



Current Status: Active

PolicyStat ID: 10070078



Approval: 02/2014
 Effective: 07/2021
 Review: 07/2021
 Revision: 07/2021
 Next Review: 07/2022
 Owner: Susan Zeeb: Business Office
 Director
 Policy Area: Business Office
 References:

Wabash General Hospital Financial Assistance

POLICY: Financial Assistance

This policy is to provide guidance for the determination of free or discounted services to our patients. There are two methods in which an account may be discounted: The Illinois Uninsured Discount and Charity.

To qualify for Illinois Uninsured Discount, the patient must be a resident of Illinois during the time of services, meet income guidelines and the services must be medically necessary.

To qualify for Charity, the patient must be a Wabash County resident during the time of services, meet income guidelines and the services must be medically necessary. Non-residents of Wabash County or Illinois seeking emergency medical services may also qualify for Charity. Subsequent non-emergency visits are excluded. Also, persons meeting criteria for presumptive eligibility will also qualify for Charity.

Procedure:

1.A Determination of Eligibility for the Illinois Uninsured Discount: Notification of the discount and how to apply will be given on the hospital's billing statement.

The patient must live in Illinois at the time of the services and intend on remaining an Illinois resident. Proof of Illinois residency will be required. The following documents may be used in establishing residency.

- A. An income verification statement
- B. Valid state issued identification card
- C. Recent residential utility bill
- D. Lease agreement
- E. Vehicle registration card
- F. Voter registration card
- G. Mail addressed to patient from a government agency

The patient must have no insurance coverage. The patient is not covered under any health insurance including high deductible plans, workers' compensation, accident liability insurance or any third party liability.

The patient must meet financial eligibility. The gross family income from all sources cannot exceed 300% of the federal poverty guidelines. The guidelines will be updated annually.

B. Determining the Discount: Wabash General Hospital will give the uninsured patient at least 60 days from

the date of discharge or date of service to apply for the discount. The patient must provide proof of income in order to qualify. Examples are:

- A. Most recent Federal Income Tax Return
- B. Most recent W-2
- C. 1099 Forms
- D. Two most recent pay check stubs
- E. Written income verification from employer paying wages in cash
- F. Or other reasonable forms of third-party income verification

Wabash General Hospital reserves the right to determine the best proof of income for verification purposes.

Billed charges will be discounted to 135% of the hospital's cost to charge ratio from the most recently filed Medicare Cost Report.

C. Determining the Collection Cap: A patient eligible for the uninsured discount also qualifies for a collection cap. The maximum amount Wabash General Hospital may collect from the patient in a 12-month period is 25% of the patient's gross family income. The 12-month period begins on the first date of eligible services.

D. Patient Obligations: Wabash General Hospital's obligations under the Act cease to exist if the patient fails to provide acceptable income documentation within 60 days of the hospital's request.

The uninsured patient is eligible for the collection cap must inform the hospital that he or she received prior services from the hospital eligible for the discount to extend the collection cap to subsequent services. When possible, the subsequent patient accounts will be combined to the first eligible account.

2A. Determination of Eligibility for Charity:

Notification of the discount and how to apply will be given on the hospital's billing statement.

The patient must be a resident of Wabash County during the time of services. A non-resident of Wabash County may qualify for charity for emergency services. Any subsequent non emergency services do not qualify for Charity. Also, persons meeting criteria for presumptive eligibility also qualifies for Charity.

Proof of residency will be required. Any one of the documents establishing residency under the section of the Illinois Uninsured Discount may be used.

The discount will apply to billed charges for patient accounts with no insurance. The discount will apply to co-insurance, co-pays, deductible, and non covered charges for accounts with insurance. In the instance of a deceased patient with no estate or surviving spouse, the balance on the account will be adjusted to a Charity write off.

B. Presumptive Eligibility:

Determination of Presumptive Eligibility will be made prior to the patient receiving their first statement.

During the registration process the patient presenting with no insurance will be asked the following questions to determine if they qualify for assistance:

1. Are you homeless?
2. Are you Medicaid eligible but not for this date of service? Or, is the service non-covered?

3. Do you have a recent personal bankruptcy?
4. Have you been incarcerated in a penal institution?
5. Do you have an affiliation with or an order & vow of poverty?
6. Are you enrolled in a Temporary Assistance for Needy Families?
7. Are you in a Housing Department Authority Support Program?

A signature will be required and the document will become a part of the patient's medical record.

A person qualifying for assistance under the presumptive eligibility will not need to complete an application before receiving assistance.

C. Determining the Discount:

Wabash General Hospital will give the uninsured patient at least 60 days from the date of discharge or date of service to apply for the discount. The patient must provide proof of income in order to qualify. Examples are:

- A. Most recent Federal Income Tax Return
- B. Most recent W-2
- C. 1099 Forms
- D. Two most recent pay check stubs
- E. Written income verification from employer paying wages in cash
- F. Or other reasonable form of third-party income verification

Wabash General Hospital reserves the right to determine the best proof of income for verification purposes.

The discount will be based on the annual gross income and number dependents in the household. The amount of discount will be based on the Federal Poverty Guidelines which will be updated annually. (Sample attached.)

Persons that qualify for Charity may receive the discount for services rendered for a period of 1 year from the date of application. Services prior to the application date may be discounted for a period up to 6 months prior to the application date.

D. Patient Obligations:

Persons requesting Charity will complete a Financial Assistance Application. (See attachment)

Attachments

- [WGH Financial Assistance Letter Spanish 2021.pdf](#)
- [WGH Financial Assistance Application Form 2021.pdf](#)

Approval Signatures

Approver	Date
Lynn Leek: VP of Finance/CFO	07/2021

Approver**Date**

Susan Zeeb: Business Office Director

07/2021

Alexandria Wease: Accounting Clerk/HR Assistant

07/2021

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