



Policy Title: Financial Assistance	
Document Manual: Business Services	Document Owner: Chief Financial Officer, Director of Business Services
Departments Impacted: All	

Policy:

The purpose of this policy is to ensure that patients at Glencoe Regional Health have access to high-quality, safe, and accessible healthcare regardless of their ability to pay. The policy outlines the financial assistance available to eligible individuals and provides clear procedures for applying for and receiving assistance.

Glencoe Regional Health provides care, without discrimination, for all identified hospital and emergency medical conditions. It is the policy of Glencoe Regional Health to comply with the federal statute known as Emergency Medical Treatment and Labor Act (EMTALA).

Guarantors may be eligible for a 10% prompt pay discount when the balance is paid in full within 30 days of your statement. To receive a prompt pay discount, guarantors must contact Business Services at 320-864-7780.

To apply for financial assistance patients must complete an application and submit with a copy of the most recent tax return and proof of ineligibility to Medicaid or eligibility with a spenddown. Glencoe Regional Health will use our certified MN Sure Navigator to assist in proof of Medicaid eligibility, when possible. If we are unable to assist, we will provide instructions to contact your county human services department. The discount is valid for the entire calendar year. Applications must be completed each calendar year and will be considered for services for the entire calendar year the application is signed. Applications for previous calendar years will not be considered.

Patients must exhaust all efforts with third-party insurance, including following all the rules of their insurance policy which includes responding to all requests within the timeframes allowed. Custodial care patients do not qualify for financial assistance.

Collection efforts will not be initiated while the patient's financial assistance application is pending. Patients must meet the monthly minimum payment requirements for any balances due after financial assistance has been applied. Please refer to the collections policy for specific minimum payment requirements and actions Glencoe Regional Health may take in the event of nonpayment.

Additional information regarding financial assistance can be obtained by calling the Financial Representative at 320-864-7101, in person at 1805 Hennepin Avenue North, Glencoe, MN 55336 and online at grhsonline.org/billing.



Definitions:

Uninsured care: Annual household income is less than \$125,000 annually without health insurance. The uninsured care program discount for 2025 is 41%.

Uncompensated care: Based on federal poverty guidelines, patients who have income up to 4 times the poverty guidelines may qualify for assistance. All insurance options, including medical assistance, must be used before assistance is approved.

Custodial Care: When a patient chooses to stay in the hospital after a physician discharges.

Procedure: The Business Services Department will approve all financial assistance applications and provide a response in writing with approval or request for additional information within 30 days. Written responses will be in the form of a letter and mailed to the applicant at the address provided on the application.

Addendum/Addenda: Federal poverty guideline table and examples:

Family Size*	2025 Federal Poverty Level	200% Federal Poverty Level <i>Free Care</i>	400% Federal Poverty Level <i>Discount Maximum</i>
1	\$15,650	\$31,300	\$62,600
2	\$21,150	\$42,300	\$84,600
3	\$26,650	\$53,300	\$106,600
4	\$32,150	\$64,300	\$128,600
5	\$37,650	\$75,300	\$150,600
6	\$43,150	\$86,300	\$172,600
7	\$48,650	\$97,300	\$194,600
8	\$54,150	\$108,300	\$216,600

*For households with more than 8 persons, add \$5,500 for each additional person. Each person must be included on the applicant’s previous year’s tax return.

Example 1: A family of four has an annual income of \$42,250. Because their annual income is less than two times the Federal Poverty rate, they would qualify for free care after applying for Medical Assistance.

Example 2: A family of five has an annual income of \$90,000. Because their annual income is more than two times the Federal Poverty level, but less than four times the Federal Poverty level, they would qualify for a 50% discount on their outstanding self-pay bill for the calendar year after applying for Medical Assistance.

Relevant Reference:
Collections Policy