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Owner	Shannon Hartke: Director, Revenue Cycle
Area	Patient Financial Services
Applicability	Southern Illinois Medical Services

Epic PB - Healthcare Assistance Program, SM-PF-092

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I. POLICY

Consistent with SIH Medical Group mission, vision, values, and strategic plan, SIH Medical Group believes it has a responsibility to meet the financial needs of the patients and the communities that it serves who have an inability to pay for healthcare services. This policy provides guidance for meeting this responsibility. SIH Medical Group does not discriminate in the provision of services to an individual based upon the individual's race, color, sex, national origin, disability, religion, age or sexual orientation.

II. DEFINITIONS

ABE: Application for Benefits Eligibility

Assignment of Benefits - Language present on an insurance card indicating that by accepting the insurance plan for payment at time of service we are agreeing to all of the insurance plan's terms and to accept whatever reimbursement they determine to be acceptable.

Application Period: An individual may apply for Healthcare Assistance by completing the Healthcare Assistance Program Application prior to service or from the date of service through the 240th day after the first guarantor billing statement. This is know as the Application Period

Bill: SIH Medical Group utilizes data mailers and itemized statements to inform patients of the status of their account; for the purpose of this policy these items are not considered a bill

Civil union – a legal relationship between 2 persons, either of the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act

Covered services – emergent or medically necessary

Deeming Period: A temporary period during which a D-SNP member who has lost Medicaid eligibility may remain enrolled in the D-SNP while Medicaid eligibility is being reviewed or reestablished. During the Deeming Period, the member may retain Medicare coverage through the D-SNP but may no longer have active Medicaid coverage. The Deeming Period ends when Medicaid eligibility is reinstated or the member is determined to no longer qualify for continued D-SNP enrollment.

Epic – Electronic Medical Record used to bill or follow-up on patient accounts and scan information received or printed on behalf of a patient

Federal Poverty Guidelines: the Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services

FPL – Federal Poverty Level

Financial Counselor: SIH employee who assists patients with resolution of their financial responsibility including Health Care Assistance

Financially Indigent: an uninsured or under insured person who does not have the ability to pay for services rendered

HAP ADD-ON Acct – refers to account(s) that are identified while a HAP application is in the review process, the original application has been final approved and accounts were not on the original HAP Worksheet

Healthcare Assistance Application – an application which allows for the collection of information for Healthcare Assistance consideration (see attached examples 1-4)

Healthcare Assistance Program (HAP) – financial assistance provided to SIH Medical Group patients who meet Financially Indigent or Medically Indigent criteria

Healthshare Plans: Medical cost sharing organizations where members make monthly payments into a shared pool. When a member incurs a qualified medical expense, the claim is reimbursed from the pool. Healthshare plans are NOT insurance, and are not governed by state or federal insurance regulations.

Homeless - individual, who does not have a stable, long-term place to stay, lacks a fixed, regular and adequate nighttime residence or resides in a Homeless Shelter

Illinois Resident - a person who lives in Illinois and who intends to remain living in Illinois indefinitely

Judicci - a program utilized to search for pertinent information regarding estate claims

Medi - a Medicaid Eligibility system

Medicaid Eligible: a person who is deemed eligible for medical benefit as determined through the

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state of Illinois Medical Management System and evident by Recipient Identification Number (RIN)

Medical Necessity/Medically Necessary - services provided which are reasonable and necessary

Medicare Savings Program: Medicare programs to help individuals with limited income cover their healthcare costs. Medicare Savings Programs only apply to qualified Original Medicare beneficiaries with Part A and Part B coverage and do not apply to Medicare Advantage or Medicare HMO beneficiaries. Medicare Savings Programs include the following programs, 1) Qualifying Individuals (QI) to cover Part B premiums, 2) Qualified Medicare Beneficiary (QMB) to cover Part A and Part B deductible, Part B premiums, coinsurance and copay costs, 3) Qualified Disabled and Working Individuals (QDWI) to cover Part A premiums, and 4) Specified Low-Income Medicare Beneficiaries (SLMB) to cover Part B premiums.

MyChart: Secure online Patient Portal

NHSC National Health Service Corps - NHSC approved sites may not discriminate in the provision of services to an individual based upon the individual's race, color, sex, national origin, disability, religion, age or sexual orientation

Party to a civil union – a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act; party to a civil union means, and is included in any definition or use of the terms spouse, family, immediate family, dependent, next of kin, and other terms that denote the spousal relationship

PFS - Patient Financial Services

Presumptive Eligibility - the criterion used to deem a patient eligible for financial assistance based on the guidelines set forth in this policy

Propensity to Pay - program utilized to obtain financial assistance screening results which includes a person's family size, propensity to pay score and other financial information which is used to determine presumptive eligibility

Provider – a physician or mid-level (NP or PA) who treats patients medically

SIH - Southern Illinois Healthcare

Total Yearly Income – the sum of the yearly gross income

Uninsured patient – a patient who is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third party liability

Victims of Violent Crimes - The victim of a violent crime who generally meets the eligibility requirements in the Illinois Crime Victims Compensation Program.

Visit – a billable event where a patient is seen by a SIH MG provider in the office, hospital, clinic, or other setting

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III. RESPONSIBILITIES

1. All staff is required to follow the guidelines established within this policy with regard to the completion and processing of all healthcare assistance procedures.

IV. EQUIPMENT/MATERIALS

1. Epic: Electronic Medical Record used to bill or follow-up on patient accounts and scan information received or printed on behalf of a patient

V. PROCEDURE

1. A party to a civil union is entitled to the same legal obligations, responsibilities, protections, and benefits as are afforded or recognized by the law of Illinois to spouses, whether they derive from statute, administrative rule, policy, common law, or any sources of civil or criminal law.
2. Services Eligible for HAP
    1. This HAP policy applies to all medically necessary care provided by all SIH providers
3. HAP Eligibility Criteria
    1. The Healthcare Assistance Program applies to those patients residing in Illinois or has a temporary visitors drivers license at time services rendered.
    2. Financially Indigent
        A. SIH classifies all patients whose income is less than or equal to 200% of the Federal Poverty Guidelines as Financially Indigent.
    3. Copay Amounts:
        A. Patients with an income less than or equal to 100% of FPL are charged a copay amount of $10 per visit.
        B. Patients with an income above 100%, but not more than 200% of FPL, the copay amount is $20 per visit.
        C. Patients with an income above 200% of FPL do not qualify for HAP for visits.
    4. Partial Financial Assistance is provided on a sliding scale for those patients whose income is up to 6 times (600%) the Federal Poverty Guidelines and have accounts associated with a Hospital visit.
        A. SIH utilizes the Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services
    5. Applications for patients that have been registered self-pay due to assignment of

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benefit language on the card and/or identified with a non-traditional healthshare/ Medishare plan will be processed as normal. Accounts will be sent to a workqueue for financial counselors to approve or deny individually according to payment and documentation received.

6. Medicaid out of state

    A. Medicaid eligible patients with out of state coverage in which SIH Hospitals are not enrolled.

7. Reservation of Rights:

    A. SIH reserves the right to limit or deny financial assistance at the sole discretion of SIH Medical Group.

    B. Complaints or concern with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General at www.illinoisattorneygeneral.gov/consumers/hcform.pdf or 1-877-305-5145.

8. Presumptive Eligibility

    A. SIH is responsible and relies on strong cooperation with the patient to apply Presumptive Eligibility to an uninsured patient as soon as possible after receipt of services and prior to issuing a bill for those services.

    B. Designated staff follows the guidelines established in this policy with regard to the completion and processing of all Presumptive Eligibility procedures.

    C. SIH reserves the right to provide Presumptive Eligibility Assistance and use the following criterion to determine if a patient is eligible without further scrutiny by the Medical Group.

        1. Homelessness
        2. Deceased patient with no estate
        3. Bankruptcy
        4. Emancipated Minor
        5. Mentally incapacitated with no one to act on their behalf
        6. Victims of Violent Crimes
        7. Medicaid eligible, but not on date of service for a non-covered service.
        8. Patients receiving the following service automatically qualify for 100% assistance without application.

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a. Medicaid patients with spend-down (patient liability) responsibility

b. Medicaid patients determined to be Medicaid qualified after the 180 days timely filing

c. Medicaid coverage on date of service but not covered on dates of service beginning with the first day of the preceding month through date of service.

d. Medicaid patients with Medicaid Immigrant Co-pays

9. Patients that choose to have elective cosmetic procedures are not covered under Presumptive eligibility.

    a. Elective and/or services deemed not medically necessary may not be eligible for financial assistance consideration.

10. Resident of shelter facility with no insurance coverage

11. Insolvent insurance carriers under a state directive to cease and desist

12. Victims of Disaster Relief in the Southern sixteen (16) counties as determined by Management

13. Individuals incarcerated in Federal Prison in which all efforts have been exhausted for any third party liability in which patient has a remaining patient liable amount and no available monetary resources.

14. Patients eligible for Medicare Savings Program on date of service.

D. Accounts researched and approved for Presumptive Eligibility are adjusted at 100% based on authority levels.

E. Presumptive accounts are reviewed for approval through Propensity to Pay.

F. D-SNP members who lose the Medicaid portion of their coverage and enter a Deeming Period are eligible for 100% Presumptive Eligibility assistance without application. Presumptive Eligibility will remain in effect during the Deeming Period until Medicaid coverage is reinstated or the member is determined to no longer qualify for D-SNP coverage.

4. HAP Application Process

    1. An individual can apply for Healthcare Assistance in the Application Period for services which are medically necessary.

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2. SIH requests each patient apply for financial assistance and complete a HAP application. (See Examples 1-4)

    A. Accounts are considered for Healthcare Assistance after an exhaustive investigation of other funding sources indicates no coverage (e.g. Medicaid denies coverages, etc.)

        1. Lack of completed claim form or lack of cooperation from the patient is not considered a valid denial.

    B. Accounts that cannot be considered for the HAP Program.

        1. Services which are deemed elective in nature, cosmetic, priced at retail levels, or deemed not medically necessary in nature.
        2. Accounts where the treatment provided is related to or the subject of litigation, settlement, award, or any other type of legal action.
        3. Accounts that have not had other avenues of payment exhausted.
        4. Accounts greater than 3 months from the date the application was signed and dated.
        5. SIH Medical Group reserves the right to request applicant pursue ABE.

    C. HAP application can be used on eligible accounts for three (3) months prior from the date the application was signed and dated.

3. Applications are provided by Financial Counselors or other designated staff, through MyChart or at www.sih.net website free of charge

    A. SIH Medical Group has the right to request additional information when needed.

    B. HAP adjustments given by Harrisburg Medical Center may be honored under this policy. A thorough review is completed.

4. Immediate Family Members:

    A. The number of people in an adult patient's household includes the patient, the patient's spouse and any dependents.

    B. The number of people in a minor patient's household includes the patient, the patient's mother and any dependents of the patient's mother and the patient's father and any dependents of the patient's father

    C. Anyone listed on the tax return as a dependent is considered part of immediate family.

5. For Final Determination SIH can:

    A. Use monthly expenses and asset information for final determination.

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B. Request and review annual income, asset and expense information on a case-by-case basis.

C. Consider the extent to which the person has assets other than income that could be used to meet his or her financial obligation.

D. Request additional information upon review of the Healthcare Assistance Application.

E. Financial assistance will not be denied under HAP based on an applicant's failure to provide information or documentation not required by the HAP policy or HAP application.

F. A social security number is not required, but will aid in the processing of application

6. Income Verification:

A. SIH Medical Group requests the patient verify the income set forth in the Healthcare Assistance Application.

B. Documentation Verifying Income:

1. Income is verified through any of the following:

a. IRS Form W-2 and Earnings Statement

b. Pay Check Remittance

c. Tax Returns

i. HAP is not considered until all tax returns are completed and filed unless sufficient documentation supports income verified or supports there is no tax return.

ii. If applicant does not have copies of their tax returns ask them to contact the IRS to obtain copies.

iii. In the event an application is received in January, February or March and a tax return has not yet been filed, the previous year's tax return will be accepted

iv. For applications received April thru December a current year tax return is required.

d. Social Security income or letter

e. Worker's Compensation or Unemployment

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Compensation Determination Letters

f. Telephone verification by employer of the patient's annual gross income

g. Employee wage forms or bank statements

7. Documentation Unavailable:
    A. Verify income when patient is unable to provide documentation.
        1. Patient signs a Healthcare Assistance Application attesting to the accuracy of the income information provided.
        2. Patient signs a Healthcare Assistance Application attesting there are no open legal suits pending for any accounts in which assistance is being requested.
        3. Explanation is required stating the reason the patient is unable to provide the requested documentation verifying income or monthly expenses exceed the monthly income listed and/or how expenses are being paid. (See example 3).
8. Falsification of Information:
    A. Falsification of information may result in denial.
    B. Financial assistance is withdrawn after a patient is granted financial assistance and material provided is found to be untrue.
9. Document Retention:
    A. SIH Medical Group maintains the Health Care Assistance Program application for a period of seven (7) years from the date of application.
10. Denied procedures:
    A. If it is determined the patient is not eligible for HAP, the patient is notified by letter as to the reason for denial (see attached example 9).
11. Professional Judgment: CFO and/or Corporate Director of Patient Financial Services may under their sole discretion apply Healthcare Assistance adjustment(s) on a case-by-case basis.

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VI. DOCUMENTATION

1. Refer to attached Examples 1-4 and 10 for documentation to be provided by patient.
2. Refer to attached Examples 5-9, 11, and 12 for documents to be completed by SIH Medical Group representative.

VII. CHARGES

N/A

REPLACES

SM-FA-121 - Healthcare Assistance Program

Attachments

Example 01 Healthcare Assistance Program Application Instructions

Example 02 Healthcare Assistance Program Application Employment and Income, Assets, Monthly Expenses

Example 03 Healthcare Assistance Program Application Additional Information

Example 04 Healthcare Assistance Program Application Employee Wage Form

Example 05 Federal Poverty Guidelines

Example 06 Healthcare Assistance Program Denial Letter

Example 07 Healthcare Assistance Program $10 Copay Approval Letter

Example 08 Healthcare Assistance Program $20 Copay Approval Letter

Example 09 Healthcare Assistance Program Missing Information Letter

Example 10 Healthcare Assistance Program SBO Healthshare Assignment of Benefits Additional Information

Example 11 Healthcare Assistance Program Healthshare Assignment of Benefits $10 Copay Approval Letter

Example 12 Healthcare Assistance Program Healthshare Assignment of Benefits $20 Copay Approval Letter

Example 13 Self Employment Interim Finanical Statement (SIMS).pdf

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Approval Signatures

Step Description	Approver	Date
	Andrew Ziramba: Regulatory Coordinator	10/19/2026

Daniel Booth: Chair, SIH Board of Trustees [JS]	10/19/2026
John Antes: President/CEO	10/19/2026
Warren Ladner: SR VP & CFO	10/19/2026
Shannon Hartke: Director, Revenue Cycle	10/14/2026
Jennifer Durham: Director, Revenue Cycle Cash/HMC PFS	10/14/2026
Christine Lipe: Supervisor, Patient Accounts Operations	10/14/2026
Julie Gwaltney: Director, Patient Access	10/14/2026

Applicability

Southern Illinois Medical Services

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