

POLICY TITLE:	Community Care Program
POLICY #	4-Policy-4
DEPARTMENT:	Patient Accounts
DEPARTMENTS AFFECTED:	Patient Accounts, Finance
LEAD AUTHOR:	Heidi Price
EFFECTIVE DATE:	05/28/2026
LAST REVISED DATE:	05/18/2026
APPROVAL AUTHORITY	Policy Review Committee
STANDARD(S):	N/A

SUMMARY OF CHANGES: Major changes, read in full.

PURPOSE:

Riverwood Healthcare Center is committed to providing high quality health care for patients who seek services, including those individuals who lack the means to pay for such services. This policy sets forth the policy and procedures by which such patients can access Community Care Program.

DEFINITIONS:

Amounts Generally Billed (AGB) Limit: The average amount collected by Riverwood Healthcare Center for providing emergency and other appropriate hospital-based medical services to individuals who have insurance covering that services, as defined in IRS Reg. 1.501(r)-1(b)(1). The amount generally billed is calculated by dividing the sum of the amounts of all its claims for emergency and other medically necessary care that have been allowed by health insurers during the prior 12-month period by the sum of the associated gross charges for those claims. The AGB percentages will be updated annually.

Income Limitation: The method of determining income shall include, but is not limited to, gross income plus nontaxable retirement income (i.e., Social Security), child support, unemployment compensation as well as any payments received for living expenses and “in kind” payments (i.e., use of property rent free). The value of food stamps and housing subsidies will be excluded from “in-kind” payment consideration/

Asset Limitations: The following will be considered a liquid asset: checking and savings accounts, health saving accounts, money market accounts, certificates of deposits (CDs), value of stocks, bonds, and IRAs where the recipient is not assessed a penalty of early withdrawal of the funds.

Community Care: Discounts on all charges for medical services given to patients that are considered uninsured or medically indigent at the time of said charges.

Medically Necessary Care and Services: Medically necessary care and services include health care services or supplies needed to diagnose, prevent, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine. Examples of non-medically necessary services are cosmetic procedures, experimental or non-traditional care or test, retail services such as dry needling or retail pharmacy. Riverwood Healthcare Center reserves the right to determine on a case-by-case basis, whether the care or services meet the definition of standards of medically necessary.

Financial Assistance Program: A program to provide health care services free or at a discount to individuals who qualify by meeting income and asset guidelines. This is the Community Care Program at Riverwood Healthcare Center.

Uninsured: A patient who does not have third party health care coverage.

Medically Indigent: Patients whose health insurance coverage does not provide full coverage (to include deductible and coinsurances) for all medically necessary care and who, due to their financial resources and in some instances due to the size of their medical bills, are not able to pay the full amount charged.

POLICY:

Riverwood Healthcare Center's policy ensures proper identification of patients eligible for the Community Care Program. This program supports uninsured or medically indigent patients who meet income and asset criteria. It is not a substitute for personal responsibility—patients must cooperate and contribute based on ability to pay. All other financial aid options must be exhausted before requesting Community Care benefits. Administration may override documentation requirements in special cases (e.g., deceased patients). The program applies to patients without any health coverage or those with remaining balances after insurance payments, covering medically necessary hospital and clinic services.

PROCEDURE:

1. SCREENING:

Riverwood Healthcare Center will screen all patients for potential eligibility for financial assistance and determine whether a patient who is uninsured, underinsured, or whose insurance coverage status is not known by Riverwood Healthcare Center is eligible for financial assistance. Riverwood Healthcare Center will attempt to complete the screening process either in person or by telephone within 30 days after the patient receives services.

When Riverwood Healthcare Center evaluates a patient's eligibility for community care, Riverwood Healthcare Center will request the responsible party to provide verification of assets or income information that is reasonably necessary and readily available to determine eligibility and facts relevant to determine eligibility. Riverwood Healthcare Center will not request duplicative information as part of its verification of assets or income.

Upon completion of the screening process Riverwood Healthcare Center will determine whether the patient is ineligible or potentially eligible for financial assistance. For those eligible, Riverwood Healthcare Center will assist patients in applying for financial assistance and refer them to the appropriate department within Riverwood Healthcare Center for follow-up. Final determinations of financial assistance will require patients to submit a completed financial assistance application and may require appointments or discussion with hospital financial advisors.

2. APPLYING FOR FINANCIAL ASSISTANCE:

- All patients desiring consideration under the Riverwood Healthcare Center Health Community Care program must apply for assistance in writing disclosing financial information that is considered pertinent to the determination of the patient's eligibility for community care. Persons requesting assistance will be given a Community Care application form.
- Completed Community Care applications are submitted to a Riverwood Healthcare Center Health Financial Counselor Representative.
- Applications for Community Care must include verification of income and the value of liquid assets. Verification may be obtained from one or more of the following forms of documentation:
 - A copy of the previous year's IRS Federal 1040 form(s) prepared for the family. The previous year's Income Tax filing is acceptable up to February 15th of the current year. Current year's income tax filing is required after February 15th. Dependents over the age of 18 will be included in family size calculation only if they are list on the tax return. If self-employed, a copy of the completed Schedule A – Itemized Deductions and Schedule C – Profit or Loss from Business, is also required.
 - A copy of the most recent four pay stubs with year-to-date earnings for the patient or guarantor and spouse.
 - Copies of the most recent detailed bank statements for the household (savings, checking, health saving and money market accounts).
 - A copy of the Social Security gross income information award letter.
 - A copy of forms approving or denying unemployment or worker's compensation benefits.
 - A copy of monthly pensions or income from retirement plans.
 - Written verification from public welfare agencies or any other governmental agency, which can attest to the patient's income status for the patient or guarantor.
 - Denied Medicaid application request and documentation indicating MNSure premiums.
- The application is reviewed and approved or denied based on the above guidelines by the CFO or Patient Accounts Manager within 30 days of a completed application being provided to Riverwood Healthcare Center Health.
- Persons will be notified of the decision of eligibility for Riverwood Healthcare Center Community Care Program

Eligibility guidelines

1. Patients should have an accumulated self-pay balance.
2. Patient's family income must be at or below 300%.
3. Patient whose insurance coverage and/or ability to pay medical bills in limited. Provide a discount on bills for emergent and medical necessary care. The program may cover current and outstanding bills and may remain in effect for 12 months after enrollment.
4. Patients with Medicare A & B only are encouraged to apply for assistance with co-pays, deductible and non-covered services utilizing the services of the Seven County Senior Federation. Riverwood Healthcare Center Health participates by forgiving patient owed balances when proof of eligibility is supplied by the patient in the form of a membership card with an expiration date after the date of service. Copies of the membership card must be presented by the patient prior to balances being forgiven.

5. For patients receiving unemployment compensation, eligibility will be determined utilizing the prior year's income tax filing. In situations where the patient feels the prior year's income tax filing does not represent their current financial status due to a permanent loss of employment, a letter from the previous employer indicating a permanent job loss status will be required. Once the letter is received, unemployment compensation will be utilized to determine eligibility.
6. For those applicants not meeting the economic guidelines, Riverwood Healthcare Center's Business Office will help arrange a payment plan designed to meet the applicant's financial requirements.

DISCOUNT LEVELS

Discounts under this policy will be made available to the patient in accordance with financial need, as determined in reference to Federal Poverty Guidelines (FPG) in effect at the time of the determinations, as follows:

Patients with an annual gross income below 150% of the FPG will be awarded 100% discounts on balances due for the applicable timeframe. Above 300% of the FPG and up to \$125,000 annual gross income, patients will be awarded the discount percentage calculated based on the contracts of the organization's most favored insurer. Any applicants with gross incomes between 150% and 300% of FPG will have their balances due subject to a prorated discount rounded to the nearest 5 percentage point increment, between 100% at the low end, and the amounts generally billed (AGB) based on the 12-month lookback period for all payors described in Reg § 1.501(r)-5(b)(3). The current favored insurer rate and amount generally billed rate will be posted on the public facing website, at the URL listed below.

Other key elements to establishing the discount for an application:

1. Discounts will apply to both the medically indigent as well as the uninsured.
2. An individual who is determined to be eligible for financial assistance under this policy will not be required to pay more for emergency medical care and other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.
3. Current Rates for the Federal Poverty Guidelines, Amount Generally Billed, and Most Favored Insurer discount can be found online at <https://riverwoodhealthcare.org/patients/financial-assistance-program/>.

RELATED REFERENCES, APPENDICES AND FORMS:

Appendix A: Community Care Application

Appendix B: Plain Language Summary of Community Care Guidelines (posted and available online)

Appendix C: Entities names not covered under Community Care

Appendix D: Providers covered under Community Care



Community Care Assistance Program

200 Bunker Hill Drive

Aitkin, MN 56431

The financial information you provide will enable Riverwood Healthcare Center to assist you, the patient/guarantor in determining the level and availability of financial assistance needed to resolve the balance of your Riverwood Healthcare Center accounts.

A copy of your latest Income Tax Return and (2) most recent pay stubs are required.

A recent copy of your bank statements are also required.

Date:	Account Number(s):
Patient/Responsible Party Name:	Date of Birth:
Address:	Apt #
City:	State: Zip:
Years at this address:	
Home Phone:	Work#: Cell#:
Name and age of Dependent(s) other than spouse:	

Employment

Employer	Job Title
Address	Phone #
City	State Zip
Years with this employer:	

Spouse's Name	
Employer	Job Title
Address	Phone #
City	State Zip
Years with this employer:	

Are you a student?..... Yes No
 Status:..... Full time Part time

Have you applied for any of the following:

Date(s) applied: _____

- Medicaid Social Security Disability VA Medicare Senior Partners Care

Income & Other Assets

Monthly Net Income	Assets
Self (Monthly Net):\$	Life Insurance Cash Value: \$
Spouse (Monthly Net):\$	Stocks/Bonds/Mutual Funds:
Alimony/Child Support: \$	Retirement Plans: \$
Rent Income: \$	Savings Accounts: \$
Other: \$	Other: \$

Appendix B

Riverwood Healthcare Center – Community Care Policy Plain Language Summary

Riverwood Healthcare Center is committed to providing high-quality healthcare to everyone, no matter their ability to pay. We offer free or discounted care to people who need help paying their medical bills and who meet our financial assistance guidelines.

Who Can Get Help?

You may qualify if:

- You received emergency or medically necessary care at Riverwood Healthcare Center.
- You do not have insurance, your insurance doesn't cover enough, or you're having trouble paying your bill.
- Your income and family size meet our financial assistance guidelines.
- You work with us to see if you qualify for other programs (like Medical Assistance, MNsure, Senior Partners Care etc.).

What Help Is Available?

- Discounted care on a sliding scale if your income is higher but still limited.
- We will never charge you more than what insurance companies pay for emergency or necessary care.
- If your household income is under \$125,000, you will not pay more than the lowest amount a private insurance company would pay for the same service.

How to Apply

1. Fill out a Community Care Application.
2. Provide proof of income (like pay stubs or tax returns). We only ask for what is needed.
3. Get an application:
 - At any Riverwood Healthcare Center location.
 - At the Business Support Services building.
 - On our website: Riverwoodhealthcare.org
4. Need help? Our Financial Counselors can assist you with the application.

Questions or Help

Call **218-927-8272** and ask for a Financial Counselor. We are here to help.

Appendix C
Also in Attachments of this policy



FAP-Provider-list-FY
-2026.xlsx

Appendix D

2026 Poverty Guidelines for the 48 Contiguous
States and the District of Columbia

Persons in family/household	2026 Federal Poverty Level
1	\$15,650
2	\$21,640
3	\$27,320
4	\$33,000
5	\$38,680
6	\$44,360
7	\$50,040
8	\$55,720

For Families/households with more than 8 persons, add \$5,680 for each additional person

Uninsured discount changed to 44%
Current amount generally billed rate: 55%