

## TITLE: FINANCIAL ASSISTANCE POLICY (FAP)

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### I. PURPOSE:

Silver Cross Hospital is committed to serving the health care needs of our patients. We will provide financial assistance to eligible persons who cannot afford to pay their bill.

### II. POLICY / PROCEDURE:

Silver Cross Hospital and Silver Cross FEC, Homer Glen provides emergency or medically necessary care without regard to ability to pay. This Financial Assistance Policy (FAP) is intended to establish financial assistance procedures that are compliant with applicable federal, state, and local laws. (*Section 501 (r) of the Internal Revenue Code, the Illinois Hospital Uninsured Patient Discount Act, and the Illinois Fair Patient Billing Act*).

A SCH patient will be eligible for financial assistance if the patient:

- i. Has limited or no health insurance; and
- ii. Applies for, but is deemed ineligible for governmental assistance (for example Medicare or Medicaid) and
- iii. Meets his or her responsibilities set forth in this Policy, including cooperating with SCH in providing the requested information
- iv. Demonstrates financial need; and
- v. Meets Illinois residency requirements

Other healthcare providers assist Silver Cross Hospital with delivering emergency or medically necessary care including the following services: Emergency Department Physicians, Radiologists, Anesthesiologists, Pathologists, and all other physicians, nurse practitioners, and physician assistants. These providers are independent practitioners and are not employees of the hospital and therefore are not covered by SCH FAP. Patients will receive separate bills for provider services. Independent physicians may have their own FAP of which patients can inquire. At the end of this policy is a list of those provider departments indicating whether or not they follow the hospital's FAP.

### III. DEFINITIONS:

**Amount Generally Billed:** Uninsured Patients who qualify for Financial Assistance will not be charged more for emergency or medical necessary care than the amounts generally billed (AGB) to patients who have insurance.

**Emergency Care:** Medical services that are needed for a condition that requires immediate attention and a medical screening for evaluation and treatment regardless of the ability to pay and is governed by the Emergency Medical Treatment and Active Labor Act (EMTALA).

**Family Income:** The sum of a family's adult income and other benefits from all other miscellaneous sources.

**Federal Poverty Level (FPL):** Poverty guidelines stated in the Federal Register by the United States Department of Health and Human Services under Title 42 USC Section 9902.

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**Financial Assistance Application:** An application for Financial Assistance to be completed by a patient or guarantor.

**Illinois Resident:** An Illinois resident is a patient who lives in Illinois and intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act (HUPDA).

**Income Based Discount:** For all medically necessary services provided to an insured or uninsured patient, with family income of less than 200% of the Federal Poverty Guideline (FPG) a 100% discount may apply. For patient with family income of 201% to 400% of the FPG a 70% discount may apply. Discounts are given both presumptively and after approving a request for Financial Assistance.

**Legal Resident:** A person living in the United States Legally. With respect to foreign nationals, “legally residing” shall include individuals who have current visas and who are permanent residents and temporary workers. “Legally residing” shall not include foreign nationals who have visitor or student visas.

**Medically Indigent:** Patients whose income level would not qualify them for financial assistance based upon the federal poverty levels but have incurred catastrophic charges for medical services. Specifically charges that equal or exceed 25% of the total household income.

**Medically Necessary Care:** Services or supplies that are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of good medical practice in the local area, and are covered by and considered medically necessary by the Medicare and Medicaid programs, and are not mainly for the convenience of the patient or physician. Medically necessary services do not include cosmetic surgery or non-medical services, such as social, educational, or vocational services.

**Presumptive Eligibility - Financial Assistance:** Absent a physical financial assistance application, SCH may use several data sources, including historical data, census data, and credit report data to determine if a household meets the income level needed to qualify for charity care discounts based upon FPL.

**Underinsured Patient:** A patient with health insurance; but facing high deductibles, coinsurance, or high out-of-pocket expenses.

**Uninsured Discount:** For all medically necessary services provided to an Uninsured Patient, a 65% discount is applied to eligible emergency and medically necessary care. This discount is given at the time of billing. These discounts will be identified as charity care.

**Uninsured Patient:** A patient who does not have third party insurance coverage, Medicare or Medicaid, or whose injury is not covered by workers compensation, or other personal injury coverage.

## IV. PROCEDURE

### **Presumptive Eligibility:**

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The FAP identifies the specific criteria and methods for determining an application process which Silver Cross Hospital will use to extend financial assistance to individuals who cannot pay their bill. Some individuals may be **presumptively eligible** if they demonstrate a financial need based on the following:

- Individual is homeless
- Individual is a deceased adult with no estate
- Individual has mental incapacitation with no representative
- Individual is incarcerated
- Individual has a religious affiliation with a vow of poverty
- Individual is Medicaid eligible but not on date of service or for non-covered services
- Individual is enrolled in one of the following:
  - Women, Infants and Children Nutrition Assistance Program (WIC)
  - Supplemental Nutrition Assistance Program (SNAP)
  - Illinois Free Lunch/Breakfast
  - Low Income Home Energy Assistance Program (LIHEAP)
  - Community based assistance
  - Temporary Assistance for Needy Families (TANF)
  - Illinois Housing Development Authority's Rental Housing Support Program
  - Evidence from an independent third-party reporting agency indicating family income is less than three times the Federal Poverty Guideline (FPG)
  - Recent personal bankruptcy
  - Receives grant assistance for medical expenses
- Individual credit report results will assist in eligibility determination

Additional proof of income may be requested if one of the above is confirmed. The patient or guarantor is expected to cooperate and supply necessary personal or financial information and documentation relevant to making a determination of presumptive eligibility.

The Patient Financial Service department review for presumptive eligibility is based upon several factors. Determinations of eligibility are date of service specific and do not apply to past or future services. The patient always has the right to apply for Financial Assistance at any time.

### **Uninsured Discount:**

Uninsured patients not applying for financial assistance may be granted a 65% discount. This discount applies to all patients and all Medically Necessary services, both inpatient and outpatient. The discount rate is based upon the Amounts Generally Billed (AGB) to all Medicare patients and private commercial patients using an AGB calculation with a 12 month look-back method. The maximum amount that may be collected in a 12-month period for hospital services is 25% of the patient's family income. The annual period begins on the first date that the patient qualifies for the Uninsured Discount. Patients who qualify for the Uninsured Discount but are unable to pay the remaining account balance may also qualify for payment plans or additional Financial Assistance. Patients may obtain this information free of charge on the Silver Cross Hospital website, under the Financial Assistance section.

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### **Determining Need for Financial Assistance**

We will provide 100% financial assistance to Uninsured patients that have an income up to 200% of the Federal Poverty Guideline (FPL). Additional discounts will be provided to Insured and Uninsured patients whose income is between 201% and 400% of the FPL. For the most up to date Federal Poverty Guideline information, see the government website at [www.uscis.gov](http://www.uscis.gov). Guidelines will be updated upon publication of the Department of Health and Human Services in the Federal Register.

### **Eligibility Determination and Documentation**

To be eligible for financial assistance a patient must be an Illinois Resident or a Legal Resident; applied for and denied coverage by the CMS Medicare and Medicaid programs, complete and submit a Financial Assistance Application and provide any required supporting documentation. Financial Assistance applications should be submitted to the Patient Accounts Department or Financial Counselor no later than 240 days after the first billing date for services for which assistance is requested. If a patient does not provide documentation or requested information necessary to determine financial assistance a credit report may be required for approval. If a patient fails to cooperate with this determination or provides fraudulent information, he/she will not be eligible.

For the purpose of verifying family income, the following documentation is required:

- Copy of the previous year's income tax return
- Copy of W-2 form(s) for previous year
- Current check/pay stubs/most recent pay statement of earnings
- Letter of Support - Room and Board
- Letter from Charitable Organization, i.e., Church, Catholic Charities, Township
- Unemployment letter
- Summary of Link Benefits from DHS
- Court Orders
- Social Security earned statement
- Self Employed – record of current earnings and previous years taxes
- Completed Financial Assistance Application

Once an application for financial assistance and all supporting documentation has been received, it may take up to 60 days to complete our review. During the review period all collection proceedings will be placed on hold. Once the review is complete the applicant will be notified that they were approved or denied for assistance. Additionally, the applicant will be notified, if approved, what level (full or partial) assistance will be given. All approved applications will be valid for a period of 180 days going forward. Services provided before the approval will be adjusted accordingly.

Financial Assistance Application and the Plain Language Summary are available in English and Spanish at the hospital's main lobby desk, financial counselor's office, emergency department registration and outpatient registration areas at 1900 Silver Cross Blvd, New Lenox, IL 60451; the Homer Glen registration area 12701 W. 143<sup>rd</sup> Street, Homer Glen, IL 60491; by email at [businessoffice@silvercross.org](mailto:businessoffice@silvercross.org) or can be sent to you via mail by contacting our Patient Accounts Department @ 815-300-7087 (8am – 4pm), after

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hours please leave a message with your contact information and we will send you any financial assistance information you request.

Patients who need assistance with the Application process should contact the Financial Counselor at (815) 300-7596 at Silver Cross Hospital, 1900 Silver Cross Blvd, New Lenox, IL 60451

**V. COLLECTION PRACTICES:**

Silver Cross Hospital will attempt to collect payment for charges. However, the hospital will not take extraordinary collection actions (ECA) before it has made reasonable efforts to determine whether the patient is eligible for assistance under this policy. The Patient Financial Services Department is responsible for determining if reasonable efforts have been made prior to engaging any ECA's. These reasonable efforts may include:

- Refrain from initiating ECA's for at least 120 days from the date of the first post discharge billing statement
- Making a presumptive determination of FAP eligibility based on third-party information or a prior FAP eligibility determination
- Make reasonable efforts to orally notify the individual about the FAP and how to obtain assistance with the application process including the hospital's main website.
- Sending a statement to the individual, which will provide:
  - Notice of the intent to engage in ECA's
  - Identification of the ECA's which will be engaged
  - The deadline after which the ECA's may be initiated, that is at least 30 days from the date of the statement
  - Information regarding the existence of our FAP by including our Plain Language Summary with the statement

ECA's may include the following:

- Placing a lien against individual(s) for qualifying accounts through a legal review process.
- Involve reporting adverse information about individual(s) for qualifying accounts to consumer credit reporting agencies.

When the hospital receives an incomplete FAP application it must suspend ECAs until the individual has failed to respond to requests for additional information within a thirty (30) day period.

**VI. GOVERNANCE**

Patient, family member or agency will notify Silver Cross representative of financial need or if the patient is identified as uninsured at the time of receiving emergency or medically necessary care the Guest Services / Registration Department will advise the patient of possible financial assistance eligibility at the time of registration.

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Patient or family member will be interviewed by a financial counselor during the inpatient stay to assess the patient's eligibility for financial assistance. Communication after care is completed will be performed by the Patient Accounts Department to determine the patient's ability to pay.

Additional information is available to patients with each statement to contact the Hospital at 815-300-7087 for payment arrangements or financial assistance information.

The Hospital shall annually provide, in conjunction with filing either the Community Benefits Report or Worksheet C Part 1 required by the Hospital Financial Uninsured Patient Discount Act under the Fair Patient Billing Act, the Hospital Financial Assistance Report to the Office of the Attorney General.

Silver Cross recognizes that the need for financial assistance may be a sensitive and personal issue for patients. Confidentiality of information and preservation of individual dignity will be maintained for all who seek financial assistance pursuant to this Policy. No information obtained in the financial assistance application may be released except where authorized by the patient or otherwise required by law.

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**ATTACHMENT A**

**PROVIDER LIST:**

Provider Department All providers belong to one of these Departments	Do they follow the Hospital FAP?
Anesthesia	No
Emergency Medicine	No
Family Practice	No
Medicine	No
Obstetrics and Gynecology (OB/GYN)	No
Pathology	No
Pediatrics	No
Psychiatry	No
Radiology	No
Surgery	No

**Note:** Providers may have their own financial assistance policy or practice. Patients are encouraged to ask the provider if they offer financial assistance.

**ATTACHMENT B**

Fair Patient billing Act 210 ILXS 88 (FPBA) – regulates the billing and collection practices of hospitals in Illinois.

Internal Revenue Code 26 USC 501(r) (IRC) – Section 9007 of the Affordable Care Act (PL 111-148) establishes requirements that hospital organizations must meet in order to be exempt from federal income taxation as described in section 501(c)(3) of the IRC.

Last Effective Date: 01/01/2019

New Effective Date: 01/31/2022