

Document Owner: Director, Revenue Cycle	Reviewed By: Finance Leadership Compliance	Approved By: Senior Leadership Team
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SCOPE

This Policy and Procedure applies to:

- Ambulatory Services
- Ambulance
- Clinics:
 - Home and Community
 - Maple Grove Hospital
 - North Memorial Health Hospital

PURPOSE

North Memorial Health is committed to empowering our customers to achieve their best health. This commitment includes providing financial assistance to qualified uninsured and underinsured customers when their ability to pay for services is a barrier to accessing emergency and medically necessary care.

POLICY

This policy is intended to describe the requirement for qualifying for and receiving financial assistance for emergency and medically necessary services through North Memorial Health's (NMH) financial assistance programs. The granting of free or discounted care shall be based on an individualized determination of financial need, and the eligibility status for other insurance/coverage programs, and shall not take into account age, gender, race, color, national origin, disability, social or immigrant status, sexual orientation or religious affiliation. Customers are expected to contribute to the cost of their care based on their individual ability to pay and to cooperate with NMH's procedures for obtaining all other forms of medical assistance (e.g., private health insurance, or any applicable federal, or state programs).

SCOPE

This policy applies to all NMH tax exempt hospital and clinic facilities within the NMH system, including both facility and professional services offered by North Memorial Health Hospital and Maple Grove Hospital, NMH hospice services, and NMH emergency transportation services. This policy will not apply to non-emergency or non-medically necessary services, NMH retail pharmacies, NMH Express Clinics, services provided by a non-NMH entity, or by a non-NMH provider.

DEFINITIONS

Amounts Generally Billed (AGB): Amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. Refer to Section 6.b of this Financial Assistance Policy (FAP) for the method of AGB calculation.

Charity Care: Healthcare services that have or will be provided by NMH but are not expected to result in cash inflows of an amount equal to the cost of care. Charity care results when an individual needing care meets eligibility criteria and is provided emergency or medically necessary care in accordance with NMH's Financial Assistance Policy.

ECA (Extraordinary Collection Actions): Actions taken by a hospital against an individual related to obtaining payment of a bill for care as described in the IRS Rule 501(r). Examples of ECAs are: lien on property, reporting adverse information to credit bureaus for closing on real property, attaching or seizing a bank account or any other personal property, commencing a civil action, causing an individual's arrest, subjecting an individual to writ of body attachment, or garnishing wages. Examples of non-ECAs are filing of a claim in bankruptcy court proceedings and liens filed by hospitals with respect to the proceeds of personal injury judgements, settlements, or compromises.

Eligible Customer: An eligible customer is an individual who meets the eligibility criteria described in this policy, whether he or she is (1) uninsured; (2) received coverage through a public program (e.g., Medicare, Medicaid, or subsidized health care coverage purchased through a health insurance exchange); or (3) is insured by a health plan.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, adoption, or considered a dependent on an income tax return.

Family Income: Family Income is determined starting with the Census Bureau definition, which uses the following income when computing federal poverty guidelines: Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability benefits, pension or retirement income, interest, dividends, rents, royalties, and estates and trusts, educational assistance, alimony, child support, financial assistance from outside the household, and other miscellaneous sources;

1. Noncash benefits (such as food stamps and housing subsidies) do not count;
2. Determined on a before-tax basis;
3. Excludes capital gains or losses; and
4. If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Federal Poverty Guidelines (FPG): The FPG establishes the levels of annual income for poverty as determined by the United States Department of Health and Human Services and are updated annually in the Federal Register.

Gross Charges: The total charges at NMH's full established rates for the provision of patient care services before reductions are applied.

Liquid Assets: Liquid Assets are defined as the sum of any assets held either in cash, marketable securities (IRA, Stock, 401K accounts), or other funds easily converted to cash.

Medically Necessary Care: For the purposes of determining whether a healthcare service is medically necessary care for the purposes of this policy, the following reference and procedure shall be used:

1. Emergency medical services provided in an emergency room setting shall be medically necessary care;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual shall be medically necessary care;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting shall be medically necessary care; and
4. Care, treatment, or services provided by a NMH provider/clinician, or physician practice, that are needed for the prevention, evaluation, diagnosis or treatment of a medical condition that in the opinion of a NMH credentialed treating physician/clinician and according to standard of care, is reasonably needed.

Reasonable Effort: Include notification by NMH of financial assistance policy upon admission, and in written and oral communication with the customer/guarantor regarding the customer's bill, including statements and telephone calls, before collection action are initiated.

Uninsured: The customer has no level of insurance or third party assistance to assist with meeting their payment obligations.

Underinsured: The customer has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed their financial abilities.

PROCEDURE

1. Services that are Eligible and Not Eligible under the Financial Assistance Policy

- a. Services Eligible for Financial Assistance:
 - i. Emergency services provided in a NMH emergency room setting;
 - ii. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of the individual;
 - iii. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
 - iv. Medically necessary services including care, treatment, or services provided by a NMH provider/clinician, or physician practice, that are needed for the prevention, evaluation, diagnosis or treatment of a medical condition that in the opinion of a NMH credentialed treating physician/clinician and according to standard of care, is reasonably needed;
 - v. Medically necessary care services include inpatient and outpatient services provided at a NMH hospital facility;
 - vi. Medically necessary services, evaluated on a case-by-case basis at NMH discretion.
- b. Services Not Eligible for Financial Assistance:
 - i. Non-NMH facilities, providers, or services;
 - ii. Services that are not considered emergency or medically necessary as determined by a NMH physician/clinician or physician practice;
 - iii. Third Party Liability, and/or Workers Compensation services;
 - iv. Optical, hearing aids, durable medical equipment, and retail medical supplies;
 - v. Cosmetic surgery or services;
 - vi. Infertility treatments;
 - vii. Retail pharmacy services including over-the-counter drugs or supplies;
 - viii. Non-emergency transportation;
 - ix. Laboratory services that are not related to emergency and medically necessary care; and
 - x. Services that are experimental interventions or cosmetic in nature.

2. Providers

Financial assistance is applied to eligible services delivered by medical care providers included in this Financial Assistance Policy, as noted in the attached ADDENDUM A: North Memorial Health System Providers Subject to and Not Subject to the Financial Assistance Policy.

3. Programs Available

- a. NMH Uninsured Discount
- b. NMH Financial Assistance Programs:
 - i. NMH Charity Care
 - ii. NMH Charity Care – Catastrophic Charity Care Cap
 - iii. NMH Charity Care – Senior Partners Care

4. NMH Uninsured Discount

- a. Pursuant to the Hospital's agreement with the Minnesota Attorney General, NMH offers discounts to customers who are residents of Minnesota and who are uninsured and require emergency and medically necessary health care services and who do not qualify for NMH Charity Care Programs. For customers who are approved for an Uninsured Discount the customer will receive the same discount as NMH provides its "most favored insurer" as defined by NMH Hospital Agreement with the Minnesota Office of the Attorney General. The Uninsured Discount does not apply to Ambulance/Medical Transportation Services.
- b. NMH offers an Uninsured Discount provided that Customer's Family Income is at or below \$125,000. There is no asset level requirement.
- c. Unless there is reason to believe that a Customer is not giving their correct address, the address provided will be considered accurate for purposes of qualifying as a Minnesota resident. If there is reason to believe otherwise, NMH shall have the right to pursue all lawful means of verifying the address.
- d. The Uninsured Discount will not be applied to customer balances after insurance payment including co-pays, deductibles, and co-insurance.
- e. The amount Uninsured Discount provided to customers will be calculated annually. NMH will calculate the Uninsured Discount separately for the following facilities/services:
 - (1) North Memorial Health Hospital
 - (2) Maple Grove Hospital
 - (3) North Memorial Professional Services

5. Eligibility for Financial Assistance Programs

- a. Financial Assistance Program Eligibility: Financial assistance shall be considered for those individuals who are uninsured, underinsured, and ineligible for any government programs, or otherwise are unable to pay for medically necessary care, based upon a determination of financial need in accordance with this policy and consistent with the mission and values of North Memorial Health. All customers must submit a Financial Assistance Application to be considered for Charity Care eligibility.
 - i. NMH Charity Care:

- a) NMH's insured or underinsured customers whose Family Income is at or below 275% of the Federal Poverty Level (FPL) will be provided access to NMH's Charity Care consistent with this policy through an application process.
- b) To qualify for Charity Care, a customer must meet the following income and asset guidelines:
 - (1) Income Level: The customer's combined annual Family Income is at or below 275% of the FPL. Customers who are eligible for State or Federal health care coverage, are eligible for NMH Charity Care up to the date of eligibility for the healthcare coverage.
 - (2) Asset Level:
 - 1. Customers whose Family Income is at or below 200% of the FPL with liquid assets under \$20,000 will be eligible for free care under this policy.
 - 2. Customers whose Family Income is at or below 200% of the FPL with liquid assets that exceed \$20,000 will not be eligible for free care under this policy.
 - 3. Customers whose Family Income is at or below 200% of the FPL with liquid assets that exceed \$20,000 will be eligible for free care under this policy, only if the customer provides payment to NMH to reduce liquid assets to \$20,000. The amount paid by the customer in this situation will not exceed the Amount Generally Billed.
 - 4. Customers whose Family Income is at or below 275% with liquid assets that exceed \$20,000 will be eligible for a discount established by the Amount Generally Billed (AGB) calculation of the FAP.
 - (3) Customers with insurance who are provided emergency medical and medically necessary services by NMH are required to have a claim submitted to the insurance carrier for payment or denial of payment prior to determining the amount eligible for charity care coverage under this policy.
- c) FAP-eligible uninsured or underinsured customer will not be personally responsible for more than the AGB calculated.

ii. North Memorial Health – Catastrophic Care Cap

- a) Customers who meet the eligibility criteria for Catastrophic Charity Care will not be personally responsible for more than 25% of their total annual verified income, or the Amount Generally Billed for the single episode of care, whichever is less.

- b) A customer who meets the eligibility criteria for NMH Charity Care may be granted additional catastrophic Charity Care assistance for eligible services, if they meet the following eligibility criteria:
 - (1) Customer must cooperate in applying for other coverage available to them;
 - (2) Customers with insurance must allow NMH to process a claim to their insurance and respond to all insurance requires within the time frame allowed;
 - (3) Customer must comply with Asset Level limitations related to Charity Care; and
 - (4) Eligibility is limited to a single episode of care, which includes any subsequent treatment of services related to that same episode of care, for services covered by this policy;
- iii. North Memorial Health – Senior Partners Care
 - a) NMH Senior Partners Care is a partnership between NMH and Senior Community Services and is not a coverage or an insurance. NMH health has agreed to waive hospital and clinic co-insurance and deductibles for members of this program. Members of this program understand that they are responsible for any items not covered by Medicare, such as take home drugs. NMH will provide for a Charity Care adjustment for amounts covered by this partnership. Please note:
 - (1) The Senior Partners Care program is for Minnesota residents with Medicare Part A and Part B;
 - (2) Applications for enrollment are sent to and processed by Senior Community Services. Customers may request an application or more information by calling 952-767-0665, or visiting www.seniorcommunity.org. Senior Community Services charges a fee for application processing;
 - (3) NMH customer's eligibility for Senior Partners Care is determined by Senior Community Partners. NMH does not make eligibility determinations for Senior Partners Care.
- b. Determination of Financial Need
 - i. Financial need will be determined in accordance with procedures that involve an individual assessment that include:
 - a) An application process to NMH, in which the customer or the customer's guarantor are required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need;

- b) Reasonable efforts by NMH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist customers to apply for such programs; and
 - c) Taking into account all other financial resources available to the customer listed in the Financial Assistance Application.
- c. Presumptive Eligibility: There are instances when a patient may appear eligible for Charity Care, but there is no Financial Assistance Application available to make a financial assistance determination. In the event that there is no evidence to support a customer's financial assistance eligibility, NMH may make a presumptive eligibility determination.
- i. Factors that may support a presumptive eligibility determination for Charity Care include, but are not limited to: customer is homeless at the time of care or customer resides at a low income/subsidized housing and provides a valid address.
 - ii. NMH may use third-party-provided presumptive determination of the customer's eligibility for financial assistance and provide a full or partial Charity Care discount on their remaining balance.
 - iii. NMH may use presumptive eligibility to decide not to seek payment for a customer account balance during the usual collection process. Where NMH's decision not to seek payment is based on a patient's financial hardship, these balances will be re-classified by NMH as Charity Care.
 - iv. Presumptive eligibility for State or Federal health insurance or grant programs that NMH may be enrolled is not considered an application for NMH's financial assistance programs.

6.Application Process for Financial Assistance

- a. Application Period for Financial Assistance: A customer must apply for financial assistance within 240 days after the date of the first post-services billing statement.
- b. Applications
 - i. An application for financial assistance may be obtained from any of the following sources:
 - a) North Memorial Health Hospital Registration Department;
 - b) Maple Grove Hospital Registration Department;
 - c) North Memorial Health – Financial Assistance, 3500 France Avenue North, Suite 106, Robbinsdale, MN 55422;
 - d) North Memorial Health Ambulance, 4501 68th Avenue North, Brooklyn Center, MN 5542;

- e) Download an application by visiting NMH's website at <https://northmemorial.com>.
- c. The Financial Assistance Application will contain the information and documentation required for financial assistance, the phone number and physical locations of the NMH departments that can provide additional information and the phone number and physical location of the NMH departments that can assist with the application process.
- d. Customers must complete and submit a NMH Financial Assistance Application to apply for financial assistance.
- e. Completed applications including all required information and documentation should be submitted to NMH for eligibility determination:
 - i. North Memorial Health Hospital – Financial Assistance, 3300 Oakdale Avenue North, Robbinsdale, MN 55422
 - ii. Delivered in person at the following locations:
 - a. North Memorial Health Hospital Registration Department;
 - b. Maple Grove Hospital Registration Department;
 - c. North Memorial Health – Financial Assistance, 3500 France Avenue North, Suite 106, Robbinsdale, MN 55422;
 - d. North Memorial Health Ambulance, 4501 68th Avenue North, Brooklyn Center, MN 55422.
- f. Requests for eligibility for financial assistance shall be processed promptly and NMH shall notify the customer or applicant of eligibility determination in writing within 30 days of receipt of a completed application.
- g. Incomplete Applications: NMH reviews submitted applications only once they are complete, and will determine whether a customer is eligible according to the NMH FAP. Incomplete applications are not considered. Customers are notified by mail or by phone when their application is incomplete and provided an opportunity to send in the missing documentation or information within 30 days from customer notification (i.e., date of customer mailing or phone conversation).
- h. NMH has the right to deny an application for financial assistance if:
 - i. Financial assistance application is incomplete and missing information is not provided by customer within 30 days of customer notification;
 - ii. The applicant provides false information;
 - iii. The customer does not qualify for the Financial Assistance Programs provided for in this policy;
 - iv. The customer does not choose to obtain other coverage available; or
 - v. The customer elects not to bill their insurance for a procedure or date of service.
- i. If a customer's application for financial assistance is denied, the reason for denial will be explained in the FAP denial letter. A customer who believes that their application was not

properly considered may appeal the decision. Instructions for completing the appeal process are including the FAP denial letter.

- j. Revoking Application/Eligibility for Financial Assistance: NMH has the right to, and may revoke, rescind or amend awards when:
 - i. A case of fraud, misrepresentation, theft, changes in a customer's financial situation or other circumstances that undermine the integrity of the FAP;
 - ii. A customer has been screened for a public or private health coverage program and is presumed eligible, but is not cooperating with the process to apply for the public or private health coverage program.
- k. The need for payment assistance shall be re-evaluated at least every six months provided an updated application is submitted for NMH financial assistance.

7. Financial Assistance Program Discounts

- a. North Memorial Health customers who are eligible for NMH Charity Care will be provided the following charity care discount:

Family Income as % of Federal Poverty Guidelines	Charity Care Discount Provided
< = 200%	100% discount from billed charges
201% to 275%	Amount owed not to Exceed AGB

- b. Amount Generally Billed (AGB) Discount Calculation
 - i. For customers who are approved for AGB Discount for emergency and medically necessary care the customer responsibility will not exceed the amount established by AGB calculation.
 - ii. Charity Care eligible customer will not be charged more than the AGB Discount for emergency or other medically necessary care. The AGB Discount is based upon a look-back method with the following calculation:
 - a) Review of actual past claims paid by Medicare fee-for-service and all private insurers that pay claims to the hospital facilities during a prior 12-month period and determination of the average percent of allowed payments to gross charges for claims paid;
 - b) Allowed payments include payments owed by the individual, including co-pays, co-insurance and deductibles, regardless of whether they have been paid.
 - c) NMH will calculate the AGB separately for the following categories of care:
 - (1) North Memorial Health Hospital (includes ambulance, hospice and lab services)
 - (2) Maple Grove Hospital
 - (3) North Memorial Health Professional Services

- d) AGB will be calculated at least annually. The annual AGB discount will be applicable by the 120th day after the 12-month period used for calculating the AGB percentage.
- c. North Memorial Health – Catastrophic Care Cap
 - i. In order to determine if the NMH customer would qualify for the Catastrophic Care Cap the customer's total annual income will be verified through the financial application process. The verified annual income amount will be multiplied by 25% to establish the Catastrophic Care Cap, or the cap on the total amount the customer would pay for the episode of care;
 - ii. For the episode of care that the Financial Assistance Application is applied for the AGB discount would be calculated;
 - iii. The customer will pay the lesser amount of the Catastrophic Care Cap or the AGB calculation.

8. Billing and Collections Policy

- a. NMH shall enforce a zero-tolerance standard for abusive, harassing, oppressive, false, deceptive, or misleading language or collection conduct by its debt collection agency, and their agents and employees, and NMH employees responsible for collecting medical debt from NMH customers.
- b. NMH shall maintain a policy and established procedures to be utilized by the NMH's third party collection agencies related to the collection practices regarding the collecting of debt from NMH customers.
- c. NMH's management shall maintain policies and procedures for internal and external collection practices that take into account the extent to which the customer qualifies for financial assistance, a customer's good faith effort to apply for a governmental program or for free or discounted care from NMH, and a customer's good faith effort to comply with their payment agreements.
- d. Before engaging in any collection action(s) NMH customer's customers/guarantors are informed of NMH Financial Assistance Programs.
- e. NMH may contract with outside collection agencies to pursue collection of delinquent accounts. All unpaid accounts without prior exception or payment arrangement are placed in outside collection with an agency after a minimum of 120 days from the post-discharge statement and the delivery of all scheduled customer account statements to the customer/guarantor has occurred. NMH's outside collection agencies will return any accounts to NMH for financial assistance review that they determine to qualify for financial assistance according to the eligibility criteria outlined in NMH's FAP. NMH's placement with an outside collection agency prior to 120 days is permitted in the following situations:

- a. The customer/guarantor bill/statement is returned due to an invalid mailing address;
- b. The customer/guarantor has communicated that they do not intend to pay the charges;
- c. The customer/guarantor defaulted on a payment plan and does not meet the Financial Assistance Policy eligibility criteria.
- f. NMH does not conduct, or permit collection agencies to conduct on their behalf, Extraordinary Collection Actions (ECAs) against individuals before reasonable efforts have been made to determine whether the customer is eligible for NMH financial assistance. ECAs include, but are not limited to: wage garnishment, lawsuit, property liens, property foreclosure, reporting customer debt to credit reporting agencies, and Revenue Recapture through the Minnesota Department of Revenue (applicable to North Memorial Health Ambulance only).
- g. NMH will not give any outside collection agency or attorney any blanket authorization to take legal action against its customers for the collection of medical debt.
- h. NMH will not give any outside collection agency or attorney any blanket authorization to pursue the garnishment of customers' wages or bank accounts.
- i. NMH customers/guarantors will be provided written notice at least 30 days prior to an ECA of financial assistance available to them. Notice will include a copy of the FAP Plain Language document.

9. Emergency Medical Treatment and Active Labor Act (EMTALA) Policy

- a. NMH shall provide emergency medical services in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA) and applicable regulations.
- b. NMH shall not engage in actions that discourage individuals from seeking emergency medical services, and it shall provide emergency medical services without discrimination and regardless of health coverage or financial status. NMH maintains a separate emergency medical care policy separate from the Financial Assistance Policy.

10. Communication of North Memorial Health's Financial Assistance Programs

- a. Notification about NMH financial assistance programs shall include contact information and shall be disseminated by NMH by various means, which may include, but are not limited to, the publication of notices in customer billing statements and by posting notices in emergency rooms, admission areas, admitting and registration departments, hospital business offices, customer financial assistance offices located on and off hospital facility campuses, and at other public places as NMH may elect. Such information shall be provided in the primary languages spoken by the population serviced by NMH.

- b. Information about NMH Financial Assistance Programs including copies of the NMH Financial Assistance Application forms are available to the general public without charge. This information is available in any of the following ways:
- i. Electronic copies can be accessed on the NMH, North Memorial Health website at <https://northmemorial.com>
 - ii. Paper copies are available:
 - a) North Memorial Hospital – Financial Assistance, 3300 Oakdale Avenue North, Robbinsdale, MN 55422
 - b) By calling: (763) 581-4480, or (866) 358-2644,
 - c) Upon request at the following locations:
 - i. North Memorial Hospital Registration Department
 - ii. Maple Grove Hospital Registration Department
 - iii. North Memorial Hospital – Financial Assistance, 3300 Oakdale Avenue North, Robbinsdale, MN 55422
 - iv. North Memorial Health Ambulance, 4501 68th Avenue North, Brooklyn Center, MN 55422
 - d) Provided to customers during admission to a hospital facility.

11. Addendums to this policy may be revised and updated by the Director of Revenue Cycle Services.

REFERENCES/ATTACHMENTS

Addendum A: North Memorial Health System Providers Subject to and Not Subject to the Financial Assistance Policy
Addendum B: North Memorial Health Financial Assistance Program Discounts
Emergency Medical Treatment and Active Labor Act (EMPTALA) Policy
Financial Assistance Policy Plain Language Document

TABLE OF REVISIONS

Date	Description of Change(s)
6/8/17	Replace Financial Assistance Policy (Effective date: 12/1/2016)

North Memorial Health

ADDENDUM A: North Memorial Health System Providers Subject to and Not Subject to the Financial Assistance Policy

The following North Memorial Health hospitals, clinics, departments, and hospital organizations are covered under the North Memorial Health Financial Assistance Policy for emergency and medically necessary services provided by the NMH Financial Assistance Policy (FAP):

NORTH MEMORIAL HEALTH	SERVICES COVERED
North Memorial Hospital – Robbinsdale, MN	Emergency and Medically Necessary Inpatient Care Professional and Facility Services
Maple Grove Hospital – Maple Grove, MN	Emergency and Medically Necessary Inpatient Care
North Memorial Health, Emergency Department – Robbinsdale, MN	Emergency and Medically Necessary Care
Maple Grove Hospital, Emergency Department – Maple Grove, MN	Emergency and Medically Necessary Care
North Memorial Health Clinic – Blaine, MN	Medically Necessary Care
North Memorial Health Clinic – Brooklyn Center, MN	Medically Necessary Care
North Memorial Health Clinic – Brooklyn Park, MN	Medically Necessary Care
North Memorial Health Clinic – Camden, MN	Medically Necessary Care
North Memorial Health Clinic – Eden Prairie, MN	Medically Necessary Care
North Memorial Health Clinic – Elk River, MN	Medically Necessary Care
North Memorial Health Clinic – Golden Valley, MN	Medically Necessary Care
North Memorial Health Clinic – Maple Grove, MN (Arbor Lakes)	Medically Necessary Care
North Memorial Health Clinic – Minneapolis, MN (Downtown)	Medically Necessary Care
North Memorial Health Clinic – Minneapolis, MN (North East)	Medically Necessary Care
North Memorial Health Clinic	Medically Necessary Care

– Minnetonka, MN	
North Memorial Health Clinic - New Hope, MN	Medically Necessary Care
North Memorial Health Clinic – Plymouth, MN	Medically Necessary Care
North Memorial Health Clinic – St. Anthony, MN	Medically Necessary Care
North Memorial Health Urgency Center – Blaine, MN	Medically Necessary Care
North Memorial Health Urgency Center – Minnetonka, MN	Medically Necessary Care
North Memorial Health Urgent Care – Maple Grove, MN	Medically Necessary Care
North Memorial Health Urgent Care – Roseville, MN	Medically Necessary Care
North Memorial Health Air Care	Emergency Air Transportation (No uninsured discount available.)
North Memorial Health Ambulance	Emergency Ambulance Transportation (No uninsured discount available)

A list of individual North Memorial Health Providers covered by the NMH FAP can be located by visiting our website at: <https://northmemorial.com/find-a-doctor/doctor-search/>

The following list of Partner Clinics/Providers are not covered by the NMH FAP. This list is subject to change.

PROVIDER PRACTICE
Clinic Sofia
Fairview Maple Grove Cancer Center
Fairview Rogers Clinic
Harrington Plastic Surgery
Institute for Low Back and Neck Care
Kovada Plastic Surgery
M Health Maple Grove Medical Center
Maple Grove Ambulatory Surgery Center
Maple Grove Surgical Specialists
Metro Foot and Ankle Clinic

Midwest Center for Reproductive Health
Midwest Spine Institute
Minneapolis Clinic of Neurology
Minneapolis Radiology Associates
Minneapolis Vascular Physicians
Minnetonka Ambulatory Surgery Center
Minnesota Bone & Joint Specialists
MMK Plastic Surgery
North Clinic
North Clinic Obstetrics and Gynecology
North Clinic Surgical Division
Northwest Family Physicians
Oakdale Ear, Nose and Throat
Oakdale Obstetrics and Gynecology
Paparella Ear, Head and Neck Institute
Park Nicollet – Maple Grove
Partners in Pediatrics
Respiratory Consultants
South Lake Pediatrics
Specialists in General Surgery
Twin Cities Orthopedics
Wayzata Children's Clinic
Wayzata Plastic Surgery
University of Minnesota Physicians

ADDENDUM B: 2017 NMH Discount Rates

1. Amounts Generally Billed (AGB) Discounts by NMH service category/entity:

SERVICE CATEGORY/ENTITY	AGB as a % of Charges	AGB Discount
North Memorial Health Hospital and Maple Grove Hospital	35.5%	64.5%
North Memorial Professional Services	41.4%	58.6%

2. Uninsured Discounts by NMH service category/entity:

SERVICE CATEGORY/ENTITY	Uninsured Discount off Charges
North Memorial Health Hospital and Maple Grove Hospital	47.5%
North Memorial Hospital-Based Professional Services	42%