

# Allina Hospitals & Clinics

## System-Wide Policy

Department: Finance	Policy Title: Allina Partners Care
Page 1 of 2	Effective Date: November 2009 – October 2012
Approved by: Finance Council	Review Date: 10/19/2010
Reference Number: 401-02	Revised: 10/19/2009

**Scope:** Allina Hospitals and Clinics System-Wide

**Purpose:** This policy governs the provision of charity care, as defined below, to patients treated at Allina hospitals, hospital-based clinics, free standing clinics, and through specialty services. This policy applies to all activities conducted under the non-profit umbrella of Allina Hospitals and Clinics (AH&C) with the exception of unrelated business/retail activities. Consistent with Allina Hospitals and Clinics mission to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, Allina Hospitals & Clinics strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Allina Hospitals and Clinics are committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Charity care is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with procedures for obtaining charity or other forms of financial assistance, 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 healthcare services, for their overall personal health, and for the protection of their individual assets.

**Policy:** 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 Customer Service 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.

### **Procedure:**

**Responsibilities** – Responsibilities related to verifying patient financial 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.

### **Definitions:**

**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.

**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 Customer Service 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](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.

### **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