

TITLE: DETERMINATION OF CHARITY - GUIDELINES

Purpose:

The hospital will provide services to all acutely ill patients requiring care, without regard of the patient's ability to pay. We will provide charity care to eligible persons who cannot afford to pay based on family income criteria pursuant to the Federal Poverty Income Guidelines.

Definition:

Charity care is the terminology used to describe persons with the inability to pay for services rendered.

Procedure:

I. EVALUATION

- A. Patient, family member or agency will notify us prior to services rendered.
- B. Guest Services will advise patients for possible Charity eligibility at time of registration.
- C. Patient or family member will be interviewed by a financial counselor during the inpatient stay to assess the patient's eligibility for state aid.
- D. Post care communication will be performed by the collection department to determine the patient's ability to pay.

II. GUIDELINES

- A. We will provide charity care assistance to patients that maintain an income up to 400% above the Federal Poverty Level (FPL). Patients with 200% or less FPL received 100% Charity. Patients with 201% to 400% of FPL receive 70% assistance:

| Family Size | Federal Poverty Level | 100% Charity | 70% Charity |
|-----------------|-----------------------|--------------|-------------|
| 1 | \$15,960 | \$31,920 | \$63,840 |
| 2 | \$21,640 | \$43,280 | \$86,560 |
| 3 | \$27,320 | \$54,640 | \$109,280 |
| 4 | \$33,000 | \$66,000 | \$132,000 |
| 5 | \$38,680 | \$77,360 | \$154,720 |
| 6 | \$44,360 | \$88,720 | \$177,440 |
| 7 | \$50,040 | \$100,080 | \$200,160 |
| 8 | \$55,720 | \$111,440 | \$222,880 |
| Each Additional | \$5,680 | \$11,360 | \$22,720 |

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II. GUIDELINES (continued)

- B. We will update our guidelines upon publication of the Department of Health and Human Services in the Federal Register.

III. QUALIFICATION

- A. The completion of the Determination of Eligibility Application Form. Patients have 240 days from first patient billing to apply for charity.
- B. Proof of family income:
 - 1. Copy of previous year income tax return.
 - 2. Copy of wage statement W-2 form.
 - 3. Copy of most recent pay statement of earnings.
 - 4. Other documentation as needed, ie Room and Board, Link, Letter from Charitable Organizations.
- C. Indigent persons
 - 1. Homeless.
 - 2. Deceased adults with no estate.
 - 3. Mental incapacitation with no representative.
 - 4. Medicaid eligible but not on date of service or for non covered.
 - 5. Incarcerated.
 - 6. Religious order affiliation and vow of poverty.
 - 7. Enrolled in WIC, SNAP, Illinois Free Lunch/Breakfast , LIHEAP, Community based assistance, or Grant assistance.
- D. We are committed to provide in and out patient care to those who have been referred from the Will-Grundy Medical Clinic.

IV. PROCESS

- A. Receive telephone call from patient or guarantor requesting uncompensated charity care. Mail Application to the guarantor.
- B. Receive by mail, fax, or email the complete/incomplete application form. Patients/Guarantors have 15 days to return application and documentation.
- C. Upon receipt of completed application form, it will be reviewed by the Collector for approval or denial
- D. If incomplete, Collector will request additional information from the Patient or Guarantor and/or run a Credit Report for approval or denial.
- E. Approved application:
 - 1. Notes are entered into the financial system.
 - 2. Decision will be mailed to guarantor within 10 working days.
 - 3. Account forwarded to Manager for appropriate adjustment.

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4. Record of patient account will be maintained for 5 years and the application for 6 months.
- F. Denied application:
1. Collection efforts will prevail.
 2. Notes are entered into the financial system.
 3. Decision will be mailed to guarantor within 10 working days.
 4. Application will be maintained for 6 months.

The Hospital in conjunction with filing either the Community Benefit Report or Worksheet C Part 1 as requested by the Hospital Uninsured Patient Discount Act will provide the Hospital Financial Assistance Report to the Office of the Attorney General.

DEPARTMENTS AFFECTED: Patient Accounts

EFFECTIVE DATE: 05/15/91

REVISED DATE(S): 6/1/14, 1/22/15, 1/25/16, 1/19/2017, 1/13/18, 1/1/2019, 1/1/2020, 1/1/2021, 1/12/2022, 1/16/2023, 1/30/2024, 1/15/2025, 1/19/2026