

**Glacial Ridge Health System
Glenwood, MN 56334**

Title: CHARITY CARE/FINANCIAL ASSISTANCE POLICY	Policy # 120.01			
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Department/Indicator: BUSINESS OFFICE	Effective Date: 06-21-04			
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Distribution: BUSINESS OFFICE, ADMINISTRATION, BOARD OF DIRECTORS	06/18 KH	11/18 KH	06/21 KH	10/21 KH
	05/22 KH	05/26 KH	03/25 KH	06/25 KH

The mission of Glacial Ridge Health System (GRHS) is to provide the highest quality “heartfelt” care to the communities we serve. The vision of GRHS is to be the healthcare provider of choice by providing compassionate and comprehensive healthcare services.

A patient determined to be eligible for Financial Assistance may not be charged more than amounts generally billed for emergency or other medically necessary care compared with patients that have insurance for the same care.

GRHS realizes that in order to fulfill our mission, there are some situations that may require financial forgiveness, or charity care. Charity care is care for which a hospital does not charge because it has been determined that the patient cannot afford to pay. The level of charity care for a particular hospital may reflect a charitable mission of the hospital, or may reflect the socioeconomic conditions of the patients and the service area of the hospital. A low level of charity care does not necessarily mean a lack of commitment to serve the community. Charity care is an option to consider after all financial possibilities are exhausted.

Charity Care is intended to assist those low-income, underinsured, and/or uninsured individuals who do not otherwise have the ability to pay full charges as determined under the hospital’s qualification criteria. It should take into account each individual’s ability to contribute to the cost of his or her care.

Considerations should also be given in providing financial assistance on a case-by-case basis to patients who have exhausted their insurance benefits and/or who exceed financial eligibility criteria but face extraordinary medical costs. Hospital financial aid is **not** a substitute for employer-sponsored, public, or individually purchased insurance.

Who is eligible for charity care?

GRHS will limit these programs to people not eligible for government medical assistance programs, those unable to pay their medical bills, or those with limited financial resources.

Services eligible for financial assistance include emergency care, services deemed medically necessary and, in general, care that is non-elective and needed in order to prevent death or adverse effect to the patient’s health.

Patients who are uninsured or underinsured and have a household income between 101% and 200% of Federal Poverty Guidelines may receive discounted care based on a sliding scale.

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Patients with a household income at 100% of Federal Poverty Guidelines or below may qualify for 100% discount based on a sliding scale.

Determining Discount Amount

When eligibility for charity care has been established, GRHS awards discounts based on the table below. The discount is applied to services received in the preceding 6 months.

Percentage of Poverty Guidelines	100%	120%	140%	160%	175%	180%	200%
Charity Care Award	100%	80%	60%	40%	25%	25%	25%

Applying for Charity Care

To apply for charity care, patients must submit an application/determination of eligibility form (including supporting documents) to 10 Fourth Avenue SE, Glenwood, MN 56334 either in person or by mail.

Individuals can request an application by phone (320-634-4521) or by mail (send request to 10 Fourth Avenue SE, Glenwood, MN 56334 Attn: Patient Account Rep). They are available in person at the hospital registration desk and in the emergency department. Applications and information about Charity Care/Financial Assistance are available online at <https://www.glacialridge.org/patients>.

In addition to completing an application, the following information is required:

- IRS 1040 Tax Return, W-2s, and supporting schedules for the most recent year
- Pay Stubs for the last 2 months
 - If you did not file a tax return last year, please provide pay stubs for the last 3 months.
- Statement of Pension / Retirement Income
- Statement of Social Security / Disability Benefits
- Statement of Worker’s Compensation / Unemployment Compensation
- County / Government Assistance
- Child Support / Spousal Support
- Bank Statements for the last 2 months for all accounts
- Invoices or Statements for the last 2 months for all expenses listed

Information about charity care can be accessed at the facility registration desks, in the emergency department, at the business office and in the patient’s admission packet.

Charity Care applications are valid for 6 months.

Individuals who do not have the documents listed above, have questions about the application,

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or need assistance, may contact our patient account representative by phone at 320-634-4521 or in person at 10 Fourth Ave SE, Glenwood, MN 56334.

How does GRHS check on eligibility?

1. GRHS identifies any uninsured, underinsured, or self-pay patients.
2. Patient completes application/determination of eligibility form.
3. Patient completes financial statement that includes income, assets, and liabilities. Patient supplies documentation of resources (i.e., W-2 pay stubs, tax forms, etc.) and outstanding obligations (i.e., bank statements, loan documents, etc.).
4. GRHS considers federal poverty guidelines and family size.
5. GRHS verifies third-party coverage, if indicated.
6. GRHS staff person interviews patient to assess if the patient: has the ability to pay in full, has the ability to pay reasonable monthly installments, or qualifies for financial assistance.
7. GRHS attempts to secure federal, state, or local funding, if appropriate.
8. After GRHS makes an initial determination of insufficient funds, income, and health care benefits, the claim becomes eligible for final review, often by a committee comprised of CEO and CFO, to see if it meets the federal poverty guidelines.

Who can authorize/distribute an application for charity care?

Charity care applications are distributed at registration desks, in the emergency department, or from the Patient Account Representative. Upon completion of that application, it is the Patient Account Representative's responsibility to review, gather appropriate data and forward it to the CFO, who will review with the CEO - who will make the final decision for GRHS to either grant or deny charity care.

How much is designated for charity care annually?

The Board of Directors will designate a monetary value specifically set aside for charity care annually. Once these funds have been assigned to applicants and funds have been depleted, no more will be allotted to the charity care fund until the next fiscal year.

Eligible Providers

In addition to care delivered by Glacial Ridge Health System, emergency and medically necessary care delivered by the providers listed below are also covered under this charity care policy:

Glenwood Medical Center
Brooten Medical Center

Starbuck Medical Center

This policy does not apply to any fees from outside entities such as visiting doctors, specialists, reference labs, or radiologists.

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Reminder

Charity care policies do not eliminate personal responsibility. All patients are expected to contribute to their care based on their individual ability to pay.

If patients make no attempt to make contact regarding their bill or make a payment after 45 days of the patient being personally responsible for the debt, a letter is mailed to the patient and the debt is sent to a third-party collection agency. The collection agency may request authorization for legal handling. The debt may be submitted to the MN Revenue Recapture program where future state refunds may be used to pay on your medical debt. As allowed under the Revenue Recapture Act, MN Department of Revenue will apply a \$15 fee each time a refund is sent to us and will continue each year until your balance is paid in full or the statute of limitations has been met.