

**Copley Memorial Hospital**  
**Policy & Procedure**

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**Title:** Financial Assistance/Charity Care Policy

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**Purpose**

Copley Memorial Hospital is committed to caring for the entire community. In order to serve those who may not have health insurance or other means to pay for their care, Copley Memorial Hospital offers a comprehensive program of Financial Assistance/Charity Care for eligible patients. This Policy was developed to assist those patients/ guarantors who are financially unable to meet the minimum payment required for services provided at Copley Memorial Hospital and to provide guidelines for the Financial Assistance/ Charity care application and balance adjustment processes.

**Policy**

Copley Memorial Hospital will provide medical services without discrimination to individuals regardless of ability to pay whenever medical services are requested and deemed medically necessary. Financial Assistance/Charity Care is available for those individuals who meet the eligibility requirements under this policy and who have submitted a completed application. Copley Memorial Hospital patient representatives are available to work closely with patients to review payment options and determine eligibility.

**Procedure**

**Eligibility**

- A. Any individual who receives medically necessary services at Copley Memorial Hospital will be considered for Financial Assistance/Charity Care upon meeting the eligibility outlined in this policy. The policy and application will be provided to any individual upon request without regard to race, color, religion, sex, national origin, age or handicap.
- B. Applicants who apply for Financial Assistance/Charity Care should expect the following:
  - 1. To complete a Financial Assistance/Charity Care application by providing all of the required supporting documentation.
  - 2. Submit the completed application within 240 days following service.
  - 3. Receive a response approving or denying the application no less than 30 days prior to any extraordinary collection actions being initiated.
  - 4. Although Financial Assistance/Charity Care discounts may vary depending upon the type of assistance being offered, all charges for Emergency Medical Conditions or Medically Necessary services provided to those patients eligible for Financial Assistance/Charity Care with income levels of 600% or less than the Federal Poverty Level will not be billed more than the "Amounts Generally Billed."

5. If, at any time during the review process, we find that an application has been falsified or information is inaccurately completed, the Financial Assistance/Charity Care application will be denied and normal or extraordinary collection activities, as necessary, will be initiated or resumed.
- C. Financial Assistance/Charity Care is provided based upon gross family income for the past twelve (12) months and will be used to calculate the discount amount. The Financial Assistance/Charity Care application will remain valid for 12 months before a new application would be required.
- D. A determination of the applicant's eligibility will be made as early as possible once all required information is provided and verified.
- E. Not all medical services are covered by Financial Assistance/Charity Care. For example, your physician or other non-hospital provider may not participate in Copley Memorial Hospital's Financial Assistance/Charity Care program.
- F. Entities covered under this program are: Copley Memorial Hospital, Rush-Copley Family Residency Program and Rush-Copley Hospitalist, LLC.
- G. Patients are required to advise Copley Memorial Hospital of any material change in their financial condition within thirty (30) days of such change.

**Application process:**

1. The Financial Assistance/Charity Care program may be initiated by the patient, family member, physician and/or hospital departments (i.e., Administration, Social Service, and Pastoral Care). Any Financial Counselor or Patient Financial Services staff member can initiate the initial application and screen for eligibility.
2. Applicants are asked to complete and return the application with all required supporting documentation to a Financial Counselor or Patient Financial Services staff member within 240 days of service.
3. Applications are reviewed and evaluated for the amount (if any) of Financial Assistance/Charity Care by the Financial Counselors and then given to the Manager and Director of Patient Financial Services for final approval. Copley Memorial Hospital reserves the right to verify credit records and any other sources to verify income and assets.
4. After Patient Financial Services makes the final determination as to what extent Financial Assistance/Charity Care is granted or not granted, the patient is notified via mail and any Financial Assistance/Charity Care discount adjustment is applied to outstanding balances.
5. Applicants may be approved for Financial Assistance/Charity Care multiple times, as long as all of the required financial documentation has been verified for each new

service received and the original or updated financial documents are not older than four (4) months from the previous submission.

6. If a determination is made that the applicant has the ability to pay for services, such determination does not prevent a future reassessment of the applicant's ability to pay.
  7. A worksheet of all approved and denied applications include, at a minimum, the amount of Financial Assistance/Charity Care granted or denied and the reasons.
  8. Approved Financial Assistance/Charity Care requests and supporting documentation are maintained for seven (7) years.
- H. Verification of information contained in the application is required. The following documents, if applicable, will be used to verify income and assets. Each application will be reviewed based on individual circumstances at the time of application and may require additional information. No information should be older than four (4) months from receipt and the applicant must communicate to the hospital any material change in their financial condition within thirty (30) days of such change.
1. Valid Government Issued Photo ID: Drivers License, Passport, or government issued ID.
  2. Last or most recent year income tax return (1040,1040EZ) with all W-2 forms and schedules attached.
  3. Two most recent paycheck or unemployment check stubs or a written statement of earnings from your employer for the previous two (2) months.
  4. Documents approving or denying Unemployment Compensation or Workman's Compensation (if applicable) or assistance from the Department of Public Aid.
  5. Statement of monthly benefits from Social Security or denial of benefits (if applicable).
  6. All checking, savings, and/or investment earnings statements and accounts for the previous two (2) month period.
  7. A current copy of an Illinois Department of Public Aid card or completion and eligibility for reimbursement under the Department of Health and Human Services Section 1011 program.
  8. For any missing documentation, room and board letters providing supporting documentation and/or a missing/incomplete status letter detailing the reason(s) why any documentation required was not provided, these documents are required to be completed and signed by the applicant or their designee.

9. The Financial Assistance/Charity Care application must be signed by the applicant or designee verifying that all information contained is accurate and truthful and that the applicant is applying for Financial Assistance/Charity Care under this policy.
  10. For applicants who are deceased, without a surviving spouse and no open estate, any family member or hospital representative can complete the Financial Assistance/Charity Care application on behalf of the deceased patient.
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- I. The income guidelines for Financial Assistance/Charity Care will be updated any time changes to the Federal Poverty Guidelines are published in the Federal Register.
  - J. The applicant is required to apply for other public assistance programs prior to consideration for Financial Assistance/Charity Care. Financial Assistance/Charity Care discount adjustments are only available to those individuals who exhaust all other forms of third party payment, which may include applications to Medicare, Health Insurance Exchange, other third party liability, Workman's Compensation coverage, SCHIP, Illinois Public Aid, or any other public programs based on their eligibility requirements, and who provide documentation of their inability to pay.
  - K. Financial Assistance/Charity Care will not be approved until all applicable third party payments have been received and will be applied only to personal balances after all such payments have been posted. Approved amounts are not to exceed patient's remaining balance.
  - L. Financial Assistance/Charity Care is not available or applied to any services that would not normally be covered under the Medicare program as medically necessary health care services for beneficiaries. Financial Assistance/Charity Care also does not apply to any non-medically necessary services such as elective, cosmetic or non-medical services such as social or vocational, except as noted below.
  - M. Patient accounts that have proceeded through the collection process may be reviewed at any time. If it is determined that there is enough applicant information available to meet the income guidelines, Financial Assistance/Charity Care can be granted based on what information is known and verified.
  - N. Prior to taking any extraordinary collection actions, Copley Memorial Hospital will make reasonable efforts to determine if an applicant is eligible for Financial Assistance/Charity Care. Applicants are given at least 120 days from the date of the first post discharge billing statements to submit an application for review before any extraordinary collections activity will occur.
  - O. After receipt of a completed application, a determination of the applicant's eligibility will be made as early as possible, provided the application is complete, allowing at least 30 days to provide the applicant with written notice of determination and prior to initiation of any extraordinary collection actions.
  - P. Copley Memorial Hospital will not refund any previous payments on accounts upon the approval of a Financial Assistance/Charity Care application if the payments were made prior to the completion of the application.

## **Residency Requirements**

1. Applicants who are legal Illinois residents and receive medically necessary services are eligible for Financial Assistance/Charity Care. There is no residency requirement for any patient who receives emergency care services.
2. Except for any applicants receiving emergency care services, applicants who are not Legal Illinois Residents and receive medically necessary services are not eligible Financial Assistance/Charity Care.

## **Presumptive Eligibility**

Any applicant meeting the requirements and criteria below are presumed to be eligible for Financial Assistance/Charity Care. Applicants presumed to be eligible do not need to complete a Financial Assistance/Charity Care application; provided, however, that they provide proof that they meet the requirements listed below.

## **Eligibility Requirements for 100% Discount Adjustment**

1. Applicant is Homeless;
2. Deceased with no estate;
3. Mental incapacitation with no one to act on patient's behalf;
4. Medicaid eligibility, but not on date of service or for non-covered services;
5. Incarceration in a penal institution;
6. Enrollment in one of the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the then current Federal Poverty Income guidelines:
  - a. Women, Infants and Children Nutrition Program (WIC)'
  - b. Supplemental Nutrition Assistance Program (SNAP)'
  - c. Illinois Free Lunch and Breakfast Program;
  - d. Low Income Home Energy Assistance Program (LIHEAP);
  - e. Temporary Assistance for Needy Families (TANF); or
  - f. 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

## **Discount Application Process:**

Copley Memorial Hospital provides Financial Assistance/Charity Care discounts to applicants as follows under this policy.

## **Services**

1. Except as provided in the section, below, Financial Assistance/Charity Care to applicants shall be available for all Medically Necessary services and emergency care services.
2. Financial Assistance/Charity Care to applicants is not available for the following services: Elective/Non-Medically Necessary services, Out-of-network services, Self Pay Package Priced Services, or any insured patient co-payment, co-insurance, or

deductibles unless the patient otherwise qualifies for Financial Assistance/Charity Care.

3. The current year charity table which details the current year federal poverty level sliding scale, the AGB discount amount and the uninsured discount amount, is available by calling 630-978-4990.

### **Discount Calculation**

Copley Memorial Hospital provides Financial Assistance/Charity Care discounts to eligible insured and uninsured patients using two methods: (1) the insured sliding scale, or (2) catastrophic assistance. If the patient qualifies under both methods, Copley Memorial Hospital will apply the method that is most beneficial to the patient. For all applications, the applicant must provide asset information to determine if those assets will be in excess of 600% of the then current Federal Poverty Guidelines.

### **Insured Discount Sliding Scale**

Discounts under the insured sliding fee scale are calculated as follows:

1. Legal Illinois Residents with Household Income of 200% or less of the current Federal Poverty Guidelines are eligible for a 100% discount. The discount shall be applied to coinsurance and deductibles as well as medically necessary services not covered by insurance.
2. Legal Illinois Residents with Household Income of more than 200%, but less than or equal to 600% of the current Federal Poverty Guidelines are eligible for a discount equal to the "Amount Generally Billed" discount for medically necessary services not covered by insurance.

### **Uninsured Discount Calculation**

Copley Memorial Hospital will provide Financial Assistance/Charity Care to uninsured patients in accordance with Illinois Hospital Uninsured Patient Discount Act.

1. Legal Illinois Residents with Household Income of 200% or less of the current Federal Poverty Guidelines are eligible for a 100% discount.
2. Legal Illinois Residents with Household Income of more than 200%, but less than or equal to 600% of the current Federal Poverty Guidelines are eligible for a discount which is calculated based on the cost to charge ratio received from the State of Illinois, derived from Worksheet C, Part I of the most recently filed Medicare Cost Report. The uninsured discount factor means and is calculated as 1.0 less the product of a hospital's cost to charge ratio multiplied by 1.35.

### **Catastrophic Discount**

1. For applicants with Household Income more than 200%, but less than or equal to 600% of the current Federal Poverty Guidelines, the total payment shall not exceed 25% of the applicant's Household Income during any twelve month period.

2. Catastrophic Needs Discount is calculated in the following example: To qualify, debt is higher than income in a 12-month period; the discount is equal to total charges, minus 25% of income level.

Applicant Billed Responsibility (12 months)	\$220,000
Annual Income (12 months)	\$200,000
25% Applicant Family Income/Responsibility	<u>\$ 50,000</u>
<u>Discount amount</u>	<u>\$170,000</u>

### Publicizing the Policy

Rush-Copley will take the following steps to ensure that members of the communities to be served are aware of the program and have access to this policy and the related documents

Rush-Copley will make a copy of this Policy available to the community by posting it online along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy.

Rush-Copley will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors' attention.

Rush-Copley will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Form in English and Spanish.

Each billing statement for self-pay accounts will include information about the Financial Assistance Program.

Rush-Copley will include information on the availability of financial assistance in patient guides provided to patients at registration.

### Attachments:

Federal Poverty Guidelines by Family Size

Cost to Charge Ratio Discount Rate

Amounts Generally Billed Discount Rate

List of Providers Who Do Not Follow Copley Memorial Hospital's Financial Assistance Policy

### Definitions

**Amounts Generally Billed/Amounts Generally Billed Discount:** The discount required to ensure that charges for care for Emergency Medical Conditions or other Medically Necessary care provided during an outpatient visit or inpatient stay to individuals eligible for Financial Assistance/Charity Care under this policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care ("Amounts Generally Billed"). Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method.

**Applicant:** An Applicant is the person submitting an Application for Financial Assistance, including the Patient and/or the Patient's Guarantor.

**Application:** A Financial Assistance/Charity Care Application.

**Application Period:** The period during which Copley Memorial Hospital must accept and process an Application submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance/Charity Care. The Application Period begins on the date the care is provided to the individual and ends on the 240th day after the date of the first post-discharge billing statement.

**Billed Charge(s):** The fees charged for a service based on the charge master in effect at the time of service prior to applying any contractual allowances, discounts, or deductions.

**Cost-of-Care Discount:** The discount equal to that amount calculated by multiplying the total cost-to-charge ratio from the Hospital's Medicare cost report to the charges on accounts identified as qualifying for Financial Assistance/Charity Care. Notwithstanding the foregoing, Copley Memorial Hospital may, for administrative ease, establish a single Cost-of-Care Discount that is most advantageous to the Patient. The Cost-of-Care Discount shall be equal to or greater than the Amount Generally Billed Discount.

**Discounted Care:** Care provided at less than Billed Charges other than Financial Assistance/Charity Care. Discounts include the Cost-of-Care Discount and the Amount Generally Billed Discount.

**Emergency Medical Condition:** Emergency Medical Condition shall be as defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**Emergency Services:** Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, or other services identified and set forth in an appendix to this policy.

**Extraordinary Collection Action:** Those actions that Copley Memorial Hospital may take against an individual related to obtaining payment in full for a bill covered under the Financial Assistance/Charity Care. These efforts may include requiring payment for previously-rendered care and/or placing a lien on a patient's property.

**Family Size:** The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size will be the number of individuals residing in the Applicant's household. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size may include household members of the individual claiming dependency.

**Federal Poverty Guideline(s):** The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of 42 USC 9902(2). The guidelines are attached in a separate table and will be adjusted annually following the release of the update poverty guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.



**Financial Assistance/Charity Care:** Amounts provided to patients who meet the criteria for Financial Assistance/Charity Care under the various programs, who are unable to pay for all or a portion of their health care services.

**Guarantor:** The individual who is financially responsible for services rendered to a patient.

**Household Income:** Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income.

If the Applicant indicates that the adjusted gross income listed on the applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.). Household Income includes the income of all members of the household.

**Illinois Resident:** An Illinois Resident is a patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act ("HUPDA"). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition.

**Insured Patient:** A patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

**Legal Illinois Resident:** A Legal Illinois Resident is a patient legally residing within the United States *and* who has his or her principal residence within the state of Illinois. With respect to foreign nationals, "legally residing" shall include individuals who have current visas and who are permanent residents and temporary workers. "Legally residing" shall not include foreign nationals who have visitor or student visas. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition.

**Medically Necessary:** Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A "Medically Necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

**Non-Resident:** A Non-Resident is a patient who is neither a Legal Illinois Resident nor an Illinois Resident.

**Patient:** The individual receiving services.

**Plain Language Summary:** A clear, concise, and easy-to-understand written statement that notifies an individual that Copley Memorial Hospital offers Financial Assistance/Charity Care and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this policy; (ii) a brief summary of how to apply for assistance under this policy; (iii) a direct listing of a website address or URL and physical locations where a copy of this policy and Financial Assistance/Charity Care Applications may be obtained; (iv) instructions on how to obtain a free copy of the Financial Assistance/Charity Care Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of the offices or departments who can provide an individual with assistance with the application process; (vi) availability of translations; and (vii) a statement that no Financial Assistance/Charity Care-eligible patient will be charged more than the Amounts Generally Billed.

**Self-Pay Package-Priced Services:** Multiple services offered for a single price that is discounted such that the single price is less than the sum of the prices for all the individual services comprising the package of services.

**Uninsured Patient:** A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.