

Financial Assistance Evaluation and Eligibility

1. POLICY:

Patients who are potentially eligible for financial assistance will be evaluated upon request, and on a presumptive basis, according to the NorthShore University HealthSystem (NorthShore) income eligibility guidelines. The level of financial assistance for healthcare services will be determined from the Hospital Uninsured Patient Discount Act (Public Act 95-0965) and from the Federal Poverty Levels and guidelines herein this policy. Appropriate intake and determination documentation will be maintained, and will exhibit appropriate and consistent application of eligibility guidelines. NorthShore will serve the emergency health care needs of everyone in accordance with the Emergency Medical Treatment and Active Labor Act, regardless of a patient's ability to pay for care.

2. SCOPE:

All recipients of care who have been assessed and determined as unable to pay for medically necessary healthcare services, and are potentially eligible for financial assistance for healthcare services delivered.

3. DEFINITIONS:

Uninsured Patient: A hospital patient without any health insurance or coverage.

Underinsured Patient: A hospital patient with health insurance or coverage but facing high deductibles, coinsurance and/or large out-of-pocket expenses.

Billable service: Any service for which a charge description master (CDM) code and/or associated dollar charge is assigned.

Medically necessary: Healthcare services ordered by a licensed healthcare practitioner with the intent to evaluate, manage or treat a medical condition.

Federal Poverty Guidelines: A version of the federal poverty measure, issued each year in the Federal Register by the Department of Health and Human Services (DHHS). The guidelines are a simplification of the poverty thresholds, intended for use for administrative purposes and assist in determining eligibility for certain Federal programs.

Aid Program: Any program that provides medical, health, and other related assistance to individuals with low or no income/resources. Programs include, but are not limited to, Medicaid and Kid Care.

Household Income: Family's annual earnings and cash benefits from all sources before taxes (including distributions and payments from pensions or retirement plans) less payments made for child support.

Liquid Asset: Cash or assets easily converted to cash, e.g. bank accounts, CD's, treasury notes, money market funds, mutual funds or other non-retirement savings.

Asset Spend down: The conversion of liquid assets in order to cover some level of medical costs before charity discounts can apply.

SBO: Single Business Office at NorthShore whereby all NorthShore self-pay services are listed on one billing statement with collections handled by one main office.

ACA: The Affordable Care Act is a federal statute signed into law in 2010 meant to increase coverage and affordability as well as increase quality of healthcare services.

Presumptive Eligibility: Eligibility for NorthShore financial assistance determined by reference to criteria demonstrating financial need on the part of an uninsured patient without completion of an application.

Presumptive Eligibility Criteria: The categories identified as demonstrating financial need on the part of an uninsured patient used by NorthShore in the implementation of presumptive eligibility.

Presumptive Eligibility Policy: A written document that sets forth the presumptive eligibility criteria by which an uninsured patient’s financial need is determined and used by NorthShore to deem a patient eligible for NorthShore financial assistance without further scrutiny by NorthShore.

4. PROCEDURE:

	<u>Action</u>	<u>Responsibility</u>
A.	<u>Publication of the Financial Assistance Policy and Financial Counselors, SBO Self Pay Collectors, SBO Customer Service Representatives intake of financial information for eligibility determination</u>	Financial Counselors, Business Office Staff or Manager Self Pay, Manager Financial Counseling, Patient Registration Staff
	<ol style="list-style-type: none"> 1. The NorthShore Financial Assistance Policy is posted on the NorthShore website (northshore.org) and available upon request from NorthShore staff. 2. Patients are also notified of NorthShore’s Financial Assistance program by: <ol style="list-style-type: none"> a. Signage posted in both English and Spanish in the hospital Emergency Departments and Central Registration areas. b. Information on the Financial Assistance program is included on the informational TV channels available in the patient rooms. c. NorthShore billing statements indicate the Financial Assistance program and necessary contact information. 3. Interview and screen the patient for potential eligibility for NorthShore Financial Assistance. Also see Procedure for Presumptive Eligibility. 4. If the patient’s financial situation appears to be appropriate for Financial Assistance, but insufficient information for Presumptive Eligibility, then: <ol style="list-style-type: none"> a. Explain the components of the program b. Describe the application process c. Assist the patient or their representative to complete the financial statement application, and to procure required/supporting documents 5. Once the patient returns the application, create a FPL guarantor and mark the status as pending. Pending status on this FPL guarantor will prevent any attached self pay HARs from qualifying for pre-collect or bad debt. 6. Within 30 days, the application is to be reviewed and a determination made. If approved, change the status to approved and enter the appropriate family size and income numbers. Follow procedure for updating accounts to allow discount to post. If denied, change the status to denied. 	
B.	<u>Eligibility Determination for the Uninsured</u>	Financial Counselors, Manager Financial Counseling, Manager Self Pay, Director Customer Service
	<ol style="list-style-type: none"> 1. Charges must be greater than \$300.00 to be considered eligible for discount. 2. Must have family income less than 600% FPL. Uninsured patients with household incomes above 600% may be eligible for self pay discounts per Procedural Guideline: Self Pay Adjustments, Payment Arrangements, and Collection Agency Arrangements. 3. Patient must be an Illinois resident. Exceptions to Illinois residency requirement will be evaluated on a case by case basis. 4. Assess eligibility for any other aid program. If the patient appears eligible, then refer the patient to the aid program. This includes referring patient/account to Financial Counselors (Certified Application Counselors) for determination of possible coverage under ACA. 	

Action

5. If the patient is not eligible for any other Aid Program, then evaluate income information against the Uninsured Discount Table in Attachment A.
6. Evaluate the patient's Liquid Asset Level and determine if some level of Asset Spend Down is appropriate. Asset Spend Downs must be approved by the Director SBO Customer Service and Self Pay.
7. Maximum amount collected in a 12-month period from an eligible patient is 25% of family's annual gross income. Time period begins as the first date of service determined to be eligible for discount. For any subsequent services to be included in the maximum, the patient must inform the hospital that he/she had received prior services from that hospital which were determined to be eligible for discount.
8. Installment payment plans may be set up, if necessary, for the amount owed by the patient (Refer to Procedural Guideline: Self Pay Adjustments, Payment Arrangements, and Collection Agency Arrangements).
9. Patients will be provided with the financial assistance determination. If approved, the level of assistance (free care or discount level) will be communicated in writing whenever possible.
10. Management has the discretion to evaluate and classify individual accounts for charity care on a case-by-case circumstance and will appropriately document services rendered and financial evaluation in the system.
11. If a patient's financial condition or ability to pay has changed since their most recent eligibility determination by NorthShore, a re-evaluation will be performed at the request of the patient

Responsibility

Financial Counselors,
Manager Financial
Counseling,
Manager Self Pay,
Director Customer
Service

C. Presumptive Eligibility

1. There are instances when a patient may appear eligible for a financial assistance discount but there is no financial assistance application on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient information to qualify the patient for charity care assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, NorthShore University HealthSystem could use outside sources to obtain estimated income amounts in order to determine financial assistance eligibility and potential discounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that include:
 - a. Homelessness.
 - b. Deceased with no estate.
 - c. Mental incapacitation with no one to act on patient's behalf.
 - d. Medicaid eligibility, but not on date of service or for non-covered service.
 - e. Recent personal bankruptcy.
 - f. Enrollment in the following assistance programs for low-income individuals, Temporary Assistance for Needy Families (TANF) or IHDA's Rental Housing Support Program.
 - g. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
 - 1) Women, Infants and Children's Nutritional Program (WIC).
 - 2) Supplemental Nutrition Assistance Program (SNAP).
 - 3) Illinois Free Lunch and Breakfast program.
 - 4) Low Income Home Energy Assistance Program (LIHEAP).

Financial Counselors,
Manager Financial
Counseling, Self Pay
Collectors, Director
Customer Service

Action

Responsibility

- 5) Enrollment in an organized community based program providing access to medical care that assesses and documents limited low-income financial status as criterion for membership.
- 6) Receipt of grant assistance for medical service.
- h. Upon verification through our electronic vendor of patient’s financial indigence (Payment Navigator) or verification of eligibility for DHS social services through Passport OneSource or upon other documentation provided by the patient/guarantor.
- 2. If registration or financial counseling identifies the patient as homeless, they will follow the procedure to attach the patient account to a designated guarantor account. This guarantor account (850000666) is directed to work queue 422 for review for presumptive charity eligibility.
- 3. Upon receipt of a bankruptcy notice, the SBO will adjust the balance to EAP code 8021 which is mapped to charity.
- 4. Upon identification of the other presumptive circumstances listed above, staff will attach the billing indicator of Presumptive Charity Review (1324008). A system action will automatically adjust the balance using EAP code 8098 (Presumptive charity). This EAP code will also be used for reporting of presumptive charity for finance.
- 5. “Payment Navigator” will identify patients that are presumptively eligible for charity based upon their FPL being under 200%. This program is run 3 days post discharge on self pay accounts. A system action will automatically adjust those accounts using EAP code 8098.
- 6. The bill hold for the self pay financial class will be such to allow for above presumptive eligibility processing prior to sending a statement to the patient/guarantor.

Financial Counselors,
Manager Financial
Counseling,
Self Pay Collectors,
Director Customer
Service

D. Eligibility Determination for the Underinsured

- 1. Assess eligibility for any other aid program. If the patient appears eligible, then refer the patient to the aid program.
- 2. Patient balance (liability) must be \$300.00 or greater to be eligible for consideration.
- 3. If the patient is not eligible for any other aid program, then evaluate income information against the Underinsured Discount Table in Attachment A
- 4. Discounts are will be extended to families up to 4 times the poverty level.
- 5. Evaluate the patient’s Liquid Asset Level and determine if some level of Asset Spend Down is appropriate. Asset Spend Downs must be approved by the SBO Director Customer Service and Self Pay.
- 6. Installment payment plans may be set up, if necessary, for the amount owed by the patient (Refer to Procedural Guideline: Self Pay Adjustments, Payment Arrangements, and Collection Agency Arrangements)
- 7. Patients will be provided with the financial assistance determination. If approved, the level of assistance (discount level) will be communicated in writing whenever possible.
- 8. If a patient’s financial condition or ability to pay has changed since their most recent eligibility determination by NorthShore, a re-evaluation will be performed at the request of the patient.

Financial Counselors,
Manager Financial
Counseling, Manager Self
Pay, Director Customer
Service

E. Patient Application Process

- 1. Patients must contact a financial counselor or business office representative to receive a financial disclosure document. The application may also be obtained on the NorthShore website (northshore.org).

Action

Responsibility

2. Patients will be required to apply for Medicare, Medicaid, AllKids, or other public program if there is reason to believe they would qualify.
3. Patients are required to apply for the discount within 60 days of service. After 60 days eligibility for a discount will be at NorthShore's discretion.
4. Patients must provide third-party verification of income, information regarding assets and documentation of residency or request for presumptive eligibility documentation within 30 days of request.
5. Income documentation shall include any one of the following: copy of most recent tax return; copy of most recent W-2 form and 1099 forms; copies of 2 most recent pay stubs; written income verification from an employer if paid in cash; or one other reasonable form of verification acceptable to the hospital.
6. Acceptable verification of Illinois residency shall include any one of the following: a valid state-issued identification card; a recent residential utility bill; a lease agreement; a vehicle registration card; a voter registration card; mail addressed to the uninsured patient at an Illinois address 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 verifying that the uninsured patient resides at the facility.
7. Acceptable documentation regarding assets may include statements from financial institutions or some other third-party verification of an asset's value. If no third-party verification exists, then the patient shall certify to the estimated value of the asset.
8. NorthShore may require patients to certify that all information provided on the application is true and if any information is untrue, the discount is forfeited and the patient is responsible for the full charges. (See Self Pay Collections Policy)
9. Once the completed disclosure and documentation are received, they will be reviewed and a determination will be made based on the patient's family size and the information provided. The patient will be notified if they qualify for a reduction of their bill and/or an extended payment plan.

Financial Counselors,
Manager Financial
Counseling,
Manager Self Pay,
Director Customer
Service

F. Eligibility guidelines will be updated annually at the time the Department of Health and Human Service publishes the updated Federal Poverty Level (FPL) guidelines in the Federal Register

Sr. VP of Business Services

1. Eligibility for free care for uninsured must have family income that is no more than 600% FPL. The minimum discount will be to 135% of the most recently filed Medicare Cost Report Ratio of Cost to Charges.
2. The Senior Vice President Business Services will approve the annual adjustments to NorthShore Financial Assistance Guidelines

G. Procedure for Account Adjustment and Review

1. If the patient is determined to be income-eligible for free or discounted care, then:
 - a. Document the level of financial assistance (free care, or discount level) in the patient accounting system.
 - b. Fax a copy of the patient's Financial Assistance application, with associated supporting documents to the Business Office, Attn: Correspondence Care Liaison.
 - c. Documents will be scanned, imaged, and indexed to the patient account.
 - d. Write-off or adjust the discounted amount to the appropriate NorthShore account or service code within NorthShore billing system(s). Or follow process for creating/updating FPL guarantor.
 - e. Notate in the patients account that the patient qualified for Free Care or discounted care.
 - f. Monthly review and signoff of charity discounts and high dollar adjustments (greater than \$20,000)

Financial Counselors,
Manager Self Pay,
Manager Financial
Counseling

Director SBO Customer
Service, Sr. VP Business
Services,
Hospital Presidents

Action

Responsibility

Confidentiality

- | | | |
|-----------|---|--|
| H. | <ol style="list-style-type: none"> 1. Access patient records on a need to know basis only. 2. Confidential patient medical information will not be disclosed for purposes other than those indicated on the Conditions of Admission and/or Release of Medical Information Forms (Refer to HIPAA policies in the Administrative Directives Manual under Management of Information) | Financial Counselors,
Manager Self Pay,
Manager Financial
Counseling, Sr. VP
Business Services |
|-----------|---|--|

5. ATTACHMENT:

Sliding Scale Discount Table & Federal Poverty Guidelines	Attachment A
NorthShore Charity Care Information Protocol	Attachment B

6. DISTRIBUTION:

Administrative Directives Manual

7. POLICY RESPONSIBILITY:

Sr. Vice President, Business Services

In Coordination With:

Department of Nursing
Hospital and Clinics
Home Health

8. REFERENCES:

Internal

External

Procedural Guideline: Self Pay Adjustments, Workout Arrangements,
 and Collection Agency Arrangements
 Administrative Directives Manual: HIPAA Polices (Management of
 Information)
 Administrative Directives Manual: HIPAA Policies

Health and Human Services (HHS)
 Federal Poverty Guideline, most current year
 Hospital Uninsured Patient Discount Act
 (Public Act 95-0965)

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:

<u>Brian M. Washa</u> Signature	<u>Sr. Vice President, Business Services</u> Title	<u>12/18/13</u> Date
<u>Gerald P. Gallagher</u> Signature	<u>Chief Operating Officer</u> Title	<u>12/19/13</u> Date

11. DATES:

Origination: 6/04 **Review:** 12/13 **Effective:** 12/13 **Next Review:** 12/16

Sliding Scale Discount Table

UNINSURED DISCOUNT TABLE

Income Range		PERCENT DISCOUNT PER INCOME LEVEL AND FAMILY SIZE							
Household Income		Number in Family							
Low	High	1	2	3	4	5	6	7	8
\$ -	\$ 23,760	Free							
\$ 23,761	\$ 32,040	85.00%	Free						
\$ 32,041	\$ 40,320	75.00%	85.00%	Free					
\$ 40,321	\$ 48,600	70.00%	75.00%	85.00%	Free				
\$ 48,601	\$ 71,280	65.00%	70.00%	75.00%	85.00%	Free			
\$ 71,281	\$ 96,120	0.00%	65.00%	70.00%	75.00%	85.00%	Free		
\$ 96,121	\$ 120,960	0.00%	0.00%	65.00%	70.00%	75.00%	85.00%	Free	
\$ 120,961	\$ 145,800	0.00%	0.00%	0.00%	65.00%	70.00%	75.00%	85.00%	Free
\$ 145,801	\$ 170,640	0.00%	0.00%	0.00%	0.00%	65.00%	70.00%	75.00%	85.00%
\$ 170,641	\$ 195,480	0.00%	0.00%	0.00%	0.00%	0.00%	65.00%	70.00%	75.00%
\$ 195,481	\$ 220,380	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	65.00%	70.00%
\$ 220,381	\$ 245,340	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	65.00%
\$ 245,341	and above	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Upper Asset Level (Liquid)		\$ 71,280	\$ 96,120	\$ 120,960	\$ 145,800	\$ 170,640	\$ 195,480	\$ 220,380	\$ 245,340

% Discount off charges.

UNDERINSURED DISCOUNT TABLE

Income Range		PERCENT DISCOUNT PER INCOME LEVEL AND FAMILY SIZE							
Household Income		Number in Family							
Low	High	1	2	3	4	5	6	7	8
\$ -	\$ 23,760	Free							
\$ 23,761	\$ 32,040	75.00%	Free						
\$ 32,041	\$ 40,320	55.00%	75.00%	Free					
\$ 40,321	\$ 48,600	45.00%	55.00%	75.00%	Free				
\$ 48,601	\$ 71,280	35.00%	45.00%	55.00%	75.00%	Free			
\$ 71,281	\$ 96,120	0.00%	35.00%	45.00%	55.00%	75.00%	Free		
\$ 96,121	\$ 120,960	0.00%	0.00%	35.00%	45.00%	55.00%	75.00%	Free	
\$ 120,961	\$ 145,800	0.00%	0.00%	0.00%	35.00%	45.00%	55.00%	75.00%	Free
\$ 145,801	\$ 170,640	0.00%	0.00%	0.00%	0.00%	35.00%	45.00%	55.00%	75.00%
\$ 170,641	\$ 195,480	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	45.00%	55.00%
\$ 195,481	\$ 220,380	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%	45.00%
\$ 220,381	\$ 245,340	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.00%
\$ 245,341	and above	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Upper Asset Level (Liquid)		\$ 71,280	\$ 96,120	\$ 120,960	\$ 145,800	\$ 170,640	\$ 195,480	\$ 220,380	\$ 245,340

% Discount off account self pay balance

Federal Poverty Guidelines

Updated January 25, 2016 MCHC

Size of Family Unit	Household Income	Gross Monthly Income	Approximate Hourly Income
1	\$ 11,880	\$ 990	\$ 5.71
2	\$ 16,020	\$ 1,335	\$ 7.70
3	\$ 20,160	\$ 1,680	\$ 9.69
4	\$ 24,300	\$ 2,025	\$ 11.68
5	\$ 28,440	\$ 2,370	\$ 13.67
6	\$ 32,580	\$ 2,715	\$ 15.66
7	\$ 36,730	\$ 3,061	\$ 17.66
8	\$ 40,890	\$ 3,408	\$ 19.66
Each additional person, added	\$ 4,160	\$ 347	\$ 2.00

Assumes

2,080 hours is a full-time job year



NORTHSORE CHARITY CARE INFORMATION PROTOCOL

Please be informed that it is the position of NorthShore University HealthSystem (NorthShore) to offer free or discounted care to patients who meet certain criteria as outlined by the NorthShore Charity Care and Financial Assistance Evaluation and Eligibility Policy. Be advised that it is the responsibility of all employees who are approached by patients with financial assistance inquiries of any kind, to direct those patients to the appropriate personnel as outlined below.

HOW TO RESPOND TO INQUIRES REGARDING FINANCIAL ASSISTANCE:

EVANSTON HOSPITAL

* CURRENT PATIENTS:	⇒	<i>Direct patient to Patient Financial Counseling</i>
		LOCATION: Evanston Hospital, RM 1222
		PHONE: (847) 570-2100
* NON-REGISTERED PATIENTS:	⇒	<i>Direct patient to Outpatient Clinic</i>
		LOCATION: Evanston Hospital, RM G155
		PHONE: (847) 570-2700

GLENBROOK HOSPITAL

* ALL INQUIRIES	⇒	<i>Direct patient to Patient Financial Counseling</i>
		LOCATION: Glenbrook Hospital, Room 1120
		PHONE: (847) 832-6200

HIGHLAND PARK HOSPITAL

* ALL INQUIRIES	⇒	<i>Direct patient to Patient Financial Counseling</i>
		LOCATION: Highland Park Hospital, RM 1153
		PHONE: (847) 926-5300

SKOKIE HOSPITAL

* ALL INQUIRIES	⇒	<i>Direct patient to Patient Financial Counseling</i>
		Skokie Hospital, Ground Floor Lobby
		PHONE: (847) 933-6780

BILLING AND CHARGE RELATED INQUIRIES:

If a patient has questions related to their bill, please direct patient to:

Patient Customer Service for
Evanston Hospital
Glenbrook Hospital
Highland Park Hospital
Skokie Hospital
(847) 570-5000

PHONE:

ALL EMPLOYEES SHOULD:

- 1) Know that NorthShore has a charity care and financial assistance program that offers both free and discounted care
- 2) Be able to direct patient inquiries appropriately as outlined above

PATIENT FINANCIAL COUNSELING and PATIENT CUSTOMER SERVICE SHOULD:

- 1) Know that NorthShore has a charity care and financial assistance program that offers both free and discounted care
- 2) Understand the NorthShore Charity Care and Financial Assistance Evaluation and Eligibility Policy
- 3) Remain current on all changes related to charity care and financial assistance

COLLECTION AGENCIES SHOULD:

- 1) Know that NorthShore has a charity care and financial assistance program that offers both free and discounted care
- 2) Be able to direct patient inquiries appropriately

If a patient inquires about financial assistance or informs a collection agency that their financial condition has since changed, the collection agency should direct the patient to NorthShore Customer Service @ (847) 570-5000

If you have any questions related to the NorthShore Charity Care and Financial Assistance Program, you may contact Patient Financial Counseling @ (847) 570-2100