POLICY: Saint Anthony Hospital is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. It is the policy of Saint Anthony Hospital to provide financial assistance based on indigence for patients who meet specified financial criteria and request such assistance. This policy is designed to address the billing and collection practices for uninsured patients who receive care at Saint Anthony Hospital. All uninsured patients at Saint Anthony will be provided with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid. Financial Counselors will attempt to meet with all uninsured patients prior to services provided or prior to discharge when possible.

SCOPE OF RESPONSIBILITY: Financial Counselors.

PURPOSE: It is the policy of Saint Anthony Hospital to ensure a socially just practice for billing all patients receiving care at Saint Anthony Hospital.

Definitions:
For the purposes of this policy, the following definitions apply:

1. “Patient” shall mean those persons who receive care at Saint Anthony Hospital or one of its locations, and the person who is financially responsible for care received.
2. “Uninsured Patient” shall be defined as all persons who do not have health insurance coverage, or do not otherwise qualify for any governmental or private program that provides health insurance coverage.

PROCEDURE:

1. All billing and collection practices will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for solidarity with poor and vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all medically necessary services provided in the inpatient acute, outpatient, behavioral and clinical health care settings.
3. Saint Anthony will ensure that:
   a. Its employees and agents behave in a manner that reflects the policies and values of a Catholic-sponsored facility, including treating patients and their families with dignity, respect and compassion.
   b. Patients receive prompt access to charge information for any item or service provided.
   c. Patients and their families are advised of Saint Anthony’s applicable policies, including charity care and the availability of need-based financial assistance in easily understood terms, as well as in any language commonly used by patients in the community.
   d. Charity care may be extended when a review of a patient’s individual financial circumstances has been collected and documented.
   e. Patients who do not qualify for charity care, but need financial assistance are offered appropriate extended payment terms or other payment options that consider the patient’s financial status. (See policy: E 1.3; Payment Plan).
   f. Outstanding balances on patient accounts are pursued fairly and consistently, in a manner that reflects the values and commitments of a Catholic-sponsored facility in the community it serves.
   g. Financial counselors are reasonably available to all patients.
   h. Information regarding financial assistance and charity care policies is posted in the admitting and registration areas, including the Emergency Room.
4. **Charity Care**
   a. Patients with income less than or equal to 200% of the Federal Poverty Level (FPL)- which may be adjusted by the hospital for cost of living, utilizing the local wage index compared to national wage index; will be eligible for 100% charity write off the charges for services.
   b. At a minimum, patients with incomes above 200% of FPL, but not exceeding 250% of FPL, subject to local wage index adjustments as described in section 4(a) will receive a discount on the services provided to them based on a sliding scale.
   c. Applications for charity will be accepted and eligibility for charity care will be determined at any point in the revenue cycle.
   d. Saint Anthony Hospital retains the right in its sole discretion to determine a patient’s ability to pay. All patients presenting for emergency/emergent services will be treated regardless of their ability to pay.
   e. Presumptive charity will be given to patients who demonstrate one or more of the following:
      i. Homelessness
      ii. Deceased with no estate
      iii. Mental incapacitation with no one to act on the patient’s behalf
      iv. Medicaid eligibility, but not on date of service, or for services not covered by Medicaid
      v. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of FPL guidelines:
         a. Women, Infants and Children Program (WIC)
         b. Supplemental Nutrition Assistance Program (SNAP)
         c. Illinois Free Lunch and Breakfast Program
         d. LIHEAP
         e. Enrollment in an organized, community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership
         f. Receipt of grant assistance for medical services
   In addition, the following criteria may be used to determine presumptive eligibility on a case by case basis:
      • Personal bankruptcy filed within 6 months preceding date of charity application.
      • Incarceration in a penal institution
      • Affiliation with a religious order and vow of poverty
   f. Saint Anthony will provide an appeal process for patients and families to appeal decisions of charity care.

5. **Uninsured patients with the ability to pay will be provided with a discount as identified in Policy: ADM 222: Uninsured Discount policy.**

6. **Collection practices**
   a. Liens on personal residences are not permitted under any circumstances.
   b. Garnishment of wages is permitted only if:
      i. The patient does not qualify for charity under Section 4 of the policy and a court determines that the patient’s wages are sufficient for garnishment.
      ii. Garnishment pursued by a collection agency or other representative of the hospital has had prior review and approval from executive management of the hospital. (See Policy: PFS G1.2).
   c. Saint Anthony Hospital will not pursue an involuntary bankruptcy proceeding against a patient as a result of its collection efforts of uninsured patients.
   d. Neither Saint Anthony Hospital, or a collection agency or other representative working on behalf of the hospital may take any actions that would cause a bench warrant (an order issued by a judge or court for the arrest of a person, also called body attachments), to be issued.
   e. No interest charges will be assessed by Saint Anthony Hospital.
   f. Management is accountable to ensure that all collection policies follow the Federal Fair Debt and Collection Practices Act and the Illinois Patient Fair Billing Act.
   g. All hospital collection agency agreements will be amended to incorporate the required language (as notice to the collection agency) of Saint Anthony Hospital’s policies and procedures regarding billing and collection practices for uninsured patients including the values-based manner in which all contacts with patients and families are conducted.
7. Charity Application Process
   a. Program Eligibility
      i. Saint Anthony is committed to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital. Therefore, the Charity write off is available to residents who reside in the zip codes of our primary service area: 60608, 60609, 60612, 60623, 60624, 60629, 60632.
      ii. Applicants must provide proof of Illinois residency. Acceptable documentation includes: Driver’s license or state-issued ID, lease agreement or utility bill.
      iii. Generally, the charity care program is not available to cover services that are denied by the patient’s insurance company.
      iv. Charity care/financial assistance does not cover copay amounts for patients with insurance.
      v. Charity care/financial assistance applies only to balances greater than $300.
      vi. Patients may become ineligible for charity care for the following reasons:
          a. Refusal to provide requested documentation, or incomplete documentation.
          b. Have insurance coverage through HMO, PPO, Worker Compensation, Medicaid or other insurance programs that deny access to Saint Anthony Hospital due to insurance plan restrictions/limits.
          c. Failure to keep current on existing payment arrangements with Saint Anthony Hospital.
          d. Failure to make appropriate arrangements on past payment obligations owed to Saint Anthony, including those accounts referred to an outside agency for a previous debt.
   b. The financial assessment should include all outstanding self-pay accounts.
   c. Patients will have 30 days to submit required documentation to be considered for eligibility. The patient may reapply to the program and initiate a new case if the timeline is not adhered to.
   d. All working persons in the household must provide at least one of the following pieces of information:
      i. Copy of previous year’s W2, 1040 and any other applicable tax forms that were filed; or
      ii. Proof of disability income (if applicable).
      iii. Copies of the last three (3) pay check stubs from the employer. If patient states that he/she or spouse is paid in cash and does not receive a check from the employer, Saint Anthony Hospital will request a letter from the employer, on company letterhead stating the hours worked per week, how often paid, and how much paid. The most recent information is always used to process the application; or
      iv. Copies of Social Security check (if applicable).
      v. A letter of support (preferably notarized) if no evidence of income.
   e. All legally responsible unemployed persons in the home must provide the following:
      i. Copies of unemployment checks; and
      ii. Room and board letter from person paying for the household expenses of the patient.
   f. Once a patient is approved for charity, they will continue to be eligible for charity care for six (6) months from the approval date without reapplying.
   g. When information is received from the patient, the representative completes the Financial Assistance Application form using the FPL guidelines.
   h. Payment plans can be offered for all self-pay balances. Refer to Patient Payment Arrangements policy 62, E1.3.
   i. The charity application and all supporting documentation will be maintained in the Patient Financial Services Department, in accordance with its record retention requirements.
   j. Failure to comply with the payment arrangement terms of any remaining balances after the charity adjustment is applied may result in the claim being referred to an outside collection agency.
   k. Decisions are reported to the applicant utilizing the applicable form letter. Patients will also receive a copy of Saint Anthony Hospital’s appeal policy. Decisions are generally made within fourteen (14) days of receipt of necessary information.
   l. The application for hospital financial assistance must be signed by the patient and/or guarantor.
   m. Family income, including, but not limited to: wages, salaries, welfare payments, Social Security payments, strike benefits, unemployment benefits, child support, alimony, dividends and interest must be disclosed.
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n. Hospital charity care is based on FPL guidelines with a sliding scale adjustment as follows:
   i. Up to 200% over poverty standard= 100% discount off gross charges
   ii. Up to 210% over poverty standard= 90% discount off gross charges
   iii. Up to 220% over poverty standard= 80% discount off gross charges
   iv. Up to 230% over poverty standard= 70% discount off gross charges
   v. Up to 250% over poverty standard= 60% discount off gross charges

A. ADDITIONAL DOCUMENTATION:

1. Financial Clearance Policy
2. ADM 222 Uninsured Discount Policy
3. 62 E1.3 Patient Payment Arrangements Policy
4. Saint Anthony Credit Card Policy

Reviewer List:

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Supercedes Date:  
Prior Revisions:  
Original Date: 12/27/2017
Revised:

Saved as: Charity Care Policy