



Title: Financial Assistance Policy

FINANCIAL ASSISTANCE:

Memorial Hospital will give financial assistance to those who require care that is medically necessary, but are unable to pay. This financial assistance will be available to all persons without discrimination based upon race, color, sex, national origin, disability, religion, age, sexual orientation, gender identity, ability to pay, or other grounds unrelated to the individuals need for the medically necessary services of this facility. A request for financial assistance under this policy must be made by or on behalf of the patient.

Financial assistance may be given in full or part based upon the applicant’s financial situation and/or ability to pay. Criteria for financial assistance will be based upon the Federal Poverty Level Income Guidelines for persons who do not qualify for any state healthcare assistance program(s). Partial discounts will be assessed based upon up to 300% of the Federal Poverty Level Income Guidelines. The amounts of the guidelines typically change each year and are posted in the Federal Register. The Poverty Guideline amounts can be found at <https://www.federalregister.gov>. Applicants may qualify based upon individual or unusual circumstances. Each applicant will be assessed based on need and financial situation.

Persons requiring medically necessary care may request a determination of their eligibility for financial assistance prior to the service, after the service is provided, or even after collection action has begun. Memorial Hospital reserves the right to require proof of financial need. This requirement may be, but not limited to, proof of income, listing of assets, denials from public assistance program(s), tax returns or any other information that is necessary to substantiate the applicant’s income and ability to pay. In addition, Memorial Hospital requires an application for financial assistance be completed, signed and returned to the Patient Accounts Department. RHC Sliding Fee Discount Program will not require Medicaid denial letters, asset tests, or net worth tests when determining eligibility for individuals and families. See also: RHC Financial Policy – Sliding Fee Scale Discount Program. Financial Assistance approvals expire after 6 months and patients must reapply. Approvals are made as an encounter comment in the patients account with date approved so staff are aware when approval terms.

Applicants with income at or less than 300% of the guidelines may qualify for discounted services as follows based on NHSC sliding fee discount schedule (*):

Percent:	Discount:
0% - 150%	100%
151% - 200%	75%
201% - 250%	50%
251% - 300%	25%

* To determine % of guidelines, take yearly/monthly income amounts listed by applicant and divide by yearly/monthly amount allowed. If income amounts are at or below guidelines, an automatic discount is given.

For the year 2023 the guidelines were as follows:

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE	POVERTY GUIDELINE PER MONTH
For families/households with more than 8 persons, add \$5,140 for each additional person.		
1	\$ 14,580.00	\$ 1,215.00
2	\$ 19,720.00	\$ 1,643.00
3	\$ 24,860.00	\$ 2,072.00
4	\$ 30,000.00	\$ 2,500.00
5	\$ 35,140.00	\$ 2,928.00
6	\$ 40,280.00	\$ 3,357.00
7	\$ 45,420.00	\$ 3,785.00
8	\$ 50,560.00	\$ 4,213.00

UNINSURED PATIENT DISCOUNT

Memorial Hospital provides an Uninsured Patient Discount program for medically necessary services provided to patients with no insurance. Applicants must meet certain eligibility criteria. This discount program is only available to residents of the State of Illinois and is based on family income of not more than 300% of the federal poverty income guidelines for all medically necessary health care services exceeding \$300 in any one inpatient admission or outpatient encounter. (210 ILCS 89) If income is higher than 300% of guidelines, applicant is ineligible for Uninsured discount.

State of Illinois Uninsured Patient Discount for Memorial Hospital is 26%, effective 12.01.2022. This is calculated annually from the Illinois Hospital Report Card, Hospital Uninsured Patient Discount Act. The Illinois Attorney General will send a letter after the Medicare Cost Report Wkst C, Pt. I is submitted.

The hospital gets to keep 1.35% of the cost to charge ratio. ((Cost to charge ratio * 1.35) – 1.00 = Discount).

Example cost to charge ratio is ((.548 * 1.35=0.74) -1.00) = discount of 26%

Maximum amount collected in a 12-month period from an eligible patient is 20% of the family's annual gross income. Time period begins as the first date of service determined to be eligible for discount. For any subsequent services to be included in the maximum, the patient must inform the hospital that he/she had received prior services from that hospital which were determined to be eligible for discount.

Memorial Hospital, Chester, IL, reserves the right to verify proof of financial need which may include investigation services provided by an outside agency. Memorial Hospital reserves the right to

automatically deny an application if information provided is found to be false or if requested information necessary to process application is not provided.