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4. Medicaid eligibility, but not on date of service or for non-covered service;
5. Enrollment in one of the following assistance programs:
 - a. Women, Infants and Children Nutrition Program (WIC);
 - b. Supplemental Nutrition Assistance Program (SNAP);
 - c. Illinois Free Lunch and Breakfast Program;
 - d. Low Income Home Energy Assistance Program (LIHEAP);
6. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
7. Receipt of grant assistance for medical services;
8. As determined by an Electronic Scoring Model, described below.

For all patient accounts without insurance, SRALab will attempt to review the account (including any Program Application that may have been submitted) in an effort to identify any of these presumptive eligibility criteria prior to sending the patient a bill requesting payment. Where the uninsured patient/Guarantor has not returned a complete Program Application, SRALab may use an Electronic Scoring Model, which relies on information obtained from credit reporting agencies that reflects personal and financial data on the patient/Guarantor, to determine if the if the patient/Guarantor has a high probability for eligibility for a Program Discount and may be deemed presumptively eligible for such discount based on the Model.

B. Charity Care Based on Household Income. Under the Program, a sliding scale discount for Medically Necessary services is available to Illinois Residents who submit a Program Application and whose Household Income is at or below 600% of the federal poverty level. Eligible patients will not be personally responsible for paying more than amounts generally billed to insured individuals.

1. Patients who are not eligible to participate in the Program include:
 - a. Non-Illinois Residents;
 - b. Patients who are primarily covered under the Medicaid program of any state other than Illinois; and/or
 - c. Patients eligible for funding for the requested rehabilitation services from third-party sources, such as group health and indemnity plans, liability insurance coverage, Worker's Compensation, Division of Specialized Care for Children, and any other state or federal grants.
2. The following considerations are used to determine whether a patient is eligible to participate in the Program:
 - a. Household Income, as a percentage of the Federal Poverty Guidelines ("FPG");
 - i. The FPG are based on income and family sizeed Carcd[08 Td(rpat13523yearly; addtrital);]]TJETBT158.5

b.

- c. Extenuating circumstances that may contribute to an inability to pay, such as job loss, extended major illness or outstanding financial obligations;
 - d. Patient/Guarantor cooperation sufficient to allow eligibility determination to be made and application for government programs (e.g., Medicaid), third-party funding sources or any other funding sources.
3. If there is reason to believe that a patient/Guarantor may have eligible Assets that are disproportionate to the reported income, and that those Assets would be available to pay for medical services, SRAlab may require the patient/Guarantor to provide information about their Assets. Except where prohibited by law, SRAlab may consider those Assets in deciding whether, and to what extent, the patient may participate in the Program
 4. If it is determined a patient/Guarantor has provided inaccurate, incomplete or false information that would have made the patient ineligible for free or discounted care, he/she will be terminated from the Program and any previously granted financial assistance will be reversed and billed to the patient.

III. CHARITY CARE FINANCIAL ASSISTANCE PROGRAM DISCOUNTS

- A. **Limitation on Charges.** All patients are billed according to gross charges (the full established price for the medical care provided). However, eligible participants in the Program will not be personally responsible for paying more than amounts generally billed ("AGB") to individuals who have insurance for such care. SRAlab determines the AGB for Medically Necessary care on an annual basis using the "lookback method." The current AGB percentage and a description of the calculation may be obtained in writing and free of charge by contacting the Charity Care Coordinator at 312-238-6039.
- B. **Financial Assistance Due to Income Limitations.** Patients who are eligible for the Program based on their Household Income level will receive a discount for Medically Necessary services according to the following schedule:

Household Income as a % of FPG	Discount*
0-250%	100%
251%-400%	75%
401%-600%	63%

*The discount allowed to eligible patients will be adjusted annually, as necessary, to ensure that such patients are not charged more than AGB to insured individuals. With respect to insured patients, the discount is applied to the amounts the patient is personally responsible for paying (e.g., as a high deductible, co-insurance), such that the patient is not personally responsible for paying more than AGB for the services at issue.

1. *Charges Subject to Program Discount.*
 - a. *Only Medically Necessary Services by SRAlab Providers.* Medically Necessary hospital and physician services provided while a patient at SRAlab are subject to a Program discount, with the exception of those services delivered by certain non-SRAlab providers, including ambulance transport and non-SRAlab physicians. Notice regarding these non-SRAlab physician services that fall outside the Program Discount is updated at least quarterly and posted on SRAlab's Website along with this policy. A copy is also available by contacting the Charity Care Coordinator at 312-238-6039.

- b. *Uninsured Patients.* With respect to patients who do not have insurance or any other third party sources of payment, the Program discount is applied to gross charges.
 - c. *Insured Patients.* With respect to patients who have insurance or other third party sources of payment, the Program discount is applied to the patient's out-of-pocket balance. If a Patient is Insured but SRAlab is not an in-network provider, the Patient should be directed to seek services from an in-network provider and shall not be eligible for free or discounted care. Program Discounts are not available for out-of-network costs.
2. *Further Discount for Excessive Medical Expenses.* In addition to the discount set forth above, a one hundred percent (100%) discount will be applied to the patient's out-of-pocket balance when the eligible patient's out-of-pocket balance exceeds twenty-five percent (25%) of the yearly gross Household Income during any twelve-month period. The twelve-month period begins on the date of service for which SRAlab first determines the patient is eligible for the Program.

IV. APPLYING FOR CHARITY CARE FINANCIAL ASSISTANCE PROGRAM DISCOUNTS

- A. **Application Process.** Program discounts are determined as early as possible in the patient's treatment process, preferably prior to the time of admission or service. As soon as financial assistance is requested, SRAlab provides the patient or Guarantor with a Program Application. The patient or Guarantor must provide SRAlab with a completed Program Application and any necessary supporting documentation (as listed in the Program Application) related to the financial position of the patient or Guarantor. The Program Application identifies the required supporting documentation.

In addition to information provided by the patient, SRAlab may rely on information obtained from credit reporting agencies that reflects personal and financial data on the patient/Guarantor.

SRAlab will accept and promptly review all Program Applications for at least 240 days from the date of the patient's first post-discharge billing statement. A determination of eligibility is generally effective for six (6) months. If a patient is relying on a Program discount, the patient may have to wait for non-emergency

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Additional information regarding the Program and applying for financial assistance is available by contacting the Charity Care Coordinator at 312-238-6039 or at 355 E. Erie Street, Chicago, Illinois 60611.

V. PAYMENT PLANS AND COLLECTION ACTIVITY

If the patient's Program Application is denied, or if the patient is approved for less than a 100% discount, SRALab will work with the patient to establish individually developed payment terms (taking into account available income and assets, amounts owed, and any prior payments) for the remaining balance. The patient must comply with the agreed-upon payment plan. If the patient misses three or more scheduled payments, then SRALab may commence collection actions.

Any collection activity will be suspended during the evaluation of a Program Application. SRALab's collection agents/firms are required by contract to follow the Program's policies and to help identify patients who are eligible or who become eligible due to change of circumstances.

Further information regarding the collection activities SRALab may pursue is available in SRALab's Fair Patient Billing Policy. A copy may be obtained at www.sralab.org/contact/insurance-billing or by contacting the Charity Care Coordinator at 312-238-6039 or 355 E. Erie Street, Chicago, Illinois 60611.

VI. NON-DISCRIMINATION IN EMERGENCY CARE

SRALab is not an acute care provider, does not operate an emergency room, does not otherwise provide emergency medical care as part of its ordinary services, and transfers patients with acute symptoms to acute care hospitals. However, should an SRALab patient manifest an emergency medical condition while at SRALab, SRALab will provide any necessary stabilizing services without discrimination as to whether the patient is eligible for financial assistance. SRALab will not engage in any activity designed to delay or hinder the provision of necessary stabilizing treatment for emergency medical conditions, such as demanding payment before the services are provided.

The Program is important to SRALab's Mission and Values. Where extenuating circumstances exist, exceptions to the Program, guidelines, procedures, time frames, and documentation may be waived.

Attachments:

Approval Signatures

Approver	Date
Jonathan Tingstad: SVP, Chief Financial Officer	07/2019
Laurie Tenzer	07/2019
Tamara Koury: Asst. General Counsel	07/2019
Stephanie Snarskis: Manager Business Support	07/2019
Loretta Clifford: Executive Director Revenue Cycle	07/2019