



Policy Number AD355

Subject	Presumptive Eligibility for Financial Assistance		
Category / Section	Administration / Finance		
Owner	Manager – Self Pay Receivables Management		
Reviewer(s)	Director - Patient Financial Services; VP - Revenue Cycle Operations		
Effective Date	2/27/14	Review Frequency	3 Years
Approval Date <i>Dates that are marked with an asterisk(*) indicate revisions</i>	12/28/15*; 01/23/19*		

Scope of Policy/Procedure (applies to entities/locations marked below)			<i>(see template for detailed entity/location descriptions)</i>
This document applies to all entities/locations listed below			
Hospitals	Ambulatory/Off-Campus locations	Other Carle Entities	
All Carle Hospitals listed below:	All Carle ambulatory/off-campus locations listed below:	All other Carle entities listed below:	
X Urbana (CFH)	X CFH/CPG ambulatory locations <i>(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)</i>	X	Arrow Ambulance, LLC
Hoopeston (CHRHC)	CHRHC ambulatory locations <i>(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)</i>		Carle Retirement Centers <i>(Windsor of Savoy & Windsor Court)</i>
	X Champaign SurgiCenter, LLC		Health Alliance Medical Plans
	Administration Building locations (includes Carle at the Fields)		
X Scope Exclusions <i>(Mark this box and enter any departments or locations within a marked entity that are exempt from the policy/procedure.)</i>			
Life Watch; Provena Providers; Quest Diagnostics; All other third party providers; Christie Clinic LLC Providers			

Attachments N/A

Purpose

- A. To identify and assist those patients where financial need has been determined by other means outside of the Carle Financial Assistance application.
- B. Certain identified patient populations are presumptively eligible for the Carle Financial Assistance Program or Carle HRHC Financial Assistance Program.
 - 1. Experian Financial Assistance Screening - Probable
 - 2. Homelessness
 - 3. Deceased with no estate
 - 4. Mental incapacitation with no one to act on patient's behalf
 - 5. Illinois Medicaid eligibility
 - a. Title XIX
 - b. Title XXI
 - c. In-network Medicaid Managed Care plans
 - 6. WIC (Women, Infants and Children Nutrition Program)
 - 7. SNAP (Supplemental Nutrition Assistance Program)
 - 8. LIHEAP (Low Income Home Energy Assistance Program)
 - 9. Illinois Free Lunch and Breakfast Program
 - 10. Frances Nelson Health Center discount referral
 - 11. Receipt of grant assistance for medical services

Definitions

- A. **Family/Household Size** - includes those dependents listed on tax returns, divorce decree or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), "a taxpayer's family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides that a taxpayer's dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the taxpayer's family."
- B. **Resident** – a person who lives in the state of Illinois and who intends to remain living within Illinois indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.
- C. **Experian Information Solutions, Inc. (Experian)** – is a third party vendor that uses proprietary data analytics to provide unique information related to patients for the purpose of financial assistance and recovery of patient debt.

Statement of Policy

- A. The Carle Foundation Hospital and other participating Carle entities (a.k.a. Carle) desire that all patients be aware of the various forms of assistance available.
- B. Carle will strive that those eligible for assistance be identified as early in the care and billing process as possible, and that the process be as simple as possible for the patient.

Procedure

- A. Patients who appear to need financial assistance should be identified by Carle personnel as soon as possible in the registration, care, treatment or billing process.
- B. The following will serve as documentation of inclusion for certain presumptively eligible patients. This documentation is to be submitted to Self Pay Receivables Management for administration and management of the various discount programs at Carle.
 - 1. Experian Financial Assistance Screening
 - a. Result of Probable with a low likelihood of payment
 - b. Documentation within the Experian web portal and/or Epic Prelude
 - 2. Homelessness
 - a. Medical documentation of homeless status
 - b. Letter from local area shelter
 - 3. Deceased with no estate
 - a. Death certificate
 - b. Deceased Patient Application Form
 - 4. Mental incapacitation with no one to act on patient's behalf
 - a. Verification by Carle Social Worker or other qualified medical staff
 - b. Court documentation
 - 5. Illinois Medicaid eligibility
 - a. HFS.com online verification.
 - 6. WIC (Women, Infants and Children Nutrition Program)
 - a. Indication of participation on Carle Financial Assistance Program application
 - b. Copy of current participation document
 - c. Letter from WIC office
 - 7. SNAP (Supplemental Nutrition Assistance Program)
 - a. Indication of participation on Carle Financial Assistance Program application
 - b. Copy of award letter
 - 8. LIHEAP (Low Income Home Energy Assistance Program)
 - a. Indication of participation on Carle Financial Assistance Program application
 - b. Copy of award letter
 - 9. Illinois Free Lunch and Breakfast Program
 - a. Indication of participation on Carle Financial Assistance Program application
 - b. Copy of award letter
 - Current exclusion: School districts that are approved to provide the IL Free Lunch and Breakfast Program to all school members are excluded from presumptive qualification. Listing published by State of Illinois Board of Education.
 - 10. Frances Nelson Health Center discount referral

- a. Discount referral form to Carle from Frances Nelson
- 11. Receipt of grant assistance for medical services
 - a. Copy of award letter

Other Related Links

- [Carle Financial Assistance Program – AD300](#)
- [Carle HRHC Financial Assistance Program – AD337](#)
- [IL Hospital Uninsured Patient Discount Program – AD 346](#)
- [Self Pay Billing and Collections – AD336](#)

References

- 210 ILCS 88/27 – Fair Patient Billing Act
- 210 ILCS 89 – Hospital Uninsured Patient Discount Act
- [79 FR 78953 – Federal Register, Department of the Treasury \(IRS 501r Rules and Regulations\)](#)

Electronic Approval on File

Dennis Hesch
Executive Vice President/Chief Financial Officer