

**PALOS COMMUNITY HOSPITAL
POLICIES AND PROCEDURES MANUAL**

TITLE: Financial Assistance for the Uninsured Patient

EFFECTIVE DATE: November 15, 1991 REVISION DATE: April 8, 2011

POLICY: It is the policy of Palos Community Hospital to provide quality medical health care to all persons regardless of race, creed, sex, national origin, handicap, age or ability to pay. The Hospital recognizes that not all individuals possess the ability or means to purchase essential medical services, and further, that our mission is to serve the community with respect to providing health care services and health care education. Therefore, in keeping with the Hospital's commitment to serve all members of the community, charity and/or subsidized care will be considered where the need and/or inability to pay are identified. This policy applies only to hospital charges which do not include independent physicians or independent company billings and is intended for Illinois residents only.

PURPOSE: To identify circumstances when the Hospital may provide care without charge or at a discount commensurate with the ability to pay, for a patient whose financial status makes it impractical or impossible to pay for medically necessary services. Palos Community Hospital also considers cases of medical need in catastrophic cases where income or assets would otherwise be considered too high to qualify for governmental assistance. For the purpose of this policy, catastrophic cases would be defined as annual medical bills that exceed 25% of gross income. Each patient will be contingent upon approval and on the cooperation of the patient/guarantor during the charity process. Palos Community Hospital reserves the right to extend financial assistance on a case by case basis where the patient may not be able to comply with the charity process.

PROCEDURES: I Charity Care Assistance

- A. All patients registered as "self pay" who meet charity care guidelines will be eligible for Charity Care. Under this policy the patient will be given an application at the time of registration.
- B. Upon completion of the application, the Hospital will investigate if the patient is eligible for financial assistance from a governmental program, liability or worker's compensation case.
- C. If the Hospital does not receive notification of insurance from the patient, and if the patient does not qualify for any Federal or State Assistance program, the Hospital will begin the process of determining financial need.

1. The Registration staff, Financial Counselor or Collection Staff may obtain additional appropriate financial and demographic information necessary to assist in the determination of eligibility. The information will include a signed and completed Financial Assistance Form.
2. Financial/demographic information may include but is not limited to the following:
 - a. Income including wages, payments from unemployment and pension plans.
 - b. Liquid Assets
 - c. Living Expenses
 - d. Family size, including all dependent children aged 18 and under residing in the home.
 - e. Credit Report
3. The Hospital does not include the following into the computation of income:
 - a. Social Security Disability
 - b. Child support
4. The Hospital may require the following documentation as proof of income:
 - a. Three (3) recent pay check stubs
 - b. A copy of the most recent Federal Income Tax filing.
5. The Hospital will have the patient assessed for Public Aid programs through the Department of Public Aid if it is determined that the patient may qualify. If it is determined that the patient will qualify for assistance through the State, the Hospital may utilize external resources, at its own expense, to complete the proper monetary assistance (non-grant) or MANG application. Should the patient/guarantor fail to cooperate with this process, patient/guarantor may be eligible for charity care at an amount no more than the percentage set forth in the hospital's uninsured discount grid for charity care at 600% of the federal poverty level.
6. The Hospital may run a credit report on the patient/guarantor and attach it to the signed, completed form. The Charity Care approval form is affixed to the complied data and forwarded to the Charity Care Committee for review.
7. If the patient is determined to be ineligible for any State programs, the financial and demographic information will be evaluated by employing the Hospital's sliding scale matrix which is structured utilizing a general guideline of 600% of the poverty guideline as published annually in the Federal

Register by the Department of Health and Human Services

8. Once the final determination has been made, the Charity Care Committee will take the following action:
 - a. The Charity Care Approval Form shall be signed and dated. In the event that accounts total \$50,000 or more, the signature of the President of the Hospital will also be required prior to final processing of the charity adjustment to the account.
 - b. The Collection Manager will apply the appropriate charity adjustment against the patient account, thereby reducing the balance to zero or to the determined discounted amount. The account will also be documented in the reference to the outcome of the charity review.
 - c. The Collection Manager will forward the approved/disapproved form to the Financial Counselor who will prepare the appropriate "Gift of Care" approval or denial letter to the patient and/or guarantor. If the patient/guarantor has a balance after the application of the charity adjustment, the account will be forwarded to a collector who will contact the patient/guarantor by phone in order to arrange a mutually agreeable payment plan for the remaining balance not to exceed 25% of family annual income per year. All payment plans are to remain interest free.

RESPONSIBILITY:

It is the responsibility of the Director of Revenue Cycle Operations and the Vice President of Fiscal Management to interpret all aspects of this policy subject to the ultimate authority of the President.