



Allina Health system-wide Policy: Uninsured Discount Program

Updated: June 2023

SCOPE:

This policy applies to services provided by Allina Health hospitals, hospital-based clinics, and ambulatory surgery centers that are wholly owned by Allina Health. This policy also applies to the following joint ventures: the St. Francis Regional Medical Center, and the Day Surgery Center of United Hospital and Children’s Hospital - St. Paul. This policy does not cover services provided by other Allina Health entities, including but not limited to: Allina Health Group, Metropolitan Heart and Vascular Institute, , Allina Home and Community Services, Hospice and Palliative Care, and Allina Health Home Care, Allina Community Pharmacies or Allina Health Emergency Medical Services.

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to (MD, NP, Administration, Contractors etc.)
All Metro and Regional Hospitals; All Allina Health Clinics and Hospital-Based Clinics, Allina Health Emergency Medical Services; Allina Health Laboratory; Allina Health Pharmacy	RCM	Patient Account Resolution Specialists Collections Representatives, Financial Clearance Representatives

Purpose:

The purpose of this policy is to provide a discount on billed charges to uninsured patients, and insured patients who receive uninsured treatment, for medically necessary care received from any Allina Health hospitals, hospital-based clinics and wholly owned ambulatory surgery centers.

Definitions:

Metro Hospitals – Abbott Northwestern, Mercy, United

Regional Hospitals – Buffalo Hospital, Cambridge Medical Center, New Ulm Medical Center, Owatonna Hospital, River Falls Area Hospital, St. Francis Regional Medical Center, Faribault Medical Center

Hospital-Based Clinics- Includes clinics in which the physicians are employed by a hospital and either provides services in the hospital or through a hospital-based clinic. The hospital-based clinic is included under the hospital’s license. See Attachment 1 for the list of hospital-based clinics and employed physicians that are included in this policy.

Uninsured – Patients without medical insurance.

Medically Indigent –

Refers to individuals who do not have health insurance and are not eligible for other health care coverage such as Medicaid and Medicare or are not able to afford private insurance.

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.



Uninsured Discount – A discount to an uninsured patient’s billed charges for medically necessary inpatient/outpatient hospital services and hospital-based clinic services in accordance with the guidelines of this policy.

Most Favored Insurer- The most favored insurer is the non-governmental third-party payer that provided the most revenue during the previous calendar year. There is one most favored insurer identified for Allina Health.

Uninsured Treatment- Any medically necessary treatment or service not covered by a government or non-government insurer excluding retail services and LASIK.

Policy:

In support of our values of integrity, trust, respect, compassion and stewardship, Allina Health hospitals and hospital-based clinics are providing a discount on charges to patients for medically necessary care delivered to those who are uninsured and ineligible for government programs or are otherwise medically indigent.

Allina Health hospitals and hospital based clinics strive to ensure that the financial capacity of people who need medically necessary services does not prevent them from seeking or receiving care. The discount program is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with the procedures to obtain the discount and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health and protection of their individual assets.

Procedure:

- A. Eligibility for Discount – Uninsured patients and insured patients who receive uninsured treatment will be eligible for a discount based upon their income level and the location of the services provided. All patients with an annual income at or below \$125,000 are eligible for a discount. A business unit may extend the discount to patients with an annual income above \$125,000. There are three discounts established, one for Metro hospitals, one for Regional hospitals, and one for hospital-based clinics.
- B. Discount to Charges- Discount levels will be established at the beginning of each year by the Vice President of Payor Contracting. The discount will recognize the differences in the fee schedules between the Metro and Regional Hospitals. The discount will be based on the average reimbursement rate among each group of hospitals provided to Allina Health’s most favored insurer.
 - 1. The Allina Clearance Review Committee must approve decisions outside of the guidelines established, following a thorough review of the presumptive circumstances in each case.
 - 2. Allina Health will update the Federal Poverty level information on an annual basis.
- C. Determination of Financial Threshold
 - 1. Hospital, hospital-based clinic or business office personnel will offer patients information about the discount program once the patient is identified as uninsured. If the patient indicates that their income is 275% of the Federal Poverty Level (FPL) or less, Allina Health staff will inform that patient that he/she may qualify for free care and will urge the patient to complete a Financial Assistance Application. (A copy of the Application is available on the AKN and AllinaHealth.org as an attachment to the Allina Health Partners Care Policy, Financial Procedure 401-02).
 - 2. Patients who do not qualify for free care through Allina Health’s Partners Care Policy, but whose annual household income is below \$125,000, will receive a discount on charges for

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medically necessary services as provided above if they are uninsured, or insured but receive uninsured treatment.

D. Communication of the Discount Program to Patients and the Public

1. Information about available financial assistance shall, at a minimum, include a toll-free contact number, the publication of notices on collection letters and by posting notices in the Emergency and Admitting Departments.
2. Such information shall be provided in the primary languages spoken by the populations served by the site.
3. Referral of patients for evaluation of eligibility for financial assistance and the Uninsured Discount Program may be made by any member of the staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, etc.
4. The patient, or a family member, a close friend or other person assisting the patient may make a request for evaluation of eligibility for financial assistance and the Uninsured Discount Program.

E. Joint Ventures- Each Allina Health leader of a joint venture in which Allina Health has an interest that operates an Ambulatory Surgery Center should discuss with the joint venture partners whether to adopt this policy at its site.

F. Regulatory Requirements –Allina Health will track all discounts provided to patients pursuant to this policy to ensure accurate reporting to regulatory agencies.

G. Policy Changes – This policy may be revised at any time as business needs require. The actual discount levels are established at the beginning of each year.

References:

Allina Partners Care Policy, Finance 401-02
Discounts and Single Case Agreements, Finance 401-01

ATTACHMENT
 Facilities Included in AG Agreement Uninsured Discount Program
 Sorted by Excellian Location
 Last Update: June 2023

Hospital Based Clinics.

Uninsured Discount

Excellian Facility	Excellian Facility Name	Excellian Location
207	ANW ECHO/EKG/HOLTER PB	ANEC
96	ANW GEN MED ASSOC ABBOTT*	ANGA
97	ANW GEN MED ASSOC CTR OP*	ANGC
197	ANW INTENSIVISTS PB	ANIN
228	ANW INTERNATIONAL TRAVEL*	ANIT
121	ANW MEDICAL ASSOCIATES	ANMA
317	ABBOTT NORTHWESTERN PROF SERV	ANPS
120	ANW ST CLOUD INTERNAL ME*	ANSC
196	ANW WOUND CLINIC PB	ANWC
206	ANW PARK HOUSE PB	APKH
99	ALLINA MENTAL HEALTH IP	BHAI
98	ALLINA MENTAL HEALTH ANW	BHAO
101	ALLINA MENTAL HEALTH MCY*	BHMI
102	ALLINA MENTAL HEALTH NOR*	BHMO
224	ALLINA BEH HLTH OWATONNA*	BHOW
229	ALLINA MENTAL HEALTH STF	BHSF
104	ALLINA MENTAL HEALTH UTD*	BHUI
103	ALLINA MENTAL HEALTH UTD	BHUO
236	ALLINA MENTAL HEALTH UTY*	BHUT
114	CHRONIC PAIN MANAGEMENT	CHRO
189	ANW CLINIC 42	CL42
186	CHRONIC PAIN MGMT CLINIC	CPMO
231	CARDIOVASCULAR SURGEONS *	CVSP
194	PENNY GEORGE INST FOR HL*	IHHA
108	MPLS CARDIOLOGY MPLS ANW	MCAN
106	MPLS HEART INST CROSBY	MCCR
107	MPLS HEART INST EDINA COC	MCED
125	MPLS HEART INST AT ANW HH	MCHH
110	MPLS CARDIOLOGY ST CLOUD	MCSC
289	MPLS CARDIOLOGY ST FRANCIS	MCSF
111	MPLS CARDIOLOGY SHAKOPEE	MCSH
105	MPLS HEART INST CARD THO*	MCTS
109	MPLS HEART INST WESTHEAL*	MCWH
245	MERCY GERIATRICS PB	MGER
112	MPLS HEART INSTITUTE BAX*	MHIB

276	MINNEAPOLIS HEART INSTIT*	MHIW
237	METROPOLITAN HRT & VASC *	MHVI
244	MIDWEST INT MED HOSPITAL*	MIMH
232	MERCY INTENSIVISTS PB	MINT
142	MERCY NEONATAL NP HOSPIT*	MNNP
119	MN PERINATAL PHYSICIANS *	MNPA
282	MN PERINATAL MAPLE GROVE	MNPM
200	MN PERINATAL PHYSICIANS *	MNPS
118	MN PERINATAL PHYSICIANS *	MNPU
266	MN PERINATAL AT WOODBURY	MNPW
143	MERCY PEDIATRIC HOSPITAL*	MPED
191	MERCY PAIN MANAGEMENT PB	MPMG
313	MN PERINATAL SARTELL	MPSR
137	MIDWEST INTERNAL MEDICINE	MWIM
215	ANW PALLIATIVE CARE PB	PALA
217	MERCY PALLIATIVE CARE PB	PALM
216	UNITY PALLIATIVE CARE PB	PALN
218	UNITED PALLIATIVE CARE PB	PALU
221	VPCI PALLIATIVE CARE PB	PALV
226	PHILLIPS EYE INSTITUTE PB	PEIO
283	SPORTS & ORTHO SPECIALISTS	SAOS
268	ST FRANCIS PROFESSIONAL	SFPS
115	SISTER KENNY RHB MPLS ANW	SKRA
116	SISTER KENNY RHB ST PAUL*	SKRU
198	SISTER KENNY SPRTS/PT-SA*	SKSP
113	THE VASCULAR CENTER	TVCM
170	UNITED ACCIDENT & INJURY*	UAIC
259	UNITY GERIATRICS PB	UGER
304	UNITED HEART & VASCULAR CLINIC	UHVC
222	UNITED HOSP MENOPAUSE CTR	UNMC
144	UNITY NEONATAL NP HOSPIT*	UNNP
123	UNITED OB ON CALL PHYSICIANS	UONP
140	UNITED PAIN CENTER	UPCT
192	UNITY PAIN MANAGEMENT PB	UPMG
220	UNITED EMERGENCY PHYSICI*	UTEP
195	UNITED HOSPITAL WOUND CL*	UWOU
126	THE VASCULAR CNTR HEART *	VCHH
199	VIRGINIA PIPER CANCER CT*	VPCC
302	VPCI UNITY	VPCU
241	MPLS HEART INST VASCULAR*	VSRG
190	WOMENS HEART HEALTH PROG*	WHHP
117	WOUND CLINIC	WOUN
434	COURAGE KENNY GOLDEN VALLEY	CKGV
435	COURAGE KENNY BURNSVILLE	CKBV
436	COURAGE KENNY STILLWATER	CKST
503	COURAGE KENNY FARIBAULT	CKFB



488	ALLINA HEALTH ASSESSMENT & REFERRAL	AHAR
495	Courage Kenny Pain Clinic ANW	CKPA
645	CAMB MENTAL HEALTH SVCS	CMHC