INSIGHT
HOSPITAL & MEDICAL CENTER
CHICAGO

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
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PURPOSE

Insight Hospital, Chicago is a community of people serving together to provide compassionate and transforming health presence within our communities. We provide care for people who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the healthcare expenses included. Insight Hospital, Chicago is committed to:

- Providing access to quality healthcare services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities.
- Caring for all persons, regardless of their ability to pay for services, and
- Assistance patients who cannot pay for part of all of the care that they receive

This procedure, which provides guidance on implementing the accompanying Financial Assistance Policy, balances financial assistance with broader fiscal responsibilities and provides the Insight requirements for financial assistance for physician, acute care and post-acute care services where applicable.

Insight Hospital, Chicago will establish and maintain the Financial Assistance to Patients (FAP) procedure outlined below. The FAP is designed to address patients' needs for financial assistance and support as they seek services through Insight. It applies to all eligible services as provided under applicable state or federal law. Eligibility for financial assistance and support from Insight will be determined on an individual basis using specific criteria and evaluated on an assessment of the patient and/or family's health care needs, financial resources and obligations.

DISCLAIMER

Should any provisions of this FAP conflict with the requirements of the law of the state in which Insight operates, state law shall supersede the conflicting provision and Insight shall act in conformance with applicable state law.

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		Origination Date: 11/05
		Archived date:

SCOPE/APPLICABILITY

This procedure applies to all Insight entities that operate licensed tax-exempt hospitals, Insight organizations that do not operate tax-exempt licensed hospitals may establish their own financial assistance procedures for other health care services they provide and are encouraged to use the criteria established in this FAP procedure as guidance.

DEFINITIONS

Application Period begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement is provided to the patient or either.

- The end of the 30-day period that patients who qualified for less than the most generous assistance available based upon presumptive support status or prior FAP eligibility are provided to apply for more generous assistance.

- The deadline provided in a written notice after ECAs may be initiated.

Amounts General Billed (AGB) means the amounts generally billed for emergencies or other medically necessary care to patients who have insurance overing such care, Insight acute and physician AGB will be calculated utilizing the look back methodology of claims by the CFO annually using twelve months of paid claims with 30-day lag from report date to the most recent discharge date.

Discounted Care means a partial discount off the amount owed for patients that qualify under the FAP.

Emergent medical services are those needed for a condition that may be life threatening or the result of a serious injury and requiring immediate medical attention. This medical condition is generally governed by Emergency Medical Treatment and Active Labor Act (EMTALA).

Executive Leadership Team (ELT) means the group that is composed of the highest level of management at Insight Hospital, Chicago.

Extraordinary Collection Actions (ECA) include the following actions taken by Insight (or a collection agent on their behalf):

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

- Deferring or denying, or requiring a payment before providing, medically necessary care because of a patient's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP. If Insight requires payment before providing care to an individual with one or more outstanding bills, such a payment requirement will be presumed to be because of the individual's nonpayment of the outstanding bill(s) unless Insight can demonstrate that it required the payment from the individual based on factors other than, and without regard to, his or her nonpayment of past bills.
- Reporting outstanding debts to Credit Bureaus.
- Pursuing legal action to collect a judgement (i.e. garnishment of wages, debtor's exam)
- Placing liens on property of individual

Family Income includes the Income of all adult Family members in the household, less payments made for child support. For patients under 18 years of age, Family Income includes that of the parents and/or stepparents, or caretaker relatives' annual Income from the prior 12-month period or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date Family Income, taking into consideration the current earnings rate.

Financial Assistance Policy (FAP) means a written policy and procedure that meets the requirements described in §1.501(r)-4(b).

Financial Assistance Policy (FAP) Application means the information and accompanying documentation that a patient submits to apply for financial assistance under this Procedure. Insight may obtain information from an individual in writing or orally (or a combination of both).

Financial Support means support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Insight Hospital and Medical Center who meet the eligibility criteria for such assistance.

Free Care means a full discount off the amount owed for patients that qualify under the FAP.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

Illinois Resident means a person who lives in Illinois and who intends to remain living in Illinois indefinitely. Any person who relocates to Illinois for the sole purpose of receiving health care benefits does not qualify as an Illinois Resident. *See* 210 ILCS 89/5.

Income includes wages, salaries, salary and self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, alimony, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Medical Necessity means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by Insight, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Patient. However, the term "Medical Necessity" does not include non-medical services, such as: (1) social and vocational services; or (2) elective cosmetic surgery, unless such surgery is plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity. *See* 210 ILCS 89/5.

Policy means a statement of high-level direction on matters of strategic importance to Insight Hospital or a statement that further interprets Insight's governing documents. System Policies may be either stand alone or Mirror Policies designated by the approving body.

Plain language summary of the FAP means a written statement that notifies a patient that the hospital facility offers financial assistance under a FAP and provides the following additional information in language that is clear, concise, and easy to understand:

a) A brief description of the eligibility requirements and assistance offered under the FAP.
b) A brief summary of how to apply for assistance under the FAP.
c) The direct Web site address (or URL) and physical locations where the patient can obtain copies of the FAP and FAP application form.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

d) Instructions on how the patient can obtain a free copy of the FAP and FAP application form by mail.
e) The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the FAP and provide assistance with the FAP application process.
f) A statement of the availability of translations of the FAP, FAP application form, and plain language summary of the FAP in other languages, if applicable.
g) A statement that a FAP-eligible patient may not be charged more than AGB for emergency or other medically necessary care.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Service Area is the list of zip codes comprising an Insight service market area constituting a "community of need" for primary health care services. However, for uninsured and underinsured Patients, the Service Area means applies to any Illinois Resident.

Standards or Guidelines mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

Uninsured Patient means an Illinois Resident who is a patient of Insight is not covered under a policy of health insurance and is not a beneficiary under public or private health insurance, health benefit, or other health plans, worker's compensation, accident liability insurance or other third-party liability source. *See* 210 ILCS 89/5.

Urgent (service level) are medical services needed for a condition that is not life threatening but requiring timely medical services.

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

- Qualifying Criteria for Financial Assistance
  - A. Services eligible for Financial Support
    - i. All medically necessary services, including medical and support services provided by Insight Hospital, Chicago, will be eligible for Financial Support.
    - ii. Emergency medical care services will be provided to all patients who present to Insight Hospital, Chicago's emergency department, regardless of the patient's ability to pay. Such medical care will continue until the patient's condition has been stabilized – prior to any determination of payment arrangements.
    - iii. Insight Hospital, Chicago: physician charges are eligible and are included under this policy.

  - B. Services not eligible for Financial Support:

    - i. Cosmetic services and other elective procedures and services which are not medically necessary.
    - ii. Services not provided and billed by Insight (e.g. independent physician services, private duty nursing, ambulance transport, etc).
    - iii. As provided in Section II, Insight will proactively help patients apply for public and private programs such as Medicare, Medicaid, AllKids, the State Children's Health Insurance Program or any other program for which there is a reasonable basis to believe that the uninsured patient may be eligible including the purchase of commercial insurance on the Health Insurance Exchange under the Affordable Care Act. Insight may deny Financial Support to those individuals who do not cooperate in applying for programs that may pay for their healthcare services.
    - iv. Insight Hospital, Chicago may exclude services that are covered by an insurance program at another provider location but are not covered at Insight hospital, Chicago after efforts are made to educate the patients on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Origination Date: 11/05
		Archived date:

C. Residency requirements

i. Insight Hospital, Chicago will provide financial assistance support to patients who qualify for this program and who are Illinois residents. Insight will provide medically necessary care and treatment to all patients who present with an urgent, emergent or life-threatening condition regardless of residency. However, Insight has no obligation to provide financial assistance support for patients who require such care and treatment but are not Illinois residents.

- Patients required to verify Illinois residency by providing valid documents to Insight, Hospital Chicago, including:
  - Valid income verification as specified in section IV
  - A valid Illinois Identification card or driver's license
  - A recent residential utility bill
  - A lease agreement
  - A vehicle registration card
  - A voter registration card
  - Mail addressed to the uninsured patient at an Illinois address from a government or other credible source
  - A statement from the family member of the uninsured patient who resides at the same address and presents verification of Illinois residency
  - A letter from a homeless shelter, transitional house or other similar facility verifying that the uninsured patient resides at the facility

ii. Insight Hospital, Chicago may identify Service Areas in the FAP and include Service Area information in procedure design and training. Service Area residency requirements will start with the list of zip codes provided by System Office Strategic Planning that define Insight's service areas. Insight will verify service areas in consultation with their local Community Benefit department. Eligibility will be determined by Insight using the patient's primary residence zip code.

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		Origination Date: 11/05
		Archived date:

iii. Insight will provide Financial Support to patients identified as needing service by physician foreign mission programs conducted by active medical staff for which prior approval has been obtained from Insight Hospital, Chicago President or designee.

D. Documentation for Establishing Income

i. Information provided to Insight Hospital, Chicago by the patient and/or Family should include earned income, including monthly gross wages, salary, and self-employment income; unearned income including alimony, retirement benefits, dividends, interest, and income from any other source; number of dependents in household; and other information required on the FAP application.

ii. Insight will list the supporting documentation such as payroll stubs, tax returns, and credit history required to apply for financial assistance in the FAP or FAP application. Insight may not deny Financial Support based on the omission of information or documentation that is not specifically required by the FAP or FAP application form.

iii. Insight will provide patients that submit an incomplete FAP application a written notice that describes the additional information and/or documentation that must be submitted within 30 days from the date of the written notice to complete the FAP application. The notice will provide contact information for questions regarding the missing information. Insight may initiate ECAs if the patient does not submit the missing information and/or documentation within the 30 days resubmission period and it is at least 120 days from the date of the first post-discharge billing statement for the care. Insight must process the FAP application if the patient provides the missing information/or documentation during the 240 day application period (or, if later, within the 30 days resubmission period).

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Origination Date: 11/05
		Archived date:

iv. For the purposes of ascertaining a patient's family income, verification of one of the following is required for evaluation for charity care or financial assistance review and approval.

- A copy of the previous year W2, 1040, and any other applicable tax forms that were filed
- Copies for the last three most recent paycheck stubs from the employer
- If patient is paid cash, a letter from the employer stating amount paid weekly
- Copies of Social Security check if they are receiving one
- Copy of last statement for checking and/or savings account

v. If a patient does not provide appropriate documentation, a credit check will be run on the patient. Based on the information provided by TransUnion Services, a charity determination will be made. If it is discovered that a patient or family member provided fraudulent documentation, the application for financial assistance will be voided.

E. Consideration of Patient Assets

i. Insight Hospital, Chicago will apply a threshold level of assets above which the patient/family's assets will be used for payment of medical expenses and liability to be considered in assessing the patient's financial resources.

Protection of certain types of assets and protection of certain levels of assets must be provided in the Insight Hospital, Chicago's FAP.

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Origination Date: 11/05
		Archived date:

Protected Assets relevant to this FAP include:

- 50% equity in primary residence up to $50,000;
- Business use vehicles;
- Tools or Equipment used for business; reasonable equipment required to remain in business;
- Personal use property (clothing, household items, furniture);
- IRAs, 401K, cash value retirement plans;
- Financial awards received from non-medical catastrophic emergencies;
- Irrevocable trusts for burial purposes, prepaid funeral plans; and/or
- Federal/State administrated college savings plans

All other assets will be considered available for payment of medical expenses. Available assets above a certain threshold can either be used to pay for medical expenses or, alternatively, Insight may count the excess available assets as current year Income in establishing the level of discount to be offered to the patient. A minimum amount of $5,000 of available assets shall be protected.

F. Presumptive Support

i. Insight Hospital, Chicago recognizes that not all patients are able to provide complete financial information. Therefore, approval for Financial Support may be determined based on limited available information. When such approval is granted, it is classified at “Presumptive Support”

ii. The presumptive model is one of the reasonable efforts that will be used by Insight to identify patients who may qualify for financial assistance prior to initiating collection action, i.e. write-off of a patient account to bad debt and referral to collection agency. This presumptive model enables Insight to systematically identify financially needy patients.

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Origination Date: 11/05
		Archived date:

iii. Examples of presumptive cases include:

- Deceased patients with no known estate
- Homeless patients
- Unemployed patients
- Non-covered medically necessary services provided to patients qualifying for public assistance programs
- Patient bankruptcies
- Members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order

iv. For patients who are non-responsive to the FAP application process, other sources of information, if available, should be used to make an individual assessment of financial need. This information will enable Insight to make an informed decision on the financial need of non-responsive patients.

v. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public patients who have historically qualified for financial assistance under the traditional application process. If patient, and other efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

vi. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines to be considered under the traditional financial assistance application process.

vii. Patient accounts granted presumptive support status will be adjusted using Presumptive Financial Support transaction codes at the time the account is deemed uncollectable and prior to referral to collections or write-off to bad debt. The discount granted will be classified as Financial Support; the patient's account will not be sent to collections and will not be included in the Insight bad debt expenses.

viii. Insight Hospital, Chicago will notify patients determined to be eligible for less than the most generous assistance available under the FAP that he or she may apply for more generous assistance available under the FAP within 30 days of the notice. The determination of a patient having eligibility for less than the most generous assistance is based on presumptive support status or a prior FAP eligibility determination. Additionally, Insight may initiate or resume ECAs if the patient does not apply for more generous assistance within 30 days of notification if it is at least 120 days from the date Insight provided the first paid discharge billing statement for the care. Insight will process any new FAP application that the patient submits by the end of the 30-day period given to apply for more generous assistance.

G. Timeline for Establishing Financial Eligibility

i. Every effort should be made to determine a patient's eligibility for Financial Support prior to or at the time of admission or services. FAP Application must be accepted at any time during the application period. The application period begins the day that care is provided and ends the latter of 240 days application period or, if later, by the end of the 30-day period given to apply for more generous assistance.

- The end of the period that a patient that is eligible for less than the most generous assistance available, based upon presumptive support status or a prior FAP eligibility determination, and who has applied for more generous financial assistance; or
- The deadline provided in a written notice after which ECAs may be initiated.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

- Insight may accept and process an individual's FAP application submitted outside the application period on a case-by-case basis as authorized by Insight established approval levels.

ii. Insight (or other authorized party) will refund any amount the patient has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible patient, unless such excess amount is less than $5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin). The refund of payment is only required for the episodes of care to which the FAP application applies.

iii. Determinations of Financial Support will be made after all efforts to qualify the patient for government financial assistance or other programs have been exhausted.

iv. Insight will make every effort to make a Financial Support determination in a timely fashion. If other avenues of Financial Support are being pursued, Insight will communicate with the patient regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.

v. Once qualification for Financial Support has been determined, subsequent reviews for continued eligibility for subsequent services should be made after a reasonable time period as determined by Insight.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

H. Level of Financial Support

i. Insight will follow the income guidelines established below in evaluating a patient's eligibility for Financial Support. A percentage of the Federal Poverty Level (FPL) Guidelines, which are updated on an annual basis, are used for determining a patient's eligibility for Financial Support. However, other factors should also be considered such as the patient's financial status and/or ability to pay as determined through the assessment process.

ii. It is recognized that local demographics and the financial assistance policies offered by other providers in the community may expose Insight to large financial risks and a financial burden which could threaten Insight's long-term ability to provide high quality care. Insight may request approval to implement thresholds that are less than or greater than the recommended amounts from Insight Hospital, Chicago's Chief Financial Officer.

iii. Family Income at or below 200% of the Federal Poverty Level Guidelines:

A 100% discount for all charges will be provided for Uninsured Patients whose Family's Income is at or below 200% of the most recent Federal Poverty level Guidelines.

iv. Family Income between 201% and 600% of the Federal Poverty Level Guidelines:

- A discount of total facility charges equal to Insight's average acute care contractual adjustment for Medicare will be provided for acute care patients whose Family Income is between 201% and 400% of the Federal Poverty level Guidelines. Also, Insight has compared the discounts for 135% of the hospital's Medicare cost to charge ratio to the amounts generally billed (AGB) which can be found in Appendix A; and have applied the more generous discounts for patients.

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

- A discount off of total professional charges equal to Insight's physician contractual adjustment for Medicare will be provided for ambulatory location patients whose Family Income is between 201% and 400% of Federal Poverty Level Guidelines. Also, Insight has compared the discounts for 135% of the hospital's Medicare cost to charge ratio to the amounts generally billed and have applied the more generous discounts for patients.
- Insight's acute and physician contractual adjustment amounts for Medicare will be calculated utilizing the look back methodology of calculating the sum of paid claims divided by the total or "gross" charges for those claims by the System Office annually using twelve months of paid claims with a 30-day lag from report date to the most recent discharge date.
- Patients between 401% and 600% of the poverty guidelines will receive the Illinois uninsured patient discount adjustment, which is adjusted annually per the Sate of Illinois formula. Also, Insight has compared the discounts for 135% of the hospital's Medicare cost to charge ratio to the amounts generally billed and have applied the more generous discounts for patients.

v. Patients with Family Income up to an including 200% of the Federal Poverty level Guidelines will be eligible for Financial Support for co-pay, deductible, and co-insurance amounts provided that contractual arrangements with the patient's insurer do not prohibit providing such assistance.

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Origination Date: 11/05
		Archived date:

vi. Medically Indigent Support/Catastrophic: Financial support is also provided for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a certain percentage of their Family or household Income (for example, due to catastrophic costs or conditions), regardless of whether they have Income or assets that otherwise exceed the financial eligibility requirements for Free Care or Discounted Care under the Insight FAP. Catastrophic Care or conditions occur when there is a loss of employment, death or primary wage earner, excessive medical expenses or other unfortunate events. Medical indigence/catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the patient's income, expenses and assets. If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for an episode of care that exceed 20% of a patient's annual charity care assistance. Discounts for medically indigent care for the uninsured will not be less than Insights average contractual adjustment amount for Medicare for the services provided or an amount to bring the patients catastrophic medical expense to annual Income ratio back to 20%. Medically indigent and catastrophic financial assistance will be approved by the Insight Hospital, Chicago Chief Financial Officer.

vii. While Financial Support should be made in accordance with Insight's established written criteria, it is recognized that occasionally there will be a need for granting additional Financial Support to patients based upon individual considerations. Such individual considerations will be approved by the Insight CFO.

I. Accounting and Reporting for Financial Support

i. In accordance with the Generally Accepted Accounting Principles, Financial Support provided by Insight is recorded systematically and accurately in the financial statements as a deduction from revenue in the category "Charity Care".

ii. The following guidelines are provided for the financial statement recording of Financial Support:

Name:	Financial Assistance to Patients	**Policy #:** 14
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		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

- Financial Support provided to patients under the provisions of the "Financial Assistance Program", including the adjustment for amounts generally accepted as payment for patients with insurance, will be recorded under "Charity Care Allowance."
- Write-off of charges for patients who have not qualified for Financial Support under this procedure and who do not pay for the services received will be recorded as "Bad Debt".
- Prompt pay discounts will be recorded under "Contractual Allowance".
- Accounts initially written-off to bad debt and subsequently returned from collection agencies where the patient is determined to have met the Financial Support criteria based on information obtained by the collection agency will be reclassified from "Bad Debt" to "Charity Care Allowance".

J. Assisting Patients Who May Qualify for Coverage

I. Insight will provide financial counseling to patients about their healthcare bills related to the services they receive from Insight and will make the availability of such counseling known.

II. Insight will respond promptly and courteously to patients' questions about their bills and requests for financial assistance.

III. Insight will utilize a billing process that is clear, concise, correct and patient friendly.

IV. Insight will make available information about charges for services they provide in an understandable format.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

V. Insight will post signs and display brochures that provide basic information about their FAP in public locations (at a minimum, the emergency room and admission areas). AT minimum, the sign will read "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For information contact the Insight Financial Assistance Department. The sign will be in English and in any other language that is the primary language of at least 5% of the patients served by Insight annually. Information is available at the Admitting Office, Emergency Room, and Financial Counselors Office.

VI. Insight will make available a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process. Insight will not have failed to widely publicize its FAP because an individual declines a plain language summary that was offered on intake or before discharge or indicates that he or she would prefer to receive a plain language summary electronically.

VII. Insight will make the FAP, a plain language summary of the FAP and the FAP application form available to patients upon request, in public places (at a minimum, the emergency room and admission areas), by mail and on the Insight Hospital, Chicago website. Any individual with access to the internet must be able to view, download and print a hard copy of these documents. Insight will provide any individual who asks how to access a copy of the FAP, FAP application form, or plain language summary of the FAP online with the direct website address, or URL, where these documents are posted.

VIII. Insight will list the names of individual doctors, practice groups, or any other entities that are providing emergency or medically necessary care in Insight's facility by the name used either to contract with the hospital or bill patients for care provided. The list can be found in Appendix B. Alternately, a hospital facility may specify providers by reference to a department or a type of service if the reference makes clear which services and providers are covered under Insight's FAP.

IX. These documents will be made available in English and in the primary language of any population with limited proficiency in English that constitutes the lesser of the 1,000 individual or 5% of the community serviced by Insight.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

X. Insight will take measures to notify members of the community served by Insight about the FAP. Such measures may include, for example, the distribution of information sheets summarizing the FAP to local public agencies and nonprofit organizations that address the health needs of the community's low-income populations.

XI. Insight will include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under Insight's FAP and includes the telephone number of Insight's department that can provide information about the FAP, the FAP application process and the direct Web site address (or URL) where copies of the FAP, FAP application form, and plain language summary of the FAP may be obtained.

XII. Insight will refrain from initiating ECA(s) until 120 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient. Insight will also ensure all vendor contracts for business associates performing collection activity will contain a clause or clauses prohibiting ECA(s) until 120 days after providing patients the first post-discharge billing statement for the episode of care, including the most recent episodes of care for outstanding bills that are aggregated for billing to the patient.

XIII. Insight will provide patients with a written notice that indicates financial assistance is available for eligible patients, identifies the ECA(s) that Insight (or other authorized party) intends to initiate to obtain payment for the care, and states, a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided. Insight will include a plain language summary of the FAP with the written notice and make a reasonable effort to orally notify the patient about the Insight FAP and about how the patient may obtain assistance with the FAP application process.

XIV. In the case of deferring or denying, or requiring a payment for providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under Insight's FAP, Insight may notify the individual about its FAP less than 30 days before initiating the ECA. However, to avail itself of this exception, Insight must satisfy several conditions. Insight must:

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

i. Provide the patient with an FAP application form (to ensure the patient may apply immediately, if necessary) and notify the patient is writing about the availability of financial assistance for eligible individuals and the deadline, if any, after which the hospital facility will no longer accept and process an FAP application submitted by the patient for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided. Thus, although the ECA involving deferral or denial of care may occur immediately after the requisite written (and oral) notice is provided, the patient must be afforded at least 30 days after the notice to submit an FAP application for the previously provided care.

ii. Notify the patient about the FAP by providing a plain language summary of the FAP and by orally notifying the patient about the hospital facility's FAP and about how the patient may obtain assistance with the FAP application process.

iii. Process the application on an expedited basis, to ensure that medically necessary care is not unnecessarily delayed if an application is submitted.

iv. The modified reasonable efforts discussed above are not needed in the following cases:

- If 120 days have passed since the first post-discharge bill for the previously provided care and Insight has already notified the patient about intended ECAs.
- If Insight had already determined whether the patient was FAP eligible for the previously provided care at issue based on a complete FAP application or had presumptively determined the patient was FAP eligible for the previously provided care
- Insight will provide written notification that nothing is owed if a patient is determined to be eligible for Free Care.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

- Insight will provide patients that are determined to be eligible for assistance other than Free Care, with a billing statement that indicates the amount the patient owes for care as a FAP eligible patient. The statement will also describe how that amount was determined or how the patient can get information regarding how the amount was determined.

K. Fair Billing and Collection Practices

a) Insight will implement billing and collection practices for patient payment obligations that are fair, consistent, and compliant with state and federal regulations.

b) Insight will have written procedures outlining when and under whose authority a patient debt is advanced for external collection activities that are consistent with this Procedure.

c) The following collection activities may be pursued by Insight or by a collection agent on their behalf:

i. Communicate with patients (call, written correspondence, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act, clearly identifying Insight. Patient communications will also comply with HIPAA privacy regulations.

ii. Solicit payment of the estimated patient payment obligation portion at the time of service in compliance with EMTALA regulations and state laws.

iii. Provide a low-interest loan program for payment of outstanding debts for patients who have the ability to pay but cannot meet the short-term payment requirements.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

iv. Report outstanding debts to Credit Bureaus only after all aspects of this Procedure have been applied and after reasonable collection efforts have been made in conformance with Insight's FAP.

v. Pursue legal action for individuals who have the means to pay, but do not pay, or who are unwilling to pay. Legal action also may be pursued for the portion of the unpaid amount after application of Insight's FAP. An approval by the Insight Hospital, Chicago or Insight CEO/CFO, or the functional leader for Patient Financial Services for Insight, must be obtained prior to commencing a legal proceeding or proceeding with a legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).

vi. Place liens on property of individuals who have the means to pay, but do not pay, or who are unwilling to pay. Liens may be placed for the portion of the unpaid amount after application of Insight's FAP. Placement of a lien requires approval by the Insight Hospital, Chicago CEO/CFO, or the functional leader for Patient Financial Services for Insight. Liens on primary residence can only be exercised upon the sale of property and will protect certain asset value in the property as documented in this Procedure. Insight recommends protecting 50% of the equity up to $50,000.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

d) Insight (or a collection agent on their behalf) shall not pursue action against the debtor's person, such as arrest warrants or "body attachments". Insight recognizes that a court of law may impose an arrest warrant or other similar action against a defendant for failure to comply with a court's order or for other violations of law related to a collection effort. While in extreme cases of willful avoidance and failure to pay a justly due amount when adequate resources are available to do so, a court order may be issued, in general, Insight will first use its efforts to convince the public authorities not to take such an action and if not successful, consider the appropriateness of casing the collection effort to avoid an action against the person of the debtor.

e) Insight (or a collection agent on their behalf) will take all reasonably available measures to reverse ECAs related to amounts no longer owed by FAP eligible patients.

f) Insight may have the CFO approved arrangement with a collection agency, provided that such agreement meets the following criteria.

i. The agreement with a collection agency must be in writing.

ii. Neither Insight nor the collection agency may at any time pursue action against the debtor's person, such as arrest warrants or "body attachments".

iii. The agreement must define the standards and scope of practices to be used by outside collection agents acting on behalf of Insight, all of which must be in compliance with this Procedure.

iv. No legal action may be undertaken by the collection agency without the prior written permission of Insight.

v. Insight Hospital, Chicago must approve all terms and conditions of the engagement of attorneys to represent Insight in collection of patient accounts.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

vi. All decisions as to the manner in which the claim is to be handled by the attorney, whether suit is to be brought , whether the claim is to be compromised or settled, whether the claims is to be returned to Insight, and any other matters related to resolution of the claim by the attorney shall be made by Insight in consultation with Insight, Chicago Hospital Legal Services;

vii. Any request for legal action to collect a payment (i.e., lien, garnishment, debtor's exam) must be approved in writing and in advance with respect to each account by the appropriate authorized Insight representative as detailed in second (IV)(d)(v).

viii. Insight must reserve the right to discontinue collection actions at any time with respect to any specific account; and

ix. The collection agency must agree to indemnify Insight for any violations of the terms of this written agreement with Insight.

L. Implementation of Accurate and Consistent Policies

a) Prompt Pay Discounts: Insight may develop a prompt pay discount program which will be limited to balances equal to or greater than $200.00 and will be no more than 20% of the balance due. The prompt pay discount is to be offered at the time of service and recorded as a contractual adjustment and cannot be recorded as charity care on the financial statements.

b) Self-Pay Discounts: Insight will apply a standard self-pay discount off charges for all registered self-pay patients that do not qualify for financial assistances (e.g., >400% of FPL) based on the highest commercial rate paid.

c) Additional Discounts: Adjustment in excess of the percentage discounts described in this Procedure may be made on a case-by-case basis upon an evaluation of the collectability of the account and authorized by Insight's established approval levels.

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

II. REFERENCE(S)

Finance Policy No. 1: Financial Assistance to Patients ("**FAP**")

Finance Policy No. 7: Payment of QHP Premiums and Patient Payables Patient Protection and Affordable Care Act: Statutory Section 501(r) Internal Revenue Service Schedule H (Form 990)

Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Final Rule: Volume 79, No. 250, Part II, 26 CFR, Part 1

III. ATTACHMENT(S)

2026 Federal Poverty Guidelines

The U. S. Department of Health and Human Services *released* the annual updated federal poverty guidelines, which are used to establish financial eligibility for various federal programs. These guidelines are **effective Jan. 1, 2026.**

The 2024 poverty guidelines for Illinois are:

Name:	Financial Assistance to Patients	**Policy #:** 14
Policy Owner:	Fiscal Management	**Current Review date/result:** 08/26 revised
Approved by:	Chief Financial Officer, 1.2021	**Review date(s):**
		Revision date(s): 6/07, 1/08, 4/09, 12/09, 11/11, 2/12, 1/13, 7/14, 1/15, 3/16, 11/17, 6/19. 1/21, 5/22, 1/24, 8/26
		Origination Date: 11/05
		Archived date:

2026 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,960
2	$21,640
3	$27,320
4	$33,000
5	$38,680
6	$44,360
7	$50,040
8	$55,720
For families/households with more than 8 persons, add $5,680 for each additional person.	

For families/households with more than eight people, add **$5,680** for each additional person. For Medicaid and the Children's Health Insurance Program, the federal poverty guidelines in place "at the time of application" are used to determine eligibility. However, Medicaid agencies have flexibility as to when they adopt the new federal poverty guidelines.