A. SCOPE:

Ingalls Hospital is committed to providing services to the community it serves. This document outlines a program to meet the following objectives:

1. To facilitate access to healthcare services for the community served by Ingalls Health System, regardless of an individual’s race, religion, and ability to pay for such services.
2. Adoption of this Policy reflects the commitment of Ingalls Health System to assure that patients with limited financial means have the access needed hospital services in a fair and equitable basis.
3. Adoption of this Policy reflects the commitment of Ingalls Health System to families who have sustained a loss of an immediate family member. (Child or Spouse).
4. This Policy is designed to be fully compliant with applicable law, including the Illinois Hospital Uninsured Patient Discount Act, the Illinois Patient Billing Act Section 4500.30,40,50, and 60
5. To fulfill fiduciary and custodian responsibilities that Ingalls Health System has on behalf of our community.

B. PURPOSE:

1. This Policy sets forth the standards for providing Financial Assistance to patients who lack ability to pay for emergency and medically necessary hospital services.
2. This Policy sets forth, eligible patient will not be changed more for emergency or other medically necessity care than the amounts generally billed.
3. This Policy applies to facility charges and may not apply to independent physicians or independent company billings.

C. MISSION/VALUE RATIONALE:

1. Ingalls Missions and Values call us to service those in need. Our hospital has a long tradition of serving the poor and underserved members of our community. This Policy continues that tradition, while reflecting an appropriate stewardship of resources.
D. DEFINITIONS

A. **Automatic Uninsured Self-Pay Discount**: A discount of 65% of gross charges, provided to all uninsured patients without requiring evidence of inability to pay. This discount is designed to ensure that patients are charged at a rate generally comparable to that applied to insured patients.

1. There is no application process for the patient to receive the uninsured discount. The discount is applied based on the account’s self-pay/uninsured status.

2. Patients receiving pre-negotiated discounts for hospital services will not be eligible for this uninsured discount.

3. If a patient is subsequently approved for financial assistance, the automatic discount will be reversed so that the full amount can be recognized as a charity allowance.

4. If a patient subsequently provides evidence of insurance coverage, the automatic discount will be reversed and the insurance coverage provided will be billed accordingly.

5. Patient who are otherwise insured and choose not to use their insurance coverage are ineligible for this automatic discount.

B. **Charity Care (4500.30)**: Term often used to refer to the value (at cost) of free or discounted health care services provided to individuals who have been determined eligible for financial assistance based on financial need.

C. **Bereavement Assistance**: Bereavement Financial Assistance is available to families who have experienced the recent death of a child or spouse.

D. **Exempt Assets**: The following assets are considered “Exempt Assets” for purposes of this Policy, such that the value of such assets will not be considered in determining a patient’s ability to pay or financial need: the patient’s primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in pension or retirement plan (however, distribution and payments from pension or retirement plans will be included as income).

E. **Family/Household**: Includes the number of persons in the patient’s family/household. Number of persons who are dependents of the patient. (Including a legal common law spouse) His/her legal dependents according to the Internal Revenue Service rules. For example, if the patient claims someone as a dependent on his/her income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
F. **Taxable Family Income:** The sum of a family's gross annual earnings and cash benefits from all sources. Sources of income include but are not limited to IRS Guidelines and Medical trusts.

G. **Financial Assistance Guidelines and Eligibility Criteria:**

1. The Financial Assistance Guidelines and Eligibility Criteria below are designed to ensure that patients with financial need are charged at a rate substantially less than insured patients, including the opportunity to receive 100% financial assistance. Eligibility criteria is determined by the Exhibit I. (See attached)

2. **Annual Updates of Criteria Levels:** The Federal Poverty Guideline calculations will also be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. The Eligibility Criteria discount percentage will be updated annually based on the calculation set forth by the Illinois Uninsured Patient Discount Act and Section 501(r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act). [www.govtrack.us](http://www.govtrack.us)

3. **Financial Assistance for Insured/Underinsured Patients:** Financial assistance in the form of 100% discounts is available for patient-liability amounts remaining after insurance payments, for insured patients/under insured patients who have family gross income less than 200% of the Federal Poverty guidelines.

H. **Income Documentation:** Acceptable family income documentation shall include any three (3) of the following:

1. A copy of the most recent tax return;
2. A copy of the most recent W-2 form and/or 1099 forms, or similar forms issued to members of partnerships, limited liability companies or other entities;
3. Copy of most recent pay stub
4. Written income verification from an employer if paid in cash

I. **Medically Necessary Service:** Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the Federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. A "medically necessary" service does not include the following:

1. Non-medical services such as social and vocational services
2. Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.
J. **Presumptive Financial Assistance Eligibility: (4500.40):** Presumptive eligibility for Financial Assistance may be determined on the basis of individual life circumstances that indicate financial need. In these situations, a patient is deemed to have family income at or below 200% of the federal poverty income guideline, and therefore eligible for a 100% reduction from charges (i.e., full Financial Assistance). A patient therefore does not need to complete a Financial Assistance application when sufficient evidence is provided that they meet one of the following presumed eligibility criteria:

1. Participation in state-funded prescription programs
2. Participation in Women’s Infants, and Children’s Programs (WIC)
3. Food stamp eligibility (LINK Card)
4. Temporary assistance for needy families (TANF)
5. IHDA’s Rental housing support program
6. Affiliation with a religious order and vow of poverty
7. Illinois free lunch and breakfast program
8. Supplemental nutrition assistance program (SNAP)
9. Low income/subsidized housing is provided as a valid address (Section 8 certificate holder)
10. Low income home energy assistance program
11. Receipt of grant assistance for medical services
12. 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
13. Recent personal bankruptcy
14. Incarceration in a penal institution
15. Patient is deceased with no known estate
16. Patient is or states that he/she is homeless, and such status is determined to be accurate after appropriate review of the available facts
17. Patient is mentally or physically incapacitated and has no one to act on his/her behalf
18. Patient is currently eligible for Medicaid, but was not eligible on a prior date of service; in such cases the hospital will rely on the financial assistance determination process from Medicaid and apply appropriate level of assistance.

K. **Uninsured/Underinsured Patient:**

1. A patient who is not covered under any commercial health insurance policy (including third party liability coverage) and is not a beneficiary or eligible to be covered by any governmental or other coverage program, including Medicare, Medicaid, Tricare or other coverage arrangements.
2. If an insured patient’s coverage is exhausted, or the patient’s insurance does not cover the Medically Necessary hospital service provided to the patient, the patient will be considered uninsured for purposes of financial assistance and the uninsured discount will also apply to these cases.
3. A patient of a hospital who is covered under a commercial health and or governmental health insurance and is unable to meet their financial responsibilities.

II. PROCEDURE

A. Identification of Potentially Eligible Patients

1. Prior to Admission: When possible prior to the admission or pre-registration of the patient, the hospital will conduct an appropriate pre-admission/pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission/pre-registration interview is not possible, this interview should be conducted upon admission or registration or as soon as possible thereafter. In case of patients who have come to the hospital’s Emergency Department, the hospital’s evaluation of payment ability should not take place until an appropriate medical screening has been provided, and in the case of patients determined to have an emergency medical condition, until after such condition has been stabilized.

2. Patient Interview: At the time of the initial patient interview, the following information should be gathered:
   a. Routine and comprehensive demographic data and employment information:
   b. Complete information regarding all existing third party coverage

3. Patients Potentially Eligible for Public Programs: Patients who are identified as potentially eligible for healthcare coverage from a governmental program or other source will be referred to a Financial Counselor and expected to cooperate with efforts to determine their eligibility for coverage (e.g. Medicaid), prior to consideration for financial assistance. Such coverage eligibility efforts will be made at the hospital’s expense, and will promote such public Policy goals by assuring eligible patients are covered by available health coverage programs.

4. Timing of Financial Assistance Application: A patient may apply for Financial Assistance at any time before, during or after the billing and collection process.

B. Determination of Eligibility

1. Provision of Financial Assistance Applications: All patients identified as uninsured or underinsured will be provided a Financial Assistance application prior to discharge or at point of service (for outpatient services) and offered the opportunity to apply for financial assistance. If uninsured status is not determined until after the patient leaves the hospital, a Patient Financial Services representative will mail a financial assistance application to the uninsured patient upon request.
2. Bereavement Assistance: Families who have experienced a recent death of a child or spouse, Financial Assistance is available on balances remaining after payment is received from all payer sources. Death certificate may be requested.

3. Expectations of Patient Cooperation: It is expected that patients will cooperate with the information gathering and assessment process in order to determine eligibility for financial assistance. If a patient fails to cooperate with the application process it can result in denial for financial assistance or hospital discounts.

4. Approval: Once Financial Assistance has been approved the approval is good for a period of six months from date of approval. Financial assistance exceeding this period will require additional application. Before the patient/guarantor needs to reapply.

5. Approval Authorities
   a. The Patient Accounts Supervisor may approve amounts up to $25,000
   b. The Patient Accounts Manager may approve amounts up to $50,000
   c. The AVP, Revenue Cycle may approve amounts up to $100,000
   d. Amounts greater than $100,000 will be approved by the hospital’s CFO. (Approval amounts must be in compliance with the Financial Assistance program eligibility criteria.)

C. Notification of Eligibility Determination

1. Normal Processing Period: Clear expectations as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turn-around and written decision, providing a reason(s) for denial (if appropriate) will be provided, generally within 60 days of the hospital’s receipt of completed application. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information to do so.

2. Suspension of Collection Activity: If a patient disagrees with the Financial Assistance eligibility determination, including regarding the extent of discount for which a patient is eligible, the patient may appeal in writing within 30 days of the denial. The Business Office will review the appeal; decisions reached will normally be communicated to the patient within 30 days.

3. Other Determinations of Financial Need Based on Objective Data: When a patient has not completed a financial assistance application but there is adequate objective information to support a determination of the patient’s likely inability to pay, the patient’s case will be submitted for review. If approved for assistance, a 100% write off to financial assistance will be granted for all open accounts. Eligibility for financial assistance discounts for
future dates of service will be determined at the dates such services are provided.

4. **Refunding Patient Payments**: No refunds will be given for payments made prior to the first date the patient applies for financial assistance.

5. **Change in Status Notifications**: If the patient with an outstanding bill or payment obligation has a change in his/her financial status, the patient should promptly notify the Business Office. The patient may apply for financial assistance and or a change in their payment plan terms.

6. **Payment Arrangements**: After the financial assistance discount has been applied, any remaining patient balances will eligible for payment arrangements in accordance with Hospital policies. If a patient is unable to meet the payment arrangement guidelines due to special patient or family circumstances limiting the patient’s payment ability, the Financial Counselor or Business Office representative may review and request a review for additional financial assistance.

7. **Application of Financial Assistance Discounts to Patient Accounts**: Once a financial assistance eligibility determination is made, the applicable discount may be applied to all of the patient’s open or bad debt accounts for services prior to the approval date. For subsequent applications made within six months of an eligibility determination, patients may be asked to verify information that was provided during the initial application process.

D. **Collection Practices**

1. **Collection Agency Referrals**: All collection agency partner referred to collect patient bills will promptly refer any patient who indicates financial needs.

E. **Patient Awareness of Policy and Availability of Assistance**

1. **Signage**: Signs or similar written notices regarding the availability of Financial Assistance Program will be visible at all hospital points of service, to create awareness of the Financial Assistance Program. At a minimum, signage will be posted in the emergency department and the admission registration area. All public information and/or forms regarding the provision of Financial Assistance Program will use languages that are appropriate for the service area in accordance with the state’s Language Assistance Services Act.

2. **Hospital Bill/Invoice**: Patient bills or statements shall include a prominent statement that patients who meets certain income requirements may qualify for financial assistance and information regarding how a patient may apply for consideration under the hospital’s financial assistance policy.
3. **Patient Handbook/Brochures:** Handbooks or brochures will be available at points of service areas.

4. **Via Internet:** A summary of the Financial Assistance Program will be available pursuant to this policy and will be available at [www.ingalls.org](http://www.ingalls.org).

5. **Policy Availability:** Upon request, a copy of the Financial Assistance Program Policy will be made available.

6. **Application Forms:** Forms used to determine a patient’s eligibility for Financial Assistance will be made available at point of service to all patients or family members. Forms are also available at [www.ingalls.org](http://www.ingalls.org).

**F Hospital Financial Assistance Electronic and Information Technology (4500.50):**

a) Hospitals may utilize EIT in the implementation of Hospital Financial Assistance. Application requirements set forth in this Part.

c) Hospitals may utilize EIT in the implementation of presumptive eligibility criteria.

**G. Hospital Financial Assistance Reporting Requirements (4500.60):**

a) Each hospital shall annually provide, in conjunction with the filing of its Community Benefits Report required by the Community Benefits Act or its Worksheet C Part I required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General, which shall include the following:

1) A copy of the Hospital Financial Assistance Application;

2) A copy of the hospital's Presumptive Eligibility Policy, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for hospital financial assistance;

3) Hospital financial assistance statistics, which shall include:

**ILLINOIS EMERGENCY MANAGEMENT AGENCY**

**NOTICE OF PROPOSED AMENDMENT**

a) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year;

b) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year;

c) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year;
d) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year; and
e) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year, based on actual cost of care.
f) The Office of the Attorney General shall develop a Hospital Financial Assistance Report form and make it available to hospitals within 60 days after the effective date this Part.

H. Each hospital that annually files a Community Benefits Report with the Office of the Attorney General pursuant to the Community Benefits Act shall, at the same time, file its annual Hospital Financial Assistance Report jointly with its Community Benefits Report.

I. Each hospital that is not required to annually file a Community Benefits Report with the Office of the Attorney General shall file its annual Hospital Financial Assistance Report jointly with the Worksheet C Part I from its Medicare Cost Report most recently filed pursuant to the Hospital Uninsured Patient Discount Act.

J. Each hospital utilizing electronic and information technology in the implementation of the Hospital Financial Assistance Application requirements shall annually describe the EIT used and the source of the EIT to the Office of the Attorney General at the time of filing its Hospital Financial Assistance Report. The hospital shall certify annually that each of the Hospital Financial Assistance

K. Illinois Emergency Management Agency (Notice of Proposed Amendment)
Application requirements set forth in this Part are included in applications processed by EIT

a) Each hospital utilizing EIT in the implementation of the presumptive eligibility criteria shall annually describe the EIT used and the source of the EIT to the Office of the Attorney General at the time of filing its Hospital Financial Assistance Report. The hospital shall certify annually that each of the presumptive eligibility criteria requirements set forth in this Part are included in applications processed by EIT.

b) All records and certifications required to be filed under this Part in conjunction with the filing of a Community Benefits Report require by the Community Benefits Act shall be submitted to:

Charitable Trusts Bureau
Office of the Illinois Attorney General
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
c) All records and certifications required to be filed under this Part in conjunction with the filing of a Worksheet C required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Health Care Bureau
Office of the Illinois Attorney General
100 West Randolph Street, 10th Floor
Chicago, Illinois 60601

FORMS AND OTHER DOCUMENTS
Eligibility Criteria for the Financial Assistance Program
Hospital Financial Assistance Program Cover Letter and Application
Room and Board Statement

REFERENCES
2013 Illinois Register Rules of Governmental Agencies Volume 37 Issue 10
Section 12-1001 Illinois Code of Civil Procedure
Title XVIII Federal Social Security Act
Illinois Uninsured Patient Discount Act
Illinois Fair Patient Billing Act
IL Community Benefit Act
Internal Revenue Service (IRS) 990 Schedule H
Section 501(r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act) System Policy – Payment Arrangement
Exhibit I:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Poverty Guidelines</th>
<th>200% of Poverty Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,670</td>
<td>$22,340</td>
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<tr>
<td>2</td>
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</tr>
<tr>
<td>8</td>
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<td>$77,780</td>
</tr>
</tbody>
</table>

For family units with more than eight (8) members, and $4,020.00 for each additional member.
Published in the Federal Register 1/25/2016
Ingalls Patient Financial Services Department is responsible for maintaining the financial records for all patients treated at the hospitals main campus as well as off site locations. Services including inpatient, outpatient and emergency room visits.

Internal and external customers include: physicians, patients, attorneys, insurance companies, other health care providers and State/Federal Reporting Agencies.

Primary Functions are:

1. Facilitate timely billing and collections from all payer sources.

2. Assist patients with their financial obligations by completing application for:
   a. Social Security Disability
   b. IL Department of Public Aid Medical Assistance
   c. IL Crime Victimes
   d. Hospital Financial Assistance Program
   e. Health Insurance Marketplace

3. Maintains a Customer Service Unit which is available via telephone, fax and Internet to assist patients with questions regarding their bills.


5. Maintain the confidentiality of the financial record, releasing information only after proper legal authorization is obtained.

Department location is in the Southwest Building structure at 15620 So. Wood St. The hours of operation are Monday - Friday, 8am - 4:30pm.

Staff completes competencies annually which include billing and collections practice for:

- Bad Debt practices
- HIPAA / Patient Confidentially
- False Claims Act
Financial Assistance Program
Plain Language Summary

Ingalls Memorial Hospital is committed to providing services to the community it serves regardless of an individual’s race, religion, and ability to pay for such services. Ingalls has adopted a financial assistance policy to ensure that patients with limited financial means have access to healthcare services on a fair and equitable basis. Ingalls' Financial Assistance Program is limited to facility charges.

Financial Assistance
Upon request, an Application for Financial Assistance will be provided without charge to a patient or the person responsible for paying the bill. Additional documentation will be required as part of the application and the hospital may need to contact third parties to verify the accuracy of the information provided.

Applications are available:
On line at www.Ingalls.org (Patient & Visitors tab, Financial Assistance)
Printed copies may be obtained at no extra cost by calling the Financial Services Department at (708) 915-6015 or visiting any one of our following locations.

- Main Campus: Patient Registration and Admitting, First Floor, One Ingalls Drive, Harvey, IL 60426
- Tinley Park Family Care Center: Patient Registration, 6701 West 159th St, Tinley Park, IL 60477
- Calumet City Family Care Center: Patient Registration, 1600 Torrence Ave, Calumet City, IL 60409
- Flossmoor Family Care Center: Patient Registration, 19550 Governors Highway, Flossmoor, IL 60422

Completed Applications can be submitted:
By Mail: Patient Financial Services
Ingalls Memorial Hospital
One Ingalls Drive
Harvey, IL 60426

In Person: At any of our locations:
Main Campus, One Ingalls Drive Harvey, IL 60426
Tinley Park, 6701 West 159th St, Tinley Park, IL 60477
Calumet City, 1600, Torrence Ave, Calumet City, IL 60409
Flossmoor, 19550 Governors Highway, Flossmoor, IL 60422

E-Mailed: noworries@ingalls.org

Fax: (708) 915-2754

Applicants will receive a response within 60 days of receipt of the completed application.

Amounts generally billed for services to individuals are the same amounts billed to government and private insurance payers.

Financial Assistance may be determined by Federal Poverty Guidelines: http://aspe.hhs.gov/poverty/index.cfm
Physicians Providing Professional Services
Patients will be billed separately by the physicians providing emergency or other medically necessary care to them at the hospital. The following physicians are not covered under the hospital's Financial Assistance Program (FAP):

<table>
<thead>
<tr>
<th>Service</th>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER/UA Physician</td>
<td>Team Health</td>
<td>(888) 952-6772</td>
</tr>
<tr>
<td>Radiology</td>
<td>Physician Zotec Partners</td>
<td>(469) 757-1127</td>
</tr>
<tr>
<td>Lab Physician</td>
<td>SW Data Management Inc.</td>
<td>(708) 596-9833</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>Harvey Anesthesiologist</td>
<td>(847) 615-2200</td>
</tr>
</tbody>
</table>

This list does not include the patient's attending or referring physician.