

You may be eligible for free or discounted hospital care in Illinois!

Understanding Illinois Charity Care Laws for Urban Hospitals

It's the law! ONE Northside, along with our allies in the Fair Care Coalition, helped win this victory. If you are an uninsured patient, you have the right to apply for free or discounted services and hospitals are required to provide you with a Hospital Financial Assistance Application.^{1,2}

How can I qualify for discounted hospital care and who is eligible?

If you are uninsured or underinsured, you should fill out a Hospital Financial Assistance Application and submit it to the hospital. The application can help determine if you are eligible for free or discounted services or other public programs that can help pay for your healthcare.

On the back of this fact sheet is an income chart that can help you determine if you are eligible. There is also a list of criteria for presumptive eligibility on the back of this sheet. If any of the criteria in that chart apply to you (or a patient for whom you are advocating), then you are to be deemed presumptively eligible for financial assistance.¹

Do I need a Social Security number?

A Social Security number is not required to apply or qualify for free or discounted healthcare.¹

How much time do I have to apply for a discount?

Patients are allowed 60 days to complete and submit the Hospital Financial Assistance Application form following the date of discharge or receipt of outpatient care.¹

What if I do not speak English?

Hospitals are required to provide the Financial Assistance Applications in English and in any other language that is the primary language of at least 5% of the patients served by the hospital annually.¹ If needed, request that the hospital provide you with a form in your preferred language.

How can I learn more?

For further information, the Illinois Office of the Attorney General has outlined the rules for Hospital Financial Assistance under the Fair Patient Billing Act¹, including stipulations and required language for the application. The Hospital Uninsured Patient Discount Act² is also pertinent to this fact sheet. See references on opposite side for further information.

Using Income Eligibility to Determine Level of Assistance²:

Conditions that apply to all	Applies to:	Income Levels/FPL	Discount to be provided
If you or a patient for whom you are advocating is: 1) Uninsured; and, 2) applies for a discount; 3) for: medically necessary health care services that exceed \$300 for one inpatient admission or outpatient encounter	Urban Hospitals*	Annual family income of less than 200% of the Federal Poverty Level (FPL)	Hospital shall provide a charitable discount of 100%
		Annual family income of between 200% and 600% of the FPL	Hospital shall provide a discount from its charges

*This chart applies only to urban hospitals. Rural/critical access hospitals have different income criteria.

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2013 Poverty Guidelines (Annual Income)³:

# of Persons in Family	Federal Poverty Level Guideline for annual income (FPL)	200% of FPL	600% of FPL
1	\$11,490	\$22,980	\$68,940
2	\$15,510	\$31,020	\$93,060
3	\$19,530	\$39,060	\$117,180
4	\$23,550	\$47,100	\$141,300
5	\$27,570	\$55,140	\$165,420
6	\$31,590	\$63,180	\$189,540
7	\$35,610	\$71,220	\$213,660
8	\$39,630	\$79,260	\$237,780
For additional persons, add:	\$4,020	\$8,040	\$24,120

Presumptive eligibility criteria¹:

An uninsured patient is to be deemed presumptively eligible for free or discounted care if you, a family member, or advocate can demonstrate that any one of the following criteria applies:

<u>Patient Criteria</u>	<u>Applies to:</u>
	<u>Urban Hospitals*</u>
Homeless	X
Mentally incapacitated with no one to act on patient's behalf	X
Medicaid eligible, but not on date of service	X
Medicaid eligible, but utilize a service that is not covered by Medicaid	X
Deceased with no estate	X
Enrolled in the Women, Infants, and Children Nutrition Program (WIC)	X
Enrolled in the Supplemental Nutrition Assistance Program (SNAP)	X
Enrolled in the Illinois Free Lunch and Breakfast Program	X
Enrolled in the Low Income Home Energy Assistance Program (LIHEAP)	X
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	X
Receipt of grant assistance for medical services	X

* This list applies only to urban hospitals. Rural/critical access hospitals have a different set of criteria.

References:

¹Part 4500 of the Hospital Financial Assistance Under the Fair Patient Billing Act. Available online:

<http://www.ilga.gov/commission/jcar/admincode/077/07704500sections.html>

²Hospital Uninsured Patient Discount Act. Available online:

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3001&ChapterID=21>

³2013 Poverty Guidelines. Available online: <http://aspe.hhs.gov/poverty/13poverty.cfm>

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