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

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 first statement.

To apply for financial assistance patients must complete an application and submit with a copy of the most recent tax return and comply with requirements to apply for Medicaid when applicable. Glencoe Regional Health will use our certified MN Sure Assisters to assist with 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.

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. Patient's 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 Patient Financial Services at 320-864-7101, in person at 1805 Hennepin Avenue North, Glencoe, MN 55336 and online at https://grhsonline.org/billing.

Amounts Generally Billed ("AGB") Calculation

"Amounts Generally Billed" (AGB) is a term that refers to amounts that are typically billed to individuals who have insurance covering emergency or other medically necessary care. The AGB

discount calculation for Glencoe Regional Health is 46%. After a patient's eligibility for financial assistance under this policy is determined, a financial assistance-eligible patient will not be charged more than AGB to insured patients by Glencoe Regional Health for emergency or other medically necessary care.

To calculate the AGB, Glencoe Regional Health uses the "look-back" method described in section 4(b)(2) of the IRS and Treasury's 501(r) rule. In this method, Glencoe Regional Health uses data based on claims sent to Medicare fee-for-service and all private commercial insurers for all care provided over the past year to determine the percentage of gross charges that is typically allowed by insurers.

List of Providers

Glencoe Regional Health is required to list all providers, other than the hospital itself, delivering emergency or other medically necessary care in the hospital and specify which providers are covered by this Policy and which are not. The provider list is maintained in a separate document. Patients can request a paper copy by contacting the Patient Financial Advocate office at the Glencoe Clinic, by calling 320-864-7101 or by clicking here: Provider Spreadsheet

Presumptive Eligibility

Glencoe Regional Health may presumptively determine that a patient is eligible for financial assistance based on prior eligibility determination or meeting certain circumstances for financial assistance, which include:

- Homelessness;
- Qualification and effective date for Medicaid following the service dates;
- Deceased;
- Enrollment in other federal, state or local assistance programs that are at or below the annual income requirements in this policy (ex. Patient's valid address is considered low income or subsidized housing).

Communication of Financial Assistance to patients

Notification about financial assistance from Glencoe Regional Health will be disseminated by various means, which include, but are not limited to:

- Publication of notices in admitting and patient access departments, patient financial advocate office, and emergency room.
- Patients who are uninsured receive a phone call and mailed financial assistance application within 30 days of discharge.
- Providing notification on billing statements.
- Posting of information, including policies, applications and plain language summaries on our public website, glencoehealth.org.

- Patients will receive a printed copy of the plain language summary upon discharge from the hospital in observation and inpatient statuses.
- All Glencoe Regional Health employees who have direct contact with patients will be educated on an annual basis of the financial assistance policy. This will include the existence of the various financial assistance programs available and how a patient may obtain more information and submit an application for financial assistance.
- During the pre-registration, registration, or admission process, Glencoe Regional Health will attempt to identify all third-party payers that may be obligated to pay for services provided to a patient; and attempt to educate patients who may be eligible for financial assistance.
- All patients receive a mailed financial assistance application prior to sending any account to collections.

Uninsured care: Annual household income is less than $125,000 annually without health insurance. The uninsured care program discount for 2026 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*	2026 Federal Poverty Level	200% Federal Poverty Level *Free Care*	400% Federal Poverty Level Discount Maximum
1	$15,960	$31,920	$63,840
2	$21,640	$43,280	$86,560
3	$27,320	$54,640	$109,280
4	$33,000	$66,000	$132,000
5	$38,680	$77,360	$154,720
6	$44,360	$88,720	$177,440
7	$50,040	$100,080	$200,160
8	$55,720	$111,440	$222,880

*For households with more than 8 persons, add $5,680 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
IRS Section 501(r)(6)- Billing and Collections