

<b>Touchette Regional Hospital</b>	<b>Department:</b> Business Office	<b>Policy #:</b> BO.1006
	<b>Author:</b> Revenue Cycle Manager	<b>Original Effective Date:</b> 01/09
	<b>Title/Subject:</b> Financial Assistance Policy	<b>Reviewed:</b>
		<b>Revised: 05/14, 01/15, 12/15, 2/16, 3/16, 2/17, 1/18, 6/18</b>

**Policy Statement:**

It is the policy of Touchette Regional Hospital to offer Financial Assistance to Illinois uninsured patients 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. Touchette Regional Hospital 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, or sexual orientation.

**Scope:**

Organizational Wide

**Definitions:**

Amount Generally Billed (AGB) – Taken from the hospital's Provider Statistical and Reimbursement System (PSR) Report using fiscal year 2017 data, this amount is the sum of gross Inpatient Part A and Outpatient PPS covered charges divided into the sum of net reimbursement (amounts allowed). The AGB is calculated annually based on the prior full year's PSR Report.

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.

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.

Charity Presumptive – a patient who does not have Medicaid, but who is receiving or qualifies for one of the following programs:

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 Dev Authority Rental Housing Support
Low Income Home Energy Program (LIHEAP)
Has file bankruptcy within the past 6 months
Is homeless

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

Self Pay- A patient who has no health insurance and/or who does not qualify for Financial Assistance based on our hospital policy.

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.

Underinsured – A patient who has health insurance coverage which leaves the patient with a balance or insurance that doesn’t cover certain procedures.

**Procedure:**

In accordance with federal EMTALA regulations and state law, Touchette Regional Hospital will evaluate all emergency room patients for emergency medical conditions regardless of insurance coverage or the ability of patients to pay. Patients who have no insurance who are presenting for emergent services will be screened for immediate (presumptive) eligibility and may be offered a Financial Application at time of service. If the patient is unable to accept an application at that time, an application will be mailed to the address on record for the patient. The completed application must be returned within 90 days of the service or inpatient discharge.

Patients who do not have medical coverage but request non-emergent hospital services at Touchette Regional Hospital will be reviewed for eligibility under the Hospital’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:

- The patient is an established resident of the state of Illinois or has an order from an on-staff physician who is contracted with Touchette Regional Hospital
- The patient falls under programs determined to be Presumptive
- The patient has completed an application and qualifies based on family poverty levels for the patient’s household

The amount of Financial Assistance is granted upon the patient's overall financial situation and any rules and regulations set forth by the federal government or State of Illinois. If a submitted application is unclear or does not provide enough information for Touchette to make a decision for assistance, the patient will be asked to provide further documentation and services may be postponed. Completed applications for Financial Assistance will be reviewed and a decision made within no more than 5 business days.

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

Patients presenting for non-emergent services, as determined by the ordering medical physician and/or administration counsel, and who do not qualify for 100% financial assistance will be expected to pay an estimated cost for the service or minimum deposit prior to receiving the non-emergent service in accordance with the Hospital Payment Policy. Estimates for services can be requested in accordance with our Pricing Transparency Policy.

Patients who have been approved for Financial Assistance will have to reapply each year. If a patient gets insurance after being approved for Financial Assistance, the patient's insurance will be billed for all eligible services and the patient will be taken off of the approval list for assistance beyond the date the insurance began.

Financial Applications offered by Touchette Regional Hospital will cover services billed by Touchette Regional Hospital. There may be physician fees associated with your visit and those may not be eligible for Financial Assistance. When in question, the patient should ask his or her physician if they are covered under Touchette's Financial Assistance Policy. A list of participating providers is attached as an Addendum to this policy.

Patients who elect to enter our New Vision Program or patients who have been involved in an auto accident, Worker's Compensation, or other legal case for the visit will not be provided with Financial Assistance. Patients with legal cases that are dropped with no settlement or payment may apply for Financial Assistance for additional consideration.

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.

Applications may be provided in person by the Patient Access Staff in the Outpatient Registration area, Emergency Department, or Physical Therapy at the Archview Medical Center. Applications may also be downloaded from our website at [www.Touchette.org](http://www.Touchette.org), emailed, faxed, or mailed to the patient upon request. Additional assistance, information, and applications can be requested by calling Patient Accounting at (618) 482-7128 or by emailing [PatientAccounting@Touchette.org](mailto:PatientAccounting@Touchette.org). Uninsured patients need to reasonably cooperate and provide full information to the hospital. In addition, patients must be willing to apply for Medicaid and other governmental programs.

Once initial eligibility is determined, the total amount of financial assistance received will be contingent upon the patient’s household overall financial situation and any rules and regulations set forth by the federal government or the State of Illinois. This is established by the most recently published Federal Income/Poverty Guidelines utilized for the Hill-Burton Program. Determination of the eligibility is based on Family Size and Household Income (without consideration of assets).

**2018 Federal Poverty Levels for Financial Assistance Policy – Touchette Regional Hospital**

		200%	300%	450%	600%
Family Size	Poverty Guidelines	100%	70%	55%	38%
1	0      12,060	24,120	36,180	54,270	72,360
2	12,061      16,240	32,480	48,720	73,080	97,440
3	16,241      20,420	40,840	61,260	91,890	122,520
4	20,421      24,600	49,200	73,800	110,700	147,600
5	24,601      28,780	57,560	86,340	129,510	172,680
6	28,781      32,960	65,920	98,880	148,320	197,760
7	32,961      37,140	74,280	111,420	167,130	222,840
8	37,141      41,320	82,640	123,960	185,940	247,920

If immediate confirmation cannot be made, or the total amount of financial assistance eligibility cannot be determined, the patient will be asked to provide further documentation. Completion of the Financial Assistance determination will be postponed until eligibility can be confirmed. If confirmed, a financial assistance adjustment will be applied to the account by the Business Office.

For those who do not qualify for financial assistance, a minimum deposit will be required prior to receiving non-emergent services. For all others, an estimated cost for the service will be determined and the estimated payment will need to be received prior to receiving the requested service.

Patients that elect to enter our New Vision Program and/or those patients that have qualified for grant money from other programs are not eligible to receive benefits from the Touchette’s financial assistance program. Other exclusions include liability cases.

1. If financial assistance is denied because the income exceeds the federal poverty guidelines and the patient has no third party or liability insurance coverage, a self-pay adjustment of 38% of total charges will be applied to the account based on the AGB method using 2017 fiscal year data.
2. If the patient or guarantor does not make payment in full, a payment arrangement, or provide additional financial information that might change financial assistance

eligibility within 60 days of the final bill, the account will be placed with an outside agency for collection. The remaining portion will remain the patient's responsibility.

3. If a patient qualifies initially for less than 100% of charges to be adjusted for Financial Assistance, the patient will then be screened in accordance with the Illinois Uninsured Patient Discount Act (HUPDA). Additional adjustments based on the level of cost and the Federal Poverty Level up to the HUPDA percentage of the family gross income will be made if needed.

Patients who have a remaining balance after all discounts, financial assistance, and payments have been applied will be billed and collected upon (in the event of non-payment) in accordance with Policy #B01016 titled Billing and Collections.

## **Addendum A**

### Provider Listing and Participation in Touchette Regional Hospital Financial Assistance Policy

This is a list of providers who treat patients seen at Touchette Regional Hospital. If listed as Yes, their services fall under this Financial Assistance Policy. If listed as No, they do not fall under this policy; and a patient may be held responsible for a separate bill for the physician's services. The provider may, however, have a different Financial Assistance Policy. You are advised to speak directly to the physician's office to obtain information prior to the services to see what is available.

<b>PROVIDER</b>	<b>SPECIALTY</b>	<b>FAP</b>
Abell, Matthew	Radiology	YES
Adkins, Kent	Urology	YES
Aker, Omer	Radiology	YES
Albarcha, Bassam	Medicine	YES
Ahmad, Faqir	Emergency	YES
Algebory, Faris	Emergency	YES
Ampadu, Charles	Medicine	NO
Anderson, Wallace	Radiology	YES
Ballinger, Darrell	OB/GYN	NO
Barth, Lindsay	Podiatry	YES
Basler, Joseph	Radiology	YES
Bekker, Simon	Radiology	YES
Bernard, Quedracgo	Medicine	NO
Bernstein, Brad	Anesthesiology	NO
Bradley, Matthew	Orthopedics	YES
Burk, Paul	Otolaryngology	YES
Burton, Melvin	Medicine	NO
Clines, Damon	Gastroenterology	NO
Collette, Dean	Radiology	YES
Conner, David	Psychiatry	NO
Cyriac, Deepa	Radiology	YES
Downs, David	Radiology	YES
Farn, James	Radiology	YES
Furgason, Ashley	Phys Assistant	YES
Galicia, Edgar	Emergency	YES
Gary, Louis	Family Medicine/ Emergency/Medicine	YES
Ghidey, Yohannes	Pediatrics	NO
Gilles, Pierre	General Surgeon	YES
Gleason, Theodore	Radiology	YES
Granger, Miguel	Family Practice	NO
Gregg, Gregory	Radiology	YES

<b>PROVIDER</b>	<b>SPECIALTY</b>	<b>FAP</b>
Haege, Dolph	Pathology	YES
Hanna, Nagui	Emergency	YES
Harrison, Kallie	OB/GYN	NO
Harry, Franklin	Podiatry	YES
Holdener, Greg	Radiology	YES
Horsley, Victor	Podiatry	NO
Howard, Allison	Pathology	YES
Hussain, Syed	Medicine	NO
Hutson, Samuel	Radiology	YES
Jamous, Abdulsalam	Pulmonology	YES
Johnson, Anton	Radiology	YES
Johnson, Christopher	Psychiatry	YES
Johnson, Randy	Cardiology	YES
Jung, Randy	Psychiatry	YES
Keys, Daniel	Radiology	YES
Khawar, Saquib	Radiology	YES
Librach, Stanley	Surgery (Plastic)	NO
Lind, Heide	Pathology	YES
Linn, Jason	Emergency	YES
Long, Scott	Radiology	YES
Loynd, Christopher	Psychiatry	YES
Loynd, Kelechi	Psychiatry	NO
Mayer, Shawn	Radiology	YES
Muddasani, Narsimha	Psychiatry	YES
Murphy, Christopher	Pathology	YES
Nitz, Leann	Orthopedics	YES
Olson, Stephen	Pathology	YES
Prophete, Robert	Urology	YES
Reddy, Muddasani	Neurology	YES
Robacker, Charles	Family Practice	NO
Roubein, Daniel	Radiology	YES
Ross, Theodore	Medicine	NO
Safi, Malaz	Ophthalmology	YES
Saini, Naveen	Radiology	YES
Schroeder, Paul	Radiology	YES
Schwarze, Daniel	Orthopedics	YES
Sekhar, Kiran	Radiology	YES
Shaffer, Richard	Emergency	YES
Smittkamp, Charles	Radiology	YES

<b>PROVIDER</b>	<b>SPECIALTY</b>	<b>FAP</b>
Stanton, Daniel	Radiology	YES
Sullivan, Leo	Emergency	YES
Tennenhouse, Joel	Radiology	YES
Thomas, Leyland	Gastroenterology / Internal Medicine	NO
Ullah, Sana	Emergency	YES
Uzochukwu, Nzeadibenma	Radiology	YES
Vance, Joshua	Emergency	YES
Volarich, Sue Jane	Emergency	YES
Wigboldy, Jay	Radiology	YES
Williams, John	Emergency	YES
Zata, Vincent	Radiology	YES