

Department/Category: <b>FINANCIAL ADMINISTRATION</b>	Page <b>1 of 26</b>	Policy # <b>FIN 03.0012</b>
Title: <b>FINANCIAL ASSISTANCE</b>	Review of: <b>09/01/2016</b>	Effective Date: <b>09/01/2021</b>
		Next Review: <b>09/01/2026</b>

**SCOPE:** Applies to entities indicated below as well as their subsidiaries and affiliates

<input checked="" type="checkbox"/> <b>NM – Northwestern Memorial Hospital</b>	<input checked="" type="checkbox"/> <b>NM – Lake Forest Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Northwestern Medical Group</b>	<input checked="" type="checkbox"/> <b>NM – Central DuPage Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Regional Medical Group</b>	<input checked="" type="checkbox"/> <b>NM – Delnor Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Kishwaukee Hospital</b>	<input checked="" type="checkbox"/> <b>NM – Valley West Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Marianjoy Rehabilitation</b>	<input checked="" type="checkbox"/> <b>NM – Palos Community Hospital</b>
<input checked="" type="checkbox"/> <b>NM – Huntley Hospital / <input checked="" type="checkbox"/> NM – McHenry Hospital / <input checked="" type="checkbox"/> NM – Woodstock Hospital</b>	
<input type="checkbox"/> <b>NM – System Functions / NMHC Employees</b>	
<input type="checkbox"/> <b>NM – Other **See “Scope/Persons/Areas Affected” Section below**</b>	

**I. PURPOSE:**

To define Northwestern Memorial HealthCare’s policy related to the provision of Financial Assistance to those with inadequate financial resources.

**II. POLICY STATEMENT:**

- A. Northwestern Memorial HealthCare and its Affiliates (collectively referred to herein as “NMHC”), are committed to meeting the health care needs of members of NMHC’s community who are unable to pay for Medically Necessary care received at NMHC Affiliates, including without limitation those who are uninsured, underinsured, ineligible for a government program, or otherwise unable to make payment. Allocation and prioritization of Financial Assistance will take into consideration the many needs of the community, NMHC’s mission as an academic medical center, its financial protocols for allocation of resources, and applicable law and regulation. Notwithstanding the foregoing, NMHC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance under this policy.
- B. Financial Assistance is available through multiple programs (collectively, “Financial Assistance Program” or “Program”) including the following:
  - 1. [\*Insured Patient Free And Discounted Care\*](#) (set forth on *Appendix B*)
  - 2. [\*Uninsured Patient Free And Discounted Care Program\*](#) (set forth on *Appendix C*)
  - 3. [\*Presumptive Eligibility\*](#) (set forth in *Appendix D*)
  - 4. Future programs approved by the Vice President, Revenue Cycle, which shall be included as appendices.

### **III. SCOPE/PERSONS/AREAS AFFECTED:**

This policy applies to all levels of NMHC management and staff of those entities listed on *Appendix A-2* who are involved in the allocation and prioritization of resources to meet the needs of the community. This policy does not apply to physicians who are on staff at an NMHC Hospital Affiliate but who are not otherwise employed by or contracted with an NMHC Physician Affiliate. This policy applies to each Affiliate as an independent entity, and unless otherwise provided herein, each Affiliate shall separately meet the requirements of this policy. A list of health care providers delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained separately by the Financial Counseling Department and shall be incorporated by reference herein as *Appendix G*.

### **IV. RESPONSIBILITIES:**

- A. NMHC's Financial Counseling Department is responsible for assisting Applicants applying for Financial Assistance prior to or during the course of treatment.
- B. Areas within NMHC handling billing inquiry, customer service, and self-pay follow-up shall assist Applicants after services have been provided.
- C. The Revenue Cycle Division, including the department and areas listed in Sections IV.A. and IV.B. above, is responsible for the approval of Financial Assistance Applications and obtaining all supporting documentation.
- D. The Revenue Cycle Division is responsible for developing the basis for calculating the amounts charged to Patients and explaining such calculation upon request.

### **V. DEFINITIONS:**

Capitalized terms not otherwise defined herein are defined in [Appendix A](#).

### **VI. NOTIFICATION:**

To make Patients, Guarantors, their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to notify visitors to its facilities of this policy and to widely publicize this policy. Specific notification measures shall be in accordance with applicable law and shall be set forth in specificity in [Appendix E](#).

### **VII. DETERMINATION OF ELIGIBILITY:**

- A. When Eligibility is Determined: The determination of an Applicant's eligibility for Financial Assistance should be made as early as possible. In cases where the Patient is seeking services other than Emergency Services, determination shall be made prior to the scheduling and/or rendering of services, whenever possible.
- B. Application Requirement: Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantor is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicant's financial position (including, as applicable, information about the Applicant's family) and other information which is necessary in making a determination of eligibility for Financial Assistance. Time frames for submission of an Application and other Application-related time frames shall be in accordance with applicable law and set forth on [Appendix F](#). The Application shall be available on a form provided by NMHC and consistent with the provisions of the Illinois Hospital Uninsured Patient Discount Act and other applicable law. Unless otherwise provided herein or in an appendix, Applications will only be accepted from individuals who have had a previously existing relationship with NMHC during the last 12 months or an upcoming appointment or admission. Patients shall complete one (1) Application which shall be recognized by all NMHC Affiliates.

C. Length of Approval:

1. Once approved, NMHC shall provide Financial Assistance until such time that alternative sources of payment may be secured. Applicants are expected to cooperate in applying and securing alternate sources of payment when applicable. Accordingly, eligibility determinations shall be valid until commencement of the next enrollment period whereby the Applicant may obtain insurance coverage. Notwithstanding the foregoing, the following limitations apply:
  - a. Financial Assistance for Emergency Services may be limited to the Emergency Services and any related stabilization care;
  - b. Financial Assistance for NMHC Hospital Affiliate services may be approved on an episodic basis and such approval may be subject to additional program requirements and screening procedures set forth in Section IX;
  - c. Eligibility determinations shall not extend beyond 12 months.
2. Applicants shall be required to promptly advise NMHC of changes in their financial situation which may affect their eligibility during a previously approved period. An Applicant's failure to notify NMHC within 30 days of changes in their financial situation may affect the Applicant's ability to continue to receive Free or Discounted Care or qualify for Financial Assistance in the future.
3. NMHC's Financial Assistance Policy Committee shall determine the length of time that an eligibility determination based upon alternative methods of qualification (see Section VII.D below) shall be valid; provided, however, that the length of time shall not exceed twelve (12) months.
4. If a Patient's eligibility terminates during a course of treatment and the treating provider confirms that transitioning care would be detrimental to the Patient, the Patient and/or the treating provider may request an exception which shall be evaluated by the Free Care Committee, subject to approval by the NMHC Medical Director or his or her designee and the Vice President, Revenue Cycle, pursuant to Section XV of this policy.

D. Alternative Methods of Qualification: NMHC (or its agent), at its discretion, may assess a Patient's or Guarantor's Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patient's or Guarantor's Program eligibility.

E. Withholding of Information: If at any time during the review process it becomes apparent that the Applicant has intentionally withheld relevant information, provided false information, or provided inaccurate information, as evidenced by information obtained through credit agencies or other available sources, and the Applicant is unable to resolve discrepancies to the satisfaction of NMHC, the Applicant may be disqualified for Financial Assistance, which shall result in the resumption of routine collection efforts until such discrepancies are resolved. Notwithstanding the foregoing, NMHC shall not deny Financial Assistance based on information that it has reason to believe is unreliable or incorrect or on information obtained from the Applicant under duress or through the use of coercive practices (including delaying or denying care for Emergency Medical Conditions to an individual until the individual has provided the requested information).

**VIII. QUALIFYING SERVICES:**

- A. NMHC Hospital Affiliates shall provide Financial Assistance only for Medically Necessary services for which the Applicant meets clinical program criteria and is otherwise financially responsible.
- B. Financial Assistance for transplants and transplant-related services are determined pursuant to a separate process and may be included as an appendix to this policy.
- C. Nothing in this policy requires NMHC to provide services not routinely provided to Patients.

**IX. ADDITIONAL PROGRAM REQUIREMENTS AND SCREENING PROCEDURES:**

- A. Financial Assistance for certain procedures may be subject to additional program requirements and/or screening procedures. Additional screening requirements shall be communicated to Patients and physicians. By way of example and without limitation, such requirements and screening procedures may include the following:
  - 1. Reexamining a Patient's current financial situation to ensure continued eligibility for Financial Assistance, including availability of insurance coverage;
  - 2. Securing payment arrangements with respect to outstanding amounts owed by the Patient or otherwise establishing a payment plan; or
  - 3. Evaluating selected procedures to ensure that other treatment methods have been exhausted or, if previously tried, the likelihood of success, and/or that after-care resources are put in place; or
  - 4. Securing services from an appropriate level or type of provider.

**X. EXHAUSTION OF THIRD PARTY SOURCES:**

- A. Financial Assistance will only be applied to self-pay balances, after all third-party benefits/resources are reasonably exhausted, including, but not limited to, benefits from insurance carriers (e.g., health, home, auto liability, worker's compensation, or employer funded health reimbursement accounts), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation, settlements, and/or private fundraising efforts (collectively, "Third-Party Funding Sources"). Patients receiving Financial Assistance and who require Medically Necessary care (other than Emergency Services) must, whenever possible, be screened for eligibility for Medicaid, Health Insurance Exchange, or other available payment programs and, if found eligible, the Patient must fully cooperate with enrollment requirements prior to the procedure being scheduled and/or services being rendered. Eligible Patients who fail or refuse to enroll in available Medicaid, Health Insurance Exchange, or other available payment programs may be ineligible for Financial Assistance. Patients should be given at least one (1) written notice of the necessity of filing for Medicaid, Health Insurance Exchange, or other available payment programs and that failure to do so may jeopardize eligibility for Financial Assistance. Efforts, if any, to assist the Applicant to enroll in Medicaid, Health Insurance Exchange, or other available payment programs shall be documented.
- B. If a Patient seeking care other than Emergency Services is covered by an HMO or PPO and NMHC is not an in-network provider, then the Patient should be directed to seek care from his participating providers and shall not be eligible for Financial Assistance. Financial Assistance is not available for out-of-network costs.

**XI. LIMITATION ON CHARGES:**

Discounts may vary between Financial Assistance Programs. Calculation of discounts shall be set forth in the various appendices to this policy. However, in all Financial Assistance Programs, amounts charged by NMHC Hospital Affiliates for care for Emergency Medical Conditions or other Medically Necessary care provided to individuals eligible for the Financial Assistance Program with annual household income less than or equal to 600% of the applicable Federal Poverty Level shall not be more than the amounts generally billed to individuals who have insurance covering such care (“Amounts Generally Billed Discount”).

**XII. EMERGENCY MEDICAL CARE:**

- A. Consistent with the NMHC policy addressing compliance with the Emergency Medical Treatment and Labor Act, NMHC Hospital Affiliates shall provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they can pay for the care or are eligible for Financial Assistance.
- B. NMHC Hospital Affiliates shall not engage in actions that discourage individuals from seeking care for Emergency Medical Conditions, including but not limited to the following:
  - 1. Requiring payment from that Emergency Department Patients before receiving a medical screening or treatment for Emergency Medical Conditions; or
  - 2. Permitting debt collection activities in the Emergency Department or in other areas of an NMHC Hospital Affiliate where such activities could interfere with the provision, without discrimination, of care for Emergency Medical Conditions.

**XIII. REFUNDS:**

Application of Financial Assistance shall be applied to all open balances. Refunds shall reviewed by NMHC’s Free Care Committee and provided as required by law.

**XIV. COORDINATION OF AFFILIATE DETERMINATIONS:**

NMHC Affiliates shall coordinate their efforts in the mutual determination of eligibility.

**XV. EXCEPTIONS AND APPEALS:**

NMHC physicians and/or clinicians may request Financial Assistance on behalf of a Patient; however, the Patient must provide the necessary information and documentation to support the request. If the physician or Patient does not agree with the eligibility or program determination or if the physician or Patient is requesting an exception to this policy, an appeal or request for exception should be made to the Free Care Committee for evaluation, subject to approval by the Vice President, Revenue Cycle. This determination shall be final and binding until such time that the Patient or physician provides significant new or additional information demonstrating qualification for assistance (e.g., change in income, loss of employment, and other circumstances that substantially change the prior review).

**XVI. ACTIONS FOR NON-PAYMENT:**

The NMHC Credit and Collection Policy, describes the actions that may be taken for non-payment of amounts due. Members of the general public may obtain a free copy of the NMHC Credit and Collection Policy by contacting the Financial Counseling Department.

**XVII. APPLICABILITY TO EXISTING PROGRAMS:**

Financial Assistance awarded to patients prior to the effective date of this policy shall not be reduced but only through such time period indicated in the award. Upon expiration of such Financial Assistance, this policy shall apply.

**XVIII. POLICY UPDATE SCHEDULE:**

This policy is reviewed or updated every five (5) years or more often as appropriate.

**XIX. REPORTING:**

NMHC shall report all required information regarding the Financial Assistance Program to the appropriate governmental agencies.

**XX. MONITORING AND NON-SUBSTANTIVE UPDATES:**

- A. The Financial Assistance Policy Committee shall be responsible for the on-going monitoring of this policy. It shall review practices hereunder including whether:
  - 1. controls are in place to assess Patient eligibility;
  - 2. information on patients eligible for and/or receiving Financial Assistance status is tracked and maintained;
  - 3. the existence of Financial Assistance is communicated to the community and its Patients;
  - 4. provisions are in place so as not to discourage community members from seeking care for Emergency Medical Conditions; and
  - 5. collection actions are appropriately taken against Patients receiving Financial Assistance.
- B. The Vice President, Revenue Cycle may make non-substantive updates to this policy (e.g., to reflect current Federal Poverty Guidelines, changes in addresses, etc.).

**XXI. REFERENCES:**

- A. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]
- B. Illinois Fair Patient Billing Act [210 ILCS 88/]
- C. Internal Revenue Code Section 501(r)
- D. Social Security Act [42 U.S.C. 1395dd]

**XXII. APPENDICES:**

- A. [Appendix A: Definitions](#)
  - 1. [Appendix A-1: Federal Poverty Guidelines](#)
  - 2. [APPENDIX A-2: NMHC AFFILIATES](#)
- B. [Appendix B: Insured Patient Free And Discounted Care](#)
- C. [Appendix C: Uninsured Patient Free And Discounted Care](#)
- D. [Appendix D: Presumptive Eligibility](#)
- E. [APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES](#)
- F. [APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES](#)
- G. [Appendix G: Provider Lists](#)

H. [Appendix H: Lab Testing Financial Assistance](#)

**XXIII. APPROVAL:**

Responsible Party: Andrew Scianimanico  
Vice President, Chief Revenue Cycle Executive

Reviewers: Finance Committee members  
Tax & Regulatory Review Committee members  
Financial Assistance Policy Committee members  
Vice President, Finance  
Senior Vice President, Administration  
Office of General Counsel  
Corporate Compliance & Integrity

Approval Parties: John Orsini  
Executive Vice President and CFO  
Northwestern Memorial HealthCare  
Electronic Approval: 08/20/2021

**XXIV. REVIEW HISTORY:**

Written: 05/01/2011 – local NMH policy retired  
Revised 12/29/2014 – For policy effective 2/1/2016 - Supersedes NMHC 03.0012 v1.0 – 6/1/2011 – Free and Discounted Care  
Revised: 08/17/2016 – For policy effective 9/1/2016 - Scope updated to include NM-CDH, NM-Delnor and NM-RMG otherwise no other content updates  
Revised: 09/01/2018: Updated Scope Matrix – applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of 9/1/2018.  
Revised: 08/11/2020: NMHC Tax and Regulatory Review Committee approved moving the NW Region hospitals (Huntley, McHenry and Woodstock) to the NMHC Financial Assistance policy to be effective September 1, 2020  
Reviewed: 09/01/2021  
Revised:07/17/2023: editorial only

## **APPENDIX A: DEFINITIONS**

**Affiliates:** Those entities controlled by, controlling, or under common control with NMHC. NMHC Affiliates to which this policy applies are listed on [Appendix A-2](#). For purposes of this policy, the term “Affiliates” does not include NMHC affiliates that are legally or otherwise restricted from adopting this policy.

**Amounts Generally Billed/Amounts Generally Billed Discount:** The discount required to ensure that charges for care for Emergency Medical Conditions or other Medically Necessary care provided by an NMHC Hospital Affiliate during an outpatient visit or inpatient stay to individuals eligible for assistance under this policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care (“Amounts Generally Billed”). Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method. Each NMHC Hospital Affiliate shall calculate its own Amounts Generally Billed Discount. A written explanation of the method used at each NMHC Hospital Affiliate can be obtained by contacting the NMHC Financial Counseling Department. Physician Affiliates shall apply the Amounts Generally Billed Discount applicable to NMH.

**Applicant:** An Applicant is the person submitting an Application for Financial Assistance, including the Patient and/or the Patient’s Guarantor.

**Application:** A Financial Assistance Application.

**Application Period:** The period during which an NMHC Hospital Affiliate must accept and process an Application submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance. With respect to any care provided by an NMHC Hospital Affiliate to an individual, the Application Period begins on the date the care is provided to the individual and ends on the 240<sup>th</sup> day after the date the NMHC Hospital Affiliate provides (i.e. mails, sends electronically, or delivers by hand) the individual with the first post-discharge billing statement for the care.

**Billed Charge(s):** The fee for a service that is based on the NMHC Affiliate’s master charge schedule in effect at the time of the service and that the Affiliate consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

**Cost-of-Care Discount:** The discount equal to that amount calculated by multiplying the total cost-to-charge ratio from each NMHC Affiliate Hospital’s Medicare cost report to the charges on accounts identified as qualifying for Financial Assistance. Notwithstanding the foregoing, NMHC may, for administrative ease, establish a single Cost-of-Care Discount that is most advantageous to the Patient. The Cost-of-Care Discount shall be equal to or greater than the Amount Generally Billed Discount.

**Discounted Care:** Care provided at less than Billed Charges other than Free Care. Discounts include the Cost-of-Care Discount and the Amount Generally Billed Discount.

**Emergency Medical Condition:** Emergency Medical Condition shall be as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**Emergency Services:** Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, services that are Never-Say-No services, or other services identified by the Vice President, Revenue Cycle and set forth in an appendix to this policy from time to time.

**Extraordinary Collection Action(s) ECA(s):** Those actions that an NMHC Hospital Affiliate may take against an individual related to obtaining payment of a bill for care covered under the Financial Assistance Program. Such ECAs are further defined in the NMHC Financial Policy: Credit and Collection and may

include, by way of example, requiring payment for previously-rendered care and/or placing a lien on one's property.

**Family Size:** The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size shall be the number of individuals residing in the Applicant's household. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size may include household members of the individual claiming dependency.

**Federal Poverty Guideline(s):** 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). The Guidelines, attached as Appendix A-1, shall be adjusted annually within thirty (30) days following the issuance of new Federal Poverty Guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

**Financial Assistance:** Amounts attributable to Free Care or Discounted Care provided to Patients who meet NMHC's criteria for Financial Assistance under various programs (collectively, "Financial Assistance Program" or "Program") and are unable to pay for all or a portion of their health care services. Financial Assistance does not include bad debt or uncollectible charges that have been recorded as revenue but written off due to a Patient's failure to pay; 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.

**Free Care Committee:** That Committee charged with addressing questions regarding application of this policy to specific Patient issues. The Free Care Committee shall review appeals and exceptions made to the policy.

**Free Care:** A discount from Billed Charges equal to one hundred percent (100%).

**Financial Assistance Policy Committee:** That committee comprised of representatives from NMHC Affiliates and NMHC, which makes recommendations with respect to this policy and ensures operational alignment between Affiliates in implementing this policy. The Financial Assistance Committee shall include representatives from operations, the Office of General Counsel, the Internal Audit Department, the Office of Corporate Compliance and Integrity, and External Affairs. The Financial Assistance Committee shall report its activities to the Tax and Regulatory Committee.

**Guarantor:** The individual who is financially responsible for services rendered to the Patient.

**Household Income:** Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income. More specifically, Household Income is equal to the adjusted gross income listed on the Applicant's most recent tax return, adjusted to subtract child support payments and to add amounts of tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income not included in adjusted gross income but available to Applicant. However, if the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.), once again adjusted to remove child support payments and to include tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income available to Applicant. Household Income includes the income of all members of the household.

**Illinois Resident:** An Illinois Resident is a Patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act (“HUPDA”). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does not require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition.

**Insured Patient:** A Patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

**Medically Necessary:** Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Patient. A “Medically Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

**Never-Say-No:** Services meeting NMHC’s Never-Say-No criteria as may be amended from time-to-time.

**NMHC Hospital Affiliate(s):** NMHC affiliates licensed as a hospital. NMHC Hospital Affiliates to which this policy applies are listed on Appendix A-2.

**NMHC Physician Affiliate(s):** NMHC affiliates providing clinical care in a physician outpatient setting. NMHC Physician Affiliates to which this policy applies are listed on Appendix A-2.

**Non-Resident:** A Non-Resident is a Patient who is not an Illinois Resident.

**Patient:** The individual receiving services.

**Plain Language Summary:** A clear, concise, and easy-to-understand written statement that notifies an individual that an NMHC Hospital Affiliate offers Financial Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this policy; (ii) a brief summary of how to apply for assistance under this policy; (iii) a direct listing of a website address (or URL) and physical locations (including room numbers) where a copy of this policy and Financial Assistance Applications may be obtained; (iv) instructions on how to obtain a free copy of the Financial Assistance Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of offices or departments who can provide an individual with assistance with the Application process; (vi) availability of translations; and (vii) a statement that no Financial Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

**Self-Pay Package-Priced Services:** Multiple services offered together for a single price which is discounted such that the single price is less than the sum of the prices for all the individual services comprising the package of services.

**Uninsured Patient:** A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high-deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

**APPENDIX A:**  
Definitions

Andrew Scianimanico  
Vice President, Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

**REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 12/29/2017  
Reviewed: 09/01/2021

**APPENDIX A-1: FEDERAL POVERTY GUIDELINES**

**2024 Federal Poverty Guidelines**

<b>Family Size</b>	<b>Federal Poverty Level</b>	<b>Up to 138% FPL</b>	<b>Up to 250% FPL</b>	<b>Up to 400% FPL</b>	<b>Up to 600% FPL</b>
1	\$15,060	\$20,782	\$37,650	\$60,240	\$90,360
2	\$20,440	\$28,207	\$51,100	\$81,760	\$122,640
3	\$25,820	\$35,631	\$64,550	\$103,280	\$154,920
4	\$31,200	\$43,056	\$78,000	\$124,800	\$187,200
5	\$36,580	\$50,480	\$91,450	\$146,320	\$219,480
6	\$41,960	\$57,904	\$104,900	\$167,840	\$251,760
7	\$47,340	\$65,329	\$118,350	\$189,360	\$284,040
8	\$52,720	\$72,753	\$131,800	\$210,880	\$316,320
+1	\$5,380	\$7,424	\$13,450	\$21,520	\$32,280

**REFERENCES:**

42 USC 9902(2)

**APPENDIX A-1:**  
Federal Poverty Guidelines

**Owner:** Andrew Scianimanico  
**Title:** Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 01/17/2024**

**REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 04/24/2017, 02/2018, 01/23/2019, 01/28/2020, 02/09/2021, 07/07/2023, 01/17/2024  
Reviewed: 09/01/2021

**APPENDIX A-2: NMHC AFFILIATES****A. Hospital Affiliates**

1. Northwestern Memorial Hospital
2. Northwestern Medicine Lake Forest Hospital
3. Northwestern Medicine Central DuPage Hospital
4. Northwestern Medicine Delnor Hospital
5. Kishwaukee Hospital
6. Valley West Hospital
7. Northwestern Medicine - Ben Gordon Center
8. Marianjoy Rehabilitation
9. NM Huntley, NM McHenry and NM Woodstock Hospitals
10. Palos Community Hospital

**B. Physician Affiliates**

1. Northwestern Medical Group
2. Northwestern Medicine Regional Medical Group
3. Kishwaukee Physician Group
4. Marianjoy Medical Group

**APPENDIX A-2:**  
NMHC Affiliates

Andrew Scianimanico  
Vice President, Chief Revenue Cycle Executive

**Effective Date: 10/01/2022**

**REVIEW HISTORY:**

Written: 03/03/2015

Revised: 07/12/2016

Revised: 12/29/2017

Revised: 09/01/2018, 07/07/2023

Reviewed: 01/29/2019, 09/25/2020, 09/01/2021

## **APPENDIX B: INSURED PATIENT FREE AND DISCOUNTED CARE**

### **I. FREE AND DISCOUNTED CARE**

NMHC provides Free Care as well as Discounted Care to Insured Patients as provided in this *Appendix B*.

### **II. SERVICES**

- A. Except as provided in this Appendix's Section II.B below, Free Care and Discounted Care for Insured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Insured Patients shall not be available for the following services:
  1. Non-Medically Necessary services;
  2. Out-of-network services;
  3. Specialty Pharmacy Services; except that hepatitis-C antiviral medications administered to hepatitis-C negative transplant recipients who receive a hepatitis-C positive donor organ at NMH may be considered under this Policy, after all reasonable efforts to secure insurance or other reimbursement for such medications have been exhausted in a timely manner. Provision of such medications must be coordinated through Northwestern Specialty Pharmacy.
  4. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment, eye glasses, contacts, and hearing aids;
  5. Patient co-insurance or deductibles unless the Applicant otherwise qualifies for Free Care;
  6. Co-payments;
  7. Self-Pay Package-Priced Services; and
- C. Non-formulary pharmaceuticals provided upon discharge for transitional purposes shall be subject to the Cost-of-Care Discount.

### **III. RESIDENCY REQUIREMENTS**

- A. Insured Patients who are Illinois Residents and who receive Medically Necessary services are eligible for Free Care and Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Insured Applicants receiving Emergency Services.
- B. Except for Insured Patients receiving Emergency Services, Insured Patients who are Non Residents (including but not limited to out-of-state external transfers) and who receive Medically Necessary services are not eligible for Free Care.

### **IV. CALCULATION OF FREE AND DISCOUNTED CARE**

NMHC provides Free Care and Discounted Care to eligible Insured Patients through two methods: "insured sliding fee scale assistance" and "insured catastrophic assistance." If the Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in amounts in excess of 600% of the then current Federal Poverty Guideline applicable to the

Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

**A. INSURED SLIDING FEE SCALE ASSISTANCE**

Assistance under the insured sliding fee scale application is calculated as follows:

1. Free Care: Insured Illinois Residents with Household Income of 250% or less of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, shall be eligible for a 100% discount. The discount shall be applied to co-insurance and deductibles, as well as Medically Necessary services not covered by insurance.
2. Discounted Care: For Medically Necessary Services that are not covered by insurance, Insured Illinois Residents with Household Income of more than 250% and less than or equal to 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a discount equal or greater than the Amount Generally Billed Discount.

**B. INSURED CATASTROPHIC ASSISTANCE**

1. For an Insured Patient qualifying for Free Care or Discounted Care with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, total payment shall not exceed, during any twelve-month period, 25% of the Applicant's Household Income.
2. NMHC shall include in the catastrophic calculation total payment owed by the Applicant to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based upon outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

**APPENDIX B:**

Free and Discounted Care

Andrew Scianimanico

Vice President, Chief Revenue Cycle Executive

**Effective Date: 07/18/2023**

**REVIEW HISTORY:**

Written: 03/03/2015

Revised: 08/17/2016

Revised: 12/29/2017, 07/18/2019, 07/07/2023

Reviewed: 09/01/2021

## **APPENDIX C: UNINSURED PATIENT FREE AND DISCOUNTED CARE**

### **I. UNINSURED FREE AND DISCOUNTED CARE**

NMHC provides Free Care as well as Discounted Care to Uninsured Patients as provided in this *Appendix C*.

### **II. SERVICES**

- A. Except as provided in this Appendix's Section II.B. below, Free Care and Discounted Care for Uninsured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Uninsured Patients shall not be available for the following services:
  1. NMH Specialty Pharmacy Services;
  2. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment and supplies, eye glasses, contacts, and hearing aids;

### **III. RESIDENCY REQUIREMENTS**

Free Care and Discounted Care shall be available for those Uninsured Patients who are Illinois Residents. Non-Residents who are Uninsured Patients are not eligible for Free Care or Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Uninsured Applicants receiving Emergency Services.

### **IV. CALCULATION OF FREE AND DISCOUNTED CARE**

NMHC shall, in accordance with Illinois Hospital Uninsured Patient Discount Act, provide Free Care and Discounted Care to Uninsured Patients. NMHC provides Free Care and Discounted Care to eligible Applicants who are uninsured through two methods: "uninsured sliding fee scale assistance" and "uninsured catastrophic assistance." If an Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

#### **A. UNINSURED SLIDING FEE SCALE**

1. Free Care: An Applicant with Household Income equal to or less than 250% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for Free Care.
2. Cost of Care Discount: An Applicant with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a Cost-of-Care Discount.

#### **B. UNINSURED CATASTROPHIC ASSISTANCE**

1. For Applicants qualifying for assistance pursuant to Section IV.A.2 above, total payment shall not exceed, during any twelve-month period, 20% of the Patient's Household Income.

2. NMHC shall include in the catastrophic calculation total payment amounts owed by the Patient to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based on outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

## V. REFERENCES

- A. Illinois Fair Patient Billing Act [210 ILCS 88/]
- B. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]

**APPENDIX C:**  
Uninsured Patient Discount

Andrew Scianimanico  
Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 07/18/2023**

### **REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 08/17/2016  
Revised: 12/29/2017, 08/01/2019  
Reviewed: 09/01/2021

## **APPENDIX D: PRESUMPTIVE ELIGIBILITY**

### **I. PRESUMPTIVE ELIGIBILITY**

An Uninsured Patient meeting the requirements and criteria of Sections III and IV, below, is presumed to be eligible for Free Care in accordance with this *Appendix D*. Patients presumed to be eligible do not need to complete a Financial Assistance Application; provided, however, that Patients must demonstrate that they meet the requirements and criteria of Sections III and IV, below.

### **II. DEFINITIONS**

The following definitions, as defined by the Illinois Fair Patient Billing Act, apply to this *Appendix D*:

- A. "Patient" means the individual receiving services from NMHC or any individual who is the guarantor of the payment for services received from NMHC.
- B. "Presumptive Eligibility" means eligibility for Financial Assistance determined by reference to Presumptive Eligibility Criteria demonstrating financial need on the part of a Patient.
- C. "Presumptive Eligibility Criteria" means the categories identified as demonstrating financial need.
- D. "Presumptive Eligibility Policy" means a written document that sets forth the Presumptive Eligibility criteria by which a Patient's financial need is determined and used by NMHC to deem a Patient eligible for Financial Assistance without further scrutiny by NMHC. This *Appendix D* constitutes the NMHC Presumptive Eligibility Policy.

### **III. RESIDENCY REQUIREMENTS**

Presumptive Eligibility shall apply to all Illinois Residents. Presumptive Eligibility shall not be available for or apply to Non-Residents.

### **IV. CRITERIA**

The following Presumptive Eligibility Criteria establish the guidelines for NMHC's Presumptive Eligibility Policy in accordance with NMHC's Financial Assistance Program. An Uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for Free Care, and will not be required to provide additional supporting documentation for such Financial Assistance:

- A. Homelessness
- B. Deceased with no estate
- C. Mental incapacitation with no one to act on Patient's behalf
- D. Medicaid eligibility, but not on date of service or for non-covered service
- E. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 250% of the then current Federal Poverty Income guidelines:
  - 1. Women, Infants and Children Nutrition Program (WIC)
  - 2. Supplemental Nutrition Assistance Program (SNAP)
  - 3. Illinois Free Lunch and Breakfast Program
  - 4. Low Income Home Energy Assistance Program (LIHEAP)

5. 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
  6. Receipt of grant assistance for medical services
- F. To assure NMHC's ability to apply Financial Assistance to a Patient's bill as soon as possible after services have been received by the Patient and before the issuance of such bill, the Patient must provide notice to NMHC of Presumptive Eligibility and supporting documentation as soon as practical, preferably during the Financial Assistance Application process. To the extent such eligibility information is available without Patient notice, NMHC shall use such information to apply Presumptive Eligibility. NMHC will also apply Presumptive Eligibility for NMHC services in situations where the Patient provides notice and supporting documentation after billing has commenced.

## V. REFERENCES

Fair Patient Billing Act [210 ILCS 88/27]

### APPENDIX D:

Presumptive Eligibility

Andrew Scianimanico

Vice President,

Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

### REVIEW HISTORY:

Written: 12/2013

Revised: 12/2014 – previous version Appendix A to NMHC 03.0012 v 1.0 – 6/1/2011

Reviewed: 08/2016

Revised: 12/29/2017

Reviewed: 09/01/2021

## **APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES**

### **I. SPECIFIC NOTIFICATION MEASURES FOR NMHC HOSPITAL AFFILIATES**

To make Patients and Guarantors and their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to widely publicize this Financial Assistance Policy, the Financial Assistance Application, a description of the Financial Assistance Application process, and a "Plain Language Summary" of this Financial Assistance Policy (collectively for purposes of this *Appendix E*, "Materials") within the community to be served by NMHC. Specific notification measures shall include the following:

- A. Make Materials widely available on NMHC Hospital Affiliate web sites and on NMHC web sites as follows:
  1. Complete and current versions of Materials shall be placed conspicuously on web sites.
  2. Any individual with access to the Internet can access, download, view and print a hard copy of the Material without requiring special computer hardware or software (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to NMHC or any NMHC Hospital Affiliate and without creating an account or being otherwise required to provide personally identifiable information.
  3. NMHC and NMHC Hospital Affiliates shall provide any individual who asks how to access the Materials online with the direct Web site address, or URL, of the web page on which the Materials are posted.
- B. Make paper copies of the Materials available upon request and without charge both by mail and in public locations, including admission or registration areas and in the Emergency Department of the NMHC Hospital Affiliate.
- C. Post conspicuously in the admission and registration areas and Emergency Departments of each NMHC Hospital Affiliate signage stating, "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information contact [insert hospital financial assistance representative contact information.]" The sign shall be in English, and in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- D. Notify and inform members of the community served by each NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. The notification shall be in a manner reasonably calculated to reach those members of the community who are most likely to require Financial Assistance. "Reasonably calculated" shall take into consideration the primary language(s) spoken by the residents of the community served by the NMHC Hospital Affiliate, as well as other attributes of the community and the NMHC Hospital Affiliate.
- E. Notify and inform patients who receive care from an NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. Specifically, each NMHC Hospital Affiliate shall:
  1. Offer a paper copy of the Plain Language Summary of this policy as part of the intake or discharge process;
  2. Include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this policy and includes the telephone number of the NMHC Hospital Affiliate office or department that can provide information about this policy and application process and the direct Web site address (or

URL) where copies of this policy the Application, and Plain Language Summary of this policy may be obtained; and

3. Set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this policy in public locations in the NMHC Hospital Affiliate, including, at a minimum, the Emergency Department and admissions areas.
- F. Materials shall be in English and translated in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- G. A list of health care providers, other than each Affiliate itself, delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained by the Financial Counseling Department and shall be incorporated by reference herein.

## **II. REFERENCES**

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

**APPENDIX E:**  
Notification

Andrew Scianimanico  
Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

### **REVIEW HISTORY:**

Written: 03/03/2015  
Reviewed: 09/01/2021

**APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES****I. BILLING TIME PERIOD**

Pursuant to the Illinois Fair Patient Billing Act, Patients shall be instructed to apply for Financial Assistance within sixty (60) days after discharge or the receipt of outpatient care, whichever is longer, and NMHC shall not send bills to Uninsured Patients until such sixty (60) day period has passed. While NMHC may bill Patients after the sixty (60) day period, it shall, nevertheless, process Applications received at any time during the Application Period.

**II. EFFORTS REQUIRED TO DETERMINE ELIGIBILITY PRIOR TO TAKING EXTRAORDINARY COLLECTION ACTIONS****A. Need to Notify**

Prior to taking any Extraordinary Collection Action (ECA), NMHC Hospital Affiliates shall make reasonable efforts to determine whether the individual is eligible for Financial Assistance by taking steps as set forth in this *Appendix F*. Specifically, with respect to any care provided by an NMHC Hospital Affiliate to an individual, the NMHC Hospital Affiliate shall take the following steps:

1. Notify the individual about the Financial Assistance Program as described in this *Appendix F* before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs (with the exception of an ECA described in paragraph Section II.C of this *Appendix F*) for at least 120 days from the date the NMHC Hospital Affiliate provides the first post-discharge billing statement for the care. NOTE: If multiple episodes of care are aggregated, the 120-day period starts from the first post-discharge billing statement for the most recent episode of care included in the aggregation;
2. In the case of an individual who submits an incomplete Application during the Application Period, notify the individual about how to complete the Application and give the individual a reasonable opportunity to do so as described in Section II.D of this *Appendix F*; and
3. In the case of an individual who submits a complete Application during the Application Period, determine whether the individual is eligible for Financial Assistance for the care as described in Section II.E of this *Appendix F*.

**B. Notification in General**

NMHC Hospital Affiliates shall notify Patients and/or Guarantors about the Financial Assistance Program generally by taking in the following steps at least 30 days before first initiating one or more ECA(s) to obtain payment for the care:

1. Provide the individual with a written notice that indicates that Financial Assistance is available for eligible individuals, identifies the ECA(s) that the NMHC Hospital Affiliate (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;

2. Provide the individual with a Plain Language Summary of the Financial Assistance Program with the written notice described above;
3. Make a reasonable effort to orally notify the individual about the Financial Assistance Program and about how the individual may obtain assistance with the Application process.

C. Deferral or Denial of Care Due to Nonpayment for Prior Care

In the case of an ECA involves deferring or denying care due to nonpayment for prior care, an NMHC Hospital Affiliate may notify the individual about the Financial Assistance Program less than 30 days before initiating the ECA, provided that the NMHC Hospital Affiliate does the following:

1. Otherwise meets the requirements of Section II.B of this *Appendix F* but, instead of the notice described in Section II.B, provides the individual with a an Application and a written notice indicating that Financial Assistance is available for eligible individuals and stating the deadline, if any, after which the NMHC Hospital Affiliate will no longer accept and process an Application submitted (or, if applicable, completed) by the individual 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.
2. If the individual submits an Application for the previously provided care on or before the deadline described above (or at any time if the NMHC Hospital Affiliate did not provide any such deadline to the individual), processes the Application on an expedited basis.

D. Incomplete Application

If an individual submits an incomplete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs;
2. Provide the individual with written notice of what additional materials are needed to complete his or her application. This written notice shall include a Plain Language Summary of the Financial Assistance Program and the telephone number and physical location of the NMHC Hospital Affiliate office or department that can provide information about the Financial Assistance Program and the office or department that can provide assistance with the Application process. The individual shall provide additional materials by the later of the end of the Application Period or within thirty (30) days of receipt of the notice, with exception being made for extraordinary circumstances.

E. Complete Application

If an individual submits a complete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs against the individual;

2. Make and document a determination as to whether the individual is eligible for Financial Assistance;
  3. Notify the individual in writing of the eligibility determination, including, if applicable, the Financial Assistance for which the individual is eligible and the basis for the determination; and
  4. If the individual is eligible for Financial Assistance, NMHC Hospital Affiliates shall:
    - a. provide the individual (who is determined to be eligible for Financial Assistance other than Free Care) with a billing statement that indicates the amount the individual owes as an individual eligible for Financial Assistance, how that amount was determined and states, or describes how the individual can get, information regarding the Amounts Generally Billed for the care;
    - b. refund any amounts (unless under either \$5.00 or such other amount that is set by notice or other guidance published in the Internal Revenue Bulletin) that the individual previously paid for the care included in the Application and in excess of the amount he or she is determined to owe as an individual eligible for Financial Assistance; and
    - c. reverse any ECAs (with the exception of a sale of debt).
- F. NMHC Hospital Affiliates shall document all notification requirements set forth in this *Appendix F*.
- G. Implementation of this Appendix shall comply with 26 C.F.R. 1.501(r)-6. To the extent this *Appendix F* is inconsistent with 26 C.F.R. 1.501(r)-6 or to the extent 26 C.F.R. 1.501(r)-6 provides further detail on the implementation of this *Appendix F*, 26 C.F.R. 501(r)-6 shall govern.

### III. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

**APPENDIX F:**  
Applicable Time Frames

Andrew Scianimanico  
Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

#### **REVIEW HISTORY:**

Written: 03/03/2015  
Reviewed: 09/01/2021

## **APPENDIX G: PROVIDER LISTS**

### **I. LISTING OF PROVIDERS SUBJECT OR NOT SUBJECT TO THIS POLICY**

- A. The Financial Counseling Department shall maintain on behalf of each NMHC Hospital Affiliate a list of any providers, other than the NMHC Hospital Affiliate, itself, who deliver Emergency or other Medically Necessary care and indicate whether they are or are not covered under this Policy.
- B. The list shall be available for request on the NMHC Hospital Affiliate website. Paper copies of the list shall also be available free of charge from the Financial Counseling Department.
- C. The list shall be updated at least quarterly.

### **II. REFERENCES**

- A. Internal Revenue Code Section 501(r)
- B. Internal Revenue Notice 2015-46

**APPENDIX G:**  
Provider Lists

Andrew Scianimanico  
Vice President,  
Chief Revenue Cycle Executive

**Effective Date: 09/01/2021**

### **REVIEW HISTORY:**

Written: 03/03/2015  
Revised: 08/17/2016  
Reviewed: 09/01/2021

**APPENDIX H: LAB TESTING FINANCIAL ASSISTANCE****I. PATIENT LAB TESTING FINANCIAL ASSISTANCE DESCRIPTION**

- A. NMHC is committed to providing access to lab testing services through NM Lab, a department of NMH, and HealthLab, a department of Central DuPage Hospital. Lab Testing Financial Assistance is limited to patient balances resulting from NM Lab and HealthLab's testing services for specimens drawn by physician offices and sent to NM Lab and HealthLab or specimens obtained through NM Lab and HealthLab draw centers.
- B. NMHC will assess NM Lab and HealthLab patients for financial assistance on balances due by the patient.
- C. Lab Testing Financial Assistance is not available to government program beneficiaries (including Medicare Advantage and Medicaid managed care plans).
- D. The Lab Testing Financial Assistance is administered by NMHC patient accounting services through its automated patient statement process and will automatically be applied to eligible patient balances.

**II. SERVICES**

- A. Hospital and professional medically necessary lab testing provided through NM Lab and HealthLab.
- B. Financial assistance does not apply to Client Billed Services, whereby NM Lab or HealthLab may perform laboratory services and bill physician practices (clients) directly for those services, rather than billing insurance carriers and patients. Client Billed Service patients are billed by the client, not by NM Lab nor HealthLab.

**III. RESIDENCY REQUIREMENTS**

There are no residency requirements associated with Lab Testing Financial Assistance.

**IV. CALCULATION LAB TESTING FINANCIAL ASSISTANCE**

- A. NMHC shall apply a ninety percent (90%) discount on the remaining patient balances over seventy-five dollars (\$75) for patients below 600% FPL and a one hundred (100%) discount for any outstanding balance for patients below 250% FPL.
- B. Other discounts may be applied after Lab Testing Financial Assistance.

**APPENDIX H:**

Lab Testing Financial Assistance

Andrew Scianimanico

Vice President,

Chief Revenue Cycle Executive

**Effective Date: 09/01/2022**

**REVIEW HISTORY:**

Written: 06/03/2017

Reviewed/Revised: 09/01/2021

09/01/2022