

Policy Title: Financial Assistance Policy
Policy Owner: Office of the Revenue Cycle
Origination Date: August 13, 2024
Last approved: October 24, 2024

SCOPE:

This policy was developed for SIU Medicine (SIU). SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this policy.

This policy applies to uninsured, underinsured, medically indigent patients and any other patient who indicates the inability to pay for care that is medically necessary that is provided by SIU Medicine Medical providers.

POLICY:

This policy is to outline the eligibility criteria, application process and approval process for the SIU Financial Assistance Program and guidelines for those who apply. The financial assistance program is intended to assist patients in resolving balances with SIU after exhausting all other financial options. Any information submitted to SIU for the financial assistance program will fall under the any policies on protection of confidential information. This policy is also intended to be compliant in all respects with the Illinois Fair Patient Billing Act, Illinois Medicare rules, Federal CMS statutes and regulations, and all Internal Revenue Service Regulations.

DEFINITIONS:

For purposes of this policy, the terms below are defined as follows:

Adjusted Gross Income: Adjusted Gross Income (AGI) as defined by the IRS is gross income minus adjusted gross income. Gross income includes your wages, dividends, capital gains, business income, retirement distributions as well as other income.

Application Timeframe: Applications can be submitted for any balances with a date of service within 12 months. Any balances that are greater than 12 months will be excluded from the financial assistance program.

Assets: Include, and limited to, checking, savings, stocks, certificates of deposit, mutual funds, health saving and flexible spending accounts.

Bad Debt: Uncollected patient balances that have not been resolved at the end of the billing cycle and have been referred to an outside agency for collection efforts.

Charity or Financial Assistance adjustment: The adjustments applied to balances for medical services provided under that are eligible under the Financial Assistance Program.

Family Size/Household: As by the Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return in compliance with Internal Revenue Service rules, then they may be considered a dependent for purposes of the provision of financial assistance

Federal Poverty Guidelines: A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage

Income: For the purpose of income, all sources will be included in the calculation of the financial assistance application including employment income, unearned income, self-employment income and in-kind income.

Medically Necessary Services: Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Non-US Citizens:

Visiting or on Visa – Individuals visiting the US on a visa will be required to submit visa as well as financial documents. If documents cannot be provided by the guarantor/patient, the family members or individuals who are supporting the guarantor/patient will be required to provide financial documents to process the application.

Living in the US – Individuals who are living in the US, but not US Citizens will be required to provide as many of the documents required as possible. If documents cannot be provided by the guarantor/patient, the individual(s) supporting them will be required to provide the required documents.

Presumptive Eligibility: Under certain circumstances, uninsured patients may be presumed or deemed eligible for financial assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

Responsible Party: The patient or a legally-obligated individual who is obligated to pay for the patient's financial portion of medical care.

Third Party Payer: A financial entity, such as, but not limited to, an insurance carrier, HMO, employee benefit plan, government payer, with an obligation to pay for services billed for medical services provided.

Underinsured: An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services

Uninsured: Patients identified as having no insurance coverage under private health insurance, health coverage program, workers' compensation, accident liability insurance, or other third-party liability.

Uninsured Discount: SIU will provide a discount of billed charges to all uninsured patients, regardless of income or cooperation for eligible services. This discount will be applied to the balance once charges are billed. **Note:** This discount is only for eligible services provided at SIU Physicians and Services. Services provided by SIU Center for Family Medicine and SIU Dental charges are not currently eligible for this discount.

PURPOSE:

Policy title

The SIU Medicine Financial Assistance policy applies to all eligible services that are provided by staff of SIU Medicine. These services include:

1. Services that are provided in an emergency setting.
2. Medically necessary services provided in order to evaluate, diagnose and treat an injury or illness.

Services that are not eligible for financial assistance include the following:

1. Elective procedures not considered to be medically necessary.
2. Services not typically covered under Medicare or have been identified by an insurance payer as not medically necessary.
3. Acupuncture, Hearing Aids and supplies, Cosmetic Surgery/Services, Infertility services, point of service sales, etc.
4. Services that could have been paid by a Payer if seen by a provider in network or at different location.

PROCEDURE:

Communication:

SIU Medicine will have a means of communicating the availability of the Financial Assistance Policy to all patients. Forms of communicating include, but are not limited to:

1. Designating staff members to explain the Financial Assistance Policy to the patient.
2. Having informative documents in the clinics and applications if requested.
3. Noting the Financial Assistance Policy on the patient statement backers.
4. Posting Financial Assistance Policy and application on the SIU Medicine website.

Application Guidelines:

The responsible party and/or patient must submit a completed application along with the supporting documents in order to be considered for the financial assistance program.

- Federal Income tax return - a complete copy from the previous year
- Paycheck stubs, statement of earnings or unemployment payments for the last 3 months
- Bank statements – completed bank statements for all checking/savings accounts (including Health Savings accounts) for the last 3 months
- Statement of annual benefits from Social Security (if applicable)
- A letter explaining the need for financial assistance

Processing Applications:

In order for an application to be reviewed and processed, the applicant and/or members of the household must have accounts with balances or upcoming appointments scheduled. If there are no balances or visits, the application will be held for 14 days and if there are still no balances or visits, the application will be sent back with a letter of denial for no eligible services.

Completed applications – Once a completed application with all required documents is received, it will be processed within 30 days of receipt and notified via letter or email if the application is approved or denied.

Incomplete applications – If an application is submitted, but is missing information, a letter will be sent to the applicant requesting the required documents. If the documents are not received within 30 days, the application will be denied and the applicant will be required to reapply.

Denied applications – If an application is denied, the applicant will receive notification via mail or email stating the reason for the denial.

Applying Financial Assistance:

Qualifying applications will be approved for up to 12 months from the date of the application approval date. All adjustments will be applied prior to statements being mailed to patients.

In the event an uninsured discount has been applied to an account, it will be removed prior to the financial assistance adjustment being applied.

PERIODIC REVIEW OF POLICIES AND PROCEDURES

SIU shall review its policy and procedure for Financial Assistance at least once every two year.

OFFICE OF RESPONSIBILITY

The Office of the Revenue Cycle