Original Effective:	*6/1/2009*
Last Reviewed Or Revised:	*2/4/2019*
Responsible Party:	*Michael Humphrey: DIR PATIENT ACCOUNTS*
Category/Chapter:	*Business Operations*
Areas/Dept:	*Organizational*
Applicability:	*OSF All Illinois Hospitals*

Financial Assistance: Illinois Hospitals (AC-29)

DEFINITIONS:

1. Applicant: An individual who has submitted a complete OSF Financial Assistance Application, including all information and documentation requested under this policy and on the Application form.
2. Application: The OSF Financial Assistance Application form used by Applicants to apply for financial assistance.
3. Critical Access Hospital: A hospital that is designated as such under the federal Medicare Rural Hospital Flexibility Program.
4. Electronic and Information Technology or EIT: Means electronic information, software, systems and equipment used in the creation, manipulation, storage, display or transmission of data, including Internet and intranet systems, software applications, operating systems, video and multimedia, telecommunications products, kiosks, information transaction machines, copiers, printers and desktop and portable computers.
5. Emergency Medical Care: Means providing the emergency services required to comply with the Emergency Medical Treatment and Labor Act (EMTALA).
6. Extraordinary Collection Actions: Means reporting adverse information to consumer credit bureaus and collection actions that require legal or judicial process including filing a collection suit and garnishing wages.
7. Family Income: The sum of the annual earnings and cash benefits from all sources before taxes of all persons legally obligated to pay the charges incurred including child support, workers' compensation and disability income, but excluding child support paid.
8. Family Size: The aggregate number of personal exemptions allowed under federal tax law on a federal income tax return which was filed, will be filed, or could have been filed for the most recent calendar year and on which the Patient or Guarantor is one of the persons for whom a personal exemption is allowed, unless a Patient can establish a civil union pursuant to state law.
9. Federal Poverty Income Guidelines: The federal poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of 42 USC 9902(2).
10. Gross Charge: OSF's full established price for medical services that is consistently and uniformly charged to all patients before applying any contractual allowances, discounts or financial assistance.
11. Guarantor: A Patient's spouse or Partner and if the Patient is a minor, means the Patient's parents or

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guardians.

12. Illinois Resident: A Patient who lives in Illinois and intends to continue living in Illinois indefinitely. A Patient who relocates to Illinois for the sole purpose of receiving health care is not an Illinois Resident.
13. Maximum Charge: The amount generally billed to individuals who have insurance covering such care and determined by multiplying the gross charges for all medical services by a percentage calculated annually and equal to (i) the aggregate dollar amount of claims allowed for all medical services during the 12-month period ended on the preceding September 30 by both Medicare Fee-for-Service and all private insurers, together with any associated portions of these claims the Medicare beneficiaries and insured individuals are responsible for paying in the form of co-payments, co-insurance, or deductibles, divided by (ii) the sum of the associated Gross Charges for those claims. The amount billed to a Patient eligible for financial assistance under this policy will be less than the amount of the Gross Charges. The current Maximum Charge for each OSF hospital in Illinois is identified in the chart attached as Exhibit A.
14. Medically Indigent: Persons whom OSF has determined are unable to pay some or all of their medical bills because they exceed a certain percentage of their Family Income, even though they have income that otherwise exceeds the generally applicable eligibility requirements for free or discounted care under the OSF Financial Assistance Policy.
15. Medically Necessary Services: Means Emergency Medical Care and (i) any inpatient or outpatient hospital services if the provider is a hospital, or (ii) other professional services which are normally and customarily rendered by a non-hospital provider, including pharmaceuticals and supplies, covered by Medicare for beneficiaries with the same clinical presentation as the Patient, but not including non-medical services such as social and vocational services and elective cosmetic surgery other than plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.
16. OSF Financial Assistance: Means free or discounted Medically Necessary Services provided to Patients who meet OSF's criteria for financial assistance. It does not include bad debt or uncollectible charges recorded as revenue but written off due to a Patient's failure to pay, or the cost of providing that care to Patients; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived from those programs; or contractual adjustments with any third party payors.
17. OSF HealthCare System: Means all legal entities, operating divisions, and health care providers owned by OSF and its subsidiaries which provide hospital, home care, hospice, physician, and other health care services.
18. OSF Hospitals: All licensed hospitals operated by OSF within the State of Illinois.
19. Partner: A person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act or similar state law.
20. Patient: The individual receiving services from OSF Hospitals or any individual who is the Guarantor of the payment for services received from OSF Hospitals.
21. Plain Language Summary: A written document that describes the OSF Financial Assistance Programs available, the eligibility requirements, how to apply, and how to obtain more information including copies of the Financial Assistance Policy and Application.
22. Presumptive Charity: Means eligibility for OSF Financial Assistance determined by reference to categories of presumptive eligibility criteria identified as demonstrating a Patient's financial need and used by OSF to determine eligibility for assistance without a completed Application.
23. Rural Hospital: Means a hospital that is located outside of a metropolitan statistical area as defined by the

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United States Office of Management and Budget.

24. Uninsured Patient: An Illinois Resident who is Patient of OSF Hospitals and not covered under a policy of health insurance and not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability insurance.

PURPOSE:

To provide financial assistance for emergency and other medically necessary care in the tradition of The Sisters of the Third Order of St. Francis and to comply with federal and state regulatory requirements.

POLICY:

The Corporation's Illinois hospitals shall provide financial assistance and community services in the tradition of The Sisters of the Third Order of St. Francis. All patients, regardless of ability to pay, are eligible to apply for financial assistance.

PROCESS:

1. OSF Healthcare System ("OSF") affirms its commitment to serve its communities in a manner consistent with the mission and philosophy of OSF and The Sisters of the Third Order of St. Francis. OSF's philosophy is that adequate access to health care is a basic human right for all. OSF is committed to the promotion, preservation, protection, and restoration of wellness, whenever possible. OSF's services will be provided to all persons with compassion.
2. Financial assistance is available to eligible persons under the Illinois Hospital Uninsured Patient Discount Act and the OSF Financial Assistance Programs. Financial assistance means a reduction in the amount due for Medically Necessary Services on the basis of documented financial need and eligibility (determined by income and family size). Financial assistance will not be denied on the basis of race, color, sex, age, military status, national origin, disability, religion, sexual orientation, sexual identity or the ability to pay. Medically Necessary Services shall be available to all persons without discrimination and regardless of their eligibility for financial assistance under this policy. OSF will refer individuals to available community programs and services outside of its facilities and programs as appropriate if OSF does not provide the services needed or is unable to do so in a timely manner. OSF will assist patients in obtaining payment from third parties such as Medicaid and Medicare. OSF will treat individuals seeking financial assistance with dignity, sensitivity, and confidentiality.
3. Accordingly, this written policy includes:
    a. The eligibility criteria for financial assistance, and whether such assistance includes free or discounted care.
    b. The basis for calculating amounts charged to patients eligible for financial assistance under this policy, which will result in an amount charged that is less than gross charges.
    c. The method by which patients may apply for financial assistance.
    d. How the policy will be widely publicized within the community served.
    e. A limitation on charges for patients eligible for financial assistance under this policy that limits charges to not more than the amounts generally billed to individuals who have insurance covering such care.

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f. The requirements adopted by the Office of the Illinois Attorney General under the Fair Patient Billing Act relating to hospital financial assistance application forms and the use of presumptive eligibility criteria.

g. The billing and collection requirements of Section 501(r) of the Internal Revenue Code and applicable law are included in the OSF Fair Billing – Collection Policy.

Financial Assistance:

OSF's Financial Assistance Policy is designed to provide free or discounted care to those who are uninsured, underinsured, and who lack financial resources to resolve bills incurred to obtain Medically Necessary Services. All patients, regardless of ability to pay, are eligible to apply for financial assistance. OSF hospitals shall determine eligibility for financial assistance for Medically Necessary Care under a two-step process. First, eligibility for assistance will be determined under the Illinois Hospital Uninsured Patient Discount Act. Second, eligibility for financial assistance will be analyzed under the OSF Financial Assistance Programs, if there is no health insurance, health benefit, or other health coverage program including high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party payer. Eligible Applicants will receive a discount equal to the greater of the amounts calculated under the First and Second steps or, if eligible under only one step, a discount calculated under that step.

Step 1 – Illinois Hospital Uninsured Patient Discount Act:

Uninsured Patient Discount: An Illinois Resident who is an Uninsured Patient may be eligible for financial assistance. The financial discount does not apply to any non-hospital services including, but not limited to, physician, home care, nursing home or ambulance services. OSF may make the discount contingent upon the Patient first applying for insurance under public programs, if there is a reasonable basis to believe the Patient may be eligible for such programs.

1. An OSF hospital other than a Rural Hospital or Critical Access Hospital shall provide the following discounts:
   a. A charitable discount of 100% of its charges for all Medically Necessary Services exceeding $300 in any one inpatient admission or outpatient encounter to any Uninsured Patient who applies for a discount and has Family Income of not more than 200% of the Federal Poverty Income Guidelines.
   b. A discount equal to 135% of the hospital's cost to charge ratio determined from its most recently filed Medicare cost report times the applicable charges to any Uninsured Patient who applies for a discount and has Family Income between 201% and 600% of the Federal Poverty Income Guidelines for all Medically Necessary Services exceeding $300 in any one inpatient admission or outpatient encounter.
2. An OSF Rural Hospital or Critical Access Hospital shall provide the following discounts:
   a. A charitable discount of 100% of its charges for all Medically Necessary Services exceeding $300 in any one inpatient admission or outpatient encounter to any Uninsured Patient who applies for a discount and has Family Income of not more than 125% of the Federal Poverty Income Guidelines.
   b. A discount equal to 135% of the hospital's cost to charge ratio determined from its most recently filed Medicare cost report times the applicable charges to any Uninsured Patient who applies for a discount and has Family Income between 126% and 300% of the Federal Poverty Income Guidelines for all Medically Necessary Services exceeding $300 in any one inpatient admission or outpatient encounter.

Step 2 – OSF Financial Assistance Programs:

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OSF Financial Assistance: All patients are eligible to apply for charity assistance for Medically Necessary Services provided by OSF Hospitals. OSF's Charity Assistance Programs consist of Straight Charity, Catastrophic Charity, and Presumptive Charity (described below). Eligibility is determined by Family Income and Family Size. After both the Illinois Uninsured Patient Discount and OSF Financial Assistance amounts have been calculated (if both apply), the richest benefit will be selected for the Patient for Medically Necessary Services. The OSF Financial Assistance amount will be adjusted first and if the Illinois Uninsured Patient Discount is greater than the OSF Financial Assistance amount, all remaining amounts will be allocated to the Illinois Uninsured Patient Discount.

1. Straight Charity: After all insurance benefits are exhausted, Gross Charges will be discounted by the applicable percentage identified on the OSF financial assistance guidelines (sliding fee scale), subject to proof of Family Income, all other Financial Assistance Program requirements, and the Maximum Charge. (See OSF Financial Assistance Application.) The OSF financial assistance guidelines are based on 200% of the Federal Poverty Income Guidelines and will be updated annually in conjunction with updates published by the United States Department of Health and Human Services.
2. Catastrophic Charity: After all insurance benefits are exhausted, Gross Charges may be adjusted to provide for discounted care to a Medically Indigent Patient in accordance with the OSF Catastrophic Charity discount when the Chief Financial Officer of the OSF hospital providing the medical care, or his/her designee, determines that more financial assistance is available with a Catastrophic Charity adjustment compared to Straight Charity. To be eligible for the Catastrophic Charity discount, the total unpaid charges must exceed 25% of Family Income. The amount due will be adjusted to 25% of Family Income, subject to the Maximum Charge, with the remaining balance adjusted to charity.
3. Presumptive Charity: Gross Charges may be adjusted to provide for a financial discount of 100% of billed charges when there are no insurance benefits and the Patient establishes financial need by satisfying one of the following categories of presumptive eligibility criteria. Presumptive Charity categories for all OSF hospitals:
    a. Current Medicaid eligibility, but not on date of service or for non-covered service.
    b. Mental incapacitation with no one to act on Patient's behalf; and
    c. Deceased with no estate;
    d. Homeless;
4. For OSF hospitals that are not Critical Access Hospitals or Rural Hospitals, enrollment in any one of the following programs with criteria at or below 200% of the Federal Poverty Income Guidelines shall establish a Presumptive Charity category.
    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);
    e. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criterion for membership; or
    f. Receipt of grant assistance for medical services.

OSF Financial Assistance Application:

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The Application shall include the following disclosures and limit the information requested as follows:

1. Opening Statement: The opening statement on the Application shall include the following paragraphs in the format shown below.
    a. Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE. Completing this application will help OSF determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.
    b. IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.
    c. Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 240 days following your first billing statement.
    d. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the Patient is eligible for financial assistance.
2. Certification: The certification on the Application shall be limited to the following paragraph.
    a. I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for the hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.
    b. Patient or Applicant Signature and Date.
3. Information Requested: The information requested on the Application shall be limited to the following.
    a. Patient Information:
        i. Patient name;
        ii. Patient date of birth;
        iii. Patient address;
        iv. Whether Patient was an Illinois resident when care was rendered;
        v. Patient Social Security number, unless the Patient is uninsured;
        vi. Patient telephone number or cell phone number;
        vii. If there is a guarantor, the name, address, and telephone number of the guarantor.
    b. Family Information:
        i. Family Size; and
        ii. Ages of Patient's dependents.
    c. Family Income and Employment Information:
        i. Whether Patient or Guarantor is currently employed;
        ii. If Patient or Guarantor is employed, name, address and telephone number of all employers;

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iii. Family Income from the following sources:

- Wages and Self-Employment;
- Unemployment Compensation;
- Social Security Income including Supplemental and Disability Income;
- Veteran's Pension and Disability;
- Private Disability;
- Workers' Compensation;
- Retirement and Pension Income;
- Child Support, Alimony or other Spousal Support;
- Public Aid and Temporary Assistance for Needy Families; and
- Other Income.

OSF Responsibilities:

1. OSF Hospitals shall screen all Patients with no insurance benefits, or insufficient insurance benefits, for Presumptive Charity Care. No Application shall be required. However, if there is a reasonable basis to believe the Patient may be eligible for insurance coverage under public programs, or if OSF requires documentation to establish a Presumptive Charity category, OSF shall allow the Patient 30 days to respond to OSF and apply for insurance coverage or produce requested documentation. OSF shall determine eligibility for Presumptive Charity and apply the adjustment to the accounts of eligible Patients as soon as possible after receipt of services and prior to the issuance of any bill for such services. OSF uses the following sources of third party information to determine eligibility for Presumptive Charity: OneSource, Medi or Department of Human Services; SearchAmerica and LexisNexis Accurint; court records, department of correction data; first responder reports including police, fire and accident reports; and obituaries.
2. OSF will accept Applications for its Financial Assistance Programs for the first 240 days following the first post discharge bill to the Patient ("Application Period"), including on accounts sent to collections during the Application Period. OSF may extend the Application Period for Patients submitting incomplete Applications within the Application Period to provide Patients with additional time reasonably needed to submit information and documents required to complete the Application. OSF will process all complete Applications submitted within the Application Period including all Applications pended for Medicaid eligibility determinations.
3. OSF will widely publicize its Financial Assistance Programs in English and any language that is spoken by populations with limited English proficiency that constitute the lesser of 1,000 individuals or 5 percent of the community the hospital serves. Publication shall include the following actions:
   a. Signage conspicuously displayed in the admission areas and emergency room will include the following notice: "Uninsured? Having trouble paying your hospital bill? You may be eligible for financial assistance. A copy of the OSF Financial Assistance Policy and Application may be obtained on our website: www.osfhealthcare.org. If you have questions or need assistance in submitting an Application, please call 800-421-5700 or 309-683-6750, or visit a Financial Counselor in the Admitting Area of the Hospital.
   b. OSF will offer the Plain Language Summary as part of the intake or discharge process and make paper copies of the Financial Assistance Policy, Application, and Plain Language Summary available

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upon request and without charge by mail and in the admission areas and emergency room in quantities sufficient to meet visitor demand.

c. Information will be prominently posted on the OSF website including:

   i. On the home page and main financial assistance page, this message will be conspicuously displayed: "Need help paying your bill? You may be eligible for financial assistance. Click here for more information." When readers click on the link, they will go to a Web page that explains the discounts available under the Financial Assistance Programs and how to download the Financial Assistance Policy, Plain Language Summary, and Application.

   ii. The Web page provides a telephone number that individuals can call and directs individuals to a Financial Counselor in the Admitting Area of the Hospital for more information about the Financial Assistance Policy and assistance in submitting Applications.

d. Information will be included on or with OSF patient billing statements describing the available financial assistance and providing the telephone number of the hospital office that can provide information about the Financial Assistance Policy and application process, and the Web site where copies of the Policy, Application and Plain Language Summary may be obtained.

e. OSF will inform the community about its Financial Assistance Policy in a manner reasonably calculated to reach individuals most likely to need financial assistance. Efforts to inform the community will include providing copies of the Plain Language Summary and Application to referring staff physicians and prominently advertising its financial assistance programs in newsletters mailed to individuals in its database.

f. During the first 120 days following the first post discharge bill to the Patient, OSF will communicate directly with the Patient as follows: 1) provide a written notice of the Financial Assistance Policy that includes a copy of the Plain Language Summary, a description of the Extraordinary Collection Actions the hospital may initiate to obtain payment, and a deadline that is at least 30 days outside of this 120 notification period by which an Application must be submitted to avoid the initiation of Extraordinary Collection Actions; and 2) make reasonable efforts to orally notify the Patient about the Financial Assistance Policy and how to obtain assistance in applying.

4. Staff in the patient financial services and admitting areas at OSF Hospitals will understand OSF's Financial Assistance Policy and be able to direct questions regarding the Policy to the appropriate OSF representative.

5. OSF will notify an Applicant of eligibility for financial assistance within a reasonable period of time after receiving all necessary financial information and documentation. If there is a Patient balance due after financial assistance adjustments, OSF will send a billing statement to the Patient showing all contractual allowances, discounts and financial assistance adjustments, the balance due from the Patient and how this amount was determined, and inform the Patient how to obtain the Maximum Charge calculation. The adjusted balance due shall not exceed the Maximum Charge.

6. OSF's refund policy for Patients qualifying for financial assistance as well as the actions OSF may take in the event of nonpayment of amounts not eligible for Financial Assistance are described in the OSF Fair Billing – Collection Policy. A free copy of this Policy is available under the Billing & Financial Assistance link at www.osfheathcare.org and by mail by calling our Patient Accounts and Access Center at 800-421-5700 or 309-683-6750.

7. Eligibility for the Uninsured Patient Discount and OSF Financial Assistance will be approved for 12 month periods, so long as the Patient continues to meet eligibility guidelines. In addition to OSF hospitals, other providers deliver Medically Necessary Care in the hospital facilities. Eligibility for OSF Financial

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Assistance Programs may apply to the bills of some of these other providers. A list of the other providers delivering Medically Necessary Care in each OSF hospital is maintained as a separate document available under the Billing & Financial Assistance link at www.osfheathcare.org, showing the last date it was updated, and identifying which providers accept OSF Financial Assistance, and which providers do not accept OSF Financial Assistance.

Individual Responsibilities:

1. Before a Patient may receive financial assistance under any OSF Financial Assistance Program, the Patient must fully cooperate with OSF by providing the information and documents requested to obtain all payments from Medicare, Medicaid, AllKids, the State Children's Health Insurance Program, Family Care, VOC and any other public program, if there is a reasonable basis to believe the Patient may be eligible for benefits. In addition, individuals must fully cooperate in recovering any amounts due under any policy of insurance or health plan, including high deductible health insurance policy or health plan, workers' compensation, accident liability insurance, and any third party liability. Unreasonable failure or refusal to apply for coverage under public programs or to cooperate in providing information regarding any policies of insurance, within 30 days of request, may make the Patient ineligible for all Financial Assistance Programs.
2. The Applicant must submit all of the information and documents required under this Policy and on the Application to determine eligibility for Financial Assistance, excepting Presumptive Charity. Unreasonable failure or refusal to provide the information or documents requested within 30 days of request may make the Patient ineligible for financial assistance.
    a. Documents required for the Hospital Uninsured Patient Discount:
        i. One of the following documents from the Patient and Guarantor for all sources of Family Income:
            - Copy of most recent tax return;
            - Copy of the most recent W-2 form and 1099 form;
            - Copies of the two most recent pay stubs;
            - Written income verification from an employer; or
            - One other reasonable form of third party income verification deemed acceptable to OSF.
        ii. One of the following documents to verify the Patient's Illinois residency:
            - Any one of the above documents accepted to verify the Patient's income;
            - A valid state-issued identification card;
            - A recent residential utility bill;
            - A lease agreement;
            - A vehicle registration card;
            - A voter registration card;
            - Mail addressed to the Patient at an Illinois address from a government or other credible source;
            - A statement from a family member of the Patient who resides at the same address and

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presents verification of residency; or

- A letter from a homeless shelter, transitional house or other similar facility verifying that the patient resides at the facility.

b. The following documents are required to apply for the OSF Financial Assistance Programs:

i. Federal Tax Return with all Schedules, W-2 and 1099 Forms for the most recent filing period, plus proof of workers' compensation for lost wages, disability income, and child support received or paid.

ii. If Applicant is unable to provide a complete copy of a Federal Tax Return for the most recent filing period, or the Tax Return includes inaccurate information, or Family Income has significantly changed, the following documentation is required for all current Family Income:

- Two most recent Paystubs or written income verification from all employers;
- For self-employed Applicants, two most recent Paystubs and if a business owner, two most recent Business Checking Account Statements;
- Social Security Award Letter;
- Unemployment Award Letter;
- VA Benefits Letter; and
- Verification of the following:
  a. Disability Income;
  b. Workers' compensation for lost wages;
  c. Rental Income;
  d. Strike Benefits;
  e. Public Assistance;
  f. Alimony; and
  g. Proof of Child Support received or paid.

iii. If unemployed with no source of income, a signed statement explaining how the Applicant pays for daily living expenses.

3. The completed Application needs to be submitted with all requested documents to the applicable facility designated below:

a. For OSF Illinois Hospitals:
OSF Patient Accounts and Access Center (PAAC)
P.O. Box 1701
Peoria, IL 61656-1701
(800) 421-5700 or (309) 683-6750

b. For OSF Illinois Medical Group Offices
OSF Medical Group Offices – Patient Accounts
P.O. Box 1806
Peoria, IL 61656-1806
(800) 589-6070

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4. Recipients of partial financial assistance must communicate to OSF any material change in their financial situation that may impact their ability to pay the balance due or to honor the terms of a reasonable payment plan. Failure to do so within 30 days of the changed situation may cause OSF to refer the balance due to collection.
5. Patients who receive Medically Necessary Services from OSF after receiving OSF Financial Assistance must inform the applicable OSF provider during subsequent treatment that they are eligible for financial assistance to ensure that OSF collects no more than 25% of Family Income in the applicable 12 month period.
6. OSF may reverse a financial assistance adjustment if it later learns the Applicant failed to fully disclose Family Income or falsified information submitted to apply for financial assistance. A financial assistance adjustment may be reversed for those who fail to inform OSF of a material change in eligibility within 30 days.
7. Patients may appeal eligibility determinations for the Illinois Hospital Uninsured Patient Discount and OSF Financial Assistance.

OSF HealthCare Reporting Requirements:

OSF hospitals shall file an annual Hospital Financial Assistance Report with the Office of the Illinois Attorney General at the same time each hospital files its Community Benefits Report, which shall include the following:

1. A copy of the Hospital Financial Assistance Application, which includes the hospital Presumptive Eligibility Policy;
2. Hospital financial assistance statistics, which shall include:
    a. The number of hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year;
    b. The number of hospital Financial Assistance Applications approved under its Presumptive Eligibility Policy during the most recent fiscal year.
    c. The number of hospital Financial Assistance Applications the hospital approved outside of its Presumptive Eligibility Policy during the most recent fiscal year;
    d. The number of hospital Financial Assistance Applications the hospital denied during the most recent fiscal year; and
    e. The total dollar amount of the financial assistance the hospital provided during the most recent fiscal year, based on actual cost of care.
3. A description of the EIT the hospital used in the implementation of the hospital financial assistance application requirements adopted by the Office of Attorney General under the Fair Patient Billing Act, including the source of the EIT. The hospital shall certify annually that every such hospital financial assistance application requirement is included in the Applications processed by EIT.
4. A description of the EIT that the hospital used in the implementation of the presumptive eligibility criteria requirements adopted by the Office of Attorney General under the Fair Patient Billing Act, including the source of the EIT. The hospital shall certify annually that every such presumptive eligibility criteria requirement is included in the Applications processed by EIT.

Exhibit A: Limitation on Charges

The Corporation shall limit the amounts charged for Medically Necessary Care provided to individuals eligible for assistance under the Illinois Hospitals' Financial Assistance Policy to the Amount Generally Billed (AGB) to

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individuals who have insurance covering such care. The AGB shall be determined by multiplying the gross charges for all medical services by a percentage calculated annually and equal to (i) the aggregate dollar amount of claims allowed for all medical services during the 12-month period ended on the preceding September 30 by both Medicare Fee-for-Service and all private insurers, together with any associated portions of these claims the Medicare beneficiaries and insured individuals are responsible for paying in the form of co-payments, co-insurance, or deductibles, divided by (ii) the sum of the associated gross charges for those claims.

Hospital	AGB%		Hospital	AGB%
OSF Holy Family Medical Center 1000 W. Harlem Avenue Monmouth, IL 61462	45.10%		OSF Saint James-John Albrecht Medical Center 2500 W. Reynolds Street Pontiac, IL 61764	34.14%
OSF Saint Anthony's Health Center #1 Saint Anthony's Way Alton, IL 62002	22.72%		OSF St. Joseph Medical Center 2200 E. Washington Street Bloomington, IL 61701	26.91%
OSF Saint Anthony Medical Center 5666 E. State Street Rockford, IL 61108	26.78%		OSF Saint Luke Medical Center 1051 W. South Street P.O. Box 747 Kewanee, IL 61443	48.98%
OSF Saint Elizabeth Medical Center 1100 East Norris Drive Ottawa, IL 61350	28.92%		St. Mary Medical Center 3333 N. Seminary Street Galesburg, IL 61401	23.09%
OSF Saint Francis Medical Center 530 NE Glen Oak Avenue Peoria, IL 61637	27.99%		OSF Saint Paul Medical Center 1401 E. 12 Street Mendota, IL 61342	47.61%
OSF Heart of Mary Medical Center 1400 W Park Street Urbana, IL 61801	22.41%		OSF Sacred Heart Medical Center 812 N Logan Avenue Danville, IL 61832	17.54%

This policy is in effect for OSF Healthcare System, OSF Healthcare Foundation and all OSF Healthcare System subsidiaries and affiliates, except as limited in the header or body of this policy. For purposes of this policy, the terms "subsidiaries" and "affiliates" mean facilities or entities wholly owned or wholly controlled by OSF Healthcare System. The hospitals covered by this policy are:

		Name as listed with Medicare:
X	OSF St. Mary Medical Center	ST MARY MEDICAL CENTER
X	OSF Saint Francis Medical Center	SAINT FRANCIS MEDICAL CENTER
X	OSF Saint James – John W. Albrecht Medical Center	SAINT JAMES HOSPITAL

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X	OSF St. Joseph Medical Center	ST JOSEPH MEDICAL CENTER
X	OSF Saint Anthony's Health Center	OSF HEALTHCARE SYSTEM
X	OSF Saint Anthony Medical Center	SAINT ANTHONY MEDICAL CENTER
	OSF St. Francis Hospital & Medical Group	ST FRANCIS HOSPITAL
X	OSF Holy Family Medical Center	OSF HEALTHCARE SYSTEM
X	OSF Saint Elizabeth Medical Center	Ottawa Regional Hospital & Healthcare Center
X	OSF Saint Luke Medical Center	OSF HEALTHCARE SYSTEM
X	OSF Saint Paul Medical Center	Mendota Community Hospital
X	OSF Heart of Mary Medical Center	OSF HEALTHCARE SYSTEM
X	OSF Sacred Heart Medical Center	OSF HEALTHCARE SYSTEM

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Education/Communication Step	Michael Humphrey: DIR PATIENT ACCOUNTS	2/4/2019
Board of Directors	Danielle McNear: EXECUTIVE ASSISTANT	1/21/2019
President, OSF Healthcare System	Sister Diane Marie: PRESIDENT	12/21/2018
SVP, Revenue Cycle	Laurie Hurwitz: SVP REVENUE CYCLE	12/21/2018
Vice President, Patient Accounts	Rene Utley: VP PATIENT ACCOUNTS	12/20/2018
Policy Review Group	Christen Bergstresser: RESOURCE DOCUMENT SPECIALIST	12/20/2018
Notification Step	Michael Humphrey: DIR PATIENT ACCOUNTS	12/20/2018

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