

**ST. BERNARD HOSPITAL AND HEALTH CARE CENTER**  
**Financial Assistance Policy**

326 West 64<sup>th</sup> Street  
Chicago, Illinois 60621

**POLICY STATEMENT:**

- A. In recognizing the medical needs of the indigent, **ST. BERNARD HOSPITAL AND HEALTH CARE CENTER (ST. BERNARD HOSPITAL)** provides quality medical health care regardless of race, creed, color, sex, national origin, sexual orientation, handicap, age or inability to pay.
- B. **ST. BERNARD HOSPITAL** recognizes its responsibility to the community by providing that no patient requiring medically necessary care will be refused services solely due to a lack of financial means. This policy is intended to provide the framework under which such care will be rendered.
- C. Although reimbursement for services rendered is critical to the operation and stability of **ST. BERNARD HOSPITAL**, it is recognized that not all individuals possess the financial ability to purchase essential medical services. Therefore, in keeping the hospital's commitment to serve all members of its community, financial assistance will be considered in situations where the need and inability to pay coexist.
- D. As a health care institution, it is part of our mission to care for the sick and special needs of the poor. Keeping its commitment to the community, **ST. BERNARD HOSPITAL** recognizes and acknowledges the financial needs of patients who are unable to afford the charges associated with their medical care. The health care services provided will be provided at an uncompensated or reduced level based on established criteria. The dignity of the individual remains paramount during such consideration.

**PURPOSE:**

- A. To ensure prompt and compassionate care to those in need, and to determine eligibility for financial assistance.
- B. To define financial assistance policy guidelines in order to facilitate a consistent approach to accounts receivable write offs.
- C. This policy identifies circumstances under which **ST. BERNARD HOSPITAL** will extend care free of charge, or at a discount commensurate with the ability to pay, to a patient whose financial status makes it impractical or impossible to pay for necessary medical services. The necessity for medical treatment of any patient will be based upon clinical judgment without regard to financial status of the patient.

**DEFINITIONS OF TERMS:**

- A. AGB: Amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
- B. BAD DEBT EXPENSE: The provision for actual or expected uncollectibles resulting from the extension of credit.

- C. CONTRACTUAL ADJUSTMENTS: Difference between revenue at established rates and amounts realized from third party payers under contractual agreements.
- D. EMTALA: The Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd.
- E. FAMILY INCOME: Wages, salaries, dividends, interest, Social Security benefits, unemployment benefits, welfare payments, child support, alimony, strike benefits, workers' compensation, veterans benefits, training stipends, military allotments, regular support from family member not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.
- F. FINANCIAL ASSISTANCE: Health care services provided free or at a reduced rate for individuals who meet certain financial criteria.
  - a. Financial assistance is that portion of patient care services provided by a hospital for which a third-party payer is not responsible and a patient has the inability to pay. Any portion of costs that a patient is unable to pay can count as financial assistance.
  - b. Financial assistance does not include bad debt, contractual adjustments, or unreimbursed costs (payment shortfalls). Financial assistance may include unpaid coinsurance, deductibles and non-covered services if the patient meets the hospital's financial assistance eligibility criteria.
  - c. Denial of payment by Medicaid for any reason for services provided and any lack of payment for non-covered services provided to a Medicaid patient shall be considered financial assistance.
- G. ILLINOIS HOSPITAL UNINSURED PATIENT DISCOUNT ACT: Pursuant to Public Act 95-0965 the hospital will extend a discount, as described herein, to uninsured residents of Illinois whose family income is not more than 600% of the Federal Poverty Guidelines.
- H. MEDICALLY NECESSARY SERVICES are those services as defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

**COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:**

**ST. BERNARD HOSPITAL** provides, without discrimination, care for emergency medical conditions to individuals, regardless of whether they are eligible for assistance under this policy. **ST. BERNARD HOSPITAL** will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all **ST. BERNARD HOSPITAL** patients in a non-discriminatory manner, pursuant to **ST. BERNARD HOSPITAL's** EMTALA policy.

### **ELIGIBLE SERVICES:**

This policy applies only to charges for emergency or other medically necessary services provided by **ST. BERNARD HOSPITAL**. Elective services are not eligible for financial assistance. Attached to this policy as **Appendix A** is a list of all providers delivering emergency or other medically necessary care at **ST. BERNARD HOSPITAL** that specifies which providers are covered by this policy and which are not covered.

### **FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA AND DISCOUNTS OFFERED:**

#### *Self-Pay Discount*

All self-pay patients at **ST. BERNARD HOSPITAL** automatically receive a self-pay discount. Specifically, self-pay patients are charged the lesser of AGB (as described below) or 135% of cost (as described in the Illinois Hospital Uninsured Patient Discount Act).

#### *Financial Assistance Discount*

**ST. BERNARD HOSPITAL** then uses the Federal Poverty Level (FPL) guidelines to define recipients of financial assistance (see **Appendix B**). Eligibility for financial assistance may be determined at any time by the hospital as information on the patient's eligibility becomes available.

#### *Financial Assistance for Uninsured Patients*

**ST. BERNARD HOSPITAL** will screen uninsured patients through an Electronic and Information Technology (EIT) system.

*Free Care* – Based on family income standards, if the total reported family income is at or below 200% of the FPL, the entire account (excluding luxury items) is charged to financial assistance.

*Discounted Care* – Patient's annual family income above 200%, but less than or equal to 300% of the FPL, patient will have a financial responsibility of 25% of the balance. Patient's annual family income above 300%, but less than or equal to 400% of the FPL, patient will have a responsibility of 50% of the balance. Patient's annual family income above 400%, but less than or equal to 500% of the FPL, patient will have a responsibility of 75% of the balance.

*Illinois Hospital Uninsured Patient Discount Act* – Any uninsured patient (with an account balance greater than \$300.00 and a resident of the State of Illinois) will be eligible for discounted care under the Illinois Hospital Uninsured Patient Discount Act (the "Act"), once a determination is made that there is no potential third party reimbursement for the services provided.

If an uninsured patient qualifies for discounted care under the Act, the maximum amount that may be collected in a 12-month period for health services provided by **ST. BERNARD HOSPITAL** is 25% of the patient's family income, subject to the patient's continued eligibility under the Act; provided, however, that this maximum collectible amount does not apply to uninsured patients who own assets with a value of more than 600% of the FPL (excluding the patient's primary residence, personal property exempt from judgment under Illinois law, or certain amounts held in a pension or retirement plan). For purposes of this provision, an "uninsured patient" means an uninsured Illinois resident, who is not a beneficiary under a public or private health insurance, health benefit, or other health coverage

program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability.

The uninsured discount will be reversed if there is evidence of third party responsibility for the charges.

Any uninsured patient who does not pass the screening for financial assistance will receive the self-pay discount, charged to bad debt, and a notice will be sent to the patient for the remaining balance.

### ***Financial Assistance for Insured Patients***

All insured patients may apply for financial assistance for emergency or other medically necessary care by accessing an application on **ST. BERNARD HOSPITAL** website, or from the Patient Accounts Department. **ST. BERNARD HOSPITAL** will apply the same standards (see *Free Care* and *Discounted Care* FPL thresholds set forth above) to any self-pay balance and, based on reviewed and submitted information, will make a determination.

If the patient's circumstances change in a manner that will impair their financial obligation, the patient (or the patient's representative) must promptly notify the hospital of this change. Consideration for changes or additional adjustments will be considered at the time of notification, and will be considered on a case-by-case basis. Additional documentation may be requested for an additional determination based on what changes have occurred.

### **PRESUMPTIVE ELIGIBILITY:**

All uninsured patients will be screened for financial assistance, and considered presumptively eligible for financial assistance based on the following provided and verified information:

- Homelessness
- Deceased with no estate
- Mental incapacitation with no representative to act on the patient's behalf
- Current Medicaid eligibility, but not at the time of service
- Enrollment in WIC
- SNAP benefits
- Illinois free lunch and breakfast program
- Low Income Home Energy Assistance Program (LIHEAP)
- Enrollment in an organized community based program providing access to medical care (income/financial status verification is criteria for membership)
- Receipt of grant assistance for medical services

### **FINANCIAL ASSISTANCE APPLICATION PROCESS:**

Unless presumptive eligibility applies, patients must complete an application for financial assistance and submit it to **ST. BERNARD HOSPITAL** in order to apply for financial assistance.

Uninsured inpatients that are admitted will be screened and interviewed for determination of the programs that the patient would be eligible to apply for. Applications for any third party payer that the patient would be eligible to apply for based on submitted information will be completed with cooperative efforts of the patient,

the patient's family or representative, and a hospital representative. At the same time, the application for financial assistance will be completed and considered.

Any patient completing an application must sign the application and provide the needed documents for verification of information for application consideration by **ST. BERNARD HOSPITAL** for any state, federal or local assistance. The patient and/or guarantor agrees to assist in the application for financial assistance.

If the patient meets the presumptive eligibility criteria as identified in the Presumptive Eligibility section, the patient will not be required to complete the section of the application regarding the monthly expenses for the purpose of consideration of financial assistance; this is required information for the consideration of state or federal assistance.

If the patient is uncooperative in the application process or not forthcoming with information regarding third party coverage, the application for financial assistance can be denied by the hospital and the patient may be made responsible for the payment of the hospital bill.

#### **BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS – AGB LIMITATION:**

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (AGB). **ST. BERNARD HOSPITAL** uses the Look-Back Method to determine AGB. Under this method, AGB is calculated by dividing the sum of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service during a prior 12-month period by the sum of the associated gross charges for those claims. **ST. BERNARD HOSPITAL** will begin applying the AGB percentage by the 120<sup>th</sup> day after the end of the 12-month period used in the calculation. **ST. BERNARD HOSPITAL** does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

#### **MEASURES TO WIDELY PUBLICIZE THE AVAILABILITY OF FINANCIAL ASSISTANCE:**

**ST. BERNARD HOSPITAL** implements various measures to widely publicize this FAP in communities served. Among other things, **ST. BERNARD HOSPITAL** publicizes the existence of its financial assistance program to the community served by posting a copy of the FAP, FAP application, and a plain language summary of the FAP on its internet website. Furthermore, patient collection statements/bills advise patients of the existence of the financial assistance program, and signage is posted at points of patient registration throughout the hospital (including emergency room and admissions areas) advising patients of the financial assistance program.

#### **COLLECTION ACTIONS IN THE EVENT OF NONPAYMENT:**

All patients asking to be considered for financial assistance will be placed in a special financial class that will not have any active collection activity related to the balance.

If the hospital has reason to believe that a lawsuit may be filed on behalf of the patient, the hospital will invoke its right to file a lien with an itemized statement.

Additional information regarding the actions that **ST. BERNARD HOSPITAL** may take in the event of nonpayment are described in a separate Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from **ST. BERNARD HOSPITAL** via the hospital contact information listed below.

**HOSPITAL CONTACT INFORMATION:**

Patient representatives are available to answer questions about hospital bills or financial assistance between 8:30 a.m. and 4:30 p.m. Monday through Friday.

Last name A-M: (773) 962-4421  
Last name N-Z: (773) 962-4011

Address: Patient Financial Services  
St. Bernard Hospital and Health Care Center  
326 West 64<sup>th</sup> Street  
Chicago, Illinois 60621

Website: <https://www.stbh.org/our-services/patient-financial-services/>

Policy approved: (Initial/date)

Director, PFS	<i>[Signature]</i> 10/31/18				
CFO	<i>[Signature]</i> 11/2/18				
CEO	<i>[Signature]</i> 11/2/18				
Board of Trustees	11/19/2018				

**APPENDIX A  
PROVIDER LIST**

**List of Providers COVERED by the St. Bernard Hospital and Health Care Center  
Financial Assistance Policy**

St. Bernard Hospital

**List of Providers NOT COVERED by the St. Bernard Hospital and Health Care Center  
Financial Assistance Policy**

The providers listed at the following link are independent practitioners and are not employees of St. Bernard Hospital. As such, they are not covered by the St. Bernard Hospital and Health Care Center Financial Assistance Policy:

<https://www.stbh.org/find-a-doctor/>

## Appendix B

### 2020 Poverty Guidelines, all states (except Alaska and Hawaii)

<b>Household /Family Size</b>	<b>*100%*</b>	<b>200%</b>	<b>300%</b>	<b>400%</b>	<b>500%</b>	<b>600%</b>
<b>1</b>	\$12,760	25,520	38,280	51,040	63,800	76,560
<b>2</b>	\$17,240	34,480	51,720	68,960	86,200	103,440
<b>3</b>	\$21,720	43,440	65,160	86,880	108,600	130,320
<b>4</b>	\$26,200	52,400	78,600	104,800	131,000	157,200
<b>5</b>	\$30,680	61,360	92,040	122,720	153,400	184,080
<b>6</b>	\$35,160	70,320	105,480	140,640	175,800	210,960
<b>7</b>	\$39,640	79,280	118,920	158,560	198,200	237,840
<b>8</b>	\$44,120	88,240	132,360	176,480	220,600	264,720
<b>9</b>	\$48,600	97,200	145,800	194,400	243,000	291,600
<b>10</b>	\$53,080	106,160	159,240	212,320	265,400	318,480