

---

---

## Financial Assistance Policy

---

---

### 1. POLICY:

- The fundamental purpose of NorthShore – Edward-Elmhurst Health (NS-EEH) is to provide quality health care and health-related services that effectively and efficiently meet the needs of individuals and families who reside in the communities served by NS-EEH. For purposes of this policy, NS-EEH refers to the non-profit hospitals: Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, and Skokie Hospital (collectively, NorthShore), Swedish Hospital, Northwest Community Hospital (NCH), and Edward Hospital, Elmhurst Hospital, and Linden Oaks Hospital (collectively, EEH). Policy differences that apply to specific hospitals, if any, are separately identified.
- Consistent with NS-EEH’s values of compassion and stewardship, it is the policy of NS-EEH to provide financial assistance to patients in need. Furthermore, the purpose of this Financial Assistance Policy (FAP) is to provide the framework under which financial assistance will be granted to patients for emergency or medically necessary care provided by NS-EEH to those that reside in the communities that we serve.
- This policy identifies the specific criteria and application process under which NS-EEH will extend financial assistance to individuals whose financial status makes it impossible to pay fully for the services. Note that certain individuals are presumptively eligible to receive services at no cost (see Section 4.E).
- This policy applies to all emergency or medically necessary care provided by a NS-EEH hospital. This policy is not binding upon providers of medical services outside of the hospital. In **Exhibit 1** of the FAP, you can find information on providers delivering emergency or other medically necessary care in the hospital facility whose services are covered as part of this policy and a list of providers whose services are not covered as part of this policy. Note that provider services are covered only if you are found to be eligible for financial assistance in accordance with this policy. Free paper copies of **Exhibit 1** are available online or upon request at the locations listed in Section 4.I of this policy.
- NS-EEH may exclude services from this policy that are covered by an insurance program at another provider location but are not covered at NS-EEH after efforts are made to educate the patient on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.
- This policy describes the criteria used by NS-EEH in calculating the amount of the financial assistance discount, if any, the measures NS-EEH will take to widely publicize this FAP within the community served by NS-EEH, the process used by NS-EEH to determine financial assistance eligibility, and the financial assistance application process. The actions NS-EEH may take in the event of nonpayment are described in a separate **Billing and Collections Policy**. That policy is available online or upon request at the locations listed in Section 4.I of this policy.
- To be eligible for financial assistance, you must complete and submit a financial assistance application (for patients who are not presumptively eligible) along with any required supporting documentation. Financial assistance applications are due no later than 240 days after the date of the first billing statement sent for the services for which you are requesting financial assistance. Exceptions may be granted as described later in this policy. Nothing in this policy takes precedence over federal, state or local laws or regulations currently in effect today or in effect in the future.
- Final authority to determine whether NS-EEH has made reasonable efforts to determine FAP eligibility resides with NS-EEH’s Single Business Office, Swedish Hospital’s Financial Services Center, and NCH Financial Counseling. This policy is intended to benefit NS-EEH’s community consistent with its values of compassion and stewardship. The existence of this FAP does not constitute an offer of financial assistance to any particular patient and creates no contractual rights or obligations. This FAP may be updated by NS-EEH in its sole discretion.
- The policies and procedures stated herein are intended to comply with Illinois state regulations and section 501(r) of the Internal Revenue Code and related guidance.

### 2. SCOPE:

This policy applies to all emergency or medically necessary care provided by a NS-EEH hospital. This policy is not binding upon providers of medical services outside of the hospital. In **Exhibit 1** of the FAP, you can find information on providers delivering emergency or other medically necessary care in the hospital facility whose services are covered as part of this

policy and a list of providers whose services are not covered as part of this policy. Note that provider services are covered only if you are found to be eligible for financial assistance in accordance with this policy. Free paper copies of **Exhibit 1** are available online or upon request at the locations listed in Section 4.I of this policy.

### 3. DEFINITIONS:

Application - Means an application for financial assistance to be completed by a patient.

Application Period - During the application period, NS-EEH will accept and process an application for financial assistance. The application period begins on the date the care is provided to the individual and ends on the 240<sup>th</sup> day after the date of the first billing statement for the care.

Amounts Generally Billed (AGB) - Patients who qualify for financial assistance will not be charged more for emergency or medical necessary care than the amounts generally billed (AGB) to patients who have insurance.

- 1) The NS-EEH AGB percentage is calculated using the “look-back” method, which is the total of Medicare fee-for-service and private health insurer allowed claims divided by the total gross charges for those claims for a 12-month period. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.
- 2) AGB percentages can be found in **Exhibit 2** of the FAP.
- 3) A revised AGB percentage will be calculated annually and applied by the 120th day after the start of the year.

Elective Services - Services to treat a condition that does not require immediate attention. Elective services include procedures that are advantageous to the patient, but not urgent and include medically necessary services and non-medically necessary services, such as cosmetic and dental surgery performed solely to improve appearance or other elective procedures not typically covered by health insurance plans. Elective services that are not medically necessary will not be considered for financial assistance.

Emergency Services - Services provided to a patient for a medical condition with acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse), such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or with respect to a pregnant woman, the woman or her unborn child) in serious jeopardy, or cause serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Extraordinary Collection Actions (ECAs) - These are collection actions requiring a legal or judicial process and can also involve other activities such as selling debt to another party or reporting adverse information to credit agencies or bureaus. NS-EEH does not engage in ECAs, nor does it permit its collections vendors to engage in ECAs. Further information on NS-EEH’s collection policies can be found in NS-EEH’s separate **Billing and Collections Policy**. Free paper copies of this policy are available online or upon request at the locations listed in Section 4.I of this policy.

Family - The patient, the patient’s spouse/civil union partner, the patient’s parents or guardians (in the case of a minor patient), and any dependents claimed on the patient’s or parent’s income tax return, and living in the patient’s or his or her parents’ or guardians’ household.

Family Income - The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support reportable to the United States Internal Revenue Service. Family income includes, but is not limited to earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, alimony, child support, and other sources.

Federal Poverty Level (FPL) - Level of income at which an individual is deemed to be at the threshold of poverty. This income level varies by the size of the family unit. The poverty level is updated annually by the United States Department of Health and Human Services and published in the Federal Register. For purposes of this policy, the poverty level indicated in these published guidelines represents gross income. The FPL used for purposes of this policy will be updated annually. FPLs can be found in **Exhibit 3** of the FAP.

Financial Assistance - Financial assistance means assistance offered by NS-EEH to patients who meet certain financial and other eligibility criteria as defined in NS-EEH’s FAP to help them obtain the financial resources necessary to pay for medically necessary or emergent health care services provided by NS-EEH in a hospital setting. Eligible patients may include uninsured patients, low income patients, and those patients who have partial coverage but who are unable to pay some or all of the remainder of their medical bills.

Medically Necessary Services - Services or supplies that are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of good medical practice in the local area, are covered by and considered medically necessary by the Medicare and Medicaid programs, and are not mainly for the convenience of the patient or physician. Medically necessary services do not include cosmetic surgery or non-medical services, such as social, educational or vocational services.

Plain Language Summary - A plain language summary of NS-EEH's FAP includes: 1) a brief description of the eligibility requirements and assistance offered; 2) a listing of the website and physical locations where financial assistance applications may be obtained; 3) instructions on how to obtain a free paper copy of the FAP; 4) contact information for assistance with the application process; 5) availability of language translations of the FAP and related documents; and 6) a statement confirming that patients who are determined to be eligible for financial assistance will be charged no more than AGB for emergency or medically necessary services.

Presumptive Eligibility - A financial assistance eligibility determination made by reference to specific criteria which has been deemed to demonstrate financial need on the part of an uninsured patient without completion of a financial assistance application.

Reasonable Efforts - NS-EEH will make reasonable efforts to provide notification to the patient about NS-EEH's FAP by offering the plain language summary of the FAP. In addition, NS-EEH will take the following steps to inform patients about NS-EEH's FAP.

- 1) Incomplete Applications - If the patient and/or patient's family member submits an incomplete financial assistance application, NS-EEH will provide a written notification that describes what additional information or documentation is needed.
- 2) Completed Applications - If the patient and/or patient's family member submits a complete financial assistance application, NS-EEH will provide written notification that documents a determination on whether a patient is eligible for financial assistance in a timely matter and notifies the patient in writing of the determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination. This notification will also include the financial assistance percentage amount (for approved applications) or reason(s) for denial, and expected payment from the patient and/or family where applicable. The patient and/or family will continue to receive statements during the evaluation of a completed application.
- 3) Patient Statements - NS-EEH will send a series of statements describing the patient's account and amount due. Patient statements will include a request that the patient is responsible to inform NS-EEH of any available health insurance coverage and will include a notice of NS-EEH's FAP, a telephone number to request financial assistance, and the website address where financial assistance documents can be obtained.
- 4) NS-EEH Website - NS-EEH's website will post a notice in a prominent place that financial assistance is available, with an explanation of the financial assistance application process. NS-EEH will post its FAP with a list of providers who are covered and not covered under the FAP, plain language summary, financial assistance application, and billing and collections policy online and at the locations online listed in Section 4.I of this policy.

Uninsured Patient - A patient who is not covered in whole or in part under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program (including, without limitation, private insurance, Medicare, or Medicaid, or Crime Victims Assistance) and whose injury is not compensable for purposes of workers' compensation, automobile insurance, or liability or other third party insurance, as determined by NS-EEH based on documents and information provided by the patient or obtained from other sources, for the payment of health care services provided by NS-EEH.

Urgent Services - Services to treat an unexpected illness or injury that requires immediate medical attention (usually within 48 hours), that is not life threatening, but where a prolonged delay in treatment may threaten the patient's health or well-being.

#### **4. PROCEDURE:**

- A. *Communication:* To make our patients, families, and the broader community aware of the availability of financial assistance, NS-EEH will take a number of steps to notify patients and visitors to its hospitals of the availability of financial assistance and to widely publicize this policy to members of the broader community served by the hospitals. These measures include:

- i. *Financial Counseling*: NS-EEH patients are encouraged to seek information from their hospital's financial counselor if they anticipate difficulty paying their portion of the hospital bill. Our counselors make every effort to assist patients who are uninsured, underinsured, or face other financial challenges associated with paying for the health care services we provide. Counselors may screen patients for eligibility for a variety of government-funded programs, assist with a worker's compensation or liability claim, set up an extended time payment plan, or help patients apply for financial assistance.
  - ii. *Plain Language Summary*: A paper copy of the plain language summary of NS-EEH's FAP will be offered to all patients. NS-EEH will also have free paper copies of financial assistance documents available online or upon request at the locations listed in Section 4.I of this policy.
  - iii. *Translated Copies Available*: NS-EEH will offer its FAP, plain language summary, financial assistance application, and billing and collections policy in English and any other languages spoken by the lesser of 1,000 individuals or 5% of the population likely to be affected or encountered by NS-EEH hospitals. NS-EEH will have free paper copies of these documents available online or upon request at the locations listed in Section 4.I of this policy.
  - iv. *We Can Help Signage*: All financial assistance signage will be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to NS-EEH emergency department and patient registration areas. Signage will indicate that financial assistance is available and the phone number to reach a financial counselor for more information.
  - v. *Brochures*: Brochures will be placed in NS-EEH patient access, registration, emergency department, and cashier locations, and will include guidance on how a patient may apply for Medicare, Medicaid, All Kids, Family Care etc., and NS-EEH's financial assistance program. A contact and telephone number for help reviewing or applying for financial assistance will be included.
  - vi. *Website*: NS-EEH's website will post a notice in a prominent place that financial assistance is available, with an explanation of the financial assistance application process. NS-EEH will post its FAP with a list of providers who are covered and not covered under the FAP, plain language summary, financial assistance application, and billing and collections policy online. NS-EEH will also have these documents available upon request at the locations listed in Section 4.I of this policy.
  - vii. *Patient Bills and Statements*: Patient statements will include a request that the patient is responsible to inform NS-EEH of any available health insurance coverage and will include a notice of NS-EEH's FAP, a telephone number to request financial assistance, and the website address where financial assistance documents can be obtained.
- B. *Eligibility Determination*: Financial need is determined in accordance with procedures that involve an individual assessment of financial need. Those procedures are described below:
- i. A presumptive eligibility determination is completed according to the criteria described in Section 4.E. below. If a patient is presumptively eligible for financial assistance, a financial assistance application is not required. The patient or guarantor is expected to cooperate with the screening process and supply personal or financial information and documentation relevant to making a determination of presumptive eligibility;
  - ii. A financial assistance application process, in which the patient or guarantor is expected to cooperate and supply personal or financial information and documentation relevant to making a determination of financial need;
  - iii. Reasonable efforts by NS-EEH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs. Coverage may be pursued by using:
    - a) Available websites and contact information for worker's compensation or public liability claims
    - b) Available contact information for patients in police custody
    - c) The Get Covered Illinois website for patients who are signing up for exchange health coverage during open enrollment
    - d) The eCareNext tool (as part of Passport OneSource) to search for eligibility for health insurance coverage, public aid coverage, DHS social services, Illinois Healthy Women's program, Renal services only, and Temporary Assistance for Needy Families (TANF)
    - e) The state's PACIS and/or IES database to search for public aid coverage
    - f) The SNAP search tool through the Illinois Link EBT card website
    - g) The Experian or PARO eligibility tool to search for public aid coverage
    - h) Other appropriate third party sources

- iv. The use of external publicly available data sources that provide information on a patient or guarantor’s ability to pay (including credit scoring) (see Section 4.G.);
  - v. A review of the patient’s outstanding accounts receivable for prior services rendered at NS-EEH and the patient’s payment or bad debt history;
  - vi. The levels of financial assistance provided by NS-EEH are based on income, family size, and federal poverty level. Both uninsured and insured patients can apply for financial assistance; and
  - vii. The patient’s eligibility for financial assistance will be based on the tables below and may vary based on the financial status of the patient, extenuating financial circumstances and the availability of third party health care benefits. Eligibility guidelines will be revised annually. Families with incomes exceeding the guidelines stated below can be screened for payment plan consideration.
- C. *Uninsured Patient Financial Assistance Eligibility:* Based on the federal poverty level (FPL), the following table shall be used to determine the discounts offered to uninsured patients qualifying for financial assistance. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.

FPL Tier	0% – 200% FPL	201% - 600% FPL
Expected Patient Payment	\$0 PMT / 100% write-off	AGB Percentage (see Exhibit 2)
Annual Maximum Expected Patient Payment	\$0 PMT / 100% write-off	20% of Annual Family Income

- i. FPLs can be found in **Exhibit 3** of the FAP and AGB percentages for each hospital can be found in **Exhibit 2**.
  - ii. Expected payment for NS-EEH hospital charges is determined by reducing hospital charges for medically necessary services on the uninsured patient’s bill to amounts generally billed for patients with family income between two and six times the FPL. A revised percentage will be calculated annually and applied by the 120th day after the start of the year. The NorthShore hospital facilities discount percentages by FPL tier can be found in **Exhibit 4**. The Swedish Hospital discount percentages by FPL tier can be found in **Exhibit 5**. The NCH discount percentages by FPL tier can be found in **Exhibit 6**. The EEH discount percentages by FPL tier can be found in **Exhibit 7**.
  - iii. In compliance with the Illinois Hospital Uninsured Patient Discount Act (210 ILCS 89/1) effective 1/1/2022, eligibility for financial assistance is restricted to patients with Illinois residency and medically necessary charges exceeding \$150. Also in compliance with this law, NS-EEH has compared the discounts for 135% of the hospital’s cost to charge ratio to the amounts generally billed and have applied the more generous discounts for patients.
  - iv. NS-EEH will offer uninsured patients who received community-based primary care provided by a Federally Qualified Health Center (FQHC)/community health center or a free and charitable clinic, are referred by such an entity to NS-EEH, and seek access to nonemergency hospital-based health care services, with an opportunity to be screened for an assistance with applying for public health insurance programs if there is a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program. An uninsured patient who receives community-based primary care provided by an FQHC/community health center or free and charitable clinic and is referred by such an entity to the hospital for whom there is not a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program shall be given the opportunity to apply for hospital financial assistance when hospital services are scheduled.
- D. *Insured Patient Financial Assistance Eligibility:* Based on the FPLs, the following table shall be used to determine the discounts offered to insured patients qualifying for financial assistance. Patients may request financial assistance consideration for the balance remaining (i.e., self-pay balance) after their health insurance has paid for medically necessary services. Financial assistance for insured patients is restricted to patients with a patient balance remaining of \$150 or greater. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB

percentage limits to ensure patients are not charged more than AGB. The NorthShore hospital facilities discount percentages by FPL tier can be found in **Exhibit 4**. The Swedish Hospital discount percentages by FPL tier can be found in **Exhibit 5**. The NCH discount percentages by FPL tier can be found in **Exhibit 6**. The EEH discount percentages by FPL tier can be found in **Exhibit 7**. Families with family incomes exceeding the guidelines stated below can be screened for payment plan consideration.

FPL Tier	0% – 200% FPL	201% - 400% FPL
Expected Patient Payment	\$0 PMT / 100% write-off	AGB Percentage times remaining self-pay balance

FPLs can be found in **Exhibit 3** of the FAP and AGB percentages for each hospital can be found in **Exhibit 2**.

E. *Presumptive Eligibility*: Uninsured patients may be determined eligible for financial assistance based on the presence of one of the criteria listed below. After at least one criterion has been demonstrated, no other proof of income will be requested. The list below is representative of circumstances in which a patient’s family income is less than two times the FPL and the patient is eligible for a 100% reduction of medically necessary charges. Presumptive eligibility screening for an uninsured patient should be completed as soon as possible after receipt of medically necessary services and prior to the issuance of any bill for those services. When notified of a possible presumptive eligibility status, NS-EEH will hold any patient statement during the completion of the presumptive eligibility review process. Also, NS-EEH can work with external charitable and non-profit agencies to pre-approve individuals for presumptive eligibility in extenuating circumstances. Examples of these agencies include federally qualified health clinics or religious non-profit organizations.

- i. Presumptive Eligibility Criteria is demonstrated by enrollment in one of the following programs:
  - 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)
  - f) Illinois Housing Development Authority’s Rental Housing Support Program
  - g) Organized community-based program or charitable health program providing medical care that assesses and documents low income financial status as criteria
  - h) Medicaid eligibility, but not eligible on date of service or for non-covered service
  
- ii. Presumptive Eligibility Criteria can also be demonstrated by the following life circumstances:
  - a) Receipt of grant assistance for medical services
  - b) Homelessness
  - c) Deceased with no estate
  - d) Mental incapacitation with no one to act on patient’s behalf
  - e) Recent personal bankruptcy
  - f) Incarceration in a penal institution
  - g) Affiliation with a religious order and vow of poverty
  - h) Evidence from an independent third-party reporting agency indicating family income is less than two times FPL
  
- iii. Ways to demonstrate Presumptive Eligibility include:
  - a) Electronic confirmation of program enrollment or other presumptive eligibility criteria.
  - b) Where independent electronic confirmation is not possible, proof of enrollment or other eligibility criteria will be requested. Any one of the following will be satisfactory proof:
    - 1. WIC voucher
    - 2. SNAP card, proof of enrollment screen print, or copy of SNAP approval letter
    - 3. Letter from the school or Free/Reduced Priced Meals & Fee Waiver Notification with Signature
    - 4. LIHEAP Award or Approval letter
    - 5. TANF Approval Letter from Red Cross, DHS, or HFS
    - 6. Rent receipt in the case of state or federally subsidized housing program
    - 7. Rent adjustment letter from Lessor or HUD card or letter

8. Card or Award statement showing current eligibility for State of Illinois program
  9. Statement from Grant Agency or Grant letter
  10. Personal attestation or letter from church or shelter confirming homelessness
  11. Letter from attorney, group home, shelter, religious order, or church
  12. Notice of Discharge of Debtor that identifies NS-EEH as a creditor included in bankruptcy filing
- F. *Eligibility Timeline:* Financial assistance determinations will be effective retrospectively for all self-pay balances dated during the application period and prospectively for a period of at least six months without further action by the patient. The patient shall communicate to NS-EEH any material change in the patient's financial situation that occurs during the six month period that may affect the financial assistance determination within thirty (30) days of the change. A patient's failure to disclose a material improvement in family income may void any provision of financial assistance by NS-EEH after the material improvement occurs. Presumptive eligibility determinations for uninsured patients may be effective retrospectively for all open self-pay balances.
- G. *Final Screening for Financial Assistance Eligibility Determinations:* There are instances when a patient may appear eligible for financial assistance, but there is no application on file or there is a lack of supporting documentation. In this event, external agencies' data and/or NS-EEH's accounts receivable payment/charity/bad debt history or membership with the NS-EEH Community Health Center at Evanston Hospital or Erie Family Health Center may be used to determine insurance and employment status and to estimate income for financial assistance determinations. NS-EEH will approve financial assistance for patients whose financial status has been verified by a third party (e.g., credit scoring). In these situations, a financial assistance adjustment may be posted to the patient account and will not require the patient to submit a financial assistance application. Financial status confirmation through a third party may be done using the Experian Payment Navigator or other third party sources.
- H. *Urgent or Medically Necessary Services:* Financial assistance is limited to urgent or medically necessary services rendered in a hospital setting. Nothing in this section is intended to change NS-EEH's obligations or practices pursuant to federal or state law respecting the treatment of emergency medical conditions without regard to the patient's ability to pay.
- I. *Application Process*
- i. *How to Apply:* A financial assistance application should be completed and submitted, along with supporting documentation. Free paper copies of the application are available for download on the NS-EEH websites at [northshore.org/about-us/billing/financial-assistance](http://northshore.org/about-us/billing/financial-assistance) or [swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance](http://swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance) or [nch.org/billing-insurance/financial-assistance](http://nch.org/billing-insurance/financial-assistance) or [ehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance](http://ehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance). Free paper copies are also available in the emergency department and in hospital registration areas. Free paper copies are also available by mail by calling (847) 570-5000 for NorthShore or (773) 989-3841 for Swedish Hospital or (847) 618-4542 for NCH or (866) 756-8348 for EEH.
  - ii. *Where to Send Completed Applications:* Applicants may send the completed application and supporting documents to the NS-EEH address listed below or bring them to a hospital financial counselor. Patients can locate a hospital financial counselor by visiting the hospital that you are applying for assistance and requesting to speak with a financial counselor. For questions about the application process, assistance filling out the application, or to check the status of an application submitted, the hospitals' financial counselors are available to assist in person at the hospital or you can call (847) 570-5000 for NorthShore or (773) 989-3841 for Swedish Hospital or (847) 618-4542 for NCH or (866) 756-8348 for EEH.

NorthShore University HealthSystem  
Patient Financial Services  
P.O. Box 1006, Suite 330  
Skokie, IL 60076-9877  
Fax: (847) 982-6957  
or  
Upload to NorthShore Connect

Swedish Hospital  
Financial Services Center  
5145 N. California Ave.  
Chicago, IL 60625  
Fax: (773) 878-6838  
or  
Upload to NorthShore Connect

Northwest Community Hospital  
 NCH Financial Counseling  
 800 W. Central Rd.  
 Arlington Heights, IL 60005  
 Fax: 847-618-4549  
 or  
 Upload to NCH MyChart

Edward-Elmhurst Health  
 Financial Assistance Department  
 4201 Winfield Rd.  
 Warrenville, IL 60555  
 Fax: 331-221-2704  
 or  
 Email to [financialassistance@eehealth.org](mailto:financialassistance@eehealth.org)

- iv. Requests for consideration for financial assistance or presumptive eligibility may be initiated by any of the following individuals within the application period: a) the patient or guarantor, b) a representative of the patient or guarantor, c) a NS-EEH representative on behalf of the patient/applicant.
- v. Notwithstanding considerations outlined elsewhere in this policy, it is the responsibility of the patient to cooperate with and fully participate in the financial assistance application process. This includes providing information about any available third party health coverage; providing in a timely and forthright manner all documentation and certifications needed to apply for funding through government or other programs (e.g., Medicare, Medicaid, All Kids, FamilyCare, Affordable Care Act Health Insurance Exchange, third party liability, Crime Victims funding, etc.) or to determine the patient's eligibility for other financial assistance. Failure to do so may adversely affect consideration of the patient's financial assistance application. Patients are asked to provide the information, certification and documents within thirty (30) days of NS-EEH's request unless compelling circumstances are brought to NS-EEH's attention. Except in cases of presumptive eligibility, the application for financial assistance must be signed by the patient (or guarantor/ representative).
- vi. A financial counselor can assist the applicant in the process of applying for financial assistance. If the patient is deceased and a responsible party is not identified, a NS-EEH representative may generate the request and complete the application using available information and documents (e.g., Medicaid spend down form, estate document, etc.)

J. *Family Income:*

- i. The patient should provide one or more of the following documents to establish family income, if such documents are available. If there is more than one employed person in the patient's family, each person must submit one or more of the documents below:
  - a) All applicants must provide proof of Illinois residency, which includes any one of the following: valid state-issued identification card, recent residential utility bill, lease agreement, vehicle registration card, voter registration card, other mail addressed to applicant from a government or other credible source, a statement from a family member who resides at the same address and presents verification of residency, or a letter from a homeless shelter, transitional house or other similar facility.
  - b) If Employed:
    1. Most recently filed federal income tax return and/or Form W-2, 1099, etc.
    2. Two most recent pay stubs
    3. Two most recent statements for all checking, savings, and credit union accounts
  - c) If Self-Employed:
    1. Most recently filed federal income tax return and/or Form W-2, 1099, etc.
    2. Two most recent statements for all checking, savings, and credit union accounts
  - d) If Unemployed:
    1. Most recently filed federal income tax return and/or Form W-2, 1099, etc.
    2. Unemployment award letter that lists your benefit amount
    3. Letter from previous employer with the termination date
    4. Confirmation of support letter
  - e) If a Full-Time Student:
    1. Proof of college enrollment (including letter from college or university showing your full-time status, or tuition/financial documentation)
  - f) If Retired or Disabled:



1. Most recently filed federal income tax return and/or Form W-2, 1099, etc. (if applicable)
  2. Award letter from the Social Security Administration stating the monthly benefit amount
  3. Two most recent statements for all checking, savings, and credit union accounts
- g) Proof of Other Non-Wage Income (where applicable)
1. Spousal and/or child support letter
  2. Rental property income
  3. Investment property income
  4. Any other income sources not listed above
- ii. Except in cases of presumptive eligibility, the applicant must sign the application certification. NS-EEH may rescind or modify a determination if later evidence demonstrates the applicant provided materially false information.
- K. *Additional Documentation:* Applicants may elect to provide additional documentation regarding expenses, outstanding debts or other circumstances which would show financial hardship to support a request for financial assistance equal to or greater than the amounts to which they are otherwise eligible pursuant to this FAP. Applicants are required to provide documentation of the value of certain assets, including checking, savings, and non-retirement investment accounts. NS-EEH may request applicants to submit additional documentation if the applicant's financial position is not adequately reflected by such income documents.
- L. *Eligibility Notification:* NS-EEH will use its best efforts to notify applicants in writing of financial assistance determinations within forty-five (45) days after NS-EEH has received a fully completed financial assistance application. This notification will also include the financial assistance percentage amount (for approved applications) and expected payment from the patient and/or family where applicable. The patient and/or family will continue to receive statements during the evaluation of a completed application. If a financial assistance application is denied, in whole or in part, NS-EEH shall inform the applicant of the reason(s) for the determination and provide contact information if the applicant has any questions.
- M. *Incomplete Applications:* If the patient and/or family submit an incomplete application, NS-EEH will provide a written notification that describes what additional information or documentation is needed.
- N. *False or Misleading Information:* If it is determined that an applicant has intentionally provided materially false or misleading information regarding their ability to pay medical expenses, NS-EEH may deny the applicant's current or future applications. In the case of false information provided in the absence of bad faith, NS-EEH will base its determination upon the corrected information. If financial assistance has already been granted based on the patient's intentional provision of materially false information, NS-EEH may void the prior grant of financial assistance, in which case NS-EEH retains all legal rights to seek payment from the patient of any amounts which may be due. If the provision of materially false information was unintentional, NS-EEH will revise the determination based upon the corrected information.

## 5. ATTACHMENTS:

Exhibit 1 - FAP Provider/Physician List  
 Exhibit 2 - Amounts Generally Billed (AGB) Percentages by Facility  
 Exhibit 3 - Federal Poverty Level (FPL) Guidelines  
 Exhibit 4 - NorthShore Financial Assistance Discount Tables  
 Exhibit 5 - Swedish Hospital Financial Assistance Discount Tables  
 Exhibit 6 - NCH Financial Assistance Discount Tables  
 Exhibit 7 - Edward-Elmhurst Health Financial Assistance Discount Tables

## 6. DISTRIBUTION:

Administrative Directives Manual

## 7. POLICY RESPONSIBILITY:

Senior Vice President, Revenue Cycle

## 8. REFERENCES:

### Internal

Administrative Directives Manual: Billing and Collections Policy

### External

Health and Human Services (HHS)

Administrative Directives Manual: HIPAA Policies (Management of Information)  
Administrative Directives Manual: HIPAA Policies  
EMTALA Compliance Manual: EMTALA Medical Screening Exam Policy

Federal Poverty Guideline, most current year  
Hospital Uninsured Patient Discount Act (210 ILCS 89/1)  
Internal Revenue Code Section 501(r)

**9. REVISION:**

The organization reserves the right to unilaterally revise, modify, review, or alter the terms and conditions of the policy within the constraints of the law, with or without reasonable notice.

**10. APPROVAL:**

Greg Arnold	Sr. Vice President, Revenue Cycle	6/1/2023
Signature	Title	Date

**11. DATES:**

**Origination:** 6/2004    **Review:** 6/2023    **Effective:** 6/2023    **Next Review:** 6/2026

**Exhibit 1**  
**FAP Provider/Physician List**

All NorthShore, Swedish, NCH, and EEH Medical Group physicians/providers are covered under this policy. A list of the independent/non-employed providers that deliver emergency or other medically necessary care in each hospital facility that are not covered under this policy are made available online in a separate document at the below website addresses for each respective hospital. Free paper copies of these lists are also available upon request in the emergency department and hospital registration areas and by mail by calling the phone numbers listed below for each respective hospital. Updates for changes to the provider list will be made on a quarterly basis.

<b>Hospital</b>	<b>Location on Website</b>	<b>Phone Number</b>
Evanston Hospital Glenbrook Hospital Skokie Hospital Highland Park Hospital	<a href="http://northshore.org/about-us/billing/financial-assistance">northshore.org/about-us/billing/financial-assistance</a> .	(847) 570-5000
Swedish Hospital	<a href="http://swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance">swedishcovenant.org/for-patients-and-visitors/pay-your-bill/financial-assistance</a>	(773) 989-3841
Northwest Community Hospital	<a href="http://nch.org/billing-insurance/financial-assistance">nch.org/billing-insurance/financial-assistance</a>	(847) 618-4542
Edward Hospital Elmhurst Hospital Linden Oaks Hospital	<a href="http://eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance">eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance</a>	(866) 756-8348

**Exhibit 2**  
**Amounts Generally Billed (AGB) Percentages**

Patients who qualify for financial assistance will not be charged more for emergency or medical necessary care than the amounts generally billed (AGB) to patients who have insurance. The hospital AGB percentages are calculated using the “look-back” method, which is the total of Medicare fee-for-service and private health insurer allowed claims divided by the total gross charges for those claims for a 12-month period. Discounts provided to patients who qualify for financial assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.

<b>Provider</b>	<b>AGB %</b>	<b>Discount %</b>
Evanston Hospital and Medical Group	29%	71%
Glenbrook Hospital and Medical Group	29%	71%
Highland Park Hospital and Medical Group	29%	71%
Skokie Hospital and Medical Group	29%	71%
Swedish Hospital and Medical Group	22%	78%
Northwest Community Hospital and Medical Group	28%	72%
Edward Hospital and Medical Group	18%	82%
Elmhurst Hospital and Medical Group	17%	83%
Linden Oaks Hospital and Medical Group	43%	57%

For use in this policy, the AGB percentages for each facility are to be calculated annually and applied by the 120th day after the start of the year.

**Exhibit 3**  
**Federal Poverty Level (FPL) Guidelines**

The poverty guidelines referenced in this policy are those issued each year by the U.S. Department of Health and Human Services as published in the Federal Register. The income thresholds in the current poverty guidelines were published on January 16, 2025.

<b>Family Size</b>	<b>FPL</b>
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150

*For family units of more than 8 persons, add \$5,500 for each additional person to determine FPL.*

For purposes of this policy, the income levels specified above are understood to be at gross income, although certain provisions allow for adjustments to income for extraordinary medical expenses. For use in this policy, the federal poverty income levels are to be updated annually after their revision and publication by the federal government in the Federal Register.

**Exhibit 4  
NorthShore Financial Assistance Discount Tables**

**UNINSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 71% Discount
1	\$31,300	\$93,900
2	\$42,300	\$126,900
3	\$53,300	\$159,900
4	\$64,300	\$192,900
5	\$75,300	\$225,900
6	\$86,300	\$258,900
7	\$97,300	\$291,900
8	\$108,300	\$324,900
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income

**INSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 71% Discount
1	\$31,300	\$62,600
2	\$42,300	\$84,600
3	\$53,300	\$106,600
4	\$64,300	\$128,600
5	\$75,300	\$150,600
6	\$86,300	\$172,600
7	\$97,300	\$194,600
8	\$108,300	\$216,600

**Exhibit 5  
Swedish Hospital Financial Assistance Discount Tables**

**UNINSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 78% Discount
1	\$31,300	\$93,900
2	\$42,300	\$126,900
3	\$53,300	\$159,900
4	\$64,300	\$192,900
5	\$75,300	\$225,900
6	\$86,300	\$258,900
7	\$97,300	\$291,900
8	\$108,300	\$324,900
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income

**INSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 78% Discount
1	\$31,300	\$62,600
2	\$42,300	\$84,600
3	\$53,300	\$106,600
4	\$64,300	\$128,600
5	\$75,300	\$150,600
6	\$86,300	\$172,600
7	\$97,300	\$194,600
8	\$108,300	\$216,600

**Exhibit 6  
NCH Financial Assistance Discount Tables**

**UNINSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 72% Discount
1	\$31,300	\$93,900
2	\$42,300	\$126,900
3	\$53,300	\$159,900
4	\$64,300	\$192,900
5	\$75,300	\$225,900
6	\$86,300	\$258,900
7	\$97,300	\$291,900
8	\$108,300	\$324,900
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income

**INSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 72% Discount
1	\$31,300	\$62,600
2	\$42,300	\$84,600
3	\$53,300	\$106,600
4	\$64,300	\$128,600
5	\$75,300	\$150,600
6	\$86,300	\$172,600
7	\$97,300	\$194,600
8	\$108,300	\$216,600



**Exhibit 7  
Edward Hospital Financial Assistance Discount Tables**

**UNINSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 82% Discount
1	\$31,300	\$93,900
2	\$42,300	\$126,900
3	\$53,300	\$159,900
4	\$64,300	\$192,900
5	\$75,300	\$225,900
6	\$86,300	\$258,900
7	\$97,300	\$291,900
8	\$108,300	\$324,900
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income

**INSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 82% Discount
1	\$31,300	\$62,600
2	\$42,300	\$84,600
3	\$53,300	\$106,600
4	\$64,300	\$128,600
5	\$75,300	\$150,600
6	\$86,300	\$172,600
7	\$97,300	\$194,600
8	\$108,300	\$216,600

**Exhibit 7 (continued)**  
**Elmhurst Hospital Financial Assistance Discount Tables**

**UNINSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 83% Discount
1	\$31,300	\$93,900
2	\$42,300	\$126,900
3	\$53,300	\$159,900
4	\$64,300	\$192,900
5	\$75,300	\$225,900
6	\$86,300	\$258,900
7	\$97,300	\$291,900
8	\$108,300	\$324,900
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income

**INSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 83% Discount
1	\$31,300	\$62,600
2	\$42,300	\$84,600
3	\$53,300	\$106,600
4	\$64,300	\$128,600
5	\$75,300	\$150,600
6	\$86,300	\$172,600
7	\$97,300	\$194,600
8	\$108,300	\$216,600

**Exhibit 7 (continued)**  
**Linden Oaks Hospital Financial Assistance Discount Tables**

**UNINSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for uninsured patients. The discount percentage will be applied to charges for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-600% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 57% Discount
1	\$31,300	\$93,900
2	\$42,300	\$126,900
3	\$53,300	\$159,900
4	\$64,300	\$192,900
5	\$75,300	\$225,900
6	\$86,300	\$258,900
7	\$97,300	\$291,900
8	\$108,300	\$324,900
Annual Maximum Payment	\$0 Payment/ 100% Discount	20% of Annual Family Income

**INSURED PATIENT DISCOUNT TABLE**

Below are the discount percentages by FPL tier for insured patients. The discount percentage will be applied to the remaining self-pay balance for emergency or medically necessary care.

Family Size	0%-200% FPL	201%-400% FPL
	Maximum Income for a 100% Discount	Maximum Income for a 57% Discount
1	\$31,300	\$62,600
2	\$42,300	\$84,600
3	\$53,300	\$106,600
4	\$64,300	\$128,600
5	\$75,300	\$150,600
6	\$86,300	\$172,600
7	\$97,300	\$194,600
8	\$108,300	\$216,600