



Thorek
MEMORIAL HOSPITAL

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Owner: David Novick: Director of Ambulatory Care
Area: Administration
References:

Financial Assistance/Uninsured Patient Discount / Presumptive Eligibility (AD-115)

Thorek Memorial Hospital (TMH) is committed to meeting the needs of everyone in their communities, including those who cannot pay for their care. Therefore, TMH is providing financial assistance to all patients who qualify under this policy to receive financial assistance and discounted services.

Commitment to Provide Emergency Medical Care

TMH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. TMH will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to the Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd (EMTALA), are provided to all TMH patients in a non-discriminatory manner, pursuant to the TMH's EMTALA policy.

Eligible Services

This policy applies only to charges for emergency or other medically necessary services provided by TMH. Elective services are not eligible for financial assistance. Attached to this policy as **Attachment A** is a list of all providers, in addition to TMH itself, delivering emergency or other medically necessary care at TMH that specifies which providers are covered by this policy and which are not covered.

Financial Assistance Policy

TMH patients whose income level falls below 600% of the federal poverty level (FPL) will be considered for financial assistance. Financial assistance is defined as the forgiveness of all or a percentage of the outstanding patient debt for an inpatient admission, an outpatient encounter at TMH or any medically necessary care provided by the hospital. Financial assistance will be granted to those patients, regardless of sex, race, color, creed or religion, who:

- Lack third party insurance coverage,
- Have inadequate insurance coverage,
- Fail to be approved for financial assistance through established programs, such as Public Aid,

- Have filed for bankruptcy and have had debt discharged,
- Meet the eligibility criteria below,
- Credit report indicating credit score of under 600 and/or multiple creditors identifying accounts as seriously delinquent,
- Have limited assets to fulfill financial obligations.

Financial Assistance Eligibility and Application

Eligibility for financial assistance shall be determined solely by TMH based upon obtaining financial information from the patient in a sensitive and confidential manner. Patients must submit an application form (**Attachment B**) and submit it to TMH in person, by mail, by electronic mail, or by fax (see below for contact information) in order to apply for financial assistance. Determination of financial assistance eligibility shall be at the earliest opportunity but in no manner will it interfere with rendering of care. The financial information to be provided and reviewed for eligibility includes, but may not be limited to:

- A completed asset and liability information worksheet (see attached application for financial assistance),
- Proof of income (e.g. 1040 tax return, W-2 forms and three recent pay check stubs),
- A copy of the most recent bank statements for all checking, savings, and investment accounts,
- A computer printout from the State of Illinois showing unemployment benefits received during the last year if any,
- Documentation of monthly living expenses,
- Any other pertinent information provided and/or requested that would help determine eligibility.

Approval will be granted based upon the following:

- Federal poverty income guidelines:
 1. Income level 200% or below the FPL – 100% forgiveness,
 2. Income level 201%-600% of the FPL –
 - a. For uninsured patients, the patient pays the lesser of the following two methods: 135% of cost (per Uninsured Patient Discount Policy below), or AGB (the Medicare allowable amount),
 - b. For insured patients, with regard to the patient-responsible balance after insurance, the patient pays no more than AGB (the Medicare allowable amount),
 3. Forgiveness amounts determined by TMH are dependent upon asset/liability considerations,
- Patient cooperation in applying for medical assistance or other financial resources that may be available from outside sources,
- Patient/Guarantor payment history,
- Other patient assets available to pay the bill,
- Total resources available to patients,
- Verification that no other source of payment (Title XIX, local welfare, guardian, etc.) is available to the patient,
- Application and all supporting documentation are received at time of service or within 60 days of service date or determination of patient responsibility.

Approval for the financial assistance will be based on the level of outstanding debt, as follows:

Account Balance	Approval Authority
Up to \$2,500	Collection Supervisor
\$2,501-\$5,000	Director, Patient Accounts

\$5,001 to \$25,000	Chief Financial Officer
\$25,001 and above	President

The hospital will notify the patient of eligibility determination by letter within ten days after approval. A patient may reapply at any time if there are changes in income, assets or family size.

The approved application is effective for six (6) months unless patient financial information has changed since application.

As of the date of this revision, the table in **Attachment C** summarizes the current federal poverty guidelines as published in the Federal Register and will be updated annually.

If TMH is not able to obtain appropriate information to determine eligibility for financial assistance for any reason, including lack of cooperation, the associated amounts will **NOT** be considered for or granted financial assistance consideration.

Uninsured Patient Discount Policy

All TMH uninsured patients whose family income is between 201% and 600% of the FPL will be considered for a discount under the Illinois Hospital Uninsured Patient Discount Act (Act). The discount is determined by multiplying the hospital's charges by an uninsured discount factor of 135% of costs, as defined in the Act. The maximum amount that may be collected in a 12-month period for health care services provided by TMH under this provision is 25% of the patient's family income, and is subject to the patient's continued eligibility under the Act; provided, however, that this maximum collectible amount does not apply to uninsured patients who own assets with a value of more than 600% of the FPL (excluding the patient's primary residence, personal property exempt from judgment under Illinois law, or certain amounts held in a pension or retirement plan).

For purposes of this provision, an "uninsured patient" means an uninsured Illinois resident, who is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability.

An uninsured patient who receives a discount rate must cooperate with the hospital to establish a reasonable payment plan, which takes into consideration available income and assets, amount of the discounted bill(s), prior payments, and other outstanding medical claims. The patient must make a good faith effort to honor the payment plan agreed upon. Patients are responsible to communicate any change in their financial situation that may impact their ability to pay their discounted hospital bills or to honor the provisions of their payment plans.

Basis for Calculating Amounts Charged to Patients

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (AGB). TMH calculates AGB under the Prospective Medicare Method, which means that TMH determines AGB for any emergency or other medically necessary care provided to an individual eligible for financial assistance by using the billing and coding process TMH would use if the individual were a Medicare beneficiary and setting the AGB for the care at the amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance

and deductibles). TMH does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

Measures to Widely Publicize the Availability of Financial Assistance

TMH will provide a means of communicating the availability of financial assistance to all patients to include signage in appropriate areas of the hospital, such as the admitting office, the emergency room and the ambulatory clinics. The communication will also be in languages appropriate to the hospital's service area. Upon patient request, designated departments and individuals will be available to explain the financial assistance policy. Annual education in-service classes will be conducted to ensure the staff fully understands this policy and can answer patient questions.

Presumptive Eligibility Policy

Uninsured patients who meet one or more of the criteria listed below will be deemed presumptively eligible for financial assistance without any further scrutiny from the hospital. This Presumptive Eligibility Policy shall be applied as soon as possible after receipt of health care services and prior to the issuance of any bill. The following is a list of the presumptive eligibility criteria:

- Homelessness;
- Deceased with no estate;
- Mental incapacitation with no one to act on patient's behalf;
- Medicaid eligibility, but not on date of service or for non-covered service;
- Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
 - Women, Infants and Children Nutrition Program (WIC);
 - Supplemental Nutrition Assistance Program (SNAP);
 - Illinois Free Lunch and Breakfast Program;
 - Low Income Home Energy Assistance Program (LIHEAP);
 - Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
 - Receipt of grant assistance for medical services.

Actions Taken in the Event of Nonpayment

Additional information regarding the actions that TMH may take in the event of nonpayment are described in a separate Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from TMH via the contact information listed below.

Hospital Contact Information

Website: www.thorek.org

Telephone: 773-975-6843

Fax: 773-975-3220

Mail or In Person: