

	Department: Revenue Cycle	Original Effective Date: 01/09
	Author: Revenue Cycle Director	
	Title/Subject: Financial Assistance Policy	Reviewed: Revised: 05/14, 1/15, 12/15, 2/16, 3/16, 2/17, 1/18, 5/18, 2/21

PURPOSE:

Pursuant to IRS Section 501(r), Touchette Regional Hospital (TRH) is required to establish a written Financial Assistance Policy. It is the policy of TRH to offer patients that are established residents of the state of Illinois or have an order from an on-staff physician who is contracted with TRH seeking treatment or testing in accordance with current Federal, State of Illinois Health, and Financial Services laws and regulations guided by Illinois Hospital Association recommendations and best practices. TRH does not base a patient’s ability to pay on the quality of the services that a patient receives. We do not discriminate based on race, age, gender, handicap, sexual orientation, or any other protected status.

The purpose of this policy is to inform patients under what circumstances TRH provides Financial Assistance and the process required to apply for such assistance.

SCOPE:

This policy applies to all emergent and medically necessary services provided by TRH and Archview Specialty Clinic employed physicians. A document defining emergent and medically necessary services can be found attached to this policy (see Exhibit F).

Non-employed third-party providers who deliver emergency or other medically necessary care in a TRH facility are not covered under this policy. A complete listing of covered and non-covered physicians is attached to this policy (see Exhibit C) and can also be found on TRH’s website: <http://www.touchette.org/patient-financial-assistance>.

POLICY:

In support of its mission, TRH provides, without discrimination, emergency and other medically necessary care to all patients, regardless of a patient's ability to pay.

PROCEDURE:

1. Eligibility for Financial Assistance

- a. Financial assistance is provided to patients who meet eligibility guidelines after Medicaid, Medicare, the Insurance Exchange, and/or all other support networks have been exhausted. "Other support networks" includes, but is not limited to, any third-party liability, worker's compensation, accidental injury, hospital indemnity or sharing group coverage for which the patient may be eligible.
- b. Patients who have insurance but are left with a balance greater than \$200 after insurance has paid (per the patient's Explanation of Benefits) may apply for Financial Assistance to help in covering the deductibles and/or copays. A completed application must be received within 90 days from patient's insurance payment. No patient will be charged more than the amounts generally billed.
- c. As stated under Section II, eligible services for coverage under TRH's financial assistance policy include all emergent and medically necessary services provided by TRH and Archview Specialty Clinic employed physicians.
- d. Medically necessary services considered eligible under TRH's financial assistance policy can be defined as: "hospital services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity."
- e. Patients who do not have medical coverage but request non-emergent hospital services at TRH will be reviewed for eligibility under TRH's Financial Assistance Policy either prior to the service being received or at the time of service. Determination will be based upon the following criteria:
 - i. The patient is an established resident of the state of Illinois or has an order from an on-staff physician who is contracted with TRH
 - ii. The patient falls under programs determined to be Presumptive Charity
 - iii. The patient has completed an application and qualifies based on family poverty levels for the patient's household
- f. Accounts considered eligible for a financial assistance determination are those accounts for which a first billing statement was issued 60 days prior to the application (completed, signed, and dated) submission date, and 30 days after the submission date. A new application and documentation must be submitted after 365 days if a patient wishes future accounts to be considered for financial assistance.
- g. TRH bases eligibility for financial assistance on household income and household size. Income guidelines will be revised annually in conjunction with the Federal

Poverty Level Guideline updates published by the Center for Medicare and Medicaid Services.

- h. Uninsured patients need to reasonably cooperate and provide full information to TRH. In addition, patients must be willing to apply for Medicaid and other governmental programs.

2. Financial Assistance Application Process

- a. An application can be obtained by the following methods (see Exhibit A)
 - i. In person by the Patient Access Staff in the Outpatient Registration area, Emergency Department, or Physical Therapy at the Archview Medical Center.
 - ii. Visiting TRH's website at <https://touchette.org/patients-and-visitors/financial-assistance>.
 - iii. Calling the TRH Patient Financial Services department at 618-482-7128 or the phone number listed on the patient's billing statement and requesting an application be mailed, faxed, or electronically submitted to the patient.
 - iv. Calling the TRH Financial Assistance representative at 618-332-5389 and requesting an application be mailed, faxed, or electronically submitted to the patient.
 - v. Stopping at the Financial Assistance office located just off the Main Lobby at 5900 Bond Ave, Centreville, IL 62207.
 - vi. Additional assistance and information can be requested by calling the Patient Financial Assistance representative at 618-332-5389 or by emailing financial_assistance@touchette.org.

- b. A patient is required to submit the completed application materials, signed and dated along with one form of income verification. Acceptable verification of income includes the following for all adult members of the household:
 - i. Most recent payroll stubs
 - ii. Most recently filed federal income tax return (pages 1-2 of federal 1040 form and any other applicable schedules or forms)
 - iii. Statements demonstrating Social Security, pension, unemployment, disability, worker's compensation and/or spousal/child support benefits
 - iv. An income or profit/loss statement for self-employed applicants
 - v. In the absence of income, a completed, signed and dated Declaration of No Income statement will be accepted.
 - vi. Other documentation as deemed necessary based on applicant's extraordinary living/employment circumstances (see Exhibit E)
- c. If a patient does not submit the required income verification documents along with the application, a letter requesting income documentation will be issued to

the patient within 30 days of TRH having received the completed, signed, and dated application.

- i. A patient will have 30 days from the date of the request letter to submit the requested documentation.
- ii. If the requested information has not been received within 30 days or the patient has made no effort to contact TRH regarding the requested information, the application will be denied due to lack of information provided by the applicant.
- d. The patient may re-apply for financial assistance after such a determination, but a new application remains subject to eligibility guidelines under TRH’s financial assistance policy.
- e. An applicant who submits only some or part of the documentation requested by letter may receive a second letter from TRH. Such a letter is considered to be a “final” request for documentation and will detail a time frame in which the applicant is expected to submit the remaining information. If the documents are not submitted within the timeframe outlined in the “final” request letter, the application process will continue through steps 3b and 3c as described above.
- f. Once all required documentation has been received by TRH’s Financial Assistance department, a financial assistance determination will be made within 30 days. A letter of notification will be submitted to the patient detailing the determination of financial assistance with the following information:
 - i. The guarantor’s name
 - ii. All accounts considered under the determination
 - iii. The percentage of financial assistance granted
 - iv. The remaining patient balance after financial assistance is applied
 - v. The date range for which the determination is applicable
 - vi. A contact number to make payment arrangements for any remaining patient responsibility.
- g. Income guidelines for financial assistance eligibility at Touchette Regional Hospital are as follows:

2021 Federal Poverty Levels for Financial Assistance Policy – Touchette Regional Hospital

			200%	300%	450%	600%
Family Size	Poverty Guidelines		100%	70%	55%	38%
1	\$ -	\$ 12,800	\$ 25,600	\$ 38,400	\$ 57,600	\$ 76,800
2	\$ 12,801	\$ 17,420	\$ 34,840	\$ 52,260	\$ 78,390	\$ 104,520
3	\$ 17,421	\$ 21,960	\$ 43,920	\$ 65,880	\$ 98,820	\$ 131,760
4	\$ 21,961	\$ 26,500	\$ 53,000	\$ 79,500	\$ 119,250	\$ 159,000
5	\$ 26,501	\$ 31,040	\$ 62,080	\$ 93,120	\$ 139,680	\$ 186,240
6	\$ 31,041	\$ 35,580	\$ 71,160	\$ 106,740	\$ 160,110	\$ 213,480
7	\$ 35,581	\$ 40,120	\$ 80,240	\$ 120,360	\$ 180,540	\$ 240,720
8	\$ 40,121	\$ 44,660	\$ 89,320	\$ 133,980	\$ 200,970	\$ 267,960

3. Presumptive Charity

- a. Presumptive Charity is a form of Financial Assistance that TRH may grant based on information received from other sources. Presumptive Charity may be based on the following:

Homelessness
Incarceration in a penal institution
Deceased with no estate
Mental incapacitation with no one to act on patient's behalf
Medicaid eligibility, but not on date of service or for non-covered service
Illinois Free Lunch & Breakfast Program
Women, Infants and Children Program (WIC)
Supplemental Nutrition Assistance Program (SNAP)/food stamps/ LINK
Enrolled in Temporary Assistance for Needy Families (TANF)
Enrolled in Illinois Housing Development Authority Rental Housing Support
Low Income Home Energy Program (LIHEAP)
Has filed bankruptcy within the past 6 months

- b. Presumptive Charity is granted post-service only for those services not covered by another funding source and for which the patient has not submitted a financial assistance application.
- c. Presumptive Charity is granted only after all other means for payment have been exhausted and the services in question are ready to be placed in collections.

4. NOTICES REGARDING FINANCIAL ASSISTANCE

- a. This Financial Assistance Policy (FAP), a Plain Language Summary of the FAP (See Exhibit B), and the Financial Assistance application form will be available for patients upon request in person, electronically, by mail, by fax and on the TRH website.
- b. Notices regarding financial assistance will be displayed in public areas in each TRH facility. These notices will include a Plain Language Summary of the FAP and will also include both a phone number and website where additional information on the application process can be obtained. These notices will be available in English and Spanish or any other language spoken by at least 10% of the population served by TRH.
- c. Referral of patients for Financial Assistance may be made by other TRH employees. It is the responsibility of the patient, guarantor or patient representative to contact Patient Financial Services for additional assistance with the application process.
- d. Revenue Cycle teams are responsible for the implementation of this Policy in accordance with the detailed procedures set forth in this document.

5. DEFINITIONS

- a. Amount generally billed (AGB) is defined as the amount generally billed. TRH calculates AGB by using the “Look Back” method. This is the average amount of reimbursement for the previous fiscal year, excluding Medicaid and uninsured self-pay payers.
- b. Extraordinary Collection Activities (ECA) can be defined as the reporting of unpaid debt to credit agencies, taking legal action, and/or garnishment of wages.
- c. Federal Poverty Level (FPL) is the national standard used to determine the poverty level of households by size. These numbers are updated annually by the US Department of Health and Human Services.
- d. Financial Assistance is defined as assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for care provided by TRH.
- e. Household Income is defined as the income of all adult members in the household. For children or adult dependents, regardless of their age, if they are claimed by another adult in the household on income tax returns, the incomes of all adults and dependents are then included in this definition.
- f. Income includes wages, salaries, salary and self-employment income, unemployment compensation, worker’s compensation, payments from Social Security, public assistance, veteran’s benefits, child support, alimony, education assistance, survivor’s benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.
- g. Charity –A patient who has been screened for Financial Assistance and, based on financial information provided for the household, has been approved for a discount or full adjustment of hospital-billed charges.
- h. Charity Pending – A patient who has applied for charity but the screening process could not be completed because of missing information or documentation (such as proof of income), or where additional questions need to be answered in order to complete the application.
- i. Presumptive Charity is defined as the determination of eligibility for Financial Assistance that can be provided by third-party vendors and other publicly available information.
- j. Submission Date is defined as the date the completed, signed and dated financial assistance application is received and documented by a Financial Assistance representative.
- k. Emergent Care – Care obtained through the Emergency Department or as determined based on a physician’s examination and deemed required for patient’s immediate health need.
- l. Self-Pay: A patient who has no health insurance and/or who does not qualify for Financial Assistance based on TRH policy.
- m. Uninsured: A patient who has no health insurance coverage at all and who also does not have a pending liability case pending on the services that will be rendered.
- n. Underinsured – A patient who has health insurance coverage which leaves the patient with a balance or insurance that doesn’t cover certain procedures.

6. ATTACHMENTS

- a. Exhibit A: Financial Assistance Application
- b. Exhibit B: Plain Language Summary Notice
- c. Exhibit C: Covered and Non-covered Providers
- d. Exhibit D: Amount Generally Billed (AGB) Statement
- e. Exhibit E: Documentation for Extraordinary
- f. Exhibit F: Elective/Non-elective Procedure Definition for Financial Assistance

Approvals:

Signature of Revenue Cycle Director

Date

Signature of Administration Member

Date