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**POLICY:** Carle Health – West Region f/k/a Methodist Health Services Corporation (“CHWR”) Hospitals and Hospital Organizations shall fulfill their charitable missions by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. CHWR Hospitals and Hospital Organizations shall provide financial assistance to eligible patients.

**SCOPE:** The CHWR Hospitals and Hospital Organizations (referred to collectively as “CHWR Hospitals”) that are 501(c)(3) tax-exempt and included in attached Schedule D.

**PRINCIPLES:** As charitable tax-exempt organizations under Internal Revenue Code (“IRC”) Section 501(c)(3), CHWR Hospitals meet the medically necessary health care needs of all patients who seek care, regardless of their financial abilities to pay for services provided. Similarly, patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and CHWR Hospitals have a duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r) and other applicable state law, in order to remain tax-exempt, each CHWR Hospital is required to adopt and widely publicize its financial assistance policy. If the provision of financial assistance is subject to additional federal or state law requirements, and those laws impose more stringent requirements than in this policy, then the more stringent requirements will govern (e.g., 210 ILCS 76 Community Benefit Act).

The purpose of this policy is to outline the circumstances under which CHWR Hospitals will provide discounted care to financially needy patients.

1. Definitions.

- 1.1 Hospital. A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated by a Hospital Organization under a single state license are considered to be a single Hospital.
- 1.2 Hospital Organization. An organization recognized, or seeking to be recognized, as described in Section 501(c)(3) that operates one or more Hospitals. This includes any other organization that has the principal function or purpose of providing Hospital care.
- 1.3 Allowed Amounts. Maximum amount of payment for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.”

- 1.4 Amounts Generally Billed to Individuals Who Have Insurance (“AGB”). The following method is used by Hospitals to calculate Amounts Generally Billed to Individuals Who Have Insurance in this policy.
    - 1.4.1  $AGB\% = (\text{Sum of all Allowed Amounts by Medicare Fee For Service} + \text{Sum of all Allowed Amounts by private health insurers during a prior 12-month period}) / (\text{Sum of Gross Charges For the Same Claims})$
    - 1.4.2  $AGB = (\text{Gross Charges for Medically Necessary Care or Emergency Medical Care}) \times (AGB \%)$
    - 1.4.3 The current AGB amounts for each CHWR Hospital are attached at Schedule C to this policy. The AGB amounts will be updated annually.
  - 1.5 Medically Necessary Care. Services that are (1) consistent with the diagnosis and treatment of the patient’s condition; (2) in accordance with standards of good medical practice; (3) required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient’s practitioner or caregiver; and (4) the least costly type of service which would reasonably meet the medical need of the patient.
  - 1.6 Emergency Medical Care. As defined in the Emergency Medical Treatment and Labor Act (“EMTALA”), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.
  - 1.7 Patient(s). Includes either the patient and/or the patient’s responsible party (parent, guardian, guarantor).
  - 1.8 FINA-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.
  - 1.9 Definitions that are specific to Illinois state requirements are included in Schedule B attached to this policy.
2. Eligibility for Financial Assistance.
- 2.1 Financial assistance is available for only Medically Necessary Care and Emergency Medical Care provided to FINA-Eligible Patients. Financial Assistance will be offered for eligible patients to cover patient responsibility for uninsured patients as well as patients with balances remaining after insurance payment. Financial assistance shall be based on the following

guidelines, unless subject to conflicting state law requirements that will take precedence as outlined in Schedule B attached to this policy.

2.2 FINA-Eligible Patients who are below 600% of the current Federal Poverty Income Guidelines (“FPIG”) may be FINA-Eligible. FINA-Eligible Patients will not be billed more than the Amounts Generally Billed to Patients who have insurance. Schedule A, attached to this policy, contains the most recent annual version of the Federal Poverty Income Guidelines.

2.3 Hospital bills will be further reduced by the following amounts for patients in each FPIG category below:

<u>0-200% of FPIG:</u>	100% discount off AGB
<u>201-225% of FPIG:</u>	65% discount off AGB
<u>226-250% of FPIG:</u>	45% discount off AGB
<u>251-300% of FPIG:</u>	25% discount off AGB
<u>301-400% of FPIG:</u>	5% discount off AGB
<u>401-600% of FPIG:</u>	AGB only

2.4 Household income will be considered in determining whether a Patient is eligible for assistance. Household income includes but is not limited to the following: Traditional married couples, children (biological, step, or adoption) and couples living together. (Married or couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female.)

2.5 In addition to household income, the Hospital will consider the extent to which the Patient’s household has assets that could be used to meet his or her financial obligation. Assets may include, but are not limited to, cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (“IRAs”), trust funds, real estate (excluding the Patient’s home) and motor vehicles. The Hospital will also consider any liabilities that are the responsibility of the Patient’s household. A Patient’s assets will not be considered if the Patient receives services from a Provider who is part of the National Health Services Corps or Prime Care loan forgiveness programs.

2.6 Information from a Patient’s (or member of Patient’s household) prior financial assistance applications may be used to determine current eligibility for assistance. CHWR also uses third party agencies to assist with collections. If those agencies provide CHWR with a statement regarding a Patient’s likely FPIG

level, CHWR will use that information in determining the FINA-Eligibility status and the level of discount available.

- 2.7 Presumptive Eligibility. Patients who meet presumptive eligibility criteria under this Section may be granted financial assistance without completing the financial assistance application. Documentation supporting the Patient's qualification for or participation in a program listed below at 2.7.1 must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification, or print screen of web page listing the Patient's eligibility. Unless otherwise noted, a Patient who is presumed eligible under these presumptive criteria will continue to remain eligible for twelve (12) months following the date of the initial approval, unless Hospital personnel have reason to believe the Patient no longer meets the presumptive criteria.
  - 2.7.1 Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% financial assistance:
    - 2.7.1.1 The U.S. Department of Agriculture Food and Nutrition Service *Food Stamp Program*.
    - 2.7.1.2 Intentionally Omitted.
    - 2.7.1.3 Medicaid program (excluding lock-in and/or spend-down), including non-covered, but medically necessary services
    - 2.7.1.4 Women, Infants, and Children ("WIC") nutrition assistance
- 2.8 State law requirements that offer additional and/or more stringent eligibility requirements will be followed in those states.
3. Communicating Financial Assistance Information.
  - 3.1 Each Hospital will communicate the availability of financial assistance to all Patients and within the community. Copies of the financial assistance policy (Policy 1.BR.34), financial assistance application and Plain Language

Summary will be available by mail, on each Hospital’s website, and in person at each Hospital.

- 3.2 The CHWR Central Billing Office is available by phone at (888) 343-4165 to answer questions about the policy, or Patients should go to the cashier’s office at the Hospital to obtain this information.
  - 3.3 CHWR Hospitals will develop a Plain Language Summary of this policy.
    - 3.3.1 The Plain Language Summary will be available by mail, on each Hospital’s website, and in person at each Hospital.
    - 3.3.2 The Plain Language Summary will be offered as part of the Patient intake and/or discharge process.
    - 3.3.3 The Plain Language Summary must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. The Extraordinary Collection Actions that may be taken by a Hospital are detailed in CHWR Policy 1.BR.40, Billing and Collections, a copy of which may be obtained at each Hospital and on each Hospital’s website.
  - 3.4 This Policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (“LEP”) populations constitute the lesser of 1,000 persons or more than 5% of the community served by the Hospital. These translated documents will be available by mail, on each Hospital’s website, and in person at each Hospital.
  - 3.5 These notices and documents may be provided electronically.
  - 3.6 State Law requirements that offer additional and/or more stringent requirements to communicate financial assistance information will be followed in those states.
4. Method for Applying for Financial Assistance.
- 4.1 Patient Applies For Insurance Coverage or Seeks Third-Party Responsibility. In order to be considered for financial assistance, the Patient must first apply for other financial resources that may be available to pay for the Patient’s health care, such as Medicaid, Medicare, third party liability, etc. Patients with valid health care coverage through non-CHWR network providers are required to access their primary network before being considered for financial assistance.
    - 4.1.1 This policy does not apply to the portion of a Patient’s services that have been, or may be, paid for by a first or third party payer such as an

automobile insurance company or worker’s compensation. As allowed by the State of Illinois, when a Patient presents for services following an accident or injury, the Hospital may place a hospital lien against the third party settlement.

- 4.2 Patient Must Complete the Financial Aid Application. To be considered for financial assistance, the Patient must furnish the Hospital with a completed financial assistance application and required supporting documentation. The application may be completed using information that is collected in writing, orally, or through a combination of both.
- 4.3 Patient Notified of Eligibility. After receiving the Patient’s financial information, the Hospital will notify the Patient of his/her eligibility determination within a reasonable period of time.
  - 4.3.1 If a Patient is approved for financial assistance, the approval is valid for twelve (12) months following the date of the initial approval. However, the approval for financial assistance may be revised or reversed if the Patient’s financial situation changes and results in the Patient no longer meeting the same criteria for financial assistance under this Policy.
  - 4.3.2 If the Patient does not initially qualify for financial assistance, the Patient may reapply if there is a change in income, assets, or family responsibilities.
  - 4.3.3 A Patient who qualifies for financial assistance must cooperate with the Hospital to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.
    - 4.3.3.1 A Patient who qualifies for financial assistance must make a good faith effort to honor the payment plans. The Patient is responsible for communicating any change in his/her financial situation that may impact his/her ability to pay the discounted health care bills or to honor the provisions of any payment plans.
- 4.4 State law requirements that offer additional and/or more stringent methods for applying for financial assistance will be followed in those states.

## **RESOURCES:**

Internal Revenue Code Section 501(r); 79 FR 78954 (December 31, 2014)

**SCHEDULE A – Federal Poverty Income Guidelines**

**2022 Federal Poverty Guidelines (effective January 12, 2022)**

family size	poverty guidelines
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

For families/households with more than eight people, add \$4,720 for each additional person.

## **SCHEDULE B - ILLINOIS LAWS**

For patients receiving care at a CHWR Hospital located in the state of Illinois (“IL CHWR Hospital”), the following additional requirements apply. If any provision in this Schedule B conflicts with a provision in the policy, the provision containing more stringent requirements should be applied.

### I. Definitions.

Bad Debt means the current period charge for actual or expected doubtful accounting resulting from the extension of credit.

Charity Care includes the actual cost of services provided based upon the total cost to charge ratio derived from a nonprofit Hospital’s most recently filed Medicare cost report Worksheet C and not based upon the charges for the services. Charity Care does not include bad debt.

Family Income means the sum of a family’s annual earnings and cash benefits from all sources before taxes, less payments made for child support.

Financial Assistance means a discount provided to a patient under the terms and conditions the Hospital offers to qualified patients or as required by law.

Health Care Plan means a health insurance company, health maintenance organization, preferred provider arrangement, or third party administrator authorized in Illinois to issue policies or subscriber contracts or administer those policies and contracts that reimburse for inpatient and outpatient services provided in a hospital. Health Care Plan does not include any government-funded program such as Medicare or Medicaid, workers’ compensation, and accident liability insurance.

Insured Patient means a patient who is insured by a Health Care Plan.

Uninsured Patient means a patient who is not insured by a Health Care Plan and is not a beneficiary under a government-funded program, workers’ compensation, or accident liability insurance.

### II. Uninsured Patient Discounts. (also in 1.BR.33)

- A. An IL CHWR Hospital shall provide a discount from its charges to any Uninsured Patient who applies for a discount and has family income of not more than 600% of the federal poverty income guidelines for all medically necessary



health care services exceeding \$150 in any one inpatient admission or outpatient encounter.

- B. An IL CHWR Hospital shall provide a charitable discount of 100% of its charges for all medically necessary health care services exceeding \$150 in any one inpatient admission or outpatient encounter to any Uninsured Patient who applies for a discount and has family income of not more than 200% of the federal poverty income guidelines.
- C. Discounts. For all health care services exceeding \$150 in any one inpatient admission or outpatient encounter, an IL CHWR Hospital shall not collect from an eligible Uninsured Patient more than its charges less the amount of the uninsured discount.
- D. Maximum Collectible Amount.
  - 1. The maximum amount that may be collected in a 12-month period for health care services provided by an IL CHWR Hospital an Uninsured Patient is 20% of the Uninsured Patient's family income, and is subject to the Uninsured Patient's continued eligibility under this section.
  - 2. The 12-month period to which the maximum amount applies shall begin on the first date that an Uninsured Patient receives health care services that are determined to be eligible for the discount at that IL CHWR Hospital.
  - 3. To be eligible to have this maximum discount applied to subsequent charges, the Uninsured Patient shall inform the IL CHWR Hospital in subsequent inpatient admissions or outpatient encounters that the Uninsured Patient has previously received health care services from that Hospital and was determined to be entitled to the uninsured discount. The Uninsured Patients should contact the CHWR Central Billing Office at (888) 343-4165 for this purpose.
- E. Each IL CHWR Hospital bill, invoice, or other summary of charges to an Uninsured Patient shall include a prominent statement that an Uninsured Patient who meets certain income requirements may qualify for an uninsured discount and information regarding how an Uninsured Patient may apply for consideration under the IL CHWR Hospital's financial assistance policy.
- F. Patient Responsibility.
  - 1. An IL CHWR Hospital may make the availability of a discount and the maximum collectible amount under this Section is contingent upon the Uninsured Patient first applying for coverage under public health

insurance programs such as Medicare, Medicaid, Allkids, the State Children’s Health Program, or others.

2. An IL CHWR Hospital must permit an Uninsured Patient to apply for a discount within 90 days of the date of discharge or date of service.

G. Patient Documentation.

1. 1. Hospitals shall offer Uninsured patients who receive community-based primary care provided by a community health center or a free and charitable clinic, are referred by such an entity to the Hospital, 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 a 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.
2. Income Verification. An IL CHWR Hospital may require an Uninsured Patient who is requesting an uninsured discount to provide documentation of family income. Acceptable documentation shall include any of the following:
  - a. Most recent tax return;
  - b. Most recent W-2 form and 1099 forms;
  - c. Two most recent pay stubs;
  - d. Written income verification from an employer if paid in cash; or
  - e. One other reasonable form of third party income verification deemed acceptable to the IL CHWR Hospital.
3. Asset Verification. An IL CHWR Hospital may require an Uninsured Patient who is requesting an uninsured discount to certify the existence, or absence of, assets owned by the Uninsured Patient and to provide documentation of the value of such assets, except for Uninsured Patient’s primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts

held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plans may be included as income for purpose of applying this policy. Acceptable documentation 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 Uninsured Patient shall certify as to the estimated value of the asset.

4. Illinois Resident Verification. An IL CHWR Hospital may require an Uninsured Patient who is requesting an uninsured discount to verify Illinois residency. Acceptable verification shall include any of the following:
  - a. Any of the documents listed above under the Income Verification provision;
  - b. A valid state-issued identification card;
  - c. A recent residential utility bill;
  - d. A lease agreement;
  - e. A vehicle registration card;
  - f. A voter registration card;
  - g. Mail addressed to the uninsured patient at an Illinois address from a government or other credible source;
  - h. A statement from a family member of the uninsured patient who resides at the same address and presents verification of residency; or
  - i. A letter from a homeless shelter, transitional house or other similar facility verifying that the uninsured patient resides at the facility.
  - j. A temporary visitor's driver's license

### III. Presumptive Eligibility.

- A. In addition to the presumptive eligibility criteria in Section 2.7.1 of the policy, IL CHWR Hospitals must include the following criteria for presumptive eligibility for Uninsured Patients:

1. Homelessness;
2. Deceased with no estate;
3. Mental incapacitation with no one to act on patient's behalf;
4. Medicaid eligibility, but not on date of service or for non-covered service;
5. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
  - a. Supplemental Nutrition Assistance Program (SNAP);
  - b. Illinois Free Lunch and Breakfast Program;
  - c. Low Income Home Energy Assistance Program (LIHEAP);
  - d. 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;
  - e. Receipt of grant assistance for medical services.

IV. Communicating Financial Assistance Availability.

A. In addition to the provisions in Sections 3.1-3.6 of the Policy, an IL CHWR Hospital must also take the following steps to notify patients about financial assistance opportunities:

1. Signage.
  - a. Each IL CHWR Hospital shall post a sign with the following notice: *“You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, contact [hospital representative].”*
  - b. The sign shall be posted conspicuously in the admission and registration areas of the IL CHWR Hospital.
  - c. The sign shall be in English and in any other language that is the primary language of at least 5% of the patients served by the IL CHWR Hospital annually.

2. Websites. Each IL CHWR Hospital that has a website must post a notice in a prominent place on its website that financial assistance is available at the hospital, a description of the financial assistance application process, and a copy of the financial assistance application.
3. Written Materials. Each IL CHWR Hospital must make available information regarding financial assistance from the hospital in the form of either a written brochure, an application for financial assistance, or other written material in the hospital admission or registration area.

V. Requirements for IL CHWR Hospital Financial Assistance Applications.

A. IL CHWR Hospital financial assistance applications must include the following:

1. An Opening Statement containing the following paragraphs:

*Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Carle Health – West Region determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application in one of the following manners:*

*If by mail, to the following address: Central Billing Office, ATTN: FA Team, P.O. Box 35758, Des Moines, IA 50315-4205*

*If by email, to [FA\\_CBO\\_Request@unitypoint.org](mailto:FA_CBO_Request@unitypoint.org)*

*If by fax, to (515) 362-5055. Write “FA Application” on fax cover sheet.*

*IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.*

*Please complete this form and submit to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 60 days following the date of discharge or receipt of outpatient care.*

*Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.*

*NOTE: The requirement to complete and submit this form within 60 days following the date of discharge or receipt of outpatient care referenced in the Opening Statement may be increased by the hospital, but not decreased.*

2. Patient information, which shall be limited to the following:
  - a. Patient name;
  - b. Patient date of birth;
  - c. Patient address;
  - d. Whether patient was an Illinois resident when care was rendered by the hospital;
  - e. Whether patient was involved in an alleged accident;
  - f. Whether patient was a victim of an alleged crime;
  - g. Patient Social Security Number (not required if you are uninsured);
  - h. Patient telephone number or cell phone number;
  - i. Patient e-mail address;
  - j. In cases where a spouse or partner is guarantor for the patient or in which a parent or guardian is guarantor for a minor, the name, address and telephone number of the guarantor. The hospital may choose not to include this information.
  - k. The following patient information shall be requested, however the questions shall be clearly marked as optional responses for the patient and shall note that responses or nonresponses by the patient will not have any impact on the outcome of the application.
    - i. Patient's race;
    - ii. Patient's ethnicity;
    - iii. Patient's sex; and
    - iv. Patient's preferred language.
3. Family/household information, which shall be limited to the following:
  - a. Number of persons in the patient's family/household;
  - b. Number of persons who are dependents of the patient;

- c. Ages of patient’s dependents.
4. Patient’s family income and employment information, which shall be limited to the following:
  - a. Whether patient or patient’s spouse or partner is currently employed;
  - b. If patient is a minor, whether patient’s parents or guardians are currently employed;
  - c. If patient or patient’s spouse or partner is employed, name, address and telephone number of all employers;
  - d. If a minor patient’s parents or guardians are employed, name, address and telephone number of all employers;
  - e. If patient is divorced or separated or was a party to a dissolution proceeding, whether the former spouse or partner is financially responsible for patient’s medical care per the dissolution or separation agreement;
  - f. Gross monthly family income, including cases in which a spouse or partner is guarantor for the patient or in which a parent or guardian is guarantor for a minor, from sources such as wages, self-employment, unemployment compensation, Social Security, Social Security Disability, Veterans’ pension, Veterans’ disability, private disability, workers’ compensation, Temporary Assistance for Needy Families, retirement income, child support, alimony, other spousal support, and other income.
  - g. Documentation of family income from paycheck stubs, benefit statements, award letters, court orders, federal tax returns, or other documentation provided by the patient.
5. Insurance/benefit information, including but not limited to health insurance, Medicare, Medicare Supplement, Medicaid, and Veterans’ benefits.
6. Asset and estimated asset value information, which shall be limited to checking, savings, stocks, certificates of deposit, mutual funds, automobiles or other vehicles, real property, and health savings/flexible spending accounts.

7. Monthly expense information and estimated expense figures, which shall be limited to housing, utilities, food, transportation, child care, loans, medical expenses, and other expenses.

8. A certification statement, which must state only the following:

*“I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.*

*Patient or Applicant Signature and Date.”*

9. The application must contain a notation that, if the patient meets the presumptive eligibility criteria contained in CHWR Policy 1.BR.34 or is otherwise presumptively eligible by virtue of the patient’s family income, the patient shall not be required to complete the portions of the application addressing the monthly expense information and estimated expense figures within CHWR Policy 1.BR.34.

B. Each IL CHWR Hospital must submit an annual Hospital Financial Assistance Report to the Illinois Office of Inspector General, which shall include the following:

1. A copy of the Hospital’s Financial Assistance Application;
2. A copy of the Hospital’s presumptive eligibility policy, which shall identify each of the criteria used by the Hospital to determine whether a patient is presumptively eligible for Hospital financial assistance;
3. Hospital financial assistance statistics for the most recent fiscal year, which shall include:
  - a. The number of financial assistance applications submitted, both complete and incomplete;
  - b. The number of financial assistance applications that the Hospital approved under its presumptive eligibility policy;



- c. The number of financial assistance applications that the Hospital approved outside its presumptive eligibility policy;
- d. The number of financial assistance applications denied by the Hospital and the 5 most frequent reasons for denial;
- e. The total dollar amount of financial assistance provided by the Hospital, based on actual cost of care;
- f. To the extent that race, ethnicity, sex, or preferred language is collected and available for financial assistance applications, the data outlined in B.3.a-f shall be reported by race, ethnicity, sex, and preferred language. If the information is not provide by the patient, the hospital shall indicate this its reports.

C. Filing Process for IL CHWR Hospital Financial Assistance Report

- 1. Each Illinois CHWR Hospital that annually files a Community Benefits Report with the Office of the Attorney General pursuant to the Community Benefits Act shall, at the same time, file its annual Hospital Financial Assistance Report jointly with its Community Benefits Report.
- 2. Each Illinois CHWR Hospital that is not required to annually file a Community Benefits Report shall file its annual Hospital Financial Assistance Report jointly with the Worksheet C Part I from its Medicare Cost Report most recently filed pursuant to the Hospital Uninsured Patient Discount Act.

D. Electronic and Information Technology

- 1. Each Illinois CHWR Hospital utilizing electronic and information technology in the implementation of the financial assistance application requirements shall annually describe the EIT used and the source of the EIT to the Office of the Illinois Attorney General at the time of filing of its Hospital Financial Assistance Report. The Hospital shall certify annually that each of the financial assistance application requirements are included in applications processed by EIT.
- 2. Each Illinois CHWR Hospital utilizing EIT in the implementation of the presumptive eligibility criteria shall annually describe the EIT used and the source of the EIT to the Office of the Illinois Attorney General at the time of filing of its Hospital Financial Assistance Report. The Hospital shall certify annually that each of the presumptive eligibility criteria requirements are included in applications processed by EIT.

Title: Financial Assistance – Hospital Facilities 1.BR.34

Sources: IL Public Act 95 965; IL Public Act 94 885

**SCHEDULE C – AMOUNTS GENERALLY BILLED**  
*(Updated as of 11/05/2021)*

	<b>Amounts Generally Billed (AGB) as a % of Charges</b>	<b>AGB Discount</b>
The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital	24%	76%
Pekin Memorial Hospital d/b/a Carle Health Pekin Hospital	19%	81%
Proctor Hospital d/b/a Carle Health Proctor Hospital	25%	75%

**SCHEDULE D – Covered Services and Provider Practices by Hospital**  
*(Updated as of 03/01/2021)*

The following Carle Health – West Region f/k/a Methodist Health Services Corporation Hospitals and Hospital Organizations are covered under Policy 1.BR.34, Financial Assistance – Hospital Facilities. Generally, services that patients receive at these Hospitals/Hospital Organizations are covered under the policy; however, please see the separate sections by hospital below for clarification of what services a Patient may receive at a specific Hospital/Hospital Organization that are not covered under this policy. Also, as part of CHWR’s mission, we want to make our Hospitals/Hospital Organizations available to all providers in our communities who may or not be employed by Carle Health – West Region f/k/a Methodist Health Services Corporation. Providers can be physicians, nurse practitioners, physician assistants, etc. To assist in understanding which of these providers are covered under this policy the comprehensive Provider Practice Listing following the chart below details whether:

- (1) Their professional services are covered under this Policy 1.BR.34, Financial Assistance – Hospital Facilities.
- (2) Their professional services are covered under separate Policy 1.BR.34(a), Financial Assistance – UnityPoint Health Non-Hospital Providers.
- (3) Their professional services are not covered under any UnityPoint Health financial assistance policies as they are not employees of Unity Point Health.

<b>Carle Health – West Region Hospital</b>	<b>Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)</b>
The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.
Pekin Memorial Hospital d/b/a Carle Health Pekin Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed.

Proctor Hospital d/b/a Carle Health Proctor Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology is not covered under this financial assistance policy and will be separately billed. Services received at The Illinois Institute for Addiction Recovery are not covered under this financial assistance policy.
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**THE FOLLOWING PROVIDER PRACTICE LISTING IS UPDATED QUARTERLY**