based program and remit payment received to Allina Health. Proof of payment or non-payment must be received before Allina Partners Care adjustments will be made.
- 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 401-02f.
- Allina Health will hold patient billing pursuant to requirements set out in the Financial Screening process for those patients/guarantors who are identified in the financial clearance process.
- Allina Health may utilize third-party presumptive eligibility software to approve or deny patients for Allina Partners Care without the patient completing a full application.

- For patients applying electronically via MyChart/Allina Health Account, the patient/guarantor will not need to also submit a paper application. We will consider the electronic application in the same manner as paper applications.
- Patients residing in an Allina Health Skilled Nursing Facility (SNF) that are eligible for Medicaid and have a Medicaid spend down must satisfy their spend down requirements before Allina Partners Care adjustments will be applied.
- 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:
  - Fails to return the application along with all required supporting documentation within 30 days, or
  - 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 notification on patient billing statements
- Posting of information, including policies and Allina Partners Care program applications, on our public website, [Allinahealth.org](http://Allinahealth.org)

The plain language summary will be offered to all patients at 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 ([allinahealth.org](http://allinahealth.org))
- These documents are available in additional languages at [Financial Assistance | Medical Bills | Allina Health](#),

## **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](http://allinahealth.org/billing).

## **Charges that will be covered under this policy:**

- Medically necessary services for patients approved for Allina Partners Care
- Any charges covered by a documented bankruptcy

## **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. 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:** N/A

## **FORMS:** N/A

## **ALGORITHM:**

## **ADDENDUMS:**

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

**DOCUMENTS REPLACING:**

Name of Document	Content ID	Business Unit where Originated
N/A		