

Jackson Park Hospital & Medical Center  
Administrative

Policy: Financial Assistance Policy	Effective Date Issued	Policy Number
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**Purpose:**

Financial assistance is intended to assist those uninsured or underinsured individuals who do not otherwise have the ability to pay their charges as determined under the hospital's qualification criteria. It takes into account each individual's ability to contribute to the cost of their medical care. Hospital financial assistance is not a substitute for employer-sponsored, public or individually purchased insurance.

**Definitions:**

**Amount Generally Billed:** The amount generally billed, AGB, is the expected payment from patients eligible for financial assistance. It is calculated for our hospital by using the Lookback Method which takes the amounts allowed for claims to Medicare and private insurers for a 12 month period, from 11/1/2023 through 10/31/2024, and divides it by the Gross Charges for those same claims. This rate is 33.7%.

**AGB %:** The discount amount using the rate calculated for the Amount Generally Billed by taking 1 – Amount Generally Billed rate. This rate is 66.3%.

**Cost to Charge Ratio:** The ratio of a hospital's costs to its charges taken from its most recent filed Medicare cost report (CMS 2552-96 Worksheet C. Part I, PPS Inpatient Ratios).

**Emergency Medical Care:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part or with respect to a pregnant woman who is having contractions - that there is inadequate time to effect a safe transfer to another hospital before delivery or that transfer may pose a threat to the health or safety of the woman or the unborn child.

**Federal Poverty Income Guidelines:** The Federal Poverty Income Guidelines are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the

United States Code. Current FPIG guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>

**Federal Poverty Level (FPL):**

Family Size	2025 Federal Poverty Level	200% of the FPL	600% of the FPL
1	\$15,650	\$31,300	\$93,900
2	\$21,150	\$42,300	\$126,900
3	\$26,650	\$53,300	\$159,900
4	\$32,150	\$64,300	\$192,900
5	\$37,650	\$75,300	\$225,900
6	\$43,150	\$86,300	\$258,900
7	\$48,650	\$97,300	\$291,900
8	\$54,150	\$108,300	\$324,900

For families/households with more than 8 persons, add \$5,500 for each additional person.

**Financial Assistance:** Assistance provided to patients who meet this policy's eligibility criteria and for whom it would otherwise be a financial hardship to pay in full the patient payment obligation for Emergency Care or Medically Necessary Care

**Gross Charges:** Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.

**Insured Patient:** A patient covered under a policy of health insurance or is a beneficiary under a public or private health insurance, health benefit or other health coverage program, including high deductible health insurance plans, workers' compensation, automobile accident liability insurance, or other third party liability to assist with meeting a patient's payment obligations.

**Medically Necessary Care:** Hospital services that are reasonably required to make a diagnosis, correct, cure, alleviate, or prevent the worsening of conditions that endanger life or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service.

**Underinsured Patient:** A patient covered under a policy of health insurance or is a beneficiary under a public or private health insurance, health benefit or other health coverage program, including high deductible health insurance plans, workers' compensation, automobile accident liability insurance, or other third party liability to assist with meeting a patient's payment obligations, who cannot afford to pay the balance of their payment obligations after insurance has paid.

**Uninsured Patient:** A patient not covered under a policy of health insurance and is 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, automobile accident liability insurance, or other third party liability to assist with meeting a patient's payment obligations.

**Policy:**

**Who This Applies to:**

- 1) This policy applies to all patients of the hospital facility that receive Emergency Medical Care or Medically Necessary Care

**Who is Eligible:**

- 1) All patients will be provided treatment for Emergency Medical Care and Medically Necessary Care regardless of their ability to pay. Also, the Hospital will not engage in actions that discourage individuals from seeking Emergency Medical Care such as demanding payment for prior or current services or by permitting debt collection activities that interfere with or delay the provision of care.
- 2) Patients who receive Emergency Medical Care or Medically Necessary Care are eligible for financial assistance under this policy. This policy does not cover elective services.
- 3) The decision to extend financial assistance will be based solely on the applicant's financial status as indicated by pre-determined eligibility requirements and will be granted to all qualifying patients, regardless of race, color, religion, age, national origin, marital status or legally protected status. This policy will be uniformly applied to all eligible patients.
- 4) Financial Assistance, under this policy, also includes Emergency Medical Care or Medically Necessary Care furnished by hospital employed physicians who are listed in Appendix A.
- 5) Financial Assistance, under this policy, does not include Emergency Medical Care or Medically Necessary Care furnished by the providers who are listed in Appendix B.

**Type of Financial Assistance and Eligibility:**

- 1) Full financial assistance, Charity, at a 100% discount of Gross Charges, will be given to patients who have a gross family income equal to or below 200% of the Federal Poverty Levels (FPL), adjusted for family size, provided such patients are not eligible for other private or public health coverage and do not exceed the assets protection threshold. This program is available to uninsured patients who apply by completing the Financial Assistance Application. See the Federal Poverty Level table in the Definitions above.
- 2) If it is determined by a Jackson Park Patient Financial Representative that a patient has no insurance coverage, the patient is screened for Presumptive Eligibility for Charity.
  - a) Presumptive Eligibility for Charity markers are:
    - i) Patient is homeless
    - ii) Patient is deceased with no estate
    - iii) Patient is mentally incapable to act on their own behalf and there is no one able to act on the behalf of the patient
    - iv) Patient is Medicaid eligible but not on date of service or non-covered service
    - v) Patient has out of state Medicaid
  - b) If a patient meets any of the above criteria a charity write off packet is created for the patient, approved by the Vice President/Chief Information Officer and VP of Finance,

- and returned to a Patient Financial Service Representative for a full Charity discount of 100% of Gross Charges. See the Federal Poverty Level table in the Definitions above.
- 3) Automatic Uninsured Discount. This provides an automatic 71% discount of Gross Charges to uninsured patients for Emergency Care and Medically Necessary Care. No application is necessary.
  - 4) Payment Plans. This assists patients with financial needs through payment arrangements. This program is available to both insured and uninsured patients. The Patient Account Representatives / Financial Counselors are responsible for setting up patient payment plans. This program is available to patients who apply by completing the Financial Assistance Application.
  - 5) Catastrophic Discount.
    - a) This Illinois based discount limits all out-of-pocket costs over a 12-month period to no more than 20% of the patient's family's gross income, starting on the first date of service for Emergency Care and Medically Necessary Care to a patient that meets the following criteria:
      - i) The patient is uninsured
      - ii) The patient is a resident of Illinois
      - iii) The patient's family income is 600% or less than the FPL. See the FPL table in the Definitions above.
      - iv) The patient's assets value, excluding the primary residence, personal property exempt from judgement under Section 12-1001 of the code of Civil Procedure or amounts held in a pension or retirement plan, is 600% or less of the FPL
      - v) The Gross Charges of the visit are \$150 or greater
      - vi) The patient must continue to be eligible for this discount by meeting the above criteria over the period of payment.
    - b) This limit will be applied to the balance due after the Automatic Uninsured Discount is applied to Gross Charges. This discount is available to patients who apply by completing the Financial Assistance Application.
  - 6) Individual consideration may be provided to a patient that can demonstrate undue financial hardship, even though their family gross income may exceed 600% of the FPL. Exceptions must be approved by the Vice President/Chief Information Officer or his/her designee. This program is available to patients who apply by completing the Financial Assistance Application.

**Basis for Calculating Amounts Charged To Patients:**

- 1) The amounts to be collected from uninsured patients that are eligible for financial assistance will always be less than Gross Charges times the AGB % as an Automatic Uninsured Discount of 71% is applied to their balance and this discount rate is greater than the AGB %.
- 2) The State of Illinois Uninsured Discount is calculated by taking 1-(Medicare Cost to Charge Ratio x 135%) and is 52.29%. As the hospital takes an Automatic Uninsured Discount of 71% on uninsured patients' Gross Charges this discount rate is exceeded for eligible uninsured patients.

**Where to get this information:**

- 1) This policy, our Plain Language Summary of this policy, the Financial Assistance Application, our Emergency Medical Care (EMTALA) policies and our Billing and

Collection Policy are all available on our website at:

[https://www.jacksonparkhospital.org/patients\\_and\\_visitors/financial-assist/](https://www.jacksonparkhospital.org/patients_and_visitors/financial-assist/)

- 2) You can call 773-947-7500 x7996 to ask that a copy of any of the above be sent to you free of charge by mail or email.
- 3) Paper copies of any of the above are available at the Outpatient Registration desk at the East lobby of the hospital. Our address is 7531 S Stony Island Ave., Chicago, IL 60649.

### **How to Apply:**

- 1) Fill out the Financial Assistance Application and provide the information requested on the form and in the instructions.
- 2) To be considered for a discount under this Financial Assistance Policy, an Uninsured Patient must cooperate with the hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for their health care, such as Medicare, Medicaid, and/or third party liability.
- 3) Financial Counselors are available to assist patients in completing the Financial Assistance Application at 773-947-7500 x7996.
- 4) The hospital reserves the right to revoke financial assistance if it determines a patient has knowingly misrepresented their financial condition, the number of dependents or any other information necessary to determine financial status for purposes of this policy.
- 5) The 'Notice of Hospital Financial Assistance' is available on the hospital website, patient bills and upon request. It is also posted in the Emergency Department, main lobbies, admission / registration areas and other areas throughout the hospital. Any changes to the Notice must be approved by the Executive Vice President.
- 6) This policy and our Financial Assistance Application are available in other languages in accordance with the applicable "Standards for Culturally and Linguistically Appropriate Services in Health Care" (Standards 4 & 7, based on Title VI of the Civil Rights Act of 1964).
- 7) Any changes to the Financial Assistance Application must be approved by the Vice President/Chief Information Officer.
- 8) Any changes to this policy must be approved by the governing body of the hospital

### **Our Billing and Collection Policy:**

- 1) Please see our Billing and Collection Policy which is available as described in the “Where to get this information” section above.

### **Emergency Care Policy**

- 1) Please see our Emergency Care policies (EMTALA) which are available as described in the “Where to get this information” section above.

#### **Appendix A**

#### **Providers Covered in Jackson Park Hospital’s Financial Assistance Policy:**

The Friedell Clinic, SC (multiple-specialty physicians’ practice)

#### **Appendix B**

#### **Providers Not Covered in Jackson Park Hospital’s Financial Assistance Policy:**

Great Lakes Medical Group – Emergency Medicine Physicians

Radiology Imaging Consultants – Radiology Physicians