

**Financial Assistance Policy
(FAP)**

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Approval:	Executive Leadership

POLICY STATEMENT

Consistent with our mission to provide high quality health and wellness services for the community, Centegra Health System and its affiliates (CENTEGRA) are committed to providing financial assistance to CENTEGRA patients who are unable to pay for medically necessary care received from the eligible providers listed on Exhibit C of this Policy.

In accordance with the Affordable Care Act (ACA) and applicable State or Federal laws and regulations, any patient eligible for financial assistance under this financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

CENTEGRA offers both free care and discounted care, depending on individuals' family size, insured status and income. Uninsured and underinsured patients who do not qualify for free care will receive a sliding scale discount off the gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation. See *Billing and Collections Policy No.9850-28, for other discount programs, payment plan options and terms.*

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

DEFINITIONS

The following terms are meant to be interpreted as follows within this policy:

1. **Financial Assistance:** Amounts attributable to free or discounted care provided to patients who meet the eligibility for financial assistance and are unable to pay for all or a portion of their eligible health care services. If you are deemed eligible for Financial Assistance within the applicable time period, such assistance may be provided to any unpaid balances, including those paid in bad debt.
2. **Medically Necessary:** Any inpatient or outpatient health care service, including pharmaceuticals or supplies covered under Title XVIII of the Federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A "Medically Necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity

3. **Emergency Care:** Emergent care include services received through the Emergency Department for emergent medical conditions that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts
4. **Urgent/Immediate Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours
5. **Uninsured:** Patients with no health insurance coverage and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including, but not limited to, high deductible health insurance plans, workers' compensation, accident liability insurance or other third-party assistance to help resolve their financial liability to healthcare providers
6. **Underinsured:** Insured patients who have significant out of pocket balance (i.e. High deductible or coinsurance)
7. **Amount Generally Billed (AGB):** The amount generally billed to insured patients (i.e. insured allowable) for emergent or medically necessary care. Determined as described in section (B) of the policy below
8. **Gross/Total Charges:** The full amount charged by CENTEGRA for items and services before any discounts, contractual allowances, or deductions are applied
9. **Presumptive Eligibility:** The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance

PROCEDURE

(A) Eligibility

CENTEGRA will not bill patients who have been deemed eligible for financial assistance coverage for eligible care or services, including care or services that are emergent or medically necessary, more than the amounts generally billed to insured patients.

Patients who are uninsured or underinsured and have a household income at or below the thresholds on Exhibit A will receive full or partial discount off their balance. Exhibit A will be updated on an annual basis to represent the most current federal poverty guideline levels and the appropriate sliding scale for full and partial discounts.

To be considered eligible for financial assistance, patients may be required to cooperate with CENTEGRA to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

CENTEGRA may seek to determine eligibility for financial assistance prior to rendering non-emergent services. In certain non-emergent circumstances it may be necessary to provide care or evaluation to the patient before eligibility can be determined.

When determining patients' eligibility, CENTEGRA does not take into account race, gender, age, sexual orientation, religious affiliation, national origin or social or immigrant status.

(B) Applying for Financial Assistance – Application Requirements

Determinations for financial assistance eligibility will require patients to submit a completed financial assistance application (including all documentation required by the application) within the application period and may require appointments or discussion with CENTEGRA financial counselors.

Application Period: This is the period in which CENTEGRA must accept and process an Application submitted by a patient in order to have made reasonable efforts to determine whether the patient is eligible for financial assistance. The application period begins on the date the care is provided to the patient and ends of the 240th day after CENTEGRA provides the patient with the first post-discharge billing statement for that care.

Applications and this Policy can be accessed in the following locations/methods:

- At the front desk or patient registration area of any Centegra Health System location
- At the offices of CENTEGRA Financial Counselors or Financial Assistance Coordinators located at McHenry, Woodstock and Huntley Hospital & Centegra Accounting/Finance Department, 527 W South Street, Woodstock, IL 60098
- By mail:

Centegra Health System
Attention: Financial Assistance Coordinator
PO Box 1990
Woodstock, IL 60098
- By telephone to: 815-334-5578
- Online at <http://centegra.org/billing-new/>
- By email at CentegraFinancialAssistance@centegra.com

Copies of the Financial Assistance Application and this policy are also available in Spanish. If translations are needed in other languages please contact a financial assistance counselor at the telephone numbers above.

Patients must submit a complete application (including supporting documents) within the Application Period by mail to:

Centegra Health System
Attention: Financial Assistance Coordinator
PO Box 1990, Woodstock, Illinois 60098

In addition to completing an application, individuals should be prepared to supply information and documentation to support the following:

- Patient information
- Family/household information
- Income and employment information
 - Bank statements
 - Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently financially supporting themselves
 - Copy of most recent federal tax return and/or most recent W2
 - Disability payments
 - Pension payments

- Workers' compensation
- Child support, maintenance or other spousal support
- Payment history of any outstanding accounts for prior hospital services
- Insurance/Benefit Information as applicable
 - Insurance coverage
 - Medicare Coverage
 - Medicaid Coverage
 - Veterans Benefits
- Documentation of qualification for:
 - Monthly expense Information
 - In some cases, information on available assets or other financial resources
 - External, public sources like credit scores may also be used to verify eligibility.

Individuals who do not have any of the documentation or information listed above; have questions about CENTEGRA financial assistance application; or would like assistance with completing the financial assistance application may contact our financial counselors or financial assistance coordinator(s) either in person at 527 W. South Street, Woodstock, IL 60098, or, at any of our Centegra Locations or over the phone as listed below.

Centegra Accounting/Finance, 527 W South Street, Woodstock, IL 60098 – 815-334-5578
Office hours: 8:00 am – 4:30 pm, Monday through Friday.

McHenry Hospital – Financial Counselors at 815-759-4637, 815-759-4638, 815-759-4993 Office hours: 6:00 am to 6:30pm.

Woodstock Hospital – Financial Counselors at 815-334-3112 or 815-334-3144 Office hours: 6:00 am to 6:30pm.

Huntley Hospital – Financial Counselors at 224-654-0253 or 224-654-0256 Office hours: 6:00 am to 6:30pm.

(C) Determining Discount Amount

Once eligibility for financial assistance has been established, CENTEGRA will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for eligible care, including emergency or medically necessary care.

To calculate the AGB, CENTEGRA uses the “look-back” method described in section 4(b)(2) of the IRS and Treasury’s 501(r) final rule. This is published annually and amended to this policy under Exhibit B.

In this method, CENTEGRA uses data based on claims sent to Medicare fee- for-service and all private commercial insurers for emergency and medically necessary care over the prior 12 months to determine the percentage of gross charges that is typically allowed by these insurers. The AGB percentage is then multiplied by gross charges for eligible care, including emergency and medically necessary care to determine the AGB.

Example

Uninsured

If the gross charge for an emergency visit is \$1,000, and the AGB percentage is 45%, any patient eligible for financial assistance under this policy will not be personally responsible for paying more than \$450 for the emergency room visit and may qualify for 100% discount depending on their family size and household income as defined on Exhibit A.

Patients who qualify for partial financial assistance or who do not qualify, will never be required to pay in excess of 25% of their annual household income for services within one calendar year.

Insured

If the gross charge for an emergency visit is \$1,000 and the insurance carrier discount is 20% or \$200, insurance carrier allowable is \$800 and the insurance pays \$300, leaving an out of pocket balance due of \$500 for the patient. Any patient eligible for financial assistance will not be personally responsible for paying more than \$450 for the emergency room visit and may qualify for 100% discount depending on their family size and household income as defined on Exhibit A.

(D) Presumptive Eligibility

If patients fail to supply sufficient information or documentation to support financial assistance eligibility, Centegra Health System may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:

- **Presumptive Homeless** – Patient demonstrates that they are currently homeless and/or living in shelter(s).
- **Presumptive Mental incapacitation** – Patient has no one to act on their behalf
- **Presumptive Scoring** – Centegra Health System will utilize publically available information as well internal payment and documentation history to determine if a patient is eligible for presumptive financial assistance without completion of an application.
- **Presumptive Deceased** – Confirmed deceased with no estate
- **Presumptive State Program** – Confirmed patients who are currently eligible for a state program which is based on FPG, including confirmed FHQC enrollees however that program does not cover the dates of service or services provided. Programs include but are not limited to:
 - Women, Infants and Children Nutrition Program (WIC)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Illinois Free Lunch and Breakfast program
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Enrollment in organized community-based programs which documents low-income status, including FQHC or Family Partnership Clinic in McHenry County
- **Presumptive Out of State Program** – Confirmed patients who are eligible for out of state programs which are based on FPG where CENTEGRA does not participate
- **Additional Presumptive Criteria** – Associates may also recommend presumptive eligibility for FAP based on the following or similar circumstances:
 - Recent personal bankruptcy
 - Incarceration
 - Affiliation with a religious order which includes a vow of poverty
 - Enrollment in temporary assistance for needy families (TANF)
 - Enrollment in IHDA's Rental Housing Support Program

CENTEGRA also partners with third-parties and other eligibility vendors, to help identify patients who may be eligible for financial assistance, presumptive financial assistance under this policy

or through other public and private programs including identifying other sources of third party payment, i.e. health insurance coverage.

CENTEGRA may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at CENTEGRA may be used for a time period of up to six months after the date of submission.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy (free care) will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

(E) Eligible Providers & Services

A list of providers and services included and excluded from this financial assistance policy can be found on Exhibit C. This listing of eligible providers will be updated quarterly and made available upon request.

(F) Actions in the Event of Non-Payment

The collection actions CENTEGRA may take if a financial assistance application and/or payment are not received are described in a separate policy.

In brief, CENTEGRA will make reasonable efforts, as required by law, to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include wage garnishments, liens, litigation or reporting negative information to credit bureaus).

For more information on the steps CENTEGRA will take to inform uninsured and underinsured patients of our financial assistance policy and the collection activities we may pursue, please see *CENTEGRA Billing and Collections Policy no. 9850-28*.

SPONSOR

Chief Financial Officer

Exhibit A
 Financial Assistance Policy
 Eligibility Criteria and Federal Poverty Guidelines
 Last Updated: 01/23/2018

Financial Assistance discounts will be calculated based on family size and household income as applied to the Federal Poverty Guidelines.

Please refer to Exhibit C of this policy for a description of providers and services that financial assistance may be applied to.

Example (s):

Family of 4
 Household income less than \$147,600
 Approved for 70% discount based on FPL Guidelines
 Total charges x 70% discount = \$ discount amount
 \$1000 x 70% = \$700

Uninsured
 Insurance discount = N/A
 FA discount = \$700
 Patient responsibility = \$300

Insured
 Insurance discount = \$600
 FA discount = \$100
 Patient responsibility = \$300

Note: Discounts are calculated from total charges for both uninsured and insured patients who qualify for financial assistance based on the FPL Guidelines.

Family Size	2018 FPL Guidelines	100% FA Discount		
		200% FPL	350% FPL	600% FPL
1	\$12,140	24,280	42,490	72,840
2	\$16,460	32,920	57,610	98,760
3	\$20,780	41,560	72,730	124,680
4	\$25,100	50,200	87,850	150,600
5	\$29,420	58,840	102,970	176,520
6	\$33,740	67,480	118,090	202,440
7	\$38,060	76,120	133,210	228,360
8	\$42,380	84,760	148,330	254,280

For family units of more than 8 people add \$4180 for each additional person
 The FED guidelines are effective January 23th, 2018

Exhibit B
 Financial Assistance Policy
 Amount Generally Billed (AGB) Calculation
 Last Updated: 7/1/17

Individuals who qualify for financial assistance will not be billed more than the amounts generally billed (AGB) to insured patients.

On an annual basis, Centegra Health System will update the AGB percentage based on the look back method for the prior 12 months' claim activity as defined below.

Total Billed Charges for Medicare and Private Insurance Plans	\$1,534,833,258
Less Total Discount(s) provided to Medicare and Private Insurance Plans	\$1,055,940,323
Total Amount Generally Billed to Insured Patients (Allowable)	\$478,892,935
Amounts Generally Billed (Allowable) Percentage	31.2%
Minimum Discount Percentage for Financial Assistance Program	68.8%

For eligible financial assistance services, Centegra Health System will not bill eligible patients more than 30% and will provide a minimum 70% discount off total charges.

*Centegra rounds the minimum discount percentage for financial assistance, based on the AGB, up from 68.8% to 70%.

Exhibit C

Financial Assistance Policy

List of Eligible and Excluded Providers and services

Last Updated: 02/01/2018

Included providers

1. Centegra Hospital McHenry, 4201 Medical Center Drive, McHenry, IL 60050
2. Centegra Hospital Woodstock, 3701 Doty Road, Woodstock, IL 60098
3. Centegra Hospital Huntley, 10400 Haligus Road, Huntley, IL 60142
4. Centegra Physician Care ("CPC") employed providers except for those excluded services identified below.
5. All Hospital billed services provided in conjunction with Centegra Physician Care Providers will be included

Excluded providers

Professional services provided by any of the providers listed below will **NOT** be covered under this policy. As such, the bills received by patients for professional services provided by any providers will NOT be eligible for the discounts or financial assistance described in this Financial Assistance Policy.

1. All independent physicians who are members of the Centegra Health System Medical Staff, including, but not limited to physicians, providers and medical groups listed below:

Advanced Allergy and Asthma Associates
Advanced Anesthesia of Illinois
Advanced Foot and Ankle Specialists
Advanced Preventative Cardiology
Advanced Reproductive Center
Advanced Surgical Care
Advocate Heart Institute
Advocate Medical Group
Affiliated ENT
Alan H Numbers DPM
American Cancer Center
Amiry Cardiology Consultant MD SC
Ann & Robert H. Lurie Children's Hospital of Chicago
Antonio C Yuk MD
Apollo Hospitalist Group

Arun Narang MD
Associates in Endocrinology Inc
Associates in Orthopaedic Surgery, SC
Beaird Dermatology, SC
Cardiac Arrhythmia Services Ltd
Cardiac EP Consultants SC
Cardiac Surgery Associates SC
Caring Family SC
Carol A Kotzan MD LLC
Cary Grove Foot and Ankle Center
Center for Rehabilitation Medicine
Cosmetic & Plastic Surgery Associates, MDSC
Comprehensive Urologic Care SC
Crystal Lake Oral & Maxillofacial Surgery
Crystal Lake Pediatric Dental Ltd
Crystal Lake/Lake Geneva Oral Surgery
Daksha Mehta MD
Dean S Economos MD
Dermatology Specialists of Illinois
Dharmvir S Verma MD
Dundee Dermatology
Family Medicine for McHenry County
Family Medicine Specialists Inc.
Fertility Centers of Illinois
Fidai Medical Group
Foot & Ankle Specialists of Illinois
Fred Halloran MD
George L Stankevych MD PC
George Nahra MD
Gerbusters PC
GI Partners of Illinois, LLC
Haider Medical Group Ltd
Heart Rhythm Management of Lake County
Healogics Specialty Physicians
High Touch Medicine SC
Horizons Behavioral Health Professional Service
Illinois Cancer Specialists
Illinois Gastroenterology Group
Illinois Institute of Allergy & Asthma
Illinois Pain Institute
Illinois Spine Institute SC
Inside Look MD
InVia Fertility-Hoffman Estates



Iqbal H Khan DPM
J & K Pediatrics and Associates LLC
James R Berg MD
Jeffrey D Gindorf MD
JourneyCare Inc
Kanu K Panchal MD
Kelly Gustafson, PsyD, PC
Kenneth J Tomchik MD
Kenneth R Margules MD-McHenry
Kidney Care Center LLC
Kohn Group Ltd
Lake Geneva Oral & Maxillofacial Surgery
Lake Immediate Care & Clinic
Lake in the Hills Podiatry PC
Lawrence Kerns & Associates SC
Loyola University Medical Center
McHenry Heart Institute
McHenry Pathology Associates SC
McHenry Radiologists and Imaging Associates SC
Medical Associates of Crystal Lake, LLC
Medical College of Wisconsin
Mercy Health System
Metro Heart & Vascular Institute
Metro Infectious Disease Consultants LLC
Midwest Endocrinology LLC
Midwest Lakes Medical Center SC
Midwest Plastic Surgery Specialists
Midwest Pulmonary and Sleep Clinic
Midwest Radiation Oncology Consultants Ltd
Mohs Surgery and Dermatology Center
Nephrology Associates of Northern Illinois
NeuroClinic and Assessments
Nitin Kher MD
North Shore Oncology Hematology Associates
North Shore Urogynecology
Northern Illinois Center for Integrated Healthcare
Northern Illinois Foot & Ankle Specialists
Northern Illinois Orthopaedics and Rehab
Northwest Brain and Spine Surgery SC
Northwest Cardiology Associates SC
Northwest Dental Sleep Medicine
Northwest Podiatry LTD
Northwest Primary Care

Northwest Pulmonary and Sleep Medicine SC
Northwest Suburban Pain Center
Nuvasive Clinical Services
Oaklund Medical Group-Crystal Lake
OMSO Medical Ltd
Onsite Neonatal Partners, Inc.
Ophthalmology Associates Ltd
OrthoIllinois
OSF Congenital Heart Center
Pacific Leg and Vein Care
Padmini Thakker MD
Palatine Heart Center
Parmod Narang MD
Pediatric Health Partners
Presence Medical Group
Prodyot K Mitra MD
Pulmonary Critical Care and Sleep Medicine
Quadri Family Practice
Questcare Obstetrics of Illinois, LLC
Rahil Baxamusa DPM
Reena Jabamoni MD
Retina Consultants Ltd
Retina Health Institute
Retina Institute of Illinois PC
Ricardo Nabong MD
Rockford Health System
Rush University Medical Center
Salud Pediatrics
Sandhya R Meesala MD
Shahid B Ilahi MD
Shahwar F Syed MD
Simpson Eye Associates
Sound Mind Sound Body Health Services Inc
Specialists in Gastroenterology
Specialty Care Institute
SSD Medical Group
Suburban Women's Health Specialists
Sunita Narang MD
Syed Asghar MD
Tanveer Ahmad MD
The Center for Corrective Eye Surgery LLC
The Elgin Clinic
The Kohn Group Ltd



Thomas C Tilot MD
Thomson Memory Center
Timothy Jantz DPM
Tony Fu MD
Ubaidur R Papa MD
University of Illinois Hospital & Health Sciences System
UrbanCare LLC
Urology Ltd
Valley Medical and Cardiac Clinic
Valley Plastic Surgery Center
Vision Radiology
Whispering Point Ophthalmology
William C Dam MD
Wilmot Medical Associates
Woodstock Foot and Ankle Institute

Excluded Services

1. Professional Services performed by the identified Excluded Providers above
2. All Hospital facility services and CPC Professional Services for the following service lines will be excluded from this policy:
 - a. Routine, non-emergent cosmetic or plastic surgery
 - b. Routine, non-emergent bariatric surgery
 - c. Any non-emergent services routinely not covered by insurance