

Know Your Rights: Hospital Financial Assistance

Effective September 23, 2008¹, all public hospitals in Illinois are required to offer financial assistance to uninsured individuals who meet certain income requirements. If you are an uninsured Illinois resident and meet the income eligibility guidelines, you can apply for financial assistance for free or discounted care based on family size and income. Hospitals' financial assistance programs may apply only to the hospital charges.

Am I eligible?

<u>Eligibility Criteria</u>	<u>Where</u>	<u>Federal Poverty Guidelines</u> (see chart on the back)	<u>Financial Assistance</u>
Patient must: <ol style="list-style-type: none"> 1. Be Uninsured and, 2. Have applied for any discount or programs that they may be eligible for (such as Medicaid, etc), 3. Received medically necessary² health care services exceeding \$300 in any one inpatient admission or outpatient encounter 	Hospitals (excluding rural hospitals and Critical Access Hospitals ³)	Family income between 201%- 600% of federal poverty guidelines (see chart on next page)	Partial discount for patients receiving emergency or other medically necessary care
		Family income less than 200% of federal poverty guidelines (see chart on next page)	Free care for patients receiving emergency or other medically necessary care
	Rural Hospitals or Critical Access Hospitals	Family income between 126%-300% of federal poverty guidelines (see chart on next page)	Partial discount for patients receiving emergency or other medically necessary care
		Family income not more than 125% of federal poverty guidelines (see chart on next page)	Free Care for patients receiving emergency or other medically necessary care

How do I apply?

Every hospital must have information regarding financial assistance in the form of brochures, the application itself, and other related materials in the hospital registration and admission areas and the hospital website. A statement about applying for financial assistance should be included with each hospital bill. A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO APPLY FOR THIS FINANCIAL ASSISTANCE. IF YOU ARE TOLD OTHERWISE, THE HOSPITAL IS VIOLATING STATE LAW and you should contact ICIRR's Health Resource Hotline at 855-435-7639 ext. 8

¹ Illinois Fair Patient Billing Act [210 ILCS 88/]

Illinois Hospital Uninsured Patient Discount Act (210 ILCS 89/)

² Does not apply to social and vocational services or elective cosmetic surgery

³ Critical Access Hospital is a title given to certain rural hospitals by the Centers for Medicare and Medicaid Services (CMS).

If you are denied hospital financial assistance or have additional questions, contact Luvia Quiñones, Health Policy Director at ICIRR, at lquinones@icirr.org or (312) 332-7360 ext. 221.

Before applying, some hospitals may require that you have previously applied for coverage under these public programs if you are eligible for them: Medicare, Medicaid, AllKids, Children's Health Insurance Program, or any other public program.

You must apply within 60 days of the date of discharge or the date of service from the hospital.

Hospitals will need to VERIFY:

- Income
- Assets
- Illinois residency (proof that you live in Illinois)

Hospitals DO NOT need to verify:

- Social Security Number

Why do hospitals provide financial assistance?

Hospitals are tax-exempt organizations and do not pay property taxes to the government. In exchange for tax-exempt status, hospitals must provide financial assistance to any qualified individual who applies.

Will applying for financial assistance make me affect my immigration status?

No. Financial assistance is not a government benefit. Currently, the government benefits that can affect a person's immigration status are cash benefits (such as TANF or SSI) OR are supported by Medicaid to live in a long-term nursing home within your first five years as a lawful permanent resident, but only in certain circumstances.

It's confidential.

All applications for financial assistance are kept completely private. The information you provide is shared only with those responsible for determining your eligibility.

2019 Federal Poverty Guidelines ⁴					
Persons in Family/Household	Poverty Guideline	125% of Guidelines	200% of Guidelines	300% of Guidelines	600% of Guidelines
1	\$12,490	\$15,612	\$24,980	\$37,470	\$74,940
2	\$16,910	\$21,137	\$33,820	\$50,730	\$101,460
3	\$21,330	\$26,662	\$42,660	\$63,990	\$127,980
4	\$25,750	\$32,187	\$51,500	\$77,250	\$154,500
5	\$30,170	\$36,712	\$60,340	\$90,510	\$181,020
6	\$34,590	\$43,237	\$69,180	\$103,770	\$207,540
7	\$39,010	\$48,762	\$78,020	\$117,030	\$234,060
8	\$43,430	\$54,287	\$86,860	\$130,290	\$260,580
Each additional person	+\$4,420	+\$5,525	+\$8,840	+\$13,260	+\$26,520

⁴ Federal Poverty Guidelines are updated annually. Check <https://aspe.hhs.gov/poverty-guidelines> for the most recent guidelines.

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