



September 29, 2016

**RECEIVED**

SEP 30 2016

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson, Second Floor  
Springfield, Illinois 62702

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Re: IHFSRB Project #15-061  
Southern Illinois Gastrointestinal  
Endoscopy Center

Dear Ms. Avery:

This letter is being submitted as written comments by Southern Illinois Healthcare in opposition to the above-mentioned project following the Illinois Health Facilities Planning Board's (HFSRB's) vote of Intent-to-Deny this project on June 21, 2016. The letter is submitted as a response to the discussion that took place at the HFSRB meeting on June 21, 2016, and to the applicant's attorney's August 5, 2016 letter to the HFSRB.

Southern Illinois Healthcare believes that this application should be denied because it continues to fail to meet the requirements of the Illinois Health Facilities Planning Act and Rules of HFSRB.

**Preauthorization Is Not Generally Required by Insurance Companies or Managed Care Organizations for Outpatient GI Procedures Performed in Hospitals**

There was a discussion during the June 21, 2016, HFSRB meeting of whether payors required preauthorization for outpatient Endoscopy procedures, particularly those that would be provided in hospitals, and also a discussion about whether commercial insurance companies would approve the provision of these procedures in hospitals or would require them to be provided in ASTCs. This issue was first raised by Dr. Makhdoom, when he stated, "Hospital outpatient departments are not an appropriate setting for endoscopy procedures that can be safely performed in an ambulatory surgical treatment center. In fact, payers like United Healthcare now require prior authorization for upper and lower gastrointestinal procedures performed in a hospital outpatient setting." (Transcript, Pages 142-143)

In response to this assertion and the ensuing discussion about this topic, Southern Illinois Healthcare's Corporate Director of Managed Care, researched the issue, contacting the 6 commercial health insurance carriers or managed care organizations under contract with Southern Illinois Healthcare facilities that have the largest patient volume with our system: Blue Cross/Blue Shield of Illinois; HealthLink; Health Alliance; Cigna; United Healthcare; and Aetna. A report of this study is found in Appendix 1.

All of the organizations responded to this request except for Aetna.

The 5 organizations that responded stated that it is not common practice in the Southern Illinois region for fully-insured business to need preauthorization for GI endoscopies, regardless of whether they are performed in a hospital or in an ASTC center, stating that they do not redirect patients to select facilities for these procedures. Four of the plans did say that, if a specific plan is designed to require such pre-procedure approval regardless of the setting in which the endoscopy procedure would be performed, they would comply with the requirements of an individual plan.

It should also be noted that Dr. Makhdoom referred specifically to United Healthcare, and that insurance company was mentioned during the subsequent discussion at the HFSRB meeting. United Healthcare is an insignificant player in the Southern Illinois market, insuring only a small percentage of the area's population.

#### **Patient Costs for Endoscopy within the Geographic Service Area**

The applicant continues to suggest that his ambulatory surgical treatment center (ASTC), if approved, will be a lower cost provider of endoscopy services than existing providers, and he cites reports of facility charges to make this point.

These comparisons are inaccurate and self-serving. Southern Illinois Healthcare owns and operates 3 hospitals and is a member of an ASTC within the applicant's Geographic Service Area (GSA), all except one of which are located within 11 minutes' travel time of the applicant's office and proposed ASTC.

We disagree with his claims that he needs to establish an ASTC in order to save patients money. In addition, it is misleading for him to suggest that, by establishing an additional ASTC in an area that already has underutilization of endoscopy services, he will create a low cost alternative to the lower cost options that already exist in the service area.

- As Appendix 2 documents, the financial responsibilities of insured patients undergoing Endoscopy procedures (i.e., EGD and Colonoscopy) at our hospitals are such that they have lower average out-of-pocket costs than the flat fee proposed by the applicant.

Southern Illinois Healthcare owns and operates Herrin Hospital in Herrin, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital in Murphysboro.

- The Healthcare Assistance Program (HAP) sponsored by Southern Illinois Healthcare uses a sliding scale based on the federal poverty guidelines. This program, in which all

patients are offered enrollment at registration, determines eligibility based on a range of 200% and 600% of the federal poverty level, with most HAP recipients receiving a full 100% discount on hospital services.

HAP covers costs for Southern Illinois Healthcare's hospitals, Southern Illinois Healthcare Medical Group, and pathology services.

The policies and sliding scale fees for this program are found in Appendix 3.

- In addition, patients whose incomes exceed the qualifications for the Healthcare Assistance Program are eligible for a 20% discount on all services if they pay their bills in full within 30-45 days, or they can obtain a 6-month 0% interest line of credit.

In contrast, the flat fees that Dr. Makhdoom submitted for his patient assistance program for uninsured and underinsured patients were \$1,500 for a Colonoscopy and \$900 for an EGD in his CON application, and he lowered these fees to \$1,250 for a Colonoscopy and \$750 for an EGD in his August 5, 2016, submission, stating that the reduction was based upon a "recent evaluation" that he had conducted.

His flat fees would exceed the average out-of-pocket patient responsibility for Endoscopy patients insured by all except one of the 6 most common commercial insurance companies in the service area and would exceed the average out-of-pocket patient responsibility for EGD patients insured by half of these commercial insurance companies.

His flat fees would be expected to exceed the out-of-pocket responsibility for recipients of Southern Illinois Healthcare's Healthcare Assistance Program and might even exceed the out-of-pocket responsibility of patients whose incomes exceed the qualifications for the Healthcare Assistance Program, assuming that they qualify for one of the discount or line of credit programs.

***This Project Continues to Fail to Comply with Key CON Review Criteria for the Establishment of an Ambulatory Surgical Treatment Center***

This project continues to be in non-compliance with the CON Review Criteria for the establishment of an Ambulatory Surgical Treatment Center (ASTC), and nothing in the supplemental materials submitted by the applicant's attorney should change any of these negative findings.

1. The procedures to be performed in the proposed ASTC are currently available in the Geographic Service Area (GSA) that the applicant identified for this project.

The ASTC service (i.e., surgical specialty) proposed in the application is currently offered in dedicated procedure rooms by 7 IDPH-licensed facilities within the GSA, 2 ASTCs and 5 hospitals, none of which have restrictive admission policies.

The applicant's assertions during the June 21, 2016, HFSRB meeting that "There are no single-specialty facilities in the service area that exclusively provide endoscopy services

with a focus on colorectal cancer screening" (Transcript, Page 144) and "There is no single-specialty facility in the area focused on colorectal cancer screening," (Transcript, Page 146) are misleading since there is no exclusive Review Criterion for the approval of a single-specialty ASTC or an ASTC that exclusively provides colorectal cancer screening other than the Review Criteria noted by the staff which do not support the need for the proposed facility.

The GSA identified by the applicant currently has 2 IDPH-licensed ASTCs that perform GI procedures and 5 hospitals with Gastro-Intestinal Procedure Rooms in which outpatients undergo these same procedures (e.g., EGDs, Endoscopy).

2. There is currently excess capacity in the proposed facility's GSA, and the proposed ASTC will exacerbate that excess and result in an unnecessary duplication of the ambulatory surgical service, result in a maldistribution of facilities providing ambulatory surgical services, and have a negative impact on existing providers.

One of the key purposes of the Illinois Health Facilities Planning Act is stated in Section 2 of the statute (20 ILCS 3960/2) as establishing a procedure that promotes the orderly and economic development of health care facilities in the State of Illinois to avoid the unnecessary duplication of such facilities.

Each of these 7 providers has the capacity to perform additional EGDs and Endoscopy procedures. Two of the hospitals actually have more than one Gastro-Intestinal Procedure Room in excess of the procedure rooms justified by their 2015 utilization. In addition, both of the ASTCs and 3 of the 5 hospitals have the appropriate number of Gastro-Intestinal Procedure Rooms but have capacity within those procedure rooms to perform additional EGDs and Endoscopy procedures.

According to their 2015 IDPH Profiles, these ASTCs and hospitals have the capacity to perform a total of 9,269 additional hours of procedures in their Gastro-Intestinal Procedure Rooms, 2,282 additional hours of these procedures in the 2 ASTCs' Gastro-Intestinal Procedure Rooms and 6,987 additional hours of these procedures in the 5 hospitals' Gastro-Intestinal Procedure Rooms.

It should be noted that this finding is based on only considering those facilities that provide these outpatient gastro-intestinal procedures (e.g., EGDs, Endoscopy procedures) in a designated Gastro-Intestinal Procedure Room.

These findings, which are part of the Staff Report prepared for the June 21, 2016, meeting of the Illinois Health Facilities and Services Review Board (IHFSRB) using the 2014 IDPH Hospital and ASTC Profiles, remain valid in the newly-released 2015 IDPH Hospital and ASTC Profiles.

It should be noted that the applicant incorrectly stated during the June 21, 2016, HFSRB meeting that "Physicians Surgical Center [which is shown as Carbondale Clinic Ambulatory Surgery Center on Table Seven of the June, 2016, Staff Report], which performs gastrointestinal procedures, is operating at the State Board standards."

(Transcript, Page 144). Table Seven of the June Staff Report for this project showed that the facility had capacity for 1,124 additional surgical hours in its Gastro-Intestinal Procedure Room in 2014, and the 2015 IDPH Profile showed that the facility had capacity for 1,152 additional surgical hours in its Gastro-Intestinal Procedure Room.

3. Because of the significant level of underutilization of these services in the GSA, service accessibility would not be improved by the establishment of the proposed ASTC, but the approval of this project would constitute an unnecessary duplication of existing ambulatory surgical services for gastro-intestinal screening.
4. In addition, approval of this project will result in a maldistribution of existing ambulatory surgical services for gastro-intestinal screening, both throughout the GSA and specifically within the area that is less than 11 minutes travel time of the proposed ASTC.

**Some of the Applicant's Arguments Supporting the Project Have No Basis in the CON Statute or Rules**

1. During the June 21, 2016, HFSRB meeting, the applicant stated that the establishment of this facility should be approved because it would be more convenient for his practice if his office and the surgical facilities he uses could be located in the same place. Several of these statements are presented below.

There are no CON Rules to justify the establishment of an additional healthcare facility, including an ASTC, because it will be more convenient for the physician or enhance physicians' practice patterns. The term for approval to establish an additional health care facility is called a "certificate of need," not a "certificate of convenience."

"If I had to perform endoscopy procedures at other providers in the area, it would be extremely disruptive to my practice and the physician extender care model we have developed." (Transcript, Page 144)

"I need to be at the office location to supervise and collaborate with my physician extenders and to most effectively and efficiently deliver care to my patients...I cannot effectively manage my practice if I don't work at the same location as them." (Transcript, Pages 144-145)

2. In addition, the applicant acknowledged that there are underutilized facilities within the GSA, but that he wants to establish an additional ASTC because it would be more convenient, as noted below.

"Traveling 30 minutes to perform endoscopy procedures at underutilized facilities would be detrimental to my model of care." (Transcript, Page 146)

3. Despite the fact that the CON Rules state that only referrals to existing IDPH-licensed ASTCs or hospitals located in the GSA may be used to justify the need for an ASTC (77 Ill. Adm. Code 1540[d][1], 1540[d][2], the applicant's justification for this project is based solely upon procedures performed in his office.

**The Patient Transfer Agreement Required for ASTC Licensure does not meet ASTC Licensing Requirements**

While it is not necessary for an ASTC to have a transfer agreement with a hospital to obtain a CON Permit, a transfer agreement is a required to secure an ASTC license from the Illinois Department of Public Health (IDPH).

The IDPH requirement states that the transfer agreement must be between the ASTC and a licensed hospital that is located within 15minutes travel time of the ASTC.

The transfer agreement that is submitted between the applicant and Heartland Regional Medical Center that was submitted in the August 5, 2016 correspondence from the applicant's attorney does not meet this requirement since the travel time between the facilities exceeded 15 minutes. The Mapquest data submitted in the CON application showed the travel time between these facilities as 20 minutes (Page 120), while the June 21, 2016, Staff Report showed the travel time between these facilities as 30 minutes (Page 21).

During the HFSRB meeting on June 21, Dr. Makhdoom incorrectly stated that "My practice currently has a patient transfer agreement with Heartland Regional Medical Center, which is 15 minutes away from my center, where I'm currently on admin staff." (Transcript, Page 147) This statement is not only incorrect in the travel time that he reported, but the transfer agreement, which is provided in the August 5, supplemental information, is dated July 11, 2016 and signed on July 25, 2016, which is more than a month after the June 21, 2016, HFSRB meeting.

Based on this application's failure to meet the CON requirements, Southern Illinois Healthcare respectfully urges the Board to deny this CON application.

Sincerely,



Philip L. Schaefer  
Vice President and Administrator  
Southern Illinois Healthcare

Enclosure

cc: Rex Budde  
Brian Hucker  
Andrea R. Rozran



*Valerie K. Cawvey*



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Sept. 1, 2016

Mr. Philip L. Schaefer  
Vice President and Administrator  
Ambulatory and Physician Services  
Southern Illinois Healthcare  
1239 E. Main St.  
PO Box 3988  
Carbondale, IL 62902

Dear Mr. Schaefer:

In response to your request, the SIH Managed Care team performed research on the prevalence of patients in our market needing prior authorizations from commercial health insurance payers for GI endoscopies done in a hospital setting or at a surgery center. They contacted our largest (by patient volume) commercial health insurance carriers or managed care organizations under contract. Our questions for them were:

“In our market, do you require prior authorization for GI endoscopies?”

“In our market, do you deny approval for outpatient endoscopies or other GI procedures performed at a hospital?”

“If the answer to either of the above questions is, “Yes,” then when did this change occur?”

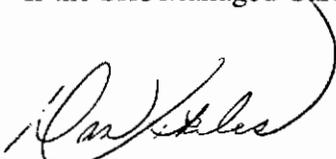
In short and as expected, the common reply was that this is not common practice in the southern Illinois region. To the extent it exists at all, it is due to select self-insured employer or account's benefit plan design requiring prior authorization.

Responses from BCBS-IL, Healthlink, Health Alliance, and Cigna indicated that prior authorization for GI endoscopies (colonoscopies) is required unless a particular plan requires it.

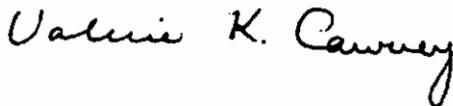
- Blue Cross does not require a patient to go to an ASTC rather than a hospital unless the benefit plan requires it.
- HealthLink is not aware of any plan that requires pre-authorization or requires a patient to go to an ASTC. The State of Illinois plans that HealthLink directly administers do not redirect patients to specific facilities. The only requirements that might exist are those specified by a particular employer in its plan for its own employees.

- Cigna does not require prior authorization and does not redirect patients to specific facilities.
- Health Alliance does not require prior authorization, unless the plan itself requires it, and it does not redirect patients to select facilities. United Healthcare's approach may consider factors such as the availability of a participating network facility, specialty requirements, physician privileges, and whether a patient has an individual need for access to more intensive services. The aforementioned factors are not aggressively applied in southern Illinois. If a plan requires preauthorization for a procedure, such preauthorization must be obtained whether the procedure is to be done at a hospital or at an ASTC.
- Lastly, Aetna did not reply.

If the SIH Managed Care department can be of any further assistance, then please let me know.



Dan Skiles  
Executive Director, QHP  
Corporate Director, Managed Care  
Southern Illinois Healthcare





<b>System</b>		<b>Policy and Procedure</b>	
<b>Title:</b>	Healthcare Assistance Program and Presumptive	<b>Number:</b>	SY-PI-092
<b>Applies to:</b>	Patient Registration	<b>First Created:</b>	3/99
<b>Issuing Dept:</b>	Patient Intake	<b>Last Revised:</b>	3/1/16
<b>Approved by:</b>	Shannon Hartke, MBA, FHFMA, Corporate Director Patient Financial Services		

**I. POLICY**

Consistent with SIH's mission, vision, values and strategic plan, SIH believes that it has a responsibility to meet the financial needs of the patients and the community it serves that has an inability to pay for healthcare services. This policy provides guidance for meeting this responsibility.

**II. DEFINITIONS**

**ABE:** Application of Benefits Eligibility

**ABN:** Advanced Beneficiary Notices

**AGB:** Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage

**Bill:** SIH utilizes date 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, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act

**Covered services:** are defined as emergent or medically necessary

**ECA:** Extraordinary Collection Actions

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

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

**Financially Indigent:** An uninsured or underinsured person who does not have the ability to pay for services rendered

**FPL:** Federal Poverty Level

**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.

**HAP CDS:** Meditech Healthcare Assistance Program custom defined screen

**Healthcare Assistance Application:** An application which allows for the collection of information for Healthcare Assistance consideration (see examples 1,2,3,4 and 5)

**Healthcare Assistance Program (HAP):** Financial assistance provided to Southern Illinois Healthcare patients who meet Financially Indigent, Medically Indigent or Hospital Uninsured Patient Discount Act criteria

**Homeless:** Individual, who doesn't have a stable, long term place to stay, lacks a fixed, regular and adequate night-time residence or resides in a Homeless Shelter

**Hospital Uninsured Patient Discount Act:** SIH has rural and critical access hospitals that are required to provide discounts for uninsured Illinois residents with family income less than 300% FPL. Discount is 100% minus 135% of cost utilizing the ratio of cost to charges from worksheet C, Part I from the most recent filed.

**Illinois Resident:** A person who lives in Illinois and who intends to remain living in Illinois indefinitely

**JCHD:** Jackson County Health Department

**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 benefits as determined through the state of Illinois Medical Management System and evident by Recipient Identification Number (RIN)

**Medically Indigent:** Refers to a patient whose hospital bill(s), after application of Financially Indigent criteria, exceeds a specified percentage of the patient's annual income and who is not required to pay the remaining balance of their bill(s)

**Medical Necessity/Medically Necessary:** Services provided which are reasonable and necessary

**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 of use of the terms spouse, family, immediate family, dependent, next of kin, and other terms that denote the spousal relationship

**PFS:** Patient Financial Services

**PFS Representative:** SIH employee who works in PFS Department and obtains documentation required for processing Presumptive Eligibility

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

**Scrutiny:** For the purpose of this policy, scrutiny means a completed Healthcare Assistance Application is not required.

**Self -Administrable Drugs (SAD):** Drugs or biologicals furnished for therapeutic purposes, which are classified by Medicare as being self-administrable. To clarify, these are drugs in a form that patients would typically take at home. Examples include, but are not limited to, pills, syrups, tablets, caplets, eye drops, ointments and suppositories. Drugs and biologicals which are, under certain circumstances, excluded from the self-administrable drug provision, include blood-clotting factors, drugs used for immunosuppressive therapy, EPO, certain oral anti-cancer drugs and their antiemetics.

**SIH:** Southern Illinois Healthcare

**Sixty (60) days:** The number of days a patient will not be billed or account sent to Bad Debt/Collections.

**Total yearly income:** The sum of the yearly gross income

**Search America:** 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.

**Uninsured patient:** A patient of a hospital 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

### III. RESPONSIBILITIES

- 1.0 All staff is required to follow the guideline established within this policy with regard to the completion and processing of all healthcare assistance procedures

### IV. EQUIPMENT/MATERIALS

- 1.0 Hospital Information System: Computer related software used to register or scan information received or printed on behalf of a patient. (ChartMaxx, Meditech, AS400, Passport eCare Next)

### V. PROCEDURE

#### 1.0 Commitment To Provide Emergency Medical Care

- 1.1 SIH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this HAP policy. SIH hospitals will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all SIH patients in a non-discriminatory manner, pursuant to each hospital's respective EMTALA policy.

#### 2.0 Services Eligible For HAP

- 2.1 This HAP policy applies to all emergency and other medically necessary care provided by the SIH hospitals listed below, as well as certain other providers delivering emergency or other medically necessary care in SIH facilities. Attached to this policy as Attachment A is a list of all providers, in addition to SIH itself, delivering emergency or other medically necessary care at SIH hospitals that specifies which providers are covered by this policy and what are not covered.
- 2.2 This HAP policy applies to:
  - A. Memorial Hospital of Carbondale, 405 W Jackson, Carbondale, IL 62902, (618) 549-0721
  - B. Herrin Hospital, 201 S 14<sup>th</sup> Street, Herrin, IL 62948, (618) 942-2171
  - C. St. Joseph Memorial Hospital, 2 South Hospital Drive, Murphysboro, IL 62966, (618) 684-3156

#### 3.0 HAP Eligibility Criteria

- 3.1 The Healthcare Assistance Program applies to those patients residing in Illinois.
- 3.2 Financially Indigent
  - A. SIH classifies all patients whose income is less than or equal to 200% of the Federal Poverty Guidelines as Financially Indigent which results in 100% financial assistance.
  - B. Partial Financial Assistance is provided on a sliding scale for those patients whose income is up to 4 times (400%) the Federal Poverty Guidelines.
  - C. SIH utilizes the Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services.
- 3.3 Medically Indigent
  - A. To be considered for classification as a Medically Indigent patient the amount owed after application of the Financially Indigent adjustment must exceed twenty five (25) percent of the patient's annual income.

- B. Patients classified as Medically Indigent are responsible for Medicare expected payment further reduced by the Financially Indigent adjustment percentage.
- 3.4 SIH will not collect in excess of 25% of a patient's annual income in any given year.
- 3.5 Hospital Uninsured Patient Discount Act:
  - A. Uninsured patients with annual income less than or equal to 300% FPL. Under the Act their hospital bills are discounted to 100% minus 135% of Cost.
- 3.6 Medicaid out of state
  - A. Medicaid eligible patients with out of state coverage in which SIH Hospitals are not enrolled.
- 3.7 Reservation of Rights:
  - A. It is the policy of SIH to reserve the right to limit or deny financial assistance at the sole discretion of SIH.
- 4.0 Presumptive Eligibility
  - 4.1 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 hospital services and prior to issuing a bill for those hospital services. (Example 8)
  - 4.2 Designated staff is responsible to follow the guidelines established in this policy with regard to the completion and processing of all Presumptive Eligibility procedures.
  - 4.3 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 hospital.
    - A. Homelessness
    - B. Deceased patient with no estate
    - C. Mentally incapacitated with no one to act on their behalf
    - D. Medicaid eligible, but not on date of service or for a non-covered service
    - E. Patients receiving the following service automatically qualify for 100% assistance without application.
      - 1) Medicaid patients with spend-down (patient liability) responsibility
      - 2) Medicaid patients with coverage secondary to Medicare that receive self-administrable drugs that are not covered by Medicare
      - 3) Medicaid patients with coverage secondary to Medicare that receive services requiring an Advance Beneficiary Notice (ABN)
      - 4) Medicaid patients determined to be Medicaid qualified after the 180 days timely filing
      - 5) Medicaid patients receiving Veni Puncture
      - 6) 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.
    - F. Patients that choose to have elective cosmetic procedures are not covered under Presumptive eligibility.
    - G. Resident of shelter facility with no insurance coverage
    - H. Insolvent insurance carriers under a state directive to cease and desist
    - I. Victims of Disaster Relief in the Southern sixteen (16) counties as determined by Management

- J. Services rendered through free clinics such as Hands of Hope, Bridges Clinic and Abundant Health Services and/or Agencies which have exhausted government sponsored grants such as JCHD-HIV
- 4.4 Accounts researched and approved for Presumptive Eligibility are adjusted at 100% based on authority levels.
- 4.5 Presumptive accounts are reviewed for approval through Search America.
- 5.0 HAP Application Process
  - 5.1 SIH requests each patient apply for financial assistance and complete a HAP application. (Example 1)
    - 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) Those that have been approved and sent for legal action.
      - 2) Bad debt accounts exceeding 2 years from date of service.
      - 3) Accounts that have not had other avenues of payment exhausted.
      - 4) SIH reserves the right to request applicant pursue ABE.
    - C. HAP applications can be used on eligible accounts for six (6) months from the date the application was signed and dated.
  - 5.2 SIH facilities (Memorial Hospital of Carbondale, Herrin Hospital, and St. Joseph Memorial Hospital) accept a copy of the SIH Medical Group HAP Application. A thorough review is completed.
    - 1) SIH has the right to request additional information when needed.
    - 2) Applications received from SIH Medical Group must be signed and dated within the six (6) months period.
  - 5.3 Applications are provided by Financial Counselors, Patient Account Representatives, other designated staff, or on the website free of charge.
  - 5.4 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.
  - 5.5 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.
  - 5.6 For Final Determination SIH can:
    - A. Use monthly expenses and asset information for final determination.
    - 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 hospital's HAP policy or HAP application.
  - F. A social security number is not required, but will aid in the processing of application.
- 5.7 Income Verification:
- A. SIH requests that 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 will not be 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 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 Compensation Determination Letters
      - f) Telephone verification by employer of the patient's annual gross income
      - g) Employee wage forms or bank statements
- 5.8 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)
- 5.9 Falsification 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.
- 5.10 Document Retention:

- A. SIH maintains the Health Care Assistance Program application for a period of seven (7) years from the date of application.
- 5.11 If it is determined the patient is not eligible for HAP, the patient is notified by letter as to the reason for denial. (See example 6 and 7)
- 6.0 Measures To Widely Publicize The HAP Policy
  - 6.1 Patient notification of Healthcare Assistance Program:
    - A. Financial Assistance notices are placed in all departments registering patients.
    - B. SIH will post signage in English and Spanish regarding the availability of financial assistance.
  - 6.2 SIH's website posts notice of financial assistance through the Healthcare Assistance Program and applications in English and Spanish.
  - 6.3 Information regarding HAP is available in all Patient Intake offices and in other public locations within the hospital, (upon request without charge).
  - 6.4 Registrars inform all patients of the Healthcare Assistance Program, and offers a plain language summary.
- 7.0 Basis For Calculating Amounts Charged To Patients
  - 7.1 Southern Illinois Healthcare dba: Memorial Hospital of Carbondale, Herrin Hospital, and St. Joseph Memorial Hospital, use Look-back method to determine Amounts Generally Billed or AGB's.
  - 7.2 The AGB percentage is based on an aggregate discount from established charges, applied to our current mix of patient services, per agreements with CMS and other third party payors.
  - 7.3 The public obtains information regarding the AGB's in writing and free of charge by contacting the Director of Finance, Southern Illinois Healthcare at 618-457-5200 ext. 67200.
  - 7.4 A HAP eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.
  - 7.5 SIH does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.
  - 7.6 SIH will bill for balances when less than 100% is approved.
- 8.0 Actions Taken In The Event Of Nonpayment
  - 8.1 The actions that SIH may take in the event of nonpayment are described in a separate Billing and Collections Policy. Members of the public may obtain a free copy of this separate policy from the SIH PFS department by contacting SIH at 1-800-457-1393.
- 9.0 Miscellaneous
  - 9.1 No Effect on Other Hospital Policies:
    - A. This Healthcare Assistance policy does not alter or modify other policies regarding efforts to obtain payments from third-party payers, patient transfers or emergency care.
  - 9.2 Modification to this policy must be approved by:
    - A. The Corporate Director of Patient Financial Services, Chief Financial Officer, Chief Executive Officer and the Board of Directors.

## VI. DOCUMENTATION

- 1.0 Refer to Example 1, 2, 3, 4 and 8 for documentation to be provided by patient.

2.0 Refer to Examples 5, 6, and 7 for documents to be completed by Southern Illinois Healthcare Representative.

**VII. CHARGES**

N/A

<b>Additional Approvals and Review/Revision Dates</b>			
<b>Review Dates:</b>	5/04, 3/05, 6/05, 12/06, 1/07, 3/07, 10/12, 10/15		
<b>Revision Dates:</b>	5/04, 8/04, 3/05, 6/05, 12/06, 1/07, 3/07, 4/08, 2/09, 5/10, 11/10, 2, 11, 4/11, 10/11, 12/11, 3/12, 12/12, 4/13, 11/13, 11/14, 2/15, 3/16		
<b>Replaces:</b>	N/A		
<b>Additional Approvals:</b>	<b>Name (print)</b>	<b>Title</b>	<b>Signature</b>
	Gene Basanta	Chair, Board of Trustees	
	Rex Budde	CEO	
	Mike Kasser	VP, CFO	
	Sharon McCreight	Manager, Patient Intake	
	Toni Tripp	Manager, Patient Financial Services	

Example 1 (Print on letterhead stationery)

□ Memorial Hospital of Carbondale 405 W. Jackson Carbondale, IL 62902 (618) 549-0721 Ext. 64572 Fax (618) 457-3004	□ Hemin Hospital 201 S. 14 <sup>th</sup> Street Herrin, IL 62948 (618) 942-2171 Ext. 36458 Fax (618) 988-6153	□ St. Joseph Memorial Hospital 2 South Hospital Drive Murphysboro, IL 62966 (618) 684-3156 Ext. 55331 Fax (618) 529-0539	□ SIH Medical Group 1239 East Main Street Carbondale, IL 62901 (618) 457-5200 Ext. 67575 Fax (618) 529-0562
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Dear Patient/Guarantor:

**IMPORTANT:** YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE. Completing this application will help \_\_\_\_\_ determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.

**IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.** However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail (web site elective), or by fax to apply for free or discounted care within 60 days following the date of discharge or receipt of outpatient care.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

Please understand in order to receive assistance with your hospital bill you will need to show all payment sources such as medical insurance, Medicaid, work comp, liability, etc. All payors must be fully exhausted before healthcare assistance will be considered.

**Please return the application with the following information:**

1. A complete Healthcare Assistance Program application signed and dated.
2. A copy of your last federal tax return filed. If self employed you must include Schedule C. Please include a copy of all W2's.
3. A copy of your most recent check or check stub for employment, unemployment, Social Security, pension, workmen's compensation (or work comp determination letter) or any other source(s) of income you have received for the past thirteen (13) weeks. We will accept one of the following three documents for proof of wages:
  - a. An employee wage form filled out and signed by your employers for each wage earner in the household. (see application for this form).
  - b. Copies of check stubs for the last 13 weeks.
  - c. A print out of your wages from your employer for the last 13 weeks.
  - d. The above wage information must be approved for all family/household members.
4. If applicable, proof of participation in Governmental assistance programs such as food stamps, WIC, Medicaid, Link, school lunches, Child Care Resource or Referral Program.
5. You may be asked to apply for assistance from other appropriate sources if it is determined you could qualify for such aid.

Example 1, Page 2

If you want to submit an appeal of our decision or request re-consideration it must be in writing. Please include the reason or provide additional information that may be beneficial for our review.

Please mail the completed application to the address listed above for the facility where you incurred charges. Only one application is required if you have accounts at any or all of the three hospitals listed above. If you need assistance in completing the application please contact the Financial Counselor at the appropriate facility. You may reach us Monday thru Friday 8:00 am to 4:30 p.m.

Completion of this application does not relieve you of your financial obligation to Southern Illinois Healthcare; Southern Illinois Healthcare reserves the right to deny any application upon review.

Sincerely,

Financial Counselor

Example 2 – (Print on letterhead stationery)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Memorial Hospital of Carbondale<br>405 W. Jackson<br>Carbondale, IL 62902<br>(618) 549-0721<br>Ext. 64572<br>Fax (618) 457-3004 | <input type="checkbox"/> Herrin Hospital<br>201 S. 14 <sup>th</sup> Street<br>Herrin, IL 62948<br>(618) 942-2171<br>Ext. 36458<br>Fax (618) 988-6153 | <input type="checkbox"/> St. Joseph Memorial Hospital<br>2 South Hospital Drive<br>Murphysboro, IL 62966<br>(618) 684-3156<br>Ext. 55331<br>Fax (618) 529-0539 | <input type="checkbox"/> SIH Medical Group<br>1239 East Main Street<br>Carbondale, IL 62901<br>(618) 457-5200<br>Ext. 67575<br>Fax (618) 529-0562 |
|--|--|--|---|

**Healthcare Assistance Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address/PO Box City State Zip Code

Phone Number: \_\_\_\_\_ Social Security Number \_\_\_\_\_ (not required)

**Family/household information:**

- Number of persons in the patient's family/household: \_\_\_\_\_
- Number of persons who are dependents of the patient: \_\_\_\_\_
- Ages of patient's dependents: \_\_\_\_\_

**Employment and Income Information**

- Enter patient's, patient's spouse or partner's employer information.
- If patient is a minor, enter the patient's parent's or guardian's employer information.

Patient	Spouse	Partner	Other
Patient's Employer Name: _____ Address: _____ City, State, Zip _____ Salary :Gross Amount _____	Spouse's Employer Name: _____ Address: _____ City, State, Zip _____ Salary :Gross Amount _____	Partner's Employer Name: _____ Address: _____ City, State, Zip _____ Salary :Gross Amount _____	Other Employer Name: _____ Address: _____ City, State, Zip _____ Salary :Gross Amount _____
Patient's Employer Name: _____ Address: _____ City, State Zip _____ Salary: (Gross Monthly) _____	Spouse's Employer Name: _____ Address: _____ City, State, Zip _____ Salary :Gross Amount _____	Partner's Employer Name: _____ Address: _____ City, State, Zip _____ Salary :Gross Amount _____	Other Employer Name: _____ Address: _____ City, State, Zip _____ Salary :Gross Amount _____

Example 2-- Page 2

**Other Income**

Other Income	Patient's Monthly Income	Spouse/Partner/Other Dependent's Monthly Income
Wages	\$	\$
Self -Employment	\$	\$
Unemployment Compensation	\$	\$
Social Security	\$	\$
Social Security Disability	\$	\$
Veteran's Pension/Disability	\$	\$
Workers' Compensation	\$	\$
Temporary Assistance for Needy Families	\$	\$
Retirement Income	\$	\$
Child Support, Alimony or Other Spousal Support	\$	\$
Other Income	\$	\$

Documentation of family income from paycheck stubs, benefit statements, award letters, court orders, federal tax returns, or other documentation provided by the patient.

**Assets**

Real Estate: Own	Rent	Bank: Checking	\$
Market Value	\$	Savings	\$
Amount Owed:	\$		
	\$	Mutual Funds:	\$
Auto/Truck/Type:		Stocks, CD's:	\$
Market Value:	\$	Rental Property Owned:	\$
Motorcycles, Boats, Campers, Other Vehicles:		Other:	\$
Market Value	\$		\$
			\$
			\$

Example 2 -- Page 3

**Monthly Expenses**

Rent or House Payments:	\$	Other:	\$
Utilities	\$		\$
	\$		\$
	\$		\$
	\$		\$
Child Care:	\$		\$
Food and Supplies:	\$		\$
Auto Payments:	\$		\$
Transportation	\$		\$
Credit Cards:	\$		\$
Property Tax: (Annual) :	\$		\$
		<b>Total Monthly Expenses</b>	

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill.

I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

- Y     N    Was the patient an Illinois resident when care was rendered by the hospital?  
 Y     N    Was the patient involved in an alleged accident?  
 Y     N    Was the patient a victim of an alleged crime?  
 Y     N    Does the applicant (s) have any active or open Law/Legal suit for accounts that assistance is being requested?  
 Y     N    Does the applicant (s) have any insurance benefits?

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Patient/Applicant

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Patient/Applicant

System



Example 4

**Employee Wage Form**  
(To Be Completed And Signed By Employer)

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ (not required)

Employer Name: \_\_\_\_\_ Tele: \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

**Wages For The Last 13 Weeks**

Week	Pay Period Ending	Gross Wages
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

1. Is the employee currently working? \_\_\_\_\_ (yes/no), If no, when was the last day worked?  
\_\_\_\_\_
2. If the employee is not currently working, will the employee be returning to work? \_\_\_\_\_ (yes/no)  
Expected return date \_\_\_\_\_
3. When did employment begin: \_\_\_\_\_ End: \_\_\_\_\_

I certify the wage information regarding the person named above is true and accurate.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Signature of Employer or  
Employer's Representative

System

Example 5

**Discount Schedule For Applicants Applying for Healthcare Assistance**  
Based On 2016 Poverty Guidelines For A Ninety (90) Day Period

<b>Discount</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>100%</b>	<b>5,940</b>	<b>8,010</b>	<b>10,080</b>	<b>12,150</b>	<b>14,220</b>	<b>16,290</b>	<b>18,365</b>	<b>20,445</b>
<b>90%</b>	<b>9,890</b>	<b>13,337</b>	<b>16,783</b>	<b>20,230</b>	<b>23,676</b>	<b>27,123</b>	<b>30,578</b>	<b>34,041</b>
<b>80%</b>	<b>13,840</b>	<b>18,663</b>	<b>23,486</b>	<b>28,310</b>	<b>33,133</b>	<b>37,956</b>	<b>42,790</b>	<b>47,637</b>
<b>70%</b>	<b>17,820</b>	<b>24,030</b>	<b>30,240</b>	<b>36,450</b>	<b>42,660</b>	<b>48,870</b>	<b>55,095</b>	<b>61,335</b>

Example 6 (Print on letterhead stationery)

Memorial Hospital of Carbondale 405 W. Jackson Carbondale, IL 62902 (618) 549-0721 Ext. 64572 Fax (618) 529-0415	<input type="checkbox"/> Herrin Hospital 201 S. 14 <sup>th</sup> Street Herrin, IL 62948 (618) 942-2171 Ext. 36458 Fax (618) 988-6153	<input type="checkbox"/> St. Joseph Memorial Hospital 2 South Hospital Drive Murphysboro, IL 62966 (618) 684-3156 Ext. 55331 Fax (618) 529-0539	<input type="checkbox"/> SIH Medical Group 1239 East Main Street Carbondale, IL 62901 (618) 457-5200 Ext. 67575 Fax (618) 529-0562
---	--	--	---

Date:

Dear Patient/Guarantor:

With regret we must notify you that your application for Healthcare Assistance cannot be approved at this time. If your denial is due to the following missing information, you can obtain and submit for reconsideration of your application.

- Failure to complete the Employee Wage Form
- Failure to provide a valid acceptance or denial from Illinois Department of Public Aid
- Failure to complete and return application in timely/complete manner
- Exceeds income criteria for the Healthcare Assistance Program

Please do not hesitate to call the Financial Counselor at the number listed above if you have any questions. Thank you for taking the time to submit your application!

Sincerely,

SIH Representative (Change if sent by Financial Counselor)

System



Example 7 (Print on letterhead stationery)

<input type="checkbox"/> Memorial Hospital of Carbondale 405 W. Jackson Carbondale, IL 62902 (618) 549-0721 Ext. 64572 Fax (618) 457-3004	<input type="checkbox"/> Herrin Hospital 201 S. 14 <sup>th</sup> Street Herrin, IL 62948 (618) 942-2171 Ext. 36458 Fax (618) 988-6153	<input type="checkbox"/> St. Joseph Memorial Hospital 2 South Hospital Drive Murphysboro, IL 62966 (618) 684-3156 Ext. 55331 Fax (618) 529-0539	<input type="checkbox"/> SIH Medical Group 1239 East Main Street Carbondale, IL 62901 (618) 457-5200 Ext. 67575 Fax (618) 529-0562
--	--	--	---

Date:

Name:

Address:

City, State, Zip:

Dear \_\_\_\_\_,

Your application for the Healthcare Assistance Program has been processed for the following hospital (s):

Memorial Hospital of Carbondale  Herrin Hospital  St. Joseph Memorial Hospital

Your account balance(s) have been reduced by \_\_\_\_\_%. Your current balance for the account(s) listed below is \$ \_\_\_\_\_.

The account(s) that are included in this approval are as follows:

# \_\_\_\_\_ # \_\_\_\_\_

This determination was made based on your reported household size and income compared to the Federal Poverty Guidelines.

Please contact a Service Representative at (800) 457-1393 if you have any questions regarding balance due. For information regarding Amounts Generally Billed you may contact the Director of Finance at (618) 457-5200 extension 67200.

Thank you.

Sincerely,

Shannon Hartke, MBA, FHFMA

Corporate Director Patient Financial Services

System

Example 8

## Healthcare Assistance Eligibility Notification Form

In cooperation with Southern Illinois Hospital Services, d.b.a., Memorial Hospital of Carbondale and in accordance with Illinois State Law, I hereby acknowledge I have been informed financial assistance may be available thru the Healthcare Assistance Program. I also understand I must assist the hospital to help me (the patient) determine if I may qualify for financial assistance.

A Healthcare Assistance Application may not be required if certain qualifying conditions are met. I understand that I am responsible to promptly notify the hospital if I am covered by Medicaid or any other governmental program. I also understand that I am required to disclose any pending litigation or court settlement that may be used to pay for the services rendered by the hospital.

I acknowledge I was offered a Healthcare Assistance Plain Language Summary Document and was given the opportunity to ask questions.

\_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Signature of Patient (or Personal Representative/Agent)  
 Unable to sign due to medical condition

\_\_\_\_\_  
Printed Name of Legal Representative                      Relationship to Patient

\_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Witness

Providers – Covered under SIH HAP

Name		Specialty
Aaflaq, Osama	MD	Memorial Hospital of Carbondale ED
Absher, Jill Nicole	PA	SIH Medical Group at Center for Medical Arts
Adra, Fadi	MD	SIH Medical Group Pulmonary
Ahmed, Zayd	MD	Hospitalist Program MHC
Ahuja, Naresh Kumar	MD	SIH Medical Group Bariatric Surgery
Al Badarin, Firas Jamil	MD	Prairie Cardiovascular Consult
Al-Dallow, Raed Sheikh	MD	Prairie Cardiovascular Consult
Al-Dallow, Raed Sheikh	MD	Prairie Cardiovascular Consult
Al-Sharif, Nabil	MD	Prairie Cardiovascular Consult
Alvi, Saad	MD	Honor Medical Staffing

Name		Specialty
Al-Zoubaidi, Mohammed Ali	MD	SIH Medical Group CardioThoracic Vascular Surgery
Anantachai, Pramote	MD	SIH Medical Group Internal Medicine (Pramote)
Anderson, Elias Jay	PA	SIH Medical Group CardioThoracic Vascular Surgery
Arnett, Cheryl Ann	NNP	SIH Medical Group Neonatology
Arnold II, Don Cassidy	MD	SIH Medical Group Urology (Arnold)
Arnold, Kent Andrew	MD	Memorial Hospital of Carbondale ED
Arnold, Lisa Erin	NP	SIH Medical Group Neurosciences
Asressahegn, Mihret Mebrat	MD	Locum Leaders
Bambra, Gurpreet Singh	MD	SIH Medical Group Pulmonary
Baniya, Shrutee	MD	Hospitalist Program MHC

Providers – covered under SIH HAP

Name		Specialty	Name		Specialty
Barrett, Heather Lynn	MD	SIH Medical Group Pathology	Brazis, Amanda Laine	DPM	SIH Medical Group Podiatry (Herrin)
Behm, Michele Ann	Pa	SIH Medical Group Otolaryngology	Brewer, Robert Judson	MD	SIH Medical Group General Surgery (Miller/Brewer)
Bhattacharya, Satyadeep	MD	SIH Medical Group General Surgery	Brown II, Russell Wayne	PA	SIH Medical Group at Logan Primary Care (Herrin)
Blaise, Dale Wesley	MD	SIH Medical Group at Medical Arts Clinic	Brown, Russell W	DO	SIH Medical Group at Logan Primary Care (Herrin)
Bleichner, Amanda Jane	MD	SIH Medical Group at Center for Medical Arts	Bryant, Michael Anthony	PA	SIH Medical Group Neurosciences
Bobo, Linda Diane	MD	SIH Medical Group Infectious Disease Pulmon Nephro	Buchanan, Amanda H	MD	Weatherby Locum Company
Bollig, John Joseph	MD	Memorial Hospital of Carbondale ED	Buchman, Richard Kyle	MD	SIH Medical Group Internal Medicine (Buchman)
Boorman, Caroline Frances	DO	Burlington Healthcare Providers	Buckles, Tamara Lynn	MD	SIH Medical Group at Center for Medical Arts
Bottiaux, Bianca Christina	PA	SIH Medical Group at Center for Medical Arts	Bueza, Jesse Paul	PA-C	SIH Medical Group at Logan Primary Care (Herrin)
Bozorgzadeh, Shahriar	MD	Memorial Hospital of Carbondale ED	Campos, Allison Brooke	NP	Prairie Cardiovascular Consult

Providers – covered under SIH HAP

Name		Specialty		Name		Specialty
Carney, Donna Palovic	MD	Memorial Hospital of Carbondale ED		Cooke, Gerald Lynzie	MD	Honor Medical Staffing
Caslow, Nathan Dean	PA	Memorial Hospital of Carbondale ED		Correa De Sa, Daniel Dantas	MD	Prairie Cardiovascular Consult
Castonguay, Desiree Alana	PA	SIH Medical Group CardioThoracic Vascular Surgery		Cranick, Scott Wesley	PA	Herrin Hospital ED
Chipman, Michael Aaron	MD	Memorial Hospital of Carbondale ED		Cranick, Tarah Elissa	PA	Memorial Hospital of Carbondale ED
Clark, Nathaniel Edwin	PA	Prairie Cardiovascular Consult		Criste, Gerson Alcantara	MD	SIH Medical Group Neurosciences
Cleek, Cristin Leighann	AUD	SIH Medical Group Otolaryngology		Cuartas, Alberto DeJesus	MD	SIH Medical Group Cancer Care Services (Cuartas)
Clutts, David Daniel	MD	SIH Medical Group General Surgery (Clutts		Cummings, Antonio Alberto	MD	Memorial Hospital of Carbondale ED
Coale, Ruthann	NP	Herrin Hospital Surgical Services		Dababneh, Nader Jacob	MD	SIH Medical Group at Center for Medical Arts
Coello, Cesar Enrique	NP	Prairie Cardiovascular Consult		Dabrowski, Lukasz	MD	SIH Medical Group at Center for Medical Arts
Cook, Lynn Scott	MD	Weatherby Locum Company		Davidson, John Howard	PA	Herrin Hospital ED
Cook, Mitchell Andrew	DPM	SIH Medical Group Podiatry (Harrisburg)		Davis, Craig Thomas		Hospitalist Program MHC

Providers – covered under SIH HAP

Name	Specialty	Name	Specialty
Davis, Deborah Sue	ANP	SIMS dba Primary Care Group	Echols, Morgan Leigh PA Memorial Hospital of Carbondale ED
Davis, Dennon Wade	MD	SIH Medical Group at Logan Primary Care Services	El Kahwaji, Labib N. MD Hospitalist Program MHC
Delaney, Agnes Blanche	PA	Prairie Cardiovascular Consult	Elias, Georg MD SIH Medical Group Gastroenterology Urology
Deshmukh, Narayan	MD	Weatherby Locum Company	Ellett, Lori Lee NP SIH Medical Group Infectious Disease Pulmon Neph
Dewey, Phillip A	PA	Hospitalist Program MHC	Eruchalu, Chizor Nwanneka MD Hospitalist Program HH
Dinga, Amy Nichole	NP	Memorial Hospital of Carbondale Anesthesia	Eubanks, Matthew Blaine MD SIMS dba Primary Care Group
Dinga, Robert Thomas	PA	SIH Medical Group at Logan Primary Care (Herrin	Ezimako, Anuli Chinaka MD Quest Healthcare Solutions
Dobbs, Karla Dora	DO	Hospitalist Program MHC	Farah, Bachir MD SIH Medical Group Cancer Care Services
Donvito, Mark Thomas	MD	St Joseph Memorial Hospital ED	Farhat, Hamad Issam MD Comp Health Locum Tenens
Doyle, Amber Lynn	DO	Barton Associates	Fella, Chelsea Nicole MD SIH Medical Group at Center for Medical Arts
Dumbab, Henry Lawrence Alejo	MD	Elevated Healthcare	Ferrell, Kara Nan NP SIH Medical Group Infectious Disease Pulmon Neph

Providers – covered under SIH HAP

Name			Specialty			Name			Specialty		
Fleming, Mark Stephen	MD	SIH Medical Group Neurosciences		Gharib, Amr	MD	Hospitalist Program MHC					
Foster, Nova Michele	MD	SIH Medical Group at The Breast Center		Gladish II, James William	DO	Herrin Hospital ED					
Fouche, Michelle Marie	PA	SIH Medical Group Urology (Arnold)		Goin, Michelle Shannon	NP	Prairie Cardiovascular Consult					
Frankel, Douglas Elnor	MD	St Joseph Memorial Hospital ED		Golombievski, Esteban Eduardo	MD	SIH Medical Group Neurosciences					
Frazier, Kenyatta Jamal	MD	Burlington Healthcare Providers		Gonzalez, Juan Guillermo	MD	SIH Medical Group Pathology					
Gallo, Robin Lynn	PA	SIH Medical Group at Logan Primary Care (Herrin)		Gonzalez- Rendon, Carlos Rafael	MD	SIH Medical Group General Surgery					
Gardner, Stacy Dawn	NP	SIH Medical Group Bariatric Surgery		Grassle, Jeffrey Lynn	MD	Burlington Healthcare Providers					
Garrido- Zambrano, Alex Ivan	MD	SIH Medical Group at Center for Medical Arts		Gustavison, Casey Lois	NP	Prairie Cardiovascular Consult					
Garwin, Sylvia Flores	MD	SIH Medical Group Gynecology		Haake, Joseph Raymond	MD	Memorial Hospital of Carbondale ED					
Gates, Dawn E	FNP	SIH Medical Group at Benton Community Healthcare		Hale IV, Lyman Lansing	MD	SIH Medical Group General Surgery (Clutts)					
Gerst, Dacia Renee	NP	Prairie Cardiovascular Consult		Hale, Deana Lynn	NP	SIH Medical Group at Center for Medical Arts					

Providers – covered under SIH HAP

Name			Specialty		
Name		Specialty	Name		Specialty
Hall, Britney Nicole	PA	Memorial Hospital of Carbondale ED	Holley, Stephen Reese	MD	Honor Medical Staffing
Hanson, Christopher James	MD	SIH Medical Group Family Practice (Hanson)	Honold, Crystal Adel	CNS	SIH Medical Group Neurosciences
Hanson, Emily Devon	DO	SIH Medical Group at Medical Arts Clinic	Hopen, Shannon	DO	Hospitalist Program HH
Haq, Mansoor UI	MD	SIH Medical Group Cancer Care Services	Hornik, Alejandro	MD	SIH Medical Group Neurosciences
Harrison, Brian C	MD	SIH Medical Group at Benton Community Healthcare	Jackson, Brooke A	PA	SIMS dba Primary Care Group
Hemming, Mark Travis	MD	Weatherby Locum Company	Johnson, Jonathan Hart	MD	SIH Medical Group Pathology (Herrin)
Henson, Adam Jordan	MD	SIH Medical Group at Logan Primary Care Services	Johnson, Wendi Lynn	ANP	SIH Medical Group at Center for Medical Arts
Herzog, Robert	PA	SIH Medical Group at Center for Medical Arts	Jones, Brent M	MD	SIMS dba Primary Care Group
Hindi, Mustafa	MD	Hospitalist Program HH	Jones, David Roy	PA	SIH Medical Group CardioThoracic Vascular Surgery
Hoffman, Megan M	NP	SIMS dba Primary Care Group	Jones, Larry Ray	MD	SIMS dba Primary Care Group

Providers – covered under SIH HAP

Name		Specialty		Name		Specialty
Jones, Roger Dale	MD	SIH Medical Group Family Practice (Jones)		Korte, Tanatip Pittayathikhun	MD	SIH Medical Group at Center for Medical Arts
Jyot, Brahm	MD	SIMS dba Primary Care Group		Kotiso, Florence Fikre	MD	Honor Medical Staffing
Karsan, Anand Sureshchandra	MD	Memorial Hospital of Carbondale ED		Kovalsky, Adrienne Natalie	DO	Honor Medical Staffing
Kennedy, Jasiri	MD	Herrin Hospital ED		Kraus, Christina	NP	Prairie Cardiovascular Consult
Khan, Muhammad Ali	MD	Prairie Cardiovascular Consult		Kumar, Vineet	MD	Hospitalist Program MHC
Kippenbrock, Sharon	AUD	SIH Medical Group Otolaryngology		Kupferer, Valerie Ann	MD	The Family Medical Clinic
Kleinschmidt, Richard K.	PA	SIH Medical Group at Center for Medical Arts		Kvirikadze, Nelly W	MD	LocumTenens.com
Kommer, Dena Lynn	NP	SIH WorkCare		Le, Son Phong	MD	Prairie Cardiovascular Consult
Konanur Venkataram, Raghu	MD	Hospitalist Program HH		Le, William Toan		Hospitalist Program HH
Korte, Mark Jason	MD	SIH Medical Group at Logan Primary Care (Herrin)		Lee II, Carl Wesley		Weatherby Locum Company

Providers – covered under SIH HAP

Name		Specialty		Name		Specialty
Legan, Peggy L	NP	Herrin Hospital Wound Clinic		Martin, Adrian Patriciu	MD	SIH Medical Group General Surgery
Lehman, Jeffrey Martin	MD	SIH Medical Group at Center for Medical Arts		Martin, Kevin Michael Lee	DO	Memorial Hospital of Carbondale ED
Lindner, Paula Rae	MD	Memorial Hospital of Carbondale ED		Martin, Kurt R	MD	SIH Medical Group at Center for Medical Arts
Macarthy, Toks Ebiyon	MD	Honor Medical Staffing		Martinez- Mateo, Melissa Andrea	MD	SIH Medical Group at Center for Medical Arts
Maddipoti, Raja Choudary	MD	Prairie Cardiovascular Consult		Matsa, Swarna	MD	Hospitalist Program HH
Makowski, Andrew L	MD	Vista Staffing Locum Tenens		McCain, Mack Ephriam	MD	SIH Medical Group Gastroenterology Urology
Malasana, Gangadhar Rao	MD	Prairie Cardiovascular Consult		McClallen, Gerald Wayne	DO	SIH Corporate Office
Malik, Muhammad Adnan	MD	SIH Medical Group Pathology		McCormick, Dena Lynn	PA,RN	Herrin Hospital ED
Mann, David Ashley	MD	SIH Medical Group Otolaryngology		McElheny, Brian George	MD	SIH Medical Group Family Practice (McElheny)
Marks, Vivian L	FNP	SIH Medical Group at Center for Medical Arts		Mella Picel, Carlos	MD	SIH Medical Group at Center for Medical Arts

Providers – covered under SIH HAP

Name			Specialty			Name			Specialty		
Migone, Ana Ojeda	MD	SIH Medical Group at Center for Medical Arts		Oakley, Micah Lee	PA	SIH Medical Group at Logan Primary Care (Herrin)					
Miksaneck, Joshua James	MD	Herrin Hospital ED		Oestmann, Kevin Dean	MD	SIH Medical Group at Logan Primary Care (Herrin)					
Miller, Rodney Lee	MD	SIH Medical Group General Surgery (Miller/Brewer)		Owens-collins, Sheila Yvonne	MD	SIH Medical Group Neonatology					
Mings, Ronald Dean	MD	SIH Medical Group Allergy Immunology		Oxford, Rebecca Killian	PA	SIH Medical Group at Logan Primary Care Services					
Mittapalli, Aruna Kumari	MD	Weatherby Locum Company		Panchamukhi, Varadendra B	MD	Prairie Cardiovascular Consult					
Moore- Connelley, Marci Lynn	MD	SIH Corporate Office		Pappoe, Timothy A	MD	SIH Medical Group Neonatology					
Motkar, Chandrasekhar Reddy	MD	Hospitalist Program MHC		Parcha, Siva Prasad	MD	Hospitalist Program HH					
Newdow, Michael Arthur	MD	Burlington Healthcare Providers		Parikh, Anil Nagindas	MD	Weatherby Locum Company					
Newell, Brent Morris	MD	Herrin Hospital RIC		Parks, Elizabeth Ann	PA	SIH Medical Group at Logan Primary Care (Herrin)					
Noble, Jerrold Bruce	MD	Herrin Hospital ED		Parks, Jeffrey David	MD	SIH Medical Group at Logan Primary Care (Herrin)					

Providers – covered under SIH HAP

Name		Specialty	Name		Specialty
Phelps, Kelly Lynne	PA-C	SIMS dba Primary Care Group	Reschke, Dobroslawa Teresa	MD	Honor Medical Staffing
Phoenix, Guo	MD	Interim Physicians - MO	Rider, Shannon Britt	MD	SIMS dba Primary Care Group
Pineda, Raymund Ochoa	MD	SIH Medical Group Infectious Disease Pulmon Nephro	Rivera-Serrano, Carlos Mario	MD	SIH Medical Group Plastic Reconstructive Surgery
Pisini, Bhanu Kiran	MD	Hospitalist Program MHC	Ruebke, Eric Alan	MD	Herrin Hospital ED
Popalzai, Muhammad Jawad	MD	SIH Medical Group Cancer Care Services	Ruiz Jorge, Gretel	MD	SIH Medical Group at Center for Medical Arts
Price, Jennifer E	PA	SIMS dba Primary Care Group	Ryan, Marsha Garwin	MD	SIH Medical Group at The Breast Center
Rajamahanty, Srinivas	MD	SIH Medical Group at Center for Medical Arts	Sailliez, Amanda Sue	PA	SIH Medical Group at Medical Arts Clinic
Ralls, Daniel Wade	PA	Memorial Hospital of Carbondale ED	Salem, Anad Kayed	MD	Anad Salem, MD
Rangineni, Sumathi Mohan	MD	Honor Medical Staffing	Sarateanu, Cristian Sorin	MD	SIH Medical Group CardioThoracic Vascular Surgery
Rausenberger, Anna L	PA	SIH Medical Group at Logan Primary Care (Herrin)	Scagliola, Jennifer M	DO	SIMS dba Primary Care Group

Providers – covered under SIH HAP

Name		Specialty		Name		Specialty
Schloemann, Lisa Kristen	PA	Prairie Cardiovascular Consult		Sidhu, Jaswant Singh	MD	Herrin Hospital ED
Selby III, Riley Halstead	DO,FACEP	Herrin Hospital ED		Smith Jr., Charli Walter Leroy	MD	Hospitalist Program MHC
Shadowens, Christopher Scott	PA	SIH Medical Group at Logan Primary Care Services		Smith, Mark Lowell	MD	SIH WorkCare
Shafiq, Obaid	MD	Honor Medical Staffing		Smith, Tommie Sue	PA	SIH Medical Group at Center for Medical Arts
Shankar, Suven	MD	SIH Medical Group Cancer Care Services		Staff, Michael	PA	SIH Medical Group at Center for Medical Arts
Shankar, Uday Rangappa		Honor Medical Staffing		Starkweather, Cori Ann	NP	SIH Medical Group at Center for Medical Arts
Shankar, Uday Rangappa	MD	Honor Medical Staffing		Stokes III, Sam	MD	SIH Medical Group Urology
Sharath, Gowda	MD	Hospitalist Program HH 618-942		Tacderas, Deanna	NP	SIH Medical Group Bariatric Surgery
Shelton Jr., Donnie Edwin	MD	Herrin Hospital ED		Terrill, Rachel	PA	SIH Medical Group at Logan Primary Care (Herrin)
Siddiqui, Hina Fatima	DO	Quest Healthcare Solutions		Thorpe, Justin Keith	DC	SIMS dba Primary Care Group

Providers – covered under SIH HAP

Name			Specialty			Name			Specialty		
Travis, Edward Clay	MD	SIH Medical Group at Center for Medical Arts		Watson, John Ward	MD	SIH Medical Group CardioThoracic Vascular Surgery					
Trinh, Chante Thanh	MD	Herrin Hospital ED		Watters, Roger D	MD	SIMS dba Primary Care Group					
Tripathy, Purnima Rani	MD	Hospitalist Program MHC		Webb, Kelli Nicole	MD	SIH Medical Group Plastic Reconstructive Surgery					
Trivedi, Bhargav A.	MD	SIH Medical Group Neurosciences		Wehmeyer, Steve Bruce	MD	Honor Medical Staffing					
Vaidya, Satyanarayana Rao	MD	Apogee Physicians Office		Williams, Andrea Rhea	NP	Prairie Cardiovascular Consult					
Varela, Javier Esteban	MD	SIH Medical Group Bariatric Surgery		Williams, Sherry Michele	MD	SIH Cancer Institute					
Vargas, Eugenio Fortunato	MD	SIH Medical Group Neurosciences		Winkleman, Laura Marie	MD	SIMS dba Primary Care Group					
Varghese, Robin	MD	Hospitalist Program SJMH		Winkleman, Matthew Cain	MD	SIMS dba Primary Care Group					
Vargo, Adam Matthew	MD	SIMS dba Primary Care Group		Winter, Amanda Rae	PA	Prairie Cardiovascular Consult					
Vergara, Robert John Cruz	MD	Herrin Hospital ED		Wood, Abby Layne	PA	SIH Medical Group General Surgery (Miller/Brewer)					

Providers – covered under SIH HAP

Name		Specialty		Name		Specialty
Woods, Abby Marie	NP	SIH Medical Group Supportive Care		Zeglin, Magdalena Anna	MD	Prairie Cardiovascular Consult
Workman, Michael Aaron	MD	SIH Medical Group at Logan Primary Care (Herrin)		Zia, Sareer	MD	Hospitalist Program HH
Yohannan, Joe Varghese	MD	Hospitalist Program HH				

Providers – Not Eligible under SIH HAP

Name		Specialty
Abbasi Sr., Ismail Mohamed	MD	Neonatology
Abedmahmoud, Issa	MD	Endocrinology
Agoudemos, Melissa Marjorie Morse	MD	Pediatric Cardiology
Ahmad, Faisal Maqbool	MD	Ophthalmology
Ahmad, Maqbool	MD	Ophthalmology
Ahmad, Omar Rizwan	MD	Ophthalmology
Ailinani, Jaganmohan Rao	MD	Radiology, Diagnostic
Ajayi, Oluade Abiona	MD	Neonatology
Al-Sharif, Hind	MD	Pediatrics
Alam, Fakhre	MD	Neurology
Alexander, James Oren	MD	Family Medicine
Anderson, Lianne	NP	Physical Medicine & Rehabilitation
Anwar, Abdel Maged	MD	Anesthesia
Arnold, Angela M	PA	Neurological Surgery
Asbery, David Scott	MD	Gynecology
Ashton, Jonathan Robert	MD	Anesthesia
Ayad, Medhat Saad	MD	Anesthesia

Name		Specialty
Barr, Roland James	MD	Surgery, Orthopedic
Belfer, Evan Tep	MD	Family Medicine
Bhaskar, Sadashivaiah	MD	Pediatrics
Bishop, Donald Keith	MD	OB/Gyn
Blakey, Bradley Joseph	CRNA	Anesthesia
Bobo, Andre Tyrone	MD	OB/Gyn
Bokermann, Matthew Kelly	MD	Radiology, Diagnostic
Borders, James Jonathan	MD	Radiology, Diagnostic
Boren, Richard Earl	CRNA	Anesthesia
Brown, Ashley Elizabeth	CRNA	Anesthesia
Brown, Daniel Ray	DPM	Podiatry
Brown, Sara W	PA	Surgery, Orthopedic
Brown, Terry Michael	DO	Sleep
Brown, Treg Davis	MD	Surgery, Orthopedic
Brumitt, Tom Burford	DO	Radiology, Vascular & Interventional
Buersmeyer, Todd Michael	MD	Radiology, Vascular & Interventional
Burke, William Sean	MD	Dermatology

Providers – Not Eligible under SIH HAP

Name		Specialty		Name		Specialty
Burton, Jonathan Wayne	DMD	Surgery, Oral & Maxillofacial		Dickinson, David Arthur	DPM	Podiatry
Busby, Mark Gregory	CRNA	Anesthesia		Edwards, Ella Caitlin	NP	Pulmonary Medicine
Cahill, Alison Gale	MD	Maternal/Fetal Medicine		Epplin, Cynthia Ann	CRNA	Anesthesia
Carroll, Amanda Lynn	DO	Gynecology		Erthall, Phillip Ray	PA	Surgery, Orthopedic
Chambers, Terrence Michael	MD	Radiology, Diagnostic		Fadden, Clare Tamsin	MD	Family Medicine
Chen, Kevin Chiwen	MD	Nephrology		Fasnacht II, Elbert A	MD	Internal Medicine
Chong, Chun Khai	MD	Nephrology		Fimmen, Derek Lee	MD	Radiology, Diagnostic
Combs, Douglas Venice	MD	Gynecology		Ford, Sarah Beth	NNP	Pediatrics
Covlin, Michael Allan	MD	Gynecology		Fordwor Koranteng, Ama Ampomah	MD	Neonatology
Cowart, Randy Gene	MD	Nephrology		Frakes, Jeffrey Lee	MD	Anesthesia
Craft, Justin David	CRNA,RN	Anesthesia		Galan, Aileen Marie	MD	Anesthesia
Croyle, David Jeffrey	MD	Radiology, Diagnostic		Gant, Morgan Alison	NP	Psychiatry
Cruz, Paul Joseph	MD	OB/Gyn		Garwin, Mark Jeffrey	MD	Anesthesia
Cutler, Darrel Scott	PA	Surgery, Orthopedic		Gates, Douglas Lowell	MD	OB/Gyn
Dakin, Christine Marie	CRNA	Anesthesia		Gates, Mark Leon	MD	Radiology, Diagnostic
Davis, James Michael	MD	Surgery, Orthopedic		Geittmann, William Frederick	CRNA	Anesthesia
Davis, John Thomas	MD	Surgery, Orthopedic		Geller, Thomas John	MD	Neurology
Deaton Jr., Robert Wayne	NP,RN	Surgery, Orthopedic		Gill, Blair Gordon	MD	Radiology, Vascular & Interventional

Providers – Not Eligible under SIH HAP

Name		Specialty	Name		Specialty
Glennon, Terrence Patrick	MD	Physical Medicine & Rehabilitation	Humphrey, Andrea M	MD	Family Medicine
Goddard, Jerry Lynn	MD	Family Medicine	Humphrey, Andrea M	MD	Family Medicine/OB
Goel, Sachin Sudhir Kumar	MD	Cardiovascular Disease	Humphrey, Jon Odell	MD	Family Medicine
Golz, Robert Joseph	MD	Surgery, Orthopedic	Hyten, Steven Joseph	DMD	Surgery, Oral & Maxillofacial
Grady, Ronald Mark	MD	Pediatric Cardiology	Isa, Muhammad Shahid	MD	Anesthesia
Gremmels, Jeffrey Michael	MD	Radiology, Diagnostic	Istanbouly, Suhail	MD	Pulmonary Medicine
Gulati, Rajinder Mohan	MD	Nuclear Medicine	Jackson, Michaelis Billy	MD	Ophthalmology
Gunzel, David Allen	DPM	Podiatry	James, Dawn Rae	CRNA	Anesthesia
Gustave, Frederick	DDS	Surgery, Oral & Maxillofacial	Javed, Khalid	MD	Internal Medicine
Hall, Jamie Gayle	CRNA	Anesthesia	Jenkins, Felicia Carmelle	CRNA	Anesthesia
Harris Jr., Frederick Delano	MD	Radiology, Diagnostic	Jenkins, Michelle Elizabeth	MD	Internal Medicine
Hatchett, Robert Lawrence	MD	Urology	Jennings, Timothy K	PA	Surgery, Orthopedic
Hays, William Francis	MD	Family Medicine	Johnson, Joshua Kent	CRNA	Anesthesia
Higdon, Kyle Warner	CRNA	Anesthesia	Jones, Jeffery Michael	DO	Neurosurgery
Hodge, Justin Ray	MD	Radiology, Diagnostic	Jones, Jeffrey Northington	MD	OB/Gyn
Holloway, Carrissia Ashfeld Seymone	CNM	Nurse Midwife	Jones, Michael Dennis	MD	Gynecology
Holmes, Robert Lewis	DO	Family Medicine	Jones, Sherry	MD	OB/Gyn
Houseright, Lauren Denise	PA	Surgery, Orthopedic	Joyner, Scott Allen	DO	Gynecology

Providers – Not Eligible under SIH HAP

Name		Specialty	Name		Specialty
Juergens, Paul Brian	MD	Pain Management	Loughran, Timothy James	DDS	Dentistry
Kamran, Muhammad	MD,FACP	Nephrology	Lueder, Gregg Thomas	MD	Ophthalmology
Kao, George Hongche	MD	Radiation Oncology	Lundeberg, John D	CRNA	Anesthesia
Kellogg, Jeffrey Saunders	Psy.D	Psychology	Lutchka, Darlene Sue	MD	Family Medicine
Kemp, Colleen Brady	PA	Family Medicine	Majid, Abdul Rashid	MD	Anesthesia
Kenneaster, Derek Gene	MD	Dermatology	Malone, Sara Beth	MD	Family Medicine
Kenny, Gardner Thomas	MD	Anesthesia	Manzar, Shabih	MD	Neonatology
Khader, Refat Daherdiab	MD	Anesthesia	Martin, Gabriel Asher	PA	Psychiatry
Kidd, Laura Rose	PA	Nephrology	Mason, David Eugene	PA	Surgery, Orthopedic
Kirby, Constance Eileen	CRNA	Anesthesia	Mason, Gretchen	PA	Surgery, Orthopedic
Koth, Kevin Gilbert	DO	Surgery, Orthopedic	Miller, Bret Hunter	MD	Surgery, Orthopedic
Krueger Jr., Richard Charles	MD	Neonatology	Miller, Dan Edward	CRNA	Anesthesia
Kupferer, Thomas William	DO	Family Medicine	Miller, Patrick David	DMD	Dentistry
Lawler, Elizabeth Ellen	MD	Endocrinology	Moonesinghe, Kushan Dhananjaya	MD	Family Medicine
Lawler- Bjornberg, Colleen Marie	MD	Internal Medicine	Moore, Christopher Cameron	DPM	Podiatry
Lawson, Savannah Marie	RRA	Radiology	Moore, Melinda Beth	DPM	Podiatry
Little, Anna Marie	MD	Pediatrics	Moreland, Diana	PA	Nephrology
Little, Michael Brett	MD	Radiation Oncology	Morgan, Richard Lough	MD	Surgery, Orthopedic

Providers – Not Eligible under SIH HAP

Name		Specialty	Name		Specialty
Morthland, Timothy E.	MD	Family Medicine	Panchamukhi, Sridevi	MD	OB/Gyn
Mueller, David Andrew	MD	Radiology, Diagnostic	Parish, Michael Aaron	MD	Hyperbaric Medicine
Mulch, Amanda Dee	MD	OB/Gyn	Pelton, William Michael	MD	Radiology, Diagnostic
Muniz, Javier	DO	Internal Medicine	Pfautsch, Mark Lewis	DO	Radiology, Diagnostic
Murdock, Christopher Patrick	DO	Radiology, Diagnostic	Phemister, Jean Ann	PA	Anesthesia
Muzinich, Shanaree Mae	MD	Radiology, Diagnostic	Pinski, Thomas M.	CRNA	Anesthesia
Naing, Kyaw Thet	MD	Family Medicine	Pinto, Anthony Joseph	CRNA	Anesthesia
Nekzad, Matin A	MD	Family Medicine	Pjura, George Anthony	MD	Nuclear Medicine
Newcomb, Aaron	DO	Family Medicine	Ploegman, Paul Fred	MD	Pediatrics
Newell, Brent Morris	MD	Physical Medicine & Rehabilitation	Qureshi, Naeem Akhtar	MD	Psychiatry
Nguyen, Huan Luong	MD	Radiology, Diagnostic	Rampersad, Roxane Maria	MD	Maternal/Fetal Medicine
Nicolas, Ramzi Toufic	MD	Pediatric Cardiology	Rao, Sujatha Anasapurapu	MD	Hematology/Oncology
Nugent, John William	PA	Surgery, Orthopedic	Rathert, Benjamin Thomas	MD	Family Medicine/OB
Ortiz, George G	MD	Ophthalmology	Reddy, Pradeep Gopala	MD	Neonatology
Palmer, Jeremy Dale	PA	Surgery, Orthopedic	Reeter, Amy Renae	DPM	Podiatry

Providers – Not Eligible under SIH HAP

Name		Specialty		Name		Specialty
Rhyne, Steve A.	CRNA	Anesthesia		Sohn, Woo Hyun	MD	OB/Gyn
Ripperda, Jeffrey Wiegmann	MD	Family Medicine		Souki, Ramzi Ghassan	MD	Pediatric Cardiology
Rix-Crouse, Dana Lynn	CRNA	Anesthesia		Sparling, Pamela Kay	CRNA	Anesthesia
Roberg, Isaac Allen	PA	Physical Medicine & Rehabilitation		Stewart, Beth Janelle	CRNA	Anesthesia
Rosenhauer, Mary Kathryn	PA	Nephrology		Stock, Erin Elizabeth	MD	Anesthesia
Russell, Christopher Thomas	MD	Radiology, Diagnostic		Stoecker, Willeford James	MD	Radiology, Diagnostic
Schifano, Michael John	DO	Gynecology		Strange, Cedric Carl Warren	MD	Radiology, Diagnostic
Schneider, Catherine Chara	MD	OB/Gyn		Suppan, Lynn Ann	CRNA	Anesthesia
Schonewolf, Scott Kenneth	DO	Family Medicine		Swafford, Kathy Denise	MD	Pediatrics
Scott Jr., Quincy O'neal	DO	Family Medicine		Swartz, Theodore Richard	MD	Radiology, Diagnostic
Seelig, Robert David	MD	Radiology, Diagnostic		Tacderas, Angelito Dariel	NP	Nephrology
Shopinski, Jennifer Marie	CNM	Nurse Midwife		Thomas, Michael Evan	MD	Radiology, Diagnostic
Singh, Jai Prakash	MD	Anesthesia		Tibrewala, Sushilkumar M	MD	Gastroenterology
Smaga, Sharon Ann	MD	Family Medicine		Tilton, Toni Lynne	CRNA	Anesthesia
Smith, Roger R	PA	Surgery, Orthopedic		Tippy, Penelope Kathleen	MD	Family Medicine

Providers – Not Eligible under SIH HAP

Name		Specialty		Name		Specialty
Todd, Adam Ross	MD	Radiology, Vascular & Interventional		Wallace, Sharon Kay	MD	Radiology, Diagnostic
Tomevi, Danielle Kristine	MD	OB/Gyn		West, Andrew Ecklund	MD	Radiology, Diagnostic
Tondini, David E	CRNA	Anesthesia		Wichman, Jeffrey Randolph	MD	Radiology, Diagnostic
Treschuk-Bahn, Jacqueline A	MD	Radiology, Diagnostic		Wiggins, George Earl	CRNA	Anesthesia
Tsung, Francis H	MD	OB/Gyn		Williams, Craig Warren	MD	Radiology, Diagnostic
Umana, Ukeme Ikpe Ebong	MD	Ophthalmology		Wood, Charles David	MD	Surgery, Orthopedic
VanAcker, Ted Gerard	DO	Dermatology		Wood, John Belden	MD	Surgery, Orthopedic
Wachter, James Edward	MD	Family Medicine		Yochum, Andrew Joseph	DO	Family Medicine
Wade, James David	CRNA	Anesthesia		Young, Steven Duane	MD	Surgery, Orthopedic
Wagner, Alan Duane	CRNA	Anesthesia				



## Southern Illinois Medical Services

## Policy and Procedure

<b>Title:</b>	Healthcare Assistance Program	<b>Number:</b>	SM-FA-121
<b>Applies to:</b>	Business Services Department	<b>First Created:</b>	4/25/14
<b>Issuing Dept:</b>	Business Services Department	<b>Last Revised:</b>	12/11/15
<b>Approved by:</b>	Kim Lingle, Director of Finance		

### I. POLICY

Consistent with SIH Medical Group mission, vision, values, and strategic plan, SIH Medical Group believes it has a responsibility to meet the 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.

### II. DEFINITIONS

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

**Covered services** – emergent or medically necessary services

**Financially Indigent** – an uninsured or underinsured person who does not have the ability to pay for services rendered

**FPL** – Federal Poverty Level

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

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

**Healthcare Assistance Program** – financial assistance provided to SIH Medical Group patients who apply and meet financially indigent criteria

**NHSC**- a site certified by National Health Service Corps

**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

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

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

**SIH Medical Group Information System** – computer related software used to register or scan information received or printed on behalf of a patient

**Total Yearly Income** – the sum of the yearly gross income

**Uninsured patient** – is a patient of SIH Medical Group 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

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

### III. RESPONSIBILITIES

- 1.0 Business services staff or other designated staff members
  - 1.1. Follows the guidelines established within this policy with regard to the completion and processing of healthcare assistance applications
  - 1.2. Assigns the financial carrier for a Health Assistance Program (HAP) application
  - 1.3. Scans the HAP application, and notes account when the HAP application is received.
    - A. Applicants who have not returned the required documentation are sent a letter requesting the information within 30 days.
    - B. Patients are not billed during the SIH Medical Group review period.
    - C. When the review/approval process has been completed, the business services staff notes the account.
- 2.0 SIH Medical Group is committed to protecting the confidentiality and security of all sensitive patient financial and demographic information in accordance with the Health Information Portability & Accountability Act (HIPAA).
  - 2.1. The HIPAA guidelines call for all patient information whether it is verbal communication, faxed information, hard copy bills or terminal access be held secure at all times.

### IV. EQUIPMENT/MATERIALS

- 1.0 SIH Medical Group Information System

### V. PROCEDURE

- 1.0 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.
- 2.0 Application
  - 2.1 SIH Medical Group requests that each patient applying for financial assistance complete a financial assistance application form ("Healthcare Assistance Application").
    - A. The Healthcare Assistance Application allows for the collection of information for healthcare assistance consideration (see attached examples 1 through 5).
  - 2.2 Accounts are considered for healthcare assistance after an exhaustive investigation of other funding sources indicates no coverage (e.g. Medicaid denies coverage, etc.).
    - A. Lack of completed claim form or lack of cooperation from insured is not considered a valid denial.
  - 2.3 Applications are accepted for self pay or bad debt accounts under the age of six months.
    - A. The only accounts that cannot be considered for HAP are those that are legal and a suit has been filed.

2.4 Minors

- A. All patients under the age of 19 are considered full bill until they have applied for KidCare of Illinois.
- B. Refusal to pay premiums into the KidCare program excludes patients for financial assistance consideration.

2.5 Immediate Family Members

- A. SIH Medical Group requests patients requesting financial assistance verify the number of people in the patient's household.
- B. An approved HAP application extends to all accounts within a household.
- C. Adults
  - 1) In determining the number of people in an adult patient's household, SIH Medical Group includes the patient, the patient's spouse and any dependents.
- D. Minors
  - 1) In determining the number of people in a minor patient's household, SIH Medical Group includes the patient, the patient's mother and any dependents of the patient's mother and the patient's father.
- E. Other
  - 1) Anyone listed on the tax return as a dependent.

2.6 Calculation of Income

- A. To determine eligibility for HAP, proof of income for the last 90 days from the time the application is completed, dated, and signed, must accompany the application.
- B. If self-employed, Schedule C must be included with a copy of the last year's completed federal tax return.
  - 1) The adjusted gross income for self-employed applicants is used for determination of income.
  - 2) SIH Medical Group has the right to request and review annual income on a case-by-case basis.
  - 3) SIH Medical Group has the right to consider the extent to which the person has assets other than income that could be used to meet his or her financial obligation, unless the site is a NHSC certified site.
  - 4) SIH Medical Group has the right to request additional information upon review of the Healthcare Assistance Application.

3.0 Income Verification

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

3.2 Documentation Verifying Income

- A. Income may be verified through any of the following mechanisms: IRS form W-2 Wage and earnings statement, pay check remittance, tax returns, social security, workers' compensation or unemployment compensation determination letters, telephone verification by employer of the patient's annual gross income, employee wage forms or bank statements.
- B. If the patient has not provided acceptable documentation, SIH Medical Group may send the patient a letter requesting additional documentation or contact the patient by telephone.
  - 1) The previous year's tax return is obtained when possible.

- 3.3 Documentation Unavailable
  - A. In cases where the patient is unable to provide documentation verifying income, SIH Medical Group may verify the patient's income.
    - 1) By having the patient sign the Healthcare Assistance Application attesting to the veracity of the income information provided, or
    - 2) Through the written attestation of SIH Medical Group personnel completing the Healthcare Assistance Application that the patient verbally verified SIH Medical Group calculation of income.
      - a) For instances where the patient is unable to provide the requested documentation to verify income, or monthly expenses exceed the monthly income listed, SIH Medical Group requires an explanation be provided. The patient must provide documentation and/or how expenses are being paid.
- 3.4 Classification Pending Income Verification
  - A. The account(s) are classed as self-pay and patient is billed until the time the Healthcare Assistance Application has been received.
    - 1) Once the Healthcare Assistance Application has been received and during the verification process, while SIH Medical Group is reviewing or collecting the information necessary to determine a patient's income, the patient is not billed.
    - 2) If the patient has not responded to information requests after 30 days, the account is returned to patient responsibility status and billed according to normal self pay billing procedures.
- 3.5 Expired Patients
  - A. Expired patients with no estate may be deemed to have no income for purposes of SIH Medical Group's calculation of income.
  - B. Refer to Procedure section 6.0, Judgmental Health Care Assistance.
- 4.0 Falsification Information
  - 4.1 Falsification of information may result in denial of the Healthcare Assistance Application.
  - 4.2 The financial assistance may be withdrawn after a patient is granted financial assistance if SIH Medical Group finds material provision(s) of the Healthcare Assistance Application to be untrue.
- 5.0 Classification as Financially Indigent
  - 5.1 Insured patients do not qualify for visit based HAP, but may qualify for procedure based HAP.
  - 5.2 Classification
    - A. SIH Medical Group may classify patients whose income is less than or equal to 200% of the Federal Poverty Guidelines as financially indigent.
  - 5.3 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.
    - C. Patients with an income above 200% of FPL do not qualify for HAP for visits.
  - 5.4 Patients who receive provider services for procedures performed outside the office or clinic setting (hospital or ASC) may qualify for HAP based on approval for HAP at the site of service.

- A. SIH Medical Group honors the percentage discount granted by the facility for the professional fees related to said procedure.
- 5.5 Poverty Guidelines
  - A. SIH Medical Group utilizes the Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services.
- 6.0 Judgmental Health Care Assistance
  - 6.1 SIH Medical Group reserves the right to provide Judgmental Health Care Assistance. The circumstances for which assistance may be provided are (see attached example 6):
    - A. Homeless
    - B. Resident of shelter facilities
    - C. Rape victim or victim of violent crimes
    - D. Deceased patients
  - 6.2 Patients approved through Judgmental Health Care Assistance do not receive a letter of approval.
- 7.0 Approved Procedures
  - 7.1 Business service staff or other designated staff members complete a Healthcare Assistance financial worksheet or a Judgmental Health Care Assistance worksheet.
  - 7.2 The worksheets provide the documentation of the administrative review and approval process utilized by SIH Medical Group to grant financial assistance (see attached examples 5, 6, and 7).
  - 7.3 The patient is notified by letter of any reduction on their balance (see attached example 8).
  - 7.4 If there are no changes to expenses or income, a HAP application can be used on current accounts for three months from the date the application was signed and dated.
  - 7.5 The initial three month eligibility period may be extended by three months with the completion of a HAP follow-up form.
- 8.0 Denied Procedures
  - 8.1 Business service staff or other designated staff members review the Healthcare Application for complete information and financial qualification.
  - 8.2 If it is determined that the patient is not eligible for HAP, the patient is notified by letter as to the reason for denial (see attached example 9).
- 9.0 Document Retention Procedures
  - 9.1 SIH Medical Group maintains the Healthcare Assistance Program application for a period of seven (7) years from the date of application.
- 10.0 Modification
  - 10.1 The Director of Finance, Corporate Director of Patient Financial Services, and the Vice President and Administrator, Ambulatory and Physician Services, must approve any modifications to the standards set forth in this policy.
- 11.0 Reservation of Rights
  - 11.1 SIH Medical Group reserves the right to limit or deny financial assistance at the sole discretion of SIH Medical Group.
- 12.0 Non-covered Services
  - 12.1 SIH Medical Group reserves the right to limit the services subject to SIH Medical Group Healthcare Assistance Program policy.

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

13.0 No Effect on Other Hospital Policies

13.1 This healthcare assistance policy does not alter or modify other policies regarding efforts to obtain payments from third-party payers, patient transfers, or emergency care.

**VI. DOCUMENTATION**

1.0 Refer to attached Examples 1-4 for documentation to be provided by patient.

2.0 Refer to attached Examples 5-9 for documents to be completed by SIH Medical Group representative.

**VII. CHARGES**

N/A

<b>Additional Approvals and Review/Revision Dates</b>			
<b>Review Dates:</b>			
<b>Revision Dates:</b>	6/8/12, 4/12/13, 4/25/14		
<b>Replaces:</b>	N/A		
<b>Additional Approvals:</b>	<b><u>Name (print)</u></b>	<b><u>Title</u></b>	<b><u>Signature</u></b>
	Michael Kasser	Vice President/CFO	
	Shannon Hartke	PFS Corporate Director	
	Darrell Bryant	Chief Operating Officer	
	LuAnne Warren	Reimbursement Director	

Example 1 (Print on SIH Medical Group letterhead stationery)

Dear Patient/Guarantor:

**IMPORTANT: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE.**

Completing this application will help determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. You can submit this application to any SIH Medical Group facility or office.

**IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.** However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help determine whether you qualify for any public programs.

Please complete this form and submit it in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 30 business days following the date the application was given. If the application is not received within 30 business days, coverage will be denied and applicant cannot reapply for 90 days.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist in determining whether the patient is eligible for financial assistance.

Please understand in order to receive assistance with your bill, you will need to show all payment sources such as medical insurance, Medicaid, work comp, liability, etc. must be fully exhausted before healthcare assistance will be considered.

**Please return the application with the following information:**

1. A complete Healthcare Assistance Program application signed and dated.
2. A copy of your last federal tax return filed and a copy of all W2's. If self employed you must include Schedule C.
3. A copy of your most recent check or check stub for employment, unemployment, Social Security, pension, workmen's compensation (or work comp determination letter) or any other source(s) of income you have received for the past thirteen (13) weeks. We will accept one of the following three documents for proof of wages:
  - a. An employee wage form filled out and signed by your employers for each wage earner in the household (see application for this form).
  - b. Copies of check stubs for the last 13 weeks.
  - c. A print out of your wages from your employer for the last 13 weeks.
  - d. The above wage information must be provided for all family/house hold members

4. If applicable, proof of participation in Governmental assistance programs such as food stamps, WIC, Medicaid, Link, school lunches, Child Care Resource or Referral Program.

If you want to submit an appeal of our decision or request re-consideration it must be in writing. Please include the reason or provide additional information that may be beneficial for our review.

Please mail the completed application to the address listed above for the facility where you incurred charges. Only one application is required if you have accounts at any SIH Medical Group facility or office. If you need assistance in completing the application please contact customer service at the address or phone number listed below. You may reach us Monday thru Friday 8:00 am to 4:30 p.m.

For your convenience, you can also e-mail your application and required documents to the SIH Medical Group Business Office at the following e-mail address: [sihmedicalgroup.hap@sih.net](mailto:sihmedicalgroup.hap@sih.net)

*Completion of this application does not relieve you of your financial obligation to SIH Medical Group; SIH Medical Group reserves the right to deny any application upon review.*

*This application is only valid for SIH Medical Group, however, upon request, it can be forwarded to any Southern Illinois Healthcare hospital listed above for a separate approval consideration.*

Sincerely,

SIH Medical Group Customer Service  
1239 E. Main Street  
Carbondale, IL 62901  
Telephone Number: 618-457-5200 ext. 67575

Example 2 – (Print on letterhead stationery)

### Healthcare Assistance Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address/PO Box
City
State
Zip Code

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ (not required)

**Family/Household Information:**

1. Number of persons in the patient's family/household: \_\_\_\_\_
2. Number of persons who are dependents of the patient: \_\_\_\_\_
3. Ages of patient's dependents: \_\_\_\_\_

**Employment and Income Information**

1. Enter patient's, patient's spouse or partner's employer information.
2. If patient is a minor, enter the patient's parent's or guardian's employer information.

Patient	Spouse	Partner	Other
Patient's Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____	Spouse's Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____	Partner's Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____	Other Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____
Patient's Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____	Spouse's Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____	Partner's Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____	Other Employer Name: _____ Address: _____ City, State, Zip _____ Salary: Gross Amount _____

**Other Income**

Other Income	Patient's Monthly Income	Spouse/Partner/Other Dependent's Monthly Income
Wages	\$	\$
Self -Employment	\$	\$
Unemployment Compensation	\$	\$
Social Security	\$	\$
Social Security Disability	\$	\$
Veteran's Pension/Disability	\$	\$
Workers' Compensation	\$	\$
Temporary Assistance for Needy Families	\$	\$
Retirement Income	\$	\$
Child Support, Alimony, or Other Spousal Support	\$	\$
Other Income	\$	\$

Documentation of family income from paycheck stubs, benefit statements, award letters, court orders, federal tax returns, or other documentation provided by the patient.

**Assets**

Real Estate: Own _____ Rent _____		Bank: Checking	\$
Market Value:	\$	Savings	\$
Amount Owed:	\$		\$
	\$	Mutual Funds:	\$
Auto/Truck/Type:		Stocks, CD's:	\$
Market Value:	\$	Rental Property Owned:	\$
Motorcycles, Boats, Campers, Other Vehicles:		Other:	\$
Market Value:	\$		\$
	\$		\$
	\$		\$

**Monthly Expenses**

Rent or House Payments:	\$	Other:	\$
Utilities:	\$		\$
	\$		\$
	\$		\$
	\$		\$
Child Care:	\$		\$
Food and Supplies:	\$		\$
Auto Payments:	\$		\$
Transportation:	\$		\$
Property Tax (Annual):	\$		\$
	\$		\$
	\$		\$
		Total Monthly Expenses:	

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this bill.

I understand that the information provided may be verified by SIH Medical Group, and I authorize them to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Was the patient an Illinois resident when care was rendered?
<input type="checkbox"/>	<input type="checkbox"/>	Was the patient involved in an alleged accident?
<input type="checkbox"/>	<input type="checkbox"/>	Was the patient a victim of an alleged crime?
<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant (s) have any active or open Law/Legal suit for accounts that assistance is being requested?
<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant (s) have any insurance benefits?

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Patient/Applicant

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Patient/Applicant

Example 3

**ADDITIONAL INFORMATION**

Please use this form to provide additional information that might aid in the processing of your Healthcare Assistance application.

If any of the following statements or questions applies to your situation, please provide the required information on this form.

1. If your monthly expenses exceed your monthly income, please note how your expenses are being met.

---

---

---

2. If your tax return is not included, please explain why.

---

---

---

3. If you have no income how do you support yourself?

---

---

---

4. If you are receiving financial support from anyone, include a written statement as to whom and how they are helping you.

---

---

---

5. Other:

---

---

---

---

---

---

Example 4

**Employee Wage Form**  
(To be completed and signed by Employer)

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Tele: \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

**Wages for the Last 13 Weeks**

Week	Pay Period Ending	Gross Wages
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

1. Is the employee currently working? \_\_\_\_\_ (yes/no), If no, when was the last day worked? \_\_\_\_\_

2. If the employee is not currently working, will the employee be returning to work? \_\_\_\_\_ (yes/no)

Expected return date \_\_\_\_\_

3. When did employment begin: \_\_\_\_\_ End: \_\_\_\_\_

I certify the wage information regarding the person named above is true and accurate.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Signature of Employer or Employer's Representative



---

Healthcare Assistance Financial Worksheet  
For Southern Illinois Healthcare Internal Use Only

Patient Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approvals

Approved

Denied

\_\_\_\_\_

Customer Service Representative

\_\_\_\_\_

Date

Example 6

Guidelines for Use of the  
Judgmental Healthcare Assistance Program  
For Southern Illinois Healthcare Internal Use Only

1. A Judgmental Healthcare Assistance form will be initiated and completed explaining the circumstances and why this form was used in place of the regular form.
  
2. The following types of patient accounts will qualify for Judgmental Healthcare Assistance:
  - a. Homeless
  - b. Resident of Shelter facilities.
    - i. Verify there is no insurance available for reimbursement or any other means of payment.
  - c. Rape victims or victims of violent crimes, when no other source of reimbursement is available.
  - d. Accounts of patients, who are deceased, have no assets, no estate, and no other party responsible for payment.
  
3. Patients approved through Judgmental Healthcare Assistance will not receive a letter of approval.
  
4. Accounts not considered for Judgmental Healthcare Assistance:
  - a. Patients serving time in prison.
  - b. Patients giving false information.
  - c. Patients who are aliens and programs for payment have not been researched.

Example 7

Judgmental Healthcare Assistance Worksheet  
For Internal Use Only

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address \_\_\_\_\_ City, State, and Zip Code \_\_\_\_\_

Entity	Account Number	Amount	Entity	Account Number	Amount
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
	Total:	\$		Total:	\$

Reason for Judgmental Adjustment:

- Homeless
- Resident of shelter facility and no source of payment is available
- Rape victim or violent crime victim when no other source of payment is available
- Deceased, no assets, no estate, and no other source of payment is available
- Other (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_

Approvals

Approved

Denied

\_\_\_\_\_  
Customer Service Representative

\_\_\_\_\_  
Date

Example 8 (Print on letterhead stationery)

[Insert Date]

[Insert Patient Name]  
[Insert Patient Address]  
Insert City, State, Zip]

Dear [Insert Patient Name]:

Your application for the Healthcare Assistance Program has been approved for SIH Medical Group.

Your application is good for three months from the signed date. Our records indicate your application was signed [Insert Date signed]. This approval allows you to schedule appointments with your SIH doctor and pay a [Insert \$10 or \$20] copay for each visit. After this three month period, if you still require assistance, you may submit a short form application by contacting our office.

If you have any questions, please contact a Service Representative at 618-457-5200 Ext. 67575.

Sincerely,

[Insert Service Representative Name]  
SIH Medical Group  
1239 E. Main Street  
Carbondale, IL 62901

Example 9 (Print on letterhead stationery)

[Insert Date]

[Insert Patient Name]  
[Insert Patient Address]  
Insert City, State, Zip]

Dear [Insert Patient Name]:

The SIH Medical Group application for Healthcare Assistance cannot be approved at this time. It was determined you do not meet the eligibility requirements for the following reason(s):

Failure to provide:

- Most recent W2 or 1040 tax form
- A signed letter of support from the person(s) or group helping you financially
- Verification of Social Security/ Disability/Pension benefits
- Paystubs/income information
- Income exceeds policy guidelines
- Covered under insurance plan

Missing or incomplete information may be submitted to our office within 30 days. SIH Medical Group will reconsider your application after receipt of information. Please contact a Service Representative at 618-457-5200 Ext. 67575.

Sincerely,

[Insert Service Representative Name]  
SIH Medical Group  
1239 E. Main Street  
Carbondale, IL 62901