

## SALEM TOWNSHIP HOSPITAL

<b>POLICY TITLE</b>	FINANCIAL ASSISTANCE PROGRAM
<b>DEPARTMENT</b>	Administration
<b>OTHER RESPONSIBLE DEPARTMENT(S)</b>	All Departments
<b>POLICY IMPLEMENTED</b>	11/18/1992
<b>POLICY REVISED</b>	04/14/1994, 06/15/2001, 06/26/2003, 08/16/2005, 06/01/2006, 06/27/2007, 07/02/2008, 04/01/2009, 07/01/2014, 01/09/2019, 11/28/2022, 06/23/2023
<b>POLICY #</b>	GO602

**PURPOSE:** To assist eligible patients with their medical bills.

**POLICY:** Salem Township Hospital will provide a reasonable amount of financial assistance (in the form of a reduction in amounts owed for services) to patients who apply and are eligible based upon family income. Financial assistance will be considered only after all available resources for reimbursement, have been exhausted. The application has the total income and family size, that information will then be put into the FPL calculator on needymeds.org. The following income table will be used to determine the amount of financial assistance to be provided:

Family Income as a % of Federal Poverty Level	% of Balance to be written off
200% or less	100%
201%-210%	90%
211%-220%	80%
221%-230%	70%
231% - 240%	60%
241% -250%	50%
251% - 260%	40%
261% -270%	30%
271% -300%	20%

The Federal Poverty Guidelines are established and published annually by the Department of Health and Human Services.

**PROCEDURE:**

1. A determination of which program is applicable will be made as soon as practical.
  - The HUPDA program covers only patients who have no other coverage. Patients with high deductible plans are not eligible.
  - The HUPDA program does not cover elective, cosmetic, or non-medical services. RHC or Primary Physician services are also excluded. Medicare coverage rules apply.
  - Patients must be a resident of Illinois.
  - Patients' family income is not more than 300% of the Federal Poverty Level

- Patients meeting these qualifications that have a valid presumptive eligibility element qualify for 100% assistance immediately.

**Presumptive Eligibility:** The following criteria will be used to determine if a patient is eligible for financial assistance without further inquiry by Salem Township Hospital. These categories will reflect the free care mandate included in the 2012 Amendment to the Hospital Uninsured Patient Discount Act (HUPDA) legislation for uninsured patients.

- a. Deceased with no estate
  - b. Homelessness
  - c. Mental incapacitation with no one to act on patient's behalf
  - d. Patients who have active IL Medicaid eligibility, but not on the date of service or for non-covered services.
  - e. Uninsured inmates incarcerated in a penal institution on the date of service if the visit is not a result of an injury in the penal institution.
2. If all of the above criteria are met, the HUPDA program will be used to determine the patient's level of assistance. Otherwise, the financial Assistance Program will be used.

### **FINANCIAL ASSISTANCE PROGRAM**

Medically necessary hospital services with the exception of RHC or Primary Care Physician services can be considered for financial assistance.

1. Eligibility determination for financial assistance will be made as close to the date of service as practical.
2. The hospital's business office is authorized to receive Financial Assistance referrals from patients, and /or family members. The applications are to be processed by the Director of Business Services or his/her designee.
3. Consideration will be given to other healthcare facilities' previous determination of the patient's charitable healthcare status. Final determination of Financial Assistance will be based on Salem Township Hospital's current charitable criteria.
4. The financial assistance application will be used in conjunction with the Financial Assistance Income Schedule to determine eligibility for the Financial Assistance Program. The Financial Assistance Income Schedule will be updated annually using the U.S. Department of Health and Human Services federal poverty guidelines.
5. A written determination letter will be given to the applicant with explanation of the charity write off decision.
6. Financial Assistance Program approval limits are the following:
 

\$1-\$5000	Business Office Director
\$5,001-\$15,000	Chief Financial Officer
\$15,001-\$25,000	Chief Executive Officer
\$25,001 & over	Board Finance Chairman or Board President
7. The original application will be retained by the business office and will be effective for twelve (12) months from date of origination unless there is a change in financial circumstances. A log of charity determinations will be maintained per applicable regulations.

Applications for financial assistance may be obtained from [sthcares.org](http://sthcares.org), patient access, or in the business office at Salem Township Hospital. Completed applications will be accepted by the Business Office during regular business hours (8:00 a.m. to 4:30 p.m.), Monday through Friday.