Status **Active** PolicyStat ID **20395531**

Origination	1/22/2014
Last Approved	4/16/2026
Effective	4/16/2026
Last Revised	4/16/2026
Next Review	4/16/2027
Owner	Nicole Siegner: Chief Financial Officer
Policy Area	Finance

Financial Assistance Program

Policy Number: F-2

COPY

PURPOSE:

To provide a consistent and fair means by which to identify and award financial assistance to persons who have health care needs and are uninsured, under-insured, ineligible for a government program, or otherwise unable to pay for medically necessary services to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

POLICY STATEMENT:

North Shore Health (NSH) will use a consistent and fair process based upon Federal Poverty Guidelines to determine eligibility for financial assistance (Community Care Program) to patients who **do not qualify** for Medical Assistance or any other government agency funding. NSH will take into account each individual's income and ability to contribute to the cost of their care, as well as the current and future financial ability of NSH to provide quality health care to the community it serves. It is **not** a health insurance plan.

DEFINITIONS:

Financial Assistance- Health care services that have or will be provided but are not expected to result in cash flow. To provide health care services free or at a discount to individuals who meet the established criteria.

Community Care- The name of North Shore Health's financial assistance program

Family- A household that resides in a defined residence and who are related by birth, marriage or adoption and operates together as a unit. The family unit may include those that are defined as

dependents on the Federal Tax return.

Family Income- All income attributable to all members of the family in the defined residence, excluding amounts earned by minors. If a person lives with a family, include the income of all family members (non-relatives, such as housemates, do not count).'

Uninsured -The patient has no level of insurance or third-party assistance to assist with meeting payment obligations.

Underinsured- The patient has some level of insurance or third-party assistance but still has expenses that exceed financial abilities.

Earned and Unearned Income- Earned income includes; salary, wages, self-employment income, and tips earned by the patient, spouse or parent. Also included is; unearned income received from Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability payments, pension or retirement benefits, child support, alimony, interest earnings, dividends, rents, royalties, income from trusts, educational assistance, assistance from outside the household, and income from other sources (unemployment, workers compensation, etc.).

Assets -Assets that will be considered liquid include those that could be converted to cash within one year. These include checking accounts, saving accounts, trust funds, and other investments.

COPY

I. **Financial Assistance Guidelines**

A. Financial assistance will be offered to those guarantors unable to pay all or a portion of their bill. Financial assistance is available for all individuals who qualify living within the United States.

B. This policy will apply to all patients regardless of race, creed, sex, age, or payer. Reasonable measures will be taken to ensure that any language or hearing barriers are addressed.

C. Eligibility will be determined on an individual basis and evaluated on an assessment of the patient's and/or family's need, financial resources, and obligations.

D. Financial assistance applies to all types of medically necessary services and is applicable based on 100% of gross charges for services received.

E. Trauma/emergency care will be provided to all patients regardless of their ability to pay. Stabilization of the patient will occur prior to any determination of payment arrangements.

F. In general, financial assistance is intended for residents of North Shore Health's primary or secondary market service area. An exception will be made for any patient presenting with an urgent, emergent or life-threatening medical condition.

G. Eligibility limits may be adjusted at any time based on the hospital's overall financial resources.

H. Patients must request financial assistance within the time frames outlined within this policy. Lack of timeliness or cooperation on the patient's part may result in normal account collection activity.

I. Include the use of external publicly available data sources that provide information

on a patient's or patient's guarantor's ability to pay.

J. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

II. **Financial Eligibility**

A. Efforts should be taken to determine a patient's eligibility for Community Care at or before the time of admission or service; however, determinations may be made after services are provided and must be considered prior to taking legal action to collect.

B. Applications will be processed in an accurate, timely and consistent manner. Decisions will generally be communicated to the applicant within 30 days of receipt of the completed application **and** financial documents. The application will be utilized to evaluate a patient's financial resources and obligations and requires that the patient provide copies of documents supporting the following information:

- Earned income including monthly gross wages, salary, social security benefits and self-employment income.
- Unearned income including dividends, interest and income from any other source such as unemployment or workers compensation.
- Number of dependents in the household.
- Information to determine the patient's financial status, including assets and liabilities.

COPY

C. Patient's eligibility for financial assistance is based on the value of their income and assets computed on the "North Shore Health's Community Care Program Eligibility Worksheet" (Attachment C).

D. The assistance program patient sliding payment scale is as follows:

Poverty Level	Patient Payment
100% or less	0%
101% to 150%	5% ($25 min)
151% to 200%	25%
201% to 300%	50%
301% to 400%	75%

The current Federal Poverty Guidelines are included as Attachment D.

E. Approval levels for financial assistance will be as follows:

- $0 - $5,000 - Business Office Director
- $5,000 - $10,000 - Finance Director
- > $10,000 - Administrator

F. On occasion extenuating circumstances may exist which could cause North Shore Health to grant financial assistance to a patient who may otherwise not meet the quantitative criteria. In such cases, the Chief Financial Officer will document why the assistance was granted and supporting documentation will be maintained. If an

individual would qualify for financial assistance but they are unable or unwilling to complete the required documentation, the Chief Financial Officer may approve a charity write off if enough evidence exists to support that determination.

G. Income may be re-verified every six (6) months to one (1) year based on need. It is appropriate to retroactively determine financial assistance for outstanding balances for up to one year from the date of service based on this re-verification.

H. Financial Assistance applies toward a.) 100% of gross charges if no insurance or b.) remaining self pay balance after insurance has processed and paid. If an individual has made partial payment, and the individual is subsequently determined to qualify for financial assistance under this policy, any payment more than their newly calculated remaining liability shall be a.) applied towards any outstanding balances of the guarantor or b.) refunded to the patient within 30 days of the FAP eligibility determination. If the refundable amount is less than $10, NSH may not issue a refund.

I. Presumptive Financial Assistance Eligibility

    a. There are instances when a patient may appear eligible for financial discounts, but there is no financial assistance form on file or a lack of supporting documentation. In the event there is no evidence to support a patient's eligibility for financial assistance, North Shore Health may use outside agencies or vendors in determining eligibility and potential discount amounts. These resources may use demographic and household information and/or credit scoring technology to determine the percent of assistance to apply to the patient's account.

    b. Patients who meet presumptive eligibility criteria (including out of state Medical Assistance) may be granted financial assistance without completing the application.

COPY

III. **Recording of Financial Assistance**

A. Financial assistance must be recorded and valued in accordance with the Healthcare Audit Guide.

B. Documentation of financial assistance must be maintained for a minimum of seven (7) years.

IV. **Accountability**

A. Management will prepare and submit an annual report regarding the financial assistance policy and program to the Board of Directors.

B. Financial assistance information will be shared with appropriate community service agencies.

SUBJECT KEY WORDS:

Charity care, financial assistance, presumptive financial assistance, low income, federal poverty

PROCEDURE:

I. Communication:

A. Reasonable efforts will be made to ensure patients are aware of all financial assistance opportunities, including City, County, State, Federal and other private programs. Patients will be referred to an appropriate organization and/or given assistance regarding application for any of these programs and/or private program funding available to them.

B. The "Notice of Financial Aid" shall be posted in all major patient registration areas and on North Shore Health's web page. In addition, the Notice is available to patients in printed form, including a Notice of Financial Assistance availability printed on the patient's bill.

C. A patient account representative will be designated to coordinate financial assistance applications, outreach efforts and help oversee the financial assistance process. Patient account representatives shall understand the financial assistance program and be able to answer questions.

D. Training and information regarding financial assistance will be provided to all members of the staff that interact with patients. At a minimum, these individuals shall be prepared to refer the patient to a patient account representative.

E. Every effort will be made to determine the patient's ability to pay at the earliest possible time. Patient account representatives will actively communicate the availability of all financial assistance programs, including the North Shore Health Community Care program.

COPY

II. **Application:**

A. The application must be submitted within 30 days of discharge or visit date, or alternatively within 30 days of the date of denial from other governmental funding programs. Additional time may be provided on a case-by-case basis at North Shore Health's sole discretion.

B. All Community Care applicants will be treated with respect and their financial information will be kept confidential.

C. Patient account representatives will verify that the patient has applied for coverage from available City, County, State, Federal and private programs. Patients must have exhausted any other funding options available to them prior to being considered for Community Care, or upon notice from Cook County Human Services.

D. Patients must provide the information to complete a Community Care application. The exemption is outlined under Presumptive Financial Assistance Eligibility.

E. Community Care application forms shall be written in an easy to understand manner. Certain readily available financial documents will be required to be submitted with the application (i.e., pay stubs, tax forms, etc.).

F. Applications may be mailed, emailed, faxed or delivered in person. The applicant may request and receive assistance from a patient account representative to complete the form. The application shall include:

a. A list of required financial forms as identified in this policy;

b. The name of a contact person and phone number that the applicant can call for assistance.

G. Upon receipt of the Community Care application, the patient account representatives will review the application and the following documents as appropriate:

a. A completed copy of the previous year's Federal Income Tax form.

b. A W-2 form for the previous year (only if previous year's Federal Income Tax form is not available).

c. Information on income for the previous 12 months (i.e., pay stubs).

d. Bank statements for prior 3 months.

e. Copy of denial notices from City, County, State, Federal, and private programs. (ie Medical Assistance denial letter)

H. An interview with the patient (or representative) to clarify application information may be scheduled as soon as practical and at a mutually convenient time if required.

III. **Application Review**

A. Applications will be processed in an accurate, timely and consistent manner. Decisions will generally be communicated in writing to the applicant within 30 days of receipt of completed application and financial data. Collection activity will be put on hold during this assessment period.

B. The patient account representatives will complete the patient assistance allowance calculations using the directions provided on the worksheet and current federal poverty guidelines.

C. If approved, the Community Care determination is valid until February 1st of the following year (when the FEP is updated) as long as there has been no significant improvement in the patient's financial situation. Patients must notify the Business Office if there has been a significant improvement or decline in their financial situation. Exclusion from the FAP may occur if false information is provided.

D. Community Care determinations beyond six months but within one year of original approval may continue on the Community Care program without completing an application as determined by income re-verification.

E. Non-payment of previous patient account balances will not affect future consideration for financial assistance.

F. If a patient is denied eligibility under the Community Care Program, the patient may appeal North Shore Health's decision within 30 days. The appeal process will include an appropriate non financial representative as well as a financial professional and the appeal process must be documented as a formal Patient Grievance Process.

IV. This policy will be reviewed annually by the Cook County Hospital District Board of Directors.

COPY

FORMS:

Attachment A- Patient Notice of Financial Assistance
Attachment B - North Shore Health's Financial Assistance Program application
Attachment C - North Shore Health's FAP Eligibility Worksheet
Attachment D- Federal Poverty Guidelines

REFERENCE:

Federal Poverty Guidelines- Updated each year in February and published in the Federal Register. Available on the internet at ASPE.HHS.GOV/POVERTY/POVERTY.HTM

Attachments

- A: Patient Notice of Financial Assistance
- B: Community Care Program Application
- C: FAP Eligibilty Worksheet
- D: Federal Poverty Guidelines

COPY

Approval Signatures

Step Description	Approver	Date
Final Approval	Kimber Wraalstad: Administrator	4/16/2026
Revenue Cycle Manager	Nicole Siegner: Interim CFO	4/16/2026
Revenue Cycle Manager	Karen Schultz: Director of Finance	4/15/2026
Revenue Cycle Manager	Kelly Swearingen: Director of Business Office	4/15/2026