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<b>SYSTEM: Hospital Sisters Health System</b>	<b>MANUAL(S): Executive Manual</b>
<b>TITLE: Financial Assistance Program Policy</b>	<b>ORIGINATING DEPARTMENT: Fiscal Services</b>
<b>EFFECTIVE DATE: January 1, 2022</b>	<b>REVISION DATE(S): 12/14/21, 08/13/21, 4/13/21, 2/1/21,</b>
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<small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities: ILLINOIS: (1) HSHS St. John’s Hospital – Springfield (2) HSHS St. Mary’s Hospital – Decatur, (3) HSHS St. Francis Hospital – Litchfield, (4) HSHS Good Shepherd Hospital – Shelbyville, (5) HSHS St. Anthony’s Memorial Hospital – Effingham, (6) HSHS St. Joseph’s Hospital – Highland, (7) HSHS St. Joseph’s Hospital – Breese, (8) HSHS St. Elizabeth’s Hospital – O’Fallon, (9) HSHS Holy Family Hospital – Greenville, (10) HSHS Physician Enterprise (HSHS Medical Group – Illinois, Prairie Cardiovascular Consultants). WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital - Sheboygan, (5) HSHS Sacred Heart Hospital – Eau Claire, (6) HSHS St. Joseph’s Hospital – Chippewa Falls, (7) HME Home Medical, (8) Libertas Treatment Center – Green Bay and Marinette, (9) HSHS Physician Enterprise (HSHS Medical Group – Wisconsin).</small>	

**I. POLICY:**

Hospital Sisters Health System (HSHS) and each affiliated Local System’s mission and values encourage reaching out to people in the communities we serve to provide care to all persons, including individuals and families with financial limitations. We are committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay for emergency and other medically necessary care based on their individual financial situation.

The HSHS Financial Assistance Program is not a substitute for personal responsibility. Patients are expected to cooperate with HSHS’ procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. HSHS established the provisions in this Financial Assistance Program policy in order to manage financial resources in a responsible manner and to assist patients in need.

**II. PURPOSE:**

The Financial Assistance Program policy allows HSHS to determine eligibility for financial assistance for patients who meet the established eligibility criteria. This policy does not offer a provision for assistance to patients with sufficient means who refuse to pay for the medical services rendered to them or to their family members. The Financial Assistance Program is intended to help patients resolve their HSHS medical balances after exhausting all other financial options. The policy also identifies steps HSHS will take to communicate the availability of financial assistance and identifies timeframes and restrictions applicable to collection actions. Any information gathered by HSHS during this process is subject to HSHS’ policies on protection of confidential information.

The policy is intended to satisfy applicable State and Federal requirements relating to charity care, including the Illinois Hospital Uninsured Patient Discount Act and the Code Section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations there under.

**III. DEFINITIONS:**

For purposes of this policy, the terms below are defined as follows:

- A. **Assets:** Property of all kinds, real and personal, tangible and intangible, that is legally applicable to, or subject to, the payment of the patient’s debts, including, but not limited to, cash on hand, checking and savings accounts,



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vehicles, mineral rights, stocks, mutual funds, lines of credit and any other investments; provided, however, that "income," as defined herein, shall not be included in determination of assets.

- B. **Amounts Generally Billed or "AGB":** The amounts generally billed for emergency or other medically necessary services to individuals who have insurance covering such care, as further explained in Appendix D.
- C. **Application Period:** The period during which a FAP application may be submitted for consideration of Financial Assistance eligibility. The Application Period begins on the date care is provided and ends on the later of the 240th day after the date the first post-discharge statement for the care is provided or either: (i) the date specified in a written notice from HSHS regarding its intention to initial ECAs; or (ii) in the case of a patient who has been deemed presumptively eligible for Financial Assistance less than 100%, the end of the reasonable time to apply for Financial Assistance as described in Section VI.
- D. **Charity or Financial Assistance:** The adjustment to charges for free or discounted medical services provided to individuals who meet certain financial criteria.
- E. **Colleague or Delegate:** HSHS employees or contractors who will assist patients with the process to apply for financial assistance under this Financial Assistance Program.
- F. **Code Section 501(r) Requirements:** The requirements of Section 501(r) of the Internal Revenue Code of 1986, as amended from time to time, and the related Treasury Regulations pertaining to financial assistance, limitations on charges, and billing and collections activities.
- G. **Emergency and other medically necessary services:** Emergency medical services provided in an emergency room setting; Health care services for a condition which, if not promptly treated would lead to an adverse change in the health status of an individual; Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and other medically necessary services, all evaluated on a case-by-case basis solely at HSHS's discretion for purposes of application of this Financial Assistance Program.
- H. **Extraordinary Collections Actions or "ECAs":** For purposes of this Financial Assistance Program policy, ECAs are those activities identified under the Code Section 501(r) Requirements, which may include:
  - 1. Selling an individual's debt to another party, unless the purchaser is subjected to certain restrictions as provided in the Code Section 501(r) Requirements.
  - 2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
  - 3. Actions that require legal or judicial process, except for claims filed in a bankruptcy or personal injury proceeding.
- I. **Family:** Defined by the Census Bureau as a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return in compliance with Internal Revenue Service rules, then they may be considered a dependent for purposes of the provision of financial assistance.
- J. **Family income:** Income is the total annual cash receipts from all sources, before taxes, less payments made for child support which includes, but is not limited to; wages and salaries before deductions, tips, net receipts from non-farm self-employment income, net receipts from farm self-employment, social security payments, railroad retirement, unemployment compensation, workers compensation benefits, veteran's payments, public assistance payments, Supplemental Security Income, Social Security Disability Income, alimony, military allotments, private pensions, government pensions, annuity payments, grants, fellowships, dividends, interest, net rental income, net payments, net gambling or lottery winnings, assistance from outside the household and other



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miscellaneous sources. Noncash benefits (such as food stamps, housing subsidies and child support) do not count as income.

- K. **FAP application:** The information and accompanying documentation that a patient submits to apply for financial assistance under a Financial Assistance Program.
- L. **Federal Poverty Guidelines:** The most recent published federal income poverty guidelines for a household as published by U.S. Department of Health & Human Services and updated from time to time. See Appendix A for the most current guidelines.
- M. **Guarantor:** An individual, who may or may not be the patient who is responsible for payment of the patient's bill.
- N. **Health care services:** Medical services provided to the individual within the HSHS's environment, including, but not limited to, medical diagnostic and surgical services as well as room and board; outpatient diagnostic environment, including but not limited to Diagnostic Services, Therapeutic Services and Chronic Support Services inclusive of use of equipment, supplies, and professional services (excluding non-HSHS physicians).
- O. **Homelessness:** Indigent, when a person lacks a fixed, regular and adequate residence, and if they sleep in a shelter designated for temporary living accommodations or in places not designated for human habitation.
- P. **Hospital facility:** A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated under a single state license are considered to be a single hospital facility.
- Q. **Illinois Hospital Uninsured Patient Discount Act:** An Illinois law requiring hospitals in Illinois to give uninsured patients a discount on their medical bills. The act requires patients to apply for the discount within 60 days of receiving their initial medical bill.
- R. **Legal guardian:** A recognized legal surrogate for the patient with regard to medical and financial decisions, who would be authorized under applicable state law to receive confidential health care information on the patient. This includes parents who are legally responsible for their minor children, close family members who are recognized by the patient or applicable state law as having the legal ability to act on the patient's behalf with regard to medical and/or financial decisions, or a legal guardian under applicable state law.
- S. **Medically indigent charity care:** Health care services rendered in the absence of sufficient financial resources to cover the costs of care without catastrophic affect upon the individual family, in the absence of catastrophic health care coverage, and to those without third party insurance, which precludes the ability of the individual to pay for services, regardless of income level.
- T. **Medically necessary services:** Health care services for a condition which, if not promptly treated would lead to an adverse change in the health status of an individual; Emergency medical services provided in an emergency room setting; Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and medically-necessary services, evaluated on a case-by-case basis at HSHS's discretion.
- U. **Patient Financial Services:** The department responsible for managing the Financial Assistance Program at HSHS and each Local System.
- V. **Presumptive Eligibility:** Under certain circumstances, uninsured patients may be presumed or deemed eligible for financial assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.



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- W. **Responsible party:** The patient or any individual legally obligated to pay for the patient's debts for medical care, excluding third party payers. An adult patient, living in the household of a relative other than a spouse – including an adult, unmarried child living at home – will be considered the "responsible party" for purposes of this policy, without regard to the assets and income of the other relatives living in the household (except a spouse).
- X. **Substantially-related entity:** An entity treated as a partnership for federal tax purposes in which a Local System owns a capital or profits interest, or a disregarded entity of which the Local System is the sole member or owner, that provides emergency or other medically necessary services in a hospital facility of a Local System, unless the provision of such care is an unrelated trade or business described in section 513 of the Internal Revenue Code.
- Y. **Third party payer:** Any financial agent or entity, such as an insurance carrier, HMO, employee benefit plan or government payer, with a legally enforceable obligation to pay for services billed to a patient by HSHS. Responsible parties, as defined herein, are not considered third party payers.
- Z. **Underinsured:** An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by HSHS.
- AA. **Uninsured:** An individual, with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third-party assistance available to cover the cost of a patient's healthcare expenses.
- BB. **Uninsured Discount:** Patients with no third-party coverage will be provided an uninsured discount, for eligible services provided by HSHS under this policy, at the time that the undiscounted charges are rendered. HSHS will have this discount applied automatically to uninsured patient balances at the time of billing. Current uninsured discount amounts are published in Appendix A of this policy and reviewed on a yearly basis by Single Billing Office for appropriateness.

#### IV. SCOPE

The Financial Assistance Program policy applies to all Local Systems of HSHS and any substantially related entities of such Local Systems. Services eligible under the HSHS financial assistance policy must be clinically appropriate and within generally accepted medical practice standards. They include the following:

1. Emergency medical services provided in an emergency setting, as well as care provided in an emergency setting for the purpose of stabilizing a patient's condition.
2. Non-elective services provided in response to life-threatening circumstances in a nonemergency setting.
3. Medically necessary services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness, as well as services typically defined by Medicare or other health insurance coverage as "covered items or services."
4. Services of providers employed by HSHS are covered under this policy. Please see Appendix C for a full listing of providers included.

Services not eligible for financial assistance include the following:

1. Elective procedures not medically necessary, as well as services typically not covered by Medicare or defined by Medicare or other health insurance coverage as not medically necessary.
2. Lasik Surgery, Acupuncture, Cardiac Scoring, Contacts/Glasses, Cosmetic Surgery/Plastic Services, Hearing Aides, Orthodontics, Dental Services, Optometry, and cash only retail services.
3. Services received from care providers not employed by HSHS (e.g. private and/or non – HSHS medical or physician professionals, ambulance transport, etc.) Patients are encouraged to contact these providers directly



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to inquire into any available assistance and to make payment arrangements. See Appendix C for full listing of providers not covered under this policy.

4. Medically necessary services provided to patients out-of-network as defined by their insurers.

### V. GUIDELINES/PROCEDURES

#### Financial Counseling

1. Patient Financial Services and Patient Access colleagues or their designees are responsible for assisting patients and their families in determining eligibility and applying for federal, state and local insurance programs and/or for the Financial Assistance Program. If applicable, referral for debt counseling is made. Information will be made available at all patient access locations, including the emergency departments.
2. A financial assistance application is used to collect and document the patient's insurance and financial status. The standard application form is reviewed as needed, but at least annually, by System Vice President of Revenue Cycle or designees to ensure it encompasses all necessary information to process the application. Any changes to the standard application form are communicated to each Local System for immediate implementation and distribution.
3. Patient cooperation is necessary for determination of eligibility in the HSHS Financial Assistance Program.
4. Irrespective of eligibility for financial assistance under this Financial Assistance Program policy, all uninsured patients are provided an uninsured discount at the time of billing. This discount will be an administrative adjustment, not a charity adjustment. Each Local System will determine if the patient is able to qualify for a higher discount level based on the individual communities they serve, but at no point will the adjustment be less than 25% of the gross charges. Current uninsured discount amounts are published in Appendix A of this policy and reviewed on a yearly basis by the Single Billing Office (SBO) for appropriateness. In the event a patient is later approved for a charity adjustment, the corresponding uninsured discount adjustment will be reversed, and the amount will be applied to a charity write-off.
5. All Local Systems will have colleagues or delegates available to assist patients in understanding the Financial Assistance Program and other assistance programs available from third parties.

#### Eligibility Criteria

Financial assistance will be extended to uninsured and underinsured patients, or a patient's guarantor, who meet specified criteria, as defined below. These criteria will assure that this financial assistance policy is consistently applied across HSHS. HSHS reserves the right to revise, modify or change this policy as necessary or appropriate.

1. Nondiscrimination. Financial assistance under this policy is available without regard to the patient's race, color, creed, national origin, age, disability, handicap status, health care condition, sexual orientation or marital status.
2. Residency Restrictions. Patients seeking financial assistance are required to seek appropriate medical care in the medical facilities closest to their actual residence. In the event appropriate treatment is not available in their community, the patient may be pre-approved for medically necessary services under the HSHS Financial Assistance Program. To determine residency, HSHS requires valid state-issued identification, a utility bill received within the last 60 days, a lease agreement, a vehicle registration card, a voter registration card or mail addressed to the patient from a local, state or federal government entity or immigrant letter of support



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3. Excluded Services. Patient care, which is not medically necessary, including elective, cosmetic, or other care deemed to be generally non-reimbursable by traditional insurance carriers and government payers shall not be considered eligible for financial assistance.
4. Minor Children/Divorced Parents. For the minor children of divorced parents, when both parents/legal guardians are responsible parties, information regarding both parents will be required to complete a Financial Assistance Application. However, if after reasonable efforts, circumstances prevent the applicant from obtaining financial information for all responsible parties, information from responsible parties residing in the same household of the minor child/children will be used to make the determination.
5. Other Resources. Financial assistance provided by HSHS under this policy is secondary to all other third parties and financial resources available to the patient. This includes, but is not limited to:
  - a. Group or individual medical insurance plans
  - b. Employee benefit plans
  - c. Worker's Compensation plans
  - d. Medicaid, State or County Medical programs
  - e. Other state, federal or medical programs
  - f. Third parties adjudged to be legally liable for a patient's medical expenses (e.g. auto accidents or personal injury claims)
  - g. Any other persons or entities that have a legal responsibility to pay for the medical services
  - h. Crime Victims Fund (if applicable)
  - i. Medical care cost covered by government programs of other countries

Financial assistance applicants will be responsible for applying to public programs and pursuing private health insurance coverage. Patients, or patient's guarantors, choosing not to cooperate in applying for programs identified by HSHS as possible sources of payment for care, may be denied financial assistance.

Applicants are expected to contribute to the cost of their care based on their ability to pay, as outlined in this policy. Patients, or patient's guarantors, identified as likely to qualify for Medicaid, must apply for Medicaid coverage or produce a Medicaid denial received within the previous six (6) months of applying for HSHS financial assistance. Patients, or patient's guarantors, must cooperate with the application process outlined in this policy to obtain financial assistance.

6. Asset Test. Available assets of patients will be considered in determining eligibility for financial assistance under the Financial Assistance Program. Patients with significant assets are generally ineligible under the Financial Assistance Program. For purposes of this provision, significant assets are assets, other than excluded assets, with a value in excess of 600% of the Federal Poverty Guidelines for Local Systems in urban areas and 300% of the Federal Poverty Guidelines for Local Systems in rural areas or that are critical access hospitals.
7. Financial assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with insurer's contractual agreement. Financial assistance is typically not available for patient co-payment or balances after insurance in the event that a patient fails to comply reasonably with insurance requirements such as obtaining proper referrals or authorizations. Out of network balances may be reviewed on a case by case basis.
  - a. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to utilize account funds prior to being granted financial assistance.
  - b. HSHS reserves the right to reverse the discounts described herein in the event that it reasonably determines that such terms violate any legal or contractual obligations of HSHS.





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### **Availability of Financial Assistance**

1. Patients who meet the eligibility criteria above may be eligible for financial assistance.
2. Following a determination of eligibility, an eligible patient may not be charged more than AGB for emergency or other medically necessary services.
3. The look-back method is used to determine AGB. More detail on the calculation of AGB can be found in Appendix D. Members of the public may readily obtain the AGB percentage and a description of the calculation for the applicable Local System's hospital facility in writing and free of charge by visiting [www.hshs.org/fap](http://www.hshs.org/fap), contacting Patient Financial Services; or making an in-person request at a hospital facility of a Local System. Contact information for each Local System, as applicable, is provided in Appendix B.

### **Guidelines for Determination of Financial Assistance**

1. Eligible uninsured and underinsured patients may qualify for financial assistance according to the family income and Federal Poverty Guidelines, as detailed in Appendix A.
2. For uninsured patients, the financial assistance will apply to gross charges (the HSHS billed charge). For underinsured patients, the financial assistance will apply only to the amount the patient is personally responsible for paying, after insurance and other third-party payer reimbursements and/or payments have been applied.
3. HSHS will consider the following circumstances and other similar circumstances in evaluating applicants who do not otherwise qualify for financial assistance under this Financial Assistance Program.
  - a. Catastrophic medical debt is defined as medical debt more than 20% of the annual income of the patient's family. All HSHS medical debt in excess of the 20% would be adjusted off to financial assistance upon notice from the patient and verification by HSHS colleagues.
  - b. The time frame calculation for the annual income cap will be based on a 12-month period from the most recent date of medical services.

### **Application Process for Financial Assistance Program**

1. All patients (or their legal guardians) desiring consideration for the Financial Assistance Program should apply for assistance prior to or at the time of admission or prior to discharge, if possible. Patients will also be allowed to apply for consideration under the Financial Assistance Program prior to account placement at a bad debt collections agency, pursuant to the Code Section 501(r) Requirements. HSHS may request an account to be returned from a bad debt collection agency if a patient is approved for financial assistance provided the account was sent to a bad debt agency within the twelve months prior to the date of application approval date.
2. The instructions required to complete the FAP application will be furnished to patients, their legal guardians, or any persons authorized to act on behalf of the patient. HSHS will provide access to colleagues or delegates to assist patients/legal guardians in understanding the criteria for eligibility and how to fill out the FAP application.
3. The patient and/or responsible party may complete and return the FAP application during the Application Period. This can also be done electronically via MyChart.
4. When considering a FAP application, HSHS may request the patient first pursue other sources of payment, including but not limited to Medicaid, county or state medical assistance, Crime Victims' fund, Supplemental Social Security Income or Disability Income (SSI or SSDI), or other third-party payers as appropriate. If the patient is unwilling to pursue other potential third-party payment sources in a timely manner, the patient will be considered ineligible under the Financial Assistance Program and HSHS will not consider the patient's request for financial assistance.



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5. The patient (or their legal guardians) must disclose financial information, as identified in this Financial Assistance Program policy and/or the FAP application, that HSHS considers pertinent to the determination of the patient's eligibility for financial assistance.
6. If requested by HSHS, patients (or their legal guardians) requesting financial assistance must authorize HSHS to make inquiries of employers, banks, credit bureaus, and other institutions for the purpose of verifying information HSHS requires in order to determine eligibility for financial assistance.
7. The completed FAP application must be accompanied by legible and accurate photocopies of the following documents, as needed, for purposes of verifying eligibility:
  - a. Complete IRS tax returns for the most recently completed calendar year of all responsible parties;
  - b. Payroll check stubs or other documentation of monthly income sources reflecting income of all responsible parties for at least the three months prior to the application;
  - c. Written verification from public assistance agencies, such as Medicaid or county medical, reflecting denials for eligibility (upon request) and as appropriate; and
  - d. Written verification of denial for unemployment or worker's compensation benefits (upon request and as appropriate).
8. Income will be annualized, when appropriate, based upon documentation provided.
9. Confidentiality of information will be maintained for all who seek and/or receive assistance under the HSHS Financial Assistance Program, as required by HSHS policies and federal and state laws. Copies of all supporting documents will be kept with the application form until destroyed in accordance with HSHS policies and federal and state document retention laws.
10. Patient Financial Services or designated representatives may interview the patient or responsible party and request a completed FAP application to determine the need and eligibility for charity.
  - a. HSHS may request documentation of the information requested to verify eligibility for financial assistance and to complete the processing of the application.
  - b. If HSHS determines that any material documentation or information submitted is untrue or falsified, the application for the Financial Assistance Program will be denied. HSHS will not reconsider an application if representatives of HSHS determine that the applicant has intentionally misrepresented material information related to eligibility criteria or documentation.
11. Accounts returned by the collection service due to the debtor's lack of income or assets will qualify for charity status due to their inability to pay or being deemed medically indigent by the independent collection service. In addition, patients for whom HSHS receives discharge confirmation of Chapter 7 bankruptcy through a Federal Bankruptcy Court will also qualify for 100% charity.

**Presumptive Eligibility**

1. Presumptive eligibility under the Financial Assistance Program may be granted if evidence of a patient's inability to pay for medically necessary services is provided by the patient or through other sources available to HSHS. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined on the basis of individual circumstances that may include:
  - c. ALL HOSPITALS (HSHS) AND MEDICAL GROUP:
    - i. Homelessness
    - ii. Deceased with no estate
    - iii. Mental incapacitation with no one to act on patient's behalf





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- iv. Medicaid eligibility, but not on date of service or for non-covered services
  - v. Incarceration in a penal institution
  - vi. Enrollment in the following assistance programs for low-income individuals:
    - 1. Temporary Assistance for Needy Families (TANF)
    - 2. Illinois Housing Development Authority's Rental Housing Support Program
    - 3. Wisconsin Department of Health Services Housing Assistance Program
- b. URBAN HOSPITALS – Additional Mandated Categories:
- i. Enrollment in one or more of the following programs with criteria at or below 200% of the current Federal Poverty Guidelines:
    - 1. Participation in Women, Infants and Children programs (WIC)
    - 2. Supplemental Nutrition Assistance Program (SNAP) eligibility
    - 3. Low Income Home Energy Assistance Program (LIHEAP)
    - 4. Wisconsin Home Energy Assistance Program (WHEAP)
    - 5. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria
    - 6. Receipt of grant assistance for medical services
2. HSHS may use external programs to verification patients' ability to pay (e.g. SearchAmerica). If a patient is determined to be unable to pay for their medically necessary services via these external programs, the accounts will be adjusted off to charity. See "Presumptive Eligibility" (above).
3. Patients who were determined to be eligible for the Financial Assistance Program retain eligibility for a period of up to six (6) months from the date of approval. At the end of six (6) months, the patient is responsible for reapplying for eligibility under the Financial Assistance Program.

**Asset Exclusion**

1. HSHS may exclude the following assets listed below from the net available household asset computation without affecting eligibility for the Financial Assistance Program. However, any Local System that is not applying an uninsured patient discount must comply with the requirements in 210 ILCS 89(10)(c)(4).
- a. A home that is the primary residence
  - b. Personal property for use in the home
  - c. Vehicle(s) up to a combined value \$15,000 with value based on the current blue book appraisal amount (excludes motor homes)
  - d. Liquid assets including cash, savings, stocks, bonds etc. up to \$1,000 for one person; \$2,000 for two people; and \$500 for each additional person in the household
  - e. Any funds set aside in a retirement account as defined by the Internal Revenue Service
  - f. Other assets directly related to the earnings and livelihood of the household may be exempt if deemed necessary and reasonable to the continued ability to earn a livelihood by HSHS.
  - g. Nursing home or assisted living monthly payments.

**Communication of the Financial Assistance Program to Patients**

1. Notification about financial assistance availability from HSHS shall include the following:
- a. Paper Copies: The Financial Assistance Program policy, the FAP application, and the plain language summary will be available upon request and without charge, both by mail and in public locations in the hospital facilities of the Local Systems, including, at a minimum, in the emergency room (if any) and admissions areas.
  - b. Intake and Discharge: The plain language summary and the FAP application will be offered to patients during the registration, post-registration, or discharge processes.

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- c. Signage: The availability of the Financial Assistance Program shall be advertised on poster-sized signage located in Emergency Department, Admissions, Outpatient, and waiting room areas. A toll-free phone number will be included.
  - d. Internet: The Financial Assistance Program policy, the FAP application, and the plain language summary will be widely available on the HSHS web site ([www.hshs.org/fap](http://www.hshs.org/fap)).
  - e. Patient Statements: Each bill, invoice or other summary of charges shall include with it, or on it, a prominent statement that he/she may apply for consideration under the Financial Assistance Program, including the telephone number for Patient Financial Services and a direct web site address where copies of the Financial Assistance Program policy, the FAP application, and the plain language summary may be obtained.
  - f. Translations: HSHS will make available translations of the Financial Assistance Program, the FAP application, and plain language summary in the language spoken by limited English proficiency language groups that constitute the lesser of 1,000 individuals or five percent (5%) of the community served by the applicable Local System or the population likely to be affected or encountered by the applicable Local System.
  - g. Community Outreach: HSHS will take measures to notify and inform members of the community about the Financial Assistance Program.
2. A Financial Assistance Program application can be made on behalf of the patient by a concerned party (subject to privacy laws), including but not limited to:
- a. Patient or guarantor
  - b. Faith community leader or representative
  - c. Personal physician or other health care professionals
  - d. Any member of the HSHS staff or medical staff
    - i. Examples include physicians, nurses, financial counselors, social workers, case managers, chaplain's and religious sponsors.

**VI. BILLING AND COLLECTIONS PROCESS**

As described below, HSHS will make reasonable efforts to determine whether a patient is eligible under this Financial Assistance Program for financial assistance before it engages in an ECA.

**Processing of Financial Assistance Program Applications**

Except as provided below, a patient may submit a Financial Assistance Program application at any time during the Application Period, which is generally 240 days from the date of the first post-discharge bill as defined in Section III. Determinations of eligibility for financial assistance will be processed based on the following general categories.

- 1. Presumptive Eligibility Determinations. If a patient is presumptively determined to be eligible for less than the most generous assistance available under the Financial Assistance Program (for example, the determination of eligibility is based on an application submitted with respect to prior care), HSHS and/or the Local System will notify the individual of the basis for the determination and give the patient a reasonable period of time to apply for more generous assistance before initiating an ECA.
- 2. Incomplete FAP Applications. In the case of a patient who submits an incomplete FAP application during the Application Period, HSHS and/or the Local System shall notify the patient in writing about how to complete the FAP application and give the patient a reasonable opportunity to do so (not to be less than 30 days from the date of notification of incomplete application). During this time, the standard billing process will continue, but any pending ECAs shall be suspended, and the written notice shall (i) describe the additional information and/or documentation required under the Financial Assistance Program or the FAP application that is needed to complete the application, and (ii) include appropriate contact information.



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3. Complete FAP Applications. In the case of a patient who submits a complete FAP application during the Application Period, HSHS and/or the Local System shall, in a timely manner, suspend any ECAs to obtain payment for the care, make an eligibility determination, and provide written notification, as provided below.
4. Deferring or Denying Care. Excluding any services provided to a patient as emergency care, HSHS and/or the Local System may defer or deny, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the Financial Assistance Program. The patient will be offered a FAP application and/or the Financial Assistance Plain Language Summary indicating that financial assistance is available for eligible patients and stating the deadline, if any, after which HSHS and/or the Local System will no longer accept and process an application submitted (or, if applicable, completed) by the patient for the previously-provided care at issue. This deadline shall be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided.

### **Financial Assistance Program Determination Notification**

1. Determinations. Once HSHS determines the final balance owed by the patient AND a completed FAP application is received on a patient's account, HSHS will notify the patient, patient's legal guardian, and/or responsible party in writing of the final determination within forty-five (45) calendar days. The notification will include a determination of the amount for which the patient and/or responsible party will be financially accountable, if approved for less than 100% financial assistance. If the application for the Financial Assistance Program is denied, a notice will be sent explaining the reason for the denial and instructions for appeal or reconsideration.
2. Refunds. HSHS and/or the Local System will provide a refund for the amount a patient has paid for care that exceeds the amount the patient is determined to be personally responsible for paying under the Financial Assistance Program, unless such excess amount is less than \$5.00.
3. Reversal of ECA(s). To the extent a patient is determined to be eligible for financial assistance under the Financial Assistance Program, HSHS and/or the Local System will take all reasonably available measures to reverse any ECA taken against the patient to obtain payment for the care. Such reasonably available measures generally include, but are not limited to, measures to vacate any judgment against the individual, lift any levy or lien on the individual's property, and remove from the individual's credit report any adverse information reported to a consumer reporting agency or credit bureau.

### **Appeals**

1. The patient and/or responsible party may appeal a denial of eligibility for financial assistance by providing additional information to the Patient Accounts Department within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Patient Accounts Manager and/or the Chief Financial Officer for a final determination. If the final determination affirms the previous denial of financial assistance, written notification will be sent to patient, legal guardian, and/or responsible party.
2. If an appeal is filed within fourteen (14) calendar days of final determination, any collection efforts will be suspended pending the final outcome of the appeals process.

## **VII. ADMINISTRATION**

### **Reporting Requirements**

1. Each Local System in Illinois should be able to provide the following upon request:
  - a. Financial Assistance Program application
  - b. Presumptive Eligibility criteria accepted
  - c. Financial Assistance Statistics (where required by the Illinois Office of the Attorney General)
  - d. Applications submitted (complete and incomplete)



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- e. Applications approved (including number approved using presumptive eligibility)
  - f. Applications denied
  - g. Dollar amount of financial assistance at cost
  - h. Description of electronic and information technology used
2. For Local Systems in Illinois, this information must be submitted to the Illinois Office of Attorney General annually.
  3. Each Local System in Wisconsin should be able to provide the following upon request:
    - a. Financial Assistance Program Application
    - b. Presumptive Eligibility criteria accepted
    - c. Count of applications submitted (complete and incomplete)
    - d. Count of applications approved (including number approved using presumptive eligibility)
    - e. Count of applications denied
    - f. Dollar amount of financial assistance provided (year-to-date)

**Policy Administration**

1. Services provided as a result of an accident are subject to all legal instruments required to ensure third party liability payment, even if these instruments are filed after the initial eligibility for the Patient Financial Assistance Program has been approved. If third party coverage exists, HSHS will pursue and collect the balance owed from the third-party payer.
2. This policy shall be supervised by the Patient Accounts Manager (or another colleague designated by the Local System CFO, Division CFO or System Vice President of Revenue Cycle) who shall be responsible for administering the program, assuring that determinations for financial assistance meets the requirements of this policy, and notifying the patient and/or responsible party of the final determination. Any application from family members, friends or associates should be referred to the Director of Patient Financial Services or similar position at HSHS or Medical Group. The following MINIMUM approval authority is granted per this policy:
  - a. \$0 to \$4,999 – Patient Account Representative or Customer Service Associates
  - b. \$5,000 to \$24,999 – Manager of Patient Financial Services or Coordinators
  - c. \$25,000 to \$100,000 – Director of Patient Financial Services (Divisional)
  - d. >\$100,001 – HSHS Director of Finance, Vice President or Chief Financial Officer; Medical Group Chief Financial Officer or delegate.
3. Other circumstances may compellingly show that full payment of outstanding medical expenses could cause serious social and/or financial hardship to the patient or the household. These circumstances may warrant an exceptional financial assistance reduction to be considered on a case by case basis.
4. The preceding guidelines are set forth in establishing the Financial Assistance Program. HSHS may modify these guidelines at any time consistent with existing law. HSHS reserves the right to approve or deny a financial assistance application received at its discretion. In implementing this Policy, HSHS management shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Financial Assistance Program policy.



**Hospital Sisters**  
HEALTH SYSTEM

**COPIES ARE ONLY VALID ON THE DAY PRINTED-OFFICIAL POLICY RESIDES IN MCN**

**ORIGINATOR:** \_\_\_\_\_ *Kelli Rossi* \_\_\_\_\_

Vice President, Revenue Cycle Management

**ACCOUNTABLE LEADER:** \_\_\_\_\_ *Mike Cottrell* \_\_\_\_\_

Chief Financial Officer

**Administrative Approval:** \_\_\_\_\_ *Diamond Boatwright* \_\_\_\_\_

**President & CEO**

## APPENDIX A

### DISCOUNT LEVEL

**Uninsured Discount:** HSHS will provide an uninsured discount at the time that the undiscounted chargers are rendered. This discount will apply to the accounts of patients with no coverage for payment from health insurance and/or other third-party payors. Illinois HSHS facilities and rural health clinics will offer a 72% discount. Eastern Wisconsin HSHS facilities will offer a 66% discount. Western Wisconsin HSHS Facilities will offer a 57% discount. HSHS Medical Group and Prairie Cardiovascular Consultants will offer a 35% discount.

**Discount for Eligible HSHS Services (Illinois):** Applicants meeting asset thresholds and with household income:

1. Below 200% of FPL are eligible to receive a 100% discount.
2. Above 200% of FPL but equal to or less than 300% are eligible to receive an 80% discount.
3. Above 300% of FPL but equal to or less than 350% are eligible to receive a 70% discount.
4. Above 400% of FPL but equal to or less than 500% are eligible to receive a 60% discount.
5. Above 500% of FPL but equal to or less than 600% are eligible to receive a 55% discount.
6. Above 600% of FPL, there are no discounts offered, with the exception of catastrophic healthcare expenses and considered on a case by case basis.

**Discount for Eligible HSHS Services (Wisconsin):** Applicants meeting asset thresholds and with household income:

1. Below 200% of FPL are eligible to receive a 100% discount.
2. Above 200% of FPL but equal to or less than 300% are eligible to receive a 70% discount.
3. Above 300% of FPL but equal to or less than 400% are eligible to receive a 55% discount.
4. Above 400% there are no discounts offered, with the exception of catastrophic healthcare expenses considered on a case by case basis.

### 2021 FEDERAL POVERTY GUIDELINES

Source: <https://aspe.hhs.gov/poverty-guidelines>

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA (In effect as of January 13, 2021)						
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE (100%)	200% of Poverty	300% of Poverty	400% of Poverty	500% of Poverty	600% of Poverty
1	\$12,880	\$25,760	\$38,640	\$51,520	\$64,400	\$77,280
2	\$17,420	\$34,840	\$52,260	\$69,680	\$87,100	\$104,520
3	\$21,960	\$43,920	\$65,880	\$87,840	\$109,800	\$131,760
4	\$26,500	\$53,000	\$79,500	\$106,000	\$132,500	\$159,000
5	\$31,040	\$62,080	\$93,120	\$124,160	\$155,200	\$186,240
6	\$35,580	\$71,160	\$106,740	\$142,320	\$177,900	\$213,480
7	\$40,120	\$80,240	\$120,360	\$160,480	\$200,600	\$240,720
8	\$44,660	\$89,320	\$133,980	\$178,640	\$223,300	\$267,960
For families/households with more than 8 persons, add \$4,540 for each additional person.						



## APPENDIX B

Information on the Hospital Sisters' Health System Financial Assistance Policy, and the Hospital Sisters' Health System Billing & Collection Policy will be made available to patients and the communities served by HSHS through a variety of sources.

1. Patients and guarantors may request copies of the Financial Assistance Policy, the Billing & Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via mail, by phone or by connecting to our website: [www.hshs.org/fap](http://www.hshs.org/fap).

<b>Wisconsin</b>	<b>Illinois</b>
<p><b><u>Eastern Wisconsin</u></b></p> <p>St. Mary's Hospital - Green Bay, WI            St. Vincent Hospital - Green Bay, WI            St. Nicholas Hospital - Sheboygan, WI            St. Clare Hospital - Oconto Falls, WI</p> <p>All <b>Eastern Wisconsin</b> completed applications along with all attachments should be sent to the following address:</p> <p>Patient Financial Services            Attention: Financial Assistance Program            P.O. Box 13508            Green Bay, WI 54307</p> <p>Local - (920) 433-8122            Toll Free - (800) 211-2209            Fax - (920) 431-3161</p>	<p>St. John's Hospital - Springfield, IL            St. Francis' Hospital - Litchfield, IL            St. Mary's Hospital - Decatur, IL            Good Shepherd Hospital - Shelbyville, IL            St. Elizabeth's Hospital - Belleville, IL            St. Joseph's Hospital - Highland, IL            St. Anthony's Hospital - Effingham, IL            St. Joseph's Hospital - Breese, IL            Holy Family Hospital, Greenville, IL            HSHS Medical Group            Prairie Cardiovascular Consultants</p> <p>All <b>Illinois</b> completed applications along with all attachments should be sent to the following address:</p> <p>Patient Financial Services            Attention: Financial Assistance Program            P.O. Box 13427            Springfield, IL 62791</p> <p>Toll Free - (888) 477-4221            Email- ILSBO@hshs.org</p>
<p><b><u>Western Wisconsin</u></b></p> <p>St. Joseph's Hospital - Chippewa Falls, WI            Sacred Heart Hospital - Eau Claire, WI</p> <p>All <b>Western Wisconsin</b> completed applications along with all attachments should be sent to the following address:</p> <p>Patient Financial Services            Attention: Financial Assistance Program            900 West Clairemont Avenue            Eau Claire, WI 54701</p> <p>Local - (715) 717-4141            Toll Free - (888) 445-4554            Fax - (715) 717-1896</p>	

2. Patients and guarantors may request copies of the Financial Assistance Policy, the Billing & Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary in person at the any of the system ministries. Applications are available in-patient access, registration, admitting and emergency department areas by asking a HSHS colleague for assistance. Financial Counselors are also available at each of the following locations:

### **PUBLIC ACCESS TO POLICY**

Information on the Hospital Sisters' Health System Financial Assistance Policy, and the Hospital Sisters' Health System Billing & Collection Policy will be made available to patients and the communities served by HSHS through a variety of sources.

3. Patients and guarantors may request copies of the Financial Assistance Policy, the Billing & Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via mail, by phone or by connecting to our website: [www.hshs.org/fap](http://www.hshs.org/fap).
4. Patients and guarantors may request copies of the Financial Assistance Policy, the Billing & Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary in person at the any of the system ministries. Applications are available in-patient access, registration, admitting and emergency department areas by asking a HSHS colleague for assistance. Financial Counselors are also available at each of the following locations:

#### **Illinois Division:**

##### **HSHS St. John's Hospital**

800 E. Carpenter St.  
Springfield, IL 52769  
Phone: 217-544-6464  
Monday-Friday 8am – 4:30pm

##### **HSHS St. Francis Hospital**

1215 Franciscan Drive  
Litchfield, IL 62056  
Phone: 217-324-2191  
Monday-Friday 8am – 4:30pm

##### **HSHS Medical Group**

3051 Hollis Drive  
Springfield, IL 62704  
Phone: 217-321-9292  
Monday-Friday 8am – 4:30pm

##### **HSHS Good Shepherd Hospital**

200 S. Cedar St.  
Shelbyville, IL 62565  
Phone: 217-774-3961  
Monday-Friday 8am – 4:30pm

##### **HSHS St. Mary's Hospital**

1800 E. Lake Shore Drive  
Decatur, IL 62521  
Phone: 217-464-2966  
Monday-Friday 8am-4:30pm

##### **Prairie Cardiovascular**

619 E. Mason Street  
Springfield, IL 62769  
Phone: 217-788-0706  
Monday-Friday 8am – 4:30pm

##### **HSHS St. Elizabeth Hospital**

1 St. Elizabeth's Blvd  
O'Fallon, IL 62269  
Phone: 618-234-2120  
Monday-Friday 8am – 4:30pm

##### **HSHS St. Joseph Hospital**

12866 Troxler Avenue  
Highland, IL 62249  
Phone: 618-651-2600  
Monday-Friday 8am-4:30pm

##### **HSHS St. Anthony Hospital**

503 N. Maple Street  
Effingham, IL 62401  
Phone: 217-342-2121  
Monday-Friday 8am – 4:30pm

##### **HSHS St. Joseph's Hospital**

9515 Holy Cross Lane  
Breese, IL 62230  
Phone: 618-526-4511  
Monday-Friday 8am-4:30pm

##### **HSHS Holy Family Hospital**

200 Healthcare Drive  
Greenville, IL 62246  
Phone: 618-664-1230  
Monday-Friday 8am – 4:30pm

**Eastern Wisconsin Division:**

**HSHS St. Vincent Hospital**

835 S. VanBuren St.  
Green Bay, WI 54301  
Phone: 920-433-0111  
Monday-Friday 8am – 4:30pm

**HSHS St. Nicholas Hospital**

3100 Superior Ave.  
Sheboygan, WI 53081  
Phone: 920-459-8300  
Monday-Friday 8am – 4:30pm

**HSHS St. Mary's Hospital**

1726 Shawano Ave.  
Green Bay, WI 54303  
Phone: 920-498-4200  
Monday-Friday 8am – 4:30pm

**HSHS St. Clare Memorial Hospital**

855 S. Main St.  
Oconto Falls, WI 54154  
Phone: 920-846-3444  
Monday-Friday 8am – 4:30pm

**Western Wisconsin Division:**

**HSHS St. Joseph's Hospital**

2661 County Highway I  
Chippewa Falls, WI 54729  
Phone: 715-723-1811  
Mon-Friday 8am – 4:30pm

**HSHS Sacred Heart Hospital**

900 W Clairemont Ave  
Eau Claire, WI 54701  
Phone: 715-717-4121  
Mon-Friday 8am – 4:30 pm

Note: A HSHS Western Wisconsin Financial Counselor is onsite at Sacred Heart during main business hours, St. Joseph's personnel connect patients that have questions with the Financial Counselor via phone.

**APPENDIX C**  
**Covered Providers and Departments**

For a full list of providers who do and do not honor the HSHS Financial Assistance Policy, please visit our website at [www.hshs.org/fap](http://www.hshs.org/fap). You may also contact your local HSHS local business office for this information. The contact information for each local ministry is listed in this policy, Appendix B.

## **APPENDIX D**

### **AMOUNTS GENERALLY BILLED (AGB)**

The amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient's guarantor. For qualifying uninsured patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.50@-5(b) (3) of the Internal Revenue Service Code. The Look Back Method will be based on Medicare fee-for-services together with all private health insurers paying claims. The claims to be included in the AGB calculation will be claims allowed during the prior twelve-month calendar year period. The numerator will be comprised of all allowed claims from Medicare fee-for-service claims and all private health insurers paying claims inclusive of amounts for co-insurance, co-payments and deductibles. The gross charges for said claims will be included in the denominator. The AGB is calculated no less frequently than annually and is available upon request from each HSHS local ministry or Single Billing Office and publicly on the website at [www.hshs.org/fap](http://www.hshs.org/fap). The contact information for each local ministry or divisional business office is listed in this policy, Appendix B.