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| Owner | Susan Zeeb: Business Office Director |
| Policy Area | Business Office |

# Wabash General Hospital Financial Assistance

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# POLICY: Financial Assistance

This policy is to provide guidance for the determination of free or discounted services to our patients. There are two methods in which an account may be discounted: The Illinois Uninsured Discount and Charity.

To qualify for Illinois Uninsured Discount, the patient must be a resident of Illinois during the time of services, meet income guidelines and the services must be medically necessary.

To qualify for Charity, the patient must meet income guidelines and the services must be medically necessary. Persons meeting criteria for presumptive eligibility will also qualify for Charity.

Any person with questions or concerns should contact the hospital's financial counseling department at (618) 263-6412. Any complaints or concerns with the uninsured patient discount application process or hospital financial assistance process can be reported to the Health Care Bureau of the Illinois Attorney General. They can be reached at 1-877-305-5145 or by their website Illinois Attorney General - Health Care Bureau (state.il.us).

# Procedure:

**1.A Determination of Eligibility for the Illinois Uninsured Discount:** Notification of the discount and how to apply will be given on the hospital's billing statement.

The patient must live in Illinois at the time of the services and intend on remaining an Illinois resident. Proof of Illinois residency will be required. The following documents may be used in establishing residency.

A. An income verification statement
B. Valid state issued identification card

C. Recent residential utility bill
D. Lease agreement
E. Vehicle registration card
F. Voter registration card
G. Mail addressed to patient from a government agency

The patient must have no insurance coverage. The patient is not covered under any health insurance including high deductible plans, workers' compensation, accident liability insurance or any third party liability.

The patient must meet financial eligibility. The gross family income from all sources cannot exceed 300% of the federal poverty guidelines. The guidelines will be updated annually.

**B. Determining the Discount:** Wabash General Hospital will give the uninsured patient at least 60 days from the date of discharge or date of service to apply for the discount. The patient must provide proof of income in order to qualify. Examples are:

A. Most recent Federal Income Tax Return
B. Most recent W-2
C. 1099 Forms
D. Two most recent pay check stubs
E. Written income verification from employer paying wages in cash
F. Or other reasonable forms of third-party income verification

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Wabash General Hospital reserves the right to determine the best proof of income for verification purposes.

Billed charges will be discounted to 135% of the hospital's cost to charge ratio from the most recently filed Medicare Cost Report.

**C. Determining the Collection Cap:** A patient eligible for the uninsured discount also qualifies for a collection cap. The maximum amount Wabash General Hospital may collect from the patient in a 12-month period is 20% of the patient's gross family income. The 12-month period begins on the first date of eligible services.

**D. Patient Obligations**: Wabash General Hospital's obligations under the Act cease to exist if the patient fails to provide acceptable income documentation within 60 days of the hospital's request.

The uninsured patient is eligible for the collection cap must inform the hospital that he or she received prior services from the hospital eligible for the discount to extend the collection cap to subsequent services. When possible, the subsequent patient accounts will be combined to the first eligible account.

**2A. Determination of Eligibility for Charity:**

Patients will be screened for financial assistance or public health insurance program eligibility at the earliest reasonable moment. The hospital/clinic must screen uninsured patients, and insured patients

upon the patient's request, and assist the patient in obtaining hospital financial assistance for which they are eligible, before pursuing collection action. Notification of the discount and how to apply will be given on the hospital's billing statement.

The hospital/cinic will engage with a patient to review and assess the patient's potential eligibility for any financial assistance offered by the hospital, public health insurance program, or other discounted care known to the hospital; informs the patient of the hospital's assessment; documents in the patient's record the circumstances of the screening; and assists the patient with applying for the hospital financial assistance as appropriate. Under the Act, PA 103-0323: Fair Patient Billing - Screening, the hospital/clinic will screen uninsured patients during registration unless it would cause a delay in patient care. At such times the screening cannot occur during registration, every attempt will be made to offer the screening prior to patient discharge. Each attempt to screen the patient must be documented. At such times the screening is not complete by discharge, the patient must be informed that they will receive a phone call within 72 hours to complete the screening process.

If a patient declines or fails to respond to the screening, the hospital/clinic must document in the patient's record the patient's decision to decline or failure to respond to the screening, confirming the date and method by which the patient declined or failed to respond.

When a patient does submit to screening for financial assistance, the hospital/clinic may still require follow-up information. Specifically, patients must cooperate in good faith with the hospital/clinic in the screening process by providing the hospital/clinic with all reasonably requested financial and other relevant information and documentation needed to determine the patient's potential eligibility for coverage under a public health insurance program, the hospital's financial assistance policy, or for a reasonable payment plan. This information must be provided with 30 days of request for such information. If the patient fails to submit requested documentation within 30 days, the hospital should document the lack of received documentation, confirm the date that the screening took place, and confirm that the 30 day time line for responding to document requests has lapsed. However, in alignment with the hospital financial assistance protections under HUPDA, the financial assistance process may be reopened within 90 days after the date of discharge, date of service, or completion of screening. Collection actions should not be taken until the 90 day time line expires.

If the screening indicates that the patient may be eligible for public health insurance, the hospital/clinic is responsible for providing information to the patient on how they can apply for such insurance. Such information includes, but is not limited to, referring the patient to their local IDPH office. The hospital/clinic is not responsible for assisting patients with the actual public health insurance application; rather, the hospital/clinic is required to connect patients with resources or organizations that can assist with the application.

If the uninsured patient's application for a public health insurance program is approved, the hospital must bill the insuring entity and cannot pursue the patient for any aspect of the bill, except for any required copayment, coinsurance, or other similar payment for which the patient is responsible under the insurance. If the uninsured patient's application for public health insurance is denied, the hospital must again offer to screen the uninsured patient for hospital financial assistance and the 90 day time line for applying for financial assistance under HUPDA must start again.

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The discount will apply to billed charges for patient accounts with no insurance. The discount will apply to co-insurance, co-pays, deductible, and non covered charges for accounts with insurance. In the instance of a deceased patient with no estate or surviving spouse, the balance on the account with be adjusted to a Charity write off.

**B. Presumptive Eligibility:**

Determination of Presumptive Eligibility will be made prior to the patient receiving their first statement.

During the registration process the patient presenting with no insurance will be asked the following questions to determine if they qualify for assistance:

1. Are you homeless?
2. Are you Medicaid eligible but not for this date of service? Or, is the service non-covered?
3. Do you have a recent personal bankruptcy?
4. Have you been incarcerated in a penal institution?
5. Do you have an affiliation with or an order & vow of poverty?
6. Are you enrolled in a Temporary Assistance for Needy Families?
7. Are you in a Housing Department Authority Support Program?

A signature will be required and the document will become a part of the patient's medical record.

A person qualifying for assistance under the presumptive eligibility will not need to complete an application before receiving assistance.

**C. Determining the Discount:**

Wabash General Hospital will give the uninsured patient at least 90 days from the date of discharge or date of service to apply for the discount. The patient must provide proof of income in order to qualify. Examples are:

A. Most recent Federal Income Tax Return
B. Most recent W-2
C. 1099 Forms
D. Two most recent pay check stubs
E. Written income verification from employer paying wages in cash
F. Or other reasonable form of third-party income verification

Wabash General Hospital reserves the right to determine the best proof of income for verification purposes.

The discount will be based on the annual gross income and number dependents in the household. The amount of discount will be based on the Federal Poverty Guidelines which will be updated annually. (Sample attached.)

Persons that qualify for Charity may receive the discount for services rendered for a period of 1 year

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from the date of application. Services prior to the application date may be discounted for a period up to 6 months prior to the application date.

**D. Patient Obligations:**

Persons requesting Charity will complete a Financial Assistance Application. (See attachment)

## Attachments

WGH Financial Assistance Form 2024.doc

WGH Financial Assistance Spanish Form 2024.docx

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| | Lynn Leek: VP of Finance/CFO | 04/2024 |
| | Susan Zeeb: Business Office Director | 04/2024 |
| | Tyler Ditch: Controller | 03/2024 |