

Genesis Health System  
Board Policy

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**Subject:** Financial Assistance

**Effective Date:** 02/15/17

**Section:** Board Policy

**Reviewed/Revised:** 02/02/17

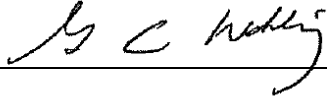
**Responsibility:**

Genesis Health System Board of Directors  
Revenue Cycle Administrator

**Review Cycle:** Annual

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Approved by:



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**I. POLICY:**

The Board of Directors of Genesis Health System ("GHS") is committed to its mission to provide quality, compassionate care to all of those in need regardless of ability to pay. In support of this commitment, GHS maintains this Financial Assistance Program ("FAP") policy to provide assistance for eligible individuals with covered health care needs. GHS consists of Genesis Medical Center, Aledo; Genesis Medical Center, Davenport; Genesis Medical Center, DeWitt; Genesis Medical Center, Silvis; and related entities and business units. This FAP applies to the business units designated in Section II below.

**II. APPLICABLE BUSINESS UNITS:**

All GHS Business Units:

- Crescent Laundry
- Crosstown Square
- Genesis Accountable Care Organization
- Genesis Convenient Care
- Genesis EAP
- Genesis Family Medical Center
- Genesis FirstMed Pharmacy
- Genesis Health Group
- Genesis Health Group, Aledo Rural Health
- Genesis Health Group, Erie Rural Health
- Genesis Health Services Foundation
- Genesis Home Medical Equipment
- Genesis Hospice

- Genesis Medical Center, Aledo
- Genesis Medical Center, Davenport
- Genesis Medical Center, DeWitt
- Genesis Medical Center, Silvis
- Genesis Occupational Health
- Genesis Philanthropy
- Genesis Psychology Associates
- Genesis Senior Living, Aledo
- Genesis VNA
- Genesis Workers Comp Plan & Trust
- Illini Restorative Care
- Westwing Place

### III. APPLICABLE ORGANIZATIONAL ROLES:

None

### IV. PURPOSE:

To meet the needs of the community, GHS has established a fair and equitable FAP to provide Financial Assistance that reflects the status of GHS as a non-profit healthcare provider, which promotes its mission. The FAP is focused on those patients who are unable to sustain the extraordinary burden of medical expenses due to limited income and resources. The FAP applies to any emergency and other Medically Necessary Care for eligible individuals and is intended to comply with the Code Section 501(r) Requirements.

### V. DEFINITIONS:

Please see Appendix 1 for a complete list of definitions used in this FAP.

### VI. GENERAL CONSIDERATIONS:

This policy will apply to all patients regardless of race, creed, sex, age or payer. Reasonable efforts will be taken to ensure that any language or hearing barriers are addressed, consistent with the Code Section 501(r) Requirements.

### VII. PRACTICE/PROCEDURE:

#### A. SCOPE:

1. General. The FAP applies to all emergency and other Medically Necessary Care provided by GHS to eligible patients, including all such care provided in a GHS Hospital Facility by a Substantially-Related Entity. The FAP also applies to care provided by the Genesis Health Group in a GHS Hospital Facility.
2. Exclusions. Patient care that is not considered emergency or Medically Necessary Care, including but not limited to, elective (e.g., bariatric surgery), cosmetic, or other care deemed to be generally non-reimbursable by government payers shall not be considered eligible for Financial Assistance.
3. Publicity. Each GHS Hospital Facility will widely publicize the availability of the FAP to all patients. The measures for widely publicizing the FAP are provided in Appendix 2.
4. Illinois Hospital Uninsured Discount Act. In addition to the Code Section 501(r) Requirements, GHS Hospital Facilities located in Illinois are subject to the Illinois Hospital Uninsured Discount Act and the Illinois Fair Patient Billing Act (together, the "Illinois Requirements"). In order to fully comply with the Illinois Requirements, this FAP is supplemented by the GHS Miscellaneous Discount Policy.

5. Other Programs and Discounts. GHS will make available to all patients information on its FAP as well as other GHS and external programs that may provide assistance or coverage for service. This includes the GHS Miscellaneous Discount Policy, which encompasses prompt-pay discounts, other supplemental need-based discounts, and certain discounts provided in connection with the Illinois Requirements for patients at GHS Hospital Facilities located in Illinois. GHS will make affirmative efforts to assist patients in applying for public and private programs for which they may qualify and that may assist them in obtaining and paying for healthcare services.

**B. ELIGIBILITY CRITERIA AND FINANCIAL ASSISTANCE:**

1. Insured Status. Financial Assistance may be available for patients who are uninsured or underinsured, if they meet applicable eligibility criteria. An uninsured patient is a patient who has no level of insurance or third-party payment assistance. An underinsured patient is a patient who has some level of insurance or third-party payment assistance but whose out-of-pocket expenses exceed his/her financial abilities.
2. Residency. Patients seeking Financial Assistance must seek non-emergent care from the GHS Hospital Facility closest to their actual residence. If appropriate treatment is not available at the applicable GHS Hospital Facility, then GHS may permit the patient to seek care at another GHS Hospital Facility. To determine residency, the patient must provide valid state-issued identification, a voter registration card, a vehicle registration card, a lease agreement, a utility bill (dated within 60 days), or mail addressed to the patient from a local, state or federal government entity or agency (dated within 60 days).
3. Minimum Balance. The minimum balance on any account to qualify for Financial Assistance must be equal to or greater than \$500.00 (for care at GHS Illinois Hospital Facilities, the minimum balance is \$300.00 only when applying for the IL Uninsured Discount Act).
4. FAP Application and Criteria. The primary criterion for determining eligibility for Financial Assistance is household income, including certain available net assets (excluding GHG Aledo), based on the information requested and provided in the FAP Application, as explained in Section VII.D. An individual will not be denied Financial Assistance based on information that has not been specified or required in the FAP or in the FAP Application.
5. Financial Assistance Sliding Scale. Effective date of service January 1, 2016, Financial Assistance shall be available pursuant to the sliding scale found in Appendix 3, which is based on the Federal Poverty Income Guidelines ("FPIG"). Consistent with the sliding scale, 100% Financial Assistance (i.e., full Charity Care) shall be provided to documented homeless patients, deceased individuals without estates, and underinsured and the uninsured patients earning 200% or less of FPIG.
  - a. For Illinois residents receiving care at a GHS Illinois Hospital Facility, the maximum amount that may be collected in a twelve (12) month period for care is 25% of the patient's household

income, subject to timely application and the patient's eligibility under the Illinois Requirements.

**Furthermore, a patient determined to be eligible for Financial Assistance shall not be financially responsible more than AGB, as defined in Section VII.C., for emergency or other Medically Necessary Care.** Discounts available under the FAP are based on gross charges applicable to the service. In addition to, or in lieu of, this FAP, patients may be eligible for discounts pursuant to the GHS Miscellaneous Discount Policy.

6. FPIG. The Patient Financial Services Department shall be responsible for updating the FPIG every calendar year.
7. Extenuating Circumstances. On occasion, extenuating circumstances may exist which would cause GHS to grant Financial Assistance to a patient who may otherwise not meet quantitative criteria. In such cases, the Revenue Cycle Administrator or appropriate Management staff will document why the assistance was granted and supporting documentation will be maintained.
8. Offsets. In the event a patient is awarded a settlement from pursuing legal proceedings or has received financial resources specifically identified to cover the care that was delivered, it is the obligation of the patient to inform GHS and make appropriate payment to GHS at that time. GHS may reverse the decision of Financial Assistance and document accordingly, to the extent allowed by the Code Section 501(r) Requirements.
9. Cooperation. Any patient who fails or refuses to provide requested information to a third party payor that results in a denial will not be eligible for the FAP. A patient who furnishes materially incorrect or fraudulent information in connection with this FAP may be deemed ineligible for Financial Assistance at the sole discretion of GHS.

#### C. AGB:

For purposes of the FAP, GHS calculates AGB using the look-back method consistent with the Code Section 501(r) Requirements. Members of the public may readily obtain the applicable AGB percentage for each GHS Hospital Facility and a description of the calculation in writing and free of charge by visiting [www.genesishealth.com/patients-visitors/](http://www.genesishealth.com/patients-visitors/), contacting Patient Financial Services (see Section X for contact information), or visiting a GHS Hospital Facility.

#### D. APPLICATION PROCESS:

1. FAP Application. Patients seeking Financial Assistance must complete a FAP Application to document income and expenses (liabilities) unless they meet the presumptive eligibility criteria. GHS may ask for (but may not require of patients from its Illinois hospitals) a credit card statement to support the information provided in the FAP Application. FAP Applications may be found online at [www.genesishealth.com/patients-visitors/](http://www.genesishealth.com/patients-visitors/), by

contacting Patient Financial Services (see Section X for contact information), or visiting a GHS Hospital Facility.

2. Income Verification. Income (household income) will be estimated yearly by the patient supplying any of the following:
  - A copy of the most recent tax return
  - A copy of the most recent W-2 form and 1099 forms
  - Copies of the 2 most recent pay stubs
  - Written income verification from an employer if paid in cash
3. Completeness. GHS recognizes that not all patients are able to provide complete financial and/or social information. Therefore, approval for Financial Assistance may be determined based on available information.
4. Identification. To verify a patient's name, date of birth and/or address, the patient must provide any of the following:
  - A valid passport
  - A valid birth certificate
  - A certificate of citizenship, U.S. or foreign (including but not limited to DHS Forms N-560 or N-561)
  - An identification card issued by the U.S. or a foreign government (including but not limited to DHS Form I-197)
  - An official military record of service
  - A certification of a foreign birth (including but not limited to form FS-545)
  - A report of birth abroad (including but not limited to Form FS-240)
  - A Certificate of Report of Birth issued by the U.S. Department of State (Form DS-1350) or any similar form issued by a foreign government
  - A verification with the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) database
  - A government census record
  - A certificate of naturalization, U.S. or foreign (including but not limited to DHS Forms N-550 or N-570)

If the patient is not able to provide a document from the above list, the patient must provide an alternate written means through which GHS can verify the patient's name, date of birth and/or address.

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- 5. External Sources and Presumptive Eligibility. GHS may utilize an external source to perform an analysis for determining applicable levels of Financial Assistance when documentation is not able to be provided (i.e., presumptive eligibility). The external source will meet necessary privacy and accounting requirements and shall utilize relevant national database information. GHS may also utilize previously completed Financial Assistance applications to make presumptive eligibility determinations. In addition, demonstration of one or more of the following will result in a presumptive eligibility determination:

- 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 services
- e. Recent personal bankruptcy
- f. Incarceration in a penal institution

In these instances where assistance is found to be appropriate, notice will be forwarded to patient via reduced balance on their statement, which shall include information regarding how to apply for potentially more generous Financial Assistance within a reasonable period of time.

- 6. Remaining Balance. All balances owing after Financial Assistance has been provided may be payable in monthly payments pursuant to the standard payment procedures of the GHS Hospital Facility.
- 7. Referral Sources. Patient referrals may come from the patient or anyone acting on his/her behalf, including medical staff, Continuum Services, Patient Access, and Patient Financial Services. In addition, Patient Financial Services shall routinely review the payment history of accounts to determine possible candidates with emphasis on those with demonstrated payment history that are willing but unable to pay more.
- 8. Timeline for Establishing Financial Assistance Eligibility.
  - a. A FAP Application will be accepted and processed by GHS at any time during the Application Period pursuant to the procedures outlined in Section VII.E.
  - b. The information contained in a FAP Application is valid for sixty (60) days, and, after that time period expires, the application will need to be renewed.
  - c. Provisions specifically applicable to GHS Illinois Hospital Facilities:

- i. GHS shall apply the presumptive eligibility criteria as soon as possible after a patient's receipt of healthcare services by the hospital and prior to the issuance of a bill for healthcare services.
- ii. Every effort will be made to determine a patient's eligibility for Financial Assistance within sixty (60) days from any of the following: after discharge, from the date of service, after receipt of third party payment or after receiving government denial for Medicaid coverage or disability. This is in accordance with the Illinois Requirements. This provision shall not affect the timeframes established elsewhere in the FAP for notification of the availability of Financial Assistance or the patient's timeframe to apply.

#### E. BILLING AND COLLECTIONS PROCESS:

As described below, GHS will make reasonable efforts to determine whether a patient is eligible under this FAP for Financial Assistance before it engages in an extraordinary collection action, or ECA. Once a determination is made, GHS may proceed with one or more ECAs, as described herein.

1. FAP Application Processing. Except as provided below, a patient may submit a FAP Application at any time during the Application Period, which is generally 240 days from the date of the first post-discharge bill as defined in Appendix 1. GHS will not be obligated to accept a FAP Application after 240 days from the date of the first post-discharge bill (including patients who have fully paid applicable charges) unless otherwise specifically required by the Code Section 501(r) Requirements. Determinations of eligibility for Financial Assistance will be processed based on the following general categories.
  - a. Presumptive Eligibility Determinations. If a patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP (for example, the determination of eligibility is based on an application submitted with respect to prior care), GHS will notify the patient of the basis for the determination and give the patient a reasonable period of time to apply for more generous assistance before initiating an ECA.
  - b. Notice and Process Where No Application Submitted. Unless a complete FAP Application is submitted or eligibility is determined under the presumptive eligibility criteria of the FAP, GHS will refrain from initiating ECAs for at least 120 days from the date the first post-discharge billing statement for the care is sent to the patient. In the case of multiple episodes of care, these notification provisions may be aggregated, in which case the timeframes would be based on the most recent episode of care included in the aggregation. Before initiating one or more ECA(s) to obtain payment for care from a patient who has not submitted a FAP Application, GHS shall take the following actions:

- i. Provide the patient with a written notice that indicates Financial Assistance is available for eligible individuals, identifies the ECA(s) that are intended to be taken 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 the written notice is provided;
    - ii. Provide the patient with a Plain Language Summary; and
    - iii. Make a reasonable effort to orally notify the individual about the FAP and the FAP Application process.
  - c. Incomplete FAP Applications. In the case of a patient who submits an incomplete FAP Application during the Application Period, GHS shall notify the patient in writing about how to complete the FAP Application and give the patient seven (7) calendar days to do so. Any pending ECAs shall be suspended during the reasonable opportunity, and the written notice shall (i) describe the additional information and/or documentation required under the FAP or the FAP Application that is needed to complete the application, and (ii) include appropriate contact information.
  - d. Complete FAP Applications. In the case of a patient who submits a complete FAP Application during the Application Period, GHS shall, in a timely manner, suspend any ECAs to obtain payment for the care, make an eligibility determination, and provide written notification, as provided below.
  - e. Restrictions on Deferring or Denying Care. In a situation where GHS intends to defer or deny, or require a payment before providing, Medically Necessary Care because of an individual's nonpayment of one or more bills for previously provided care covered under the FAP, the patient will be provided a FAP Application and a written notice indicating that Financial Assistance is available for eligible patients and stating the deadline, if any, after which GHS will no longer accept and process an application submitted (or, if applicable, completed) by the patient for the previously-provided care at issue. This deadline shall 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 was provided for the previously provided care.
2. Determination Notification.
- a. Determinations. Once a completed FAP Application is received on a patient's account, GHS will evaluate the FAP Application to determine eligibility and notify the patient, patient's legal guardian, and/or responsible party in writing of the final determination within forty-five (45) calendar days. The notification will include a determination of the amount for which the patient and/or responsible party will be financially accountable. If the application for the FAP is denied, a notice will be sent explaining the reason for the denial and instructions for appeal or reconsideration.
  - b. Refunds. GHS will provide a refund for the amount a patient has paid for care that exceeds the amount the patient is determined to be personally



responsible for paying under the FAP, unless such excess amount is less than \$5.00.

- c. Reversal of ECA(s). To the extent a patient is determined to be eligible for Financial Assistance under the FAP, GHS will take all reasonably available measures to reverse any ECA taken against the patient to obtain payment for the care. Such reasonably available measures generally include, but are not limited to, measures to vacate any judgment against the individual, lift any levy or lien on the individual's property, and remove from the individual's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.
3. Appeals. The patient may appeal a denial of eligibility for Financial Assistance by providing additional information to the Patient Financial Services Department within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Patient Financial Services Department Manager for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to patient, legal guardian, and/or responsible party.
4. Collections. Upon conclusion of the above procedures, GHS may proceed with ECAs against uninsured and underinsured patients with delinquent accounts, as determined in GHS procedures for establishing, processing, and monitoring patient bills and payment plans. To the extent applicable, GHS will utilize a reputable external bad debt collection agency or other service provider for processing bad debt accounts and shall comply with the Code Section 501(r) Requirements applicable to third parties.

## **VIII. ADMINISTRATION**

- A. General. The FAP is administered by the GHS Patient Financial Services Department at the direction of the Board of Directors of GHS.
- B. Interpretation. GHS has the sole discretion to interpret, enforce, and administer this FAP consistent with all federal, state, and local laws, rules, and regulations that may apply.
- C. Amendment. This FAP may be amended from time to time by the Board of Directors of GHS.

## **IX. PROVIDER LIST**

A list of providers ("Provider List") that provide emergency or Medically Necessary Care at GHS Hospital Facilities is maintained and updated from time to time by Medical Affairs and can be accessed online via [www.genesishealth.com](http://www.genesishealth.com), or by contacting Medical Affairs (see below for contact information), or visiting a GHS Hospital Facility.

GHS Medical Affairs  
Genesis Health System  
1401 West Central Park Avenue  
Davenport, Iowa 52804  
Phone: (563) 421-1288  
Email: MedicalAffairs@genesishealth.com

**X. PATIENT FINANCIAL SERVICES**

For purposes of obtaining additional information about the Financial Assistance Program or for assistance in completing a Financial Assistance application, please contact the Patient Financial Services office at the following address and phone number:

Genesis Health System  
Patient Financial Services  
1401 West Central Park Avenue, Suite 2600  
Davenport, Iowa 52804  
Phone: (563) 421-3408  
Email: Patient Financial Services@genesishealth.com

**X. REFERENCES:**

- A. GHS Managed Care Policy
- B. GHS Miscellaneous Discount Policy
- C. Fair Debt Collection and Practices Act
- D. Federal Register, Annual Poverty Guidelines
- E. Illinois Fair Patient Billing Act
- F. Illinois Hospital Financial Assistance Under The Fair Patient Billing Act Regulations

**XI. SUPERSEDES**

N/A

## Appendix 1

### DEFINITIONS

Amounts Generally Billed or "AGB": The amounts generally billed for emergency or other Medically Necessary Care to individuals who have insurance covering such care, as further explained in Section VII.C.

Application Period: The period during which a Financial Assistance application may be submitted to GHS. Application Period begins on the date care is provided and ends on the later of the 240<sup>th</sup> day after the date the first post-discharge statement for the care is provided or either: (i) the date specified in a written notice from GHS regarding its intention to initial ECAs; or (ii) in the case of a patient who has been deemed presumptively eligible for Financial Assistance less than 100%, the end of the reasonable time to apply for Financial Assistance as described in Section 2.B.7.

Charity Care: Payment relief for which GHS will not seek payment for services rendered based upon a determination that an individual does not have the ability to pay his or her full obligation.

Code Section 501(r) Requirements: The requirements of Section 501(r) of the Internal Revenue Code of 1986, as amended from time to time, and the related Treasury Regulations pertaining to financial assistance, limitations on charges, and billing and collections activities.

Deductibles and Co-Pays: Patient's financial liability for care as determined by individual insurance coverage benefits.

Extraordinary Collections Actions or "ECAs": For purposes of this FAP, ECAs are those activities identified under the Code Section 501(r) Requirements, which may include:

1. Selling an individual's debt to another party, unless the purchaser is subjected to certain restrictions as provided in the Code Section 501(r) Requirements.
2. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
3. Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the FAP.
4. Actions that require legal or judicial process, except for claims filed in a bankruptcy or personal injury proceeding.

Family Size: The number of individuals for whom a personal exemption is claimed on the patient's most recent Federal Income Tax return (in the case of a patient who is a dependent, the return of that patient's parent or guardian) . If no Federal Income Tax return is filed, then family size will consist of the patient, his or her documented spouse, and his or her documented dependents as defined by the Internal Revenue Code of 1986, as amended from time to time.

Federal Poverty Income Guidelines (FPIG): The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), which are used in comparing levels of applicable Financial Assistance available under the FAP.

Financial Assistance: Payment relief for which GHS will apply to a patient's financial obligation, including Charity Care, as indicated in Appendix 3, provided that an individual eligible for Financial Assistance will not be found financially responsible for more than AGB for emergency or other Medically Necessary Care .

Financial Assistance Program or "FAP": This program to provide Financial Assistance to eligible individuals in furtherance of GHS' mission and in compliance with the Code Section 501(r) Requirements.

Genesis Health System or GHS: For the purpose of this policy, this will consist of Genesis Medical Center, Aledo; Genesis Medical Center, Davenport; Genesis Medical Center, DeWitt; and Genesis Medical Center, Silvis; ; and related entities and business units.

GHS Hospital Facility: *The individual hospital facilities of GHS, as listed above.*

Household Income: As may be identified and requested on the FAP Application, cumulative total of gross income(s) for all members of a patient's household as shown on tax forms (income tax return), which may include, but is not limited to, the following:

1. Wages.
2. Self-employment income.
3. Unemployment compensation.
4. Social Security.
5. Social Security Disability.
6. Veterans' pension.
7. Veterans' disability.
8. Private disability.
9. Workers' compensation.
10. Retirement income.
11. Child support, alimony or other spousal support.
12. Other income.
13. Available net assets (excluding GHG Aledo), including, but not limited to, cash, bank and/or investment accounts, and real estate (all subject to applicable exclusions, including, Illinois residents receiving care at a GHS Illinois Hospital Facility, exclusions under the Illinois Requirements.

HMO: Health Maintenance Organization; Type of third party payor (insurance company).

Illinois Requirements: The Illinois Hospital Uninsured Discount Act and the Fair Patient Billing Act regulations, promulgated by the Office of the Illinois Attorney General (77 Ill. Admin. Code 4500.10-4500.60).

PPO: Preferred Provider Organization; Type of third party payor (insurance company).

Medically Necessary Care: As determined pursuant to a physician's order and/or clinical supervision during rendition of service, standard medical care required because of disease, disability, infirmity or impairment. Furthermore, Medically Necessary Care shall:

- Be consistent with the diagnosis and treatment of the patient's condition;
- Be in accordance with standards of good medical practice.
- Be required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient's practitioner or caregiver.
- Be the least costly type of service which would reasonably meet the medical need of the patient.

Medicare Advantage Plan: Medicare replacement plan; can be HMO, PPO, or PFFS.

Self-Pay: Any account where anticipated reimbursement from a third party payor is not available.

Substantially-Related Entity: An entity treated as a partnership for federal tax purposes in which a GHS Hospital Facility owns a capital or profits interest, or a disregarded entity of which the GHS Hospital Facility is the sole member or owner, that provides emergency or other medically necessary services in a GHS Hospital Facility, unless the provision of such care is an unrelated trade or business described in section 513 of the Internal Revenue Code.

## Appendix 2

### MEASURES TO WIDELY PUBLICIZE FINANCIAL ASSISTANCE PROGRAM

Each GHS Hospital Facility will have a means of widely publicizing the availability of the FAP to all patients. The measures taken to widely publicize the FAP include, but are not limited, to the following:

1. For GHS Hospital Facilities in Illinois, a message on the healthcare bill, statement, invoice or summary of charges regarding eligibility for the Illinois Hospital Uninsured Patient Discount Act and instructions for application for Financial Assistance. In addition and for all other GHS Hospital Facilities, a conspicuous written notice will be included on the healthcare bill, statement, invoice or summary of charges that notifies and informs recipients about the availability of Financial Assistance under the FAP and includes the telephone number of Patient Financial Services and the direct website address where copies of the FAP, a description of the FAP Application process and a copy of the FAP Application, and a plain language summary of the FAP may be obtained.
2. Signs in the admission, emergency room, registration, and other appropriate areas provide the billing options form that explains that the provider offers a FAP and how to obtain more information. Such signs shall be posted in English and in any other language that is the primary language of at least five percent (5%) of the patients served by the applicable hospital annually.
3. Make paper copies of the FAP, the FAP Application, and plain language summary available upon request and without charge, both by mail and in public locations in all emergency room and admission areas. The FAP Applications for GHS' Illinois hospitals shall also comply with the Illinois Requirements (77 Ill. Admin. Code 4500.10-4500.60).
4. Designated staff that can explain the FAP.
5. Staff that can direct patients to appropriate patient representatives for explanation.
6. A notice located in a prominent place on the GHS website that Financial Assistance is available at the hospital, along with copy of the FAP, the FAP Application, and a plain language summary of the FAP.
7. For GHS Hospital Facilities in Illinois, provide contact information for patients to inquire about or dispute an itemized bill or statement. Response to inquiries must be made within two (2) business days of a telephone inquiry and ten (10) business days of a written inquiry in accordance with the Illinois Fair Patient Billing Act.
8. Notify and inform patients about the FAP by offering a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process.
9. Make available translations of the FAP, the FAP Application, and plain language summary in the language spoken by groups that constitute the lesser of 1,000 individuals or five percent (5%) of the community served by the applicable hospital or the population likely to be affected or encountered by the applicable hospital.
10. Take measures to notify and inform members of the community about the FAP, which includes sharing information with the GHS Community Health Needs Assessment Committee.

### Appendix 3

## Genesis Health System Financial Assistance Income Guidelines 2017

<b>Family Size</b>	<b>Income based upon 200% of FPIG</b>	<b>Range &lt;math&gt;\leq 200\%&lt;/math&gt; FPIG 100% Writeoff</b>	<b>Range &lt;math&gt;\leq 220\%&lt;/math&gt; FPIG 90% Writeoff</b>	<b>Range &lt;math&gt;\leq 240\%&lt;/math&gt; FPIG 80% Writeoff</b>	<b>Range &lt;math&gt;\leq 260\%&lt;/math&gt; FPIG 70% Writeoff</b>	<b>Range &lt;math&gt;\leq 280\%&lt;/math&gt; FPIG 60% Writeoff</b>
<b>1</b>	\$24,120	\$24,120	\$26,532	\$28,944	\$31,356	\$33,768
<b>2</b>	\$32,480	\$32,480	\$35,728	\$38,976	\$42,224	\$45,472
<b>3</b>	\$40,840	\$40,840	\$44,924	\$49,008	\$53,092	\$57,176
<b>4</b>	\$49,200	\$49,200	\$54,120	\$59,040	\$63,960	\$68,880
<b>5</b>	\$57,560	\$57,560	\$63,316	\$69,072	\$74,828	\$80,584
<b>6</b>	\$65,920	\$65,920	\$72,512	\$79,104	\$85,696	\$92,288
<b>7</b>	\$74,280	\$74,280	\$81,708	\$89,136	\$96,564	\$103,992
<b>8</b>	\$82,640	\$82,640	\$90,904	\$99,168	\$107,432	\$115,696
<b>9</b>	\$91,000	\$91,000	\$100,100	\$109,200	\$118,300	\$127,400
<b>10</b>	\$99,360	\$99,360	\$109,296	\$119,232	\$129,168	\$139,104
<b>11</b>	\$107,720	\$107,720	\$118,492	\$129,264	\$140,036	\$150,808
<b>12</b>	\$116,080	\$116,080	\$127,688	\$139,296	\$150,904	\$162,512

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<sup>i</sup> Family Size is determined according to the definition in Appendix 1.