Carle

Policy Number AD300

Subject	Community Care Discount Program
Category / Section	Administration / Finance
Owner	Manager of Receivables Management
Stakeholder/ Reviewer(s)	Director of Patient Financial Services; VP of Revenue Cycle Operations
Approver(s)	Chief Financial Officer
Review Frequency	Every 3 years
Effective Date	04/10
Review Date	09/01/11
Revision Date	09/01/11

Scope of Policy (applies to entities marked below)

	All Carle Locations		Caring Place, The	X	SurgiCenter, LLC - Champaign
X	Carle Hospital		Health Alliance	X	SurgiCenter - Danville
X	Carle Physician Group	X	Home Care	X	SurgiCenter Recovery Centers
X	Carle Foundation Physician Services	X	Home Infusion	X	Therapy Services
	AirLife	X	Hospice	X	Therapy Services - MTCH
X	Arrow Ambulance	X	Carle Medical Supply		Windsor Court
	Auditory Oral School		Risk Management Company		Windsor of Savoy
X	Cancer Center/Mills Breast Cancer Institute				Arabella Boutique

Scope Exclusions)

Purpose

A. To identify and assist those patients who are uninsured or underinsured and who are financially eligible to receive discounts for specified medical expenses through the Community Care Discount Program. The specified subsidiaries of The Carle Foundation will consider each patient's ability to contribute to the cost of his or her care received and the financial ability of the specified subsidiaries to provide discounts for the care received.

B. All medically necessary care rendered by an eligible Carle Foundation entity. Eligible entities are:
   1. Carle Foundation Hospital
   2. Carle Physician Group
   3. Carle Clinic Association
   4. Carle Foundation Physician Services
   5. Carle Arrow Ambulance
   6. Champaign SurgiCenter, LLC
   7. Carle SurgiCenter – Danville
   8. Carle Therapy Services
   9. Carle Home Care including Carle Hospice and Carle Home Infusion
   10. Carle Medical Supply

C. Medically necessary care is defined as health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that are:
   1. In accordance with the generally accepted standards of medical practice;
   2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
   3. Not primarily for the convenience of the patient, family or physician and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the

diagnosis or treatment of that patient's illness, injury or disease.

D. Carle will utilize the Centers for Medicare and Medicaid Services coverage guidelines when determining services that qualify for the Community Care Discount Program.

Statement of Policy

A. Any patient or responsible party may apply for the Community Care Discount Program. Patients must reside in the Carle primary or secondary service area. Primary and secondary service areas are listed on page 5.

B. Illinois Medicaid only (traditional) recipients automatically qualify for the Community Care Discount Program at 100% for all medically necessary care. They are not required to complete the Community Care Discount Program application process.
   1. Excludes patients with an unmet spend-down.
   2. Excludes patients enrolled in the All Kids Premium – Levels 2 through 8.

C. Frances Nelson Health Center patients automatically qualify for the Community Care Discount Program at 100% for all medically necessary care.
   1. An accepted referral from Frances Nelson Health Center to Carle is required.
   2. Frances Nelson Health Center will provide Carle with a copy of the signed financial evaluation performed by their staff.

D. Carle Foundation desires that all patients be aware of the Community Care Discount Program, that those eligible be identified as early in the care and billing process as possible, and that the process be as simple as possible for the patient while still maintaining the financial controls and stewardship necessary to protect the organization. Consistent with these principles, the following items are required from applicants:
   1. Verification of income for the previous 12 months is required. Income eligibility will be based on the most current published Federal Poverty Guidelines.
   2. An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, the Foundation's Social Services Department, or other pertinent staff, will use a screening checklist to assist in determining if the patient would qualify for government assistance.
      a. Failure by a patient or responsible party to complete the government program application process and/or failure to cooperate during the application process will result in an automatic denial of Community Care.
      b. Patients who are determined to be homeless with no verifiable address, phone or income will be referred to Social Services for assistance with the completion of the government program application process. For a reference list of local homeless shelters, refer to pages 8 and 9.
      c. Patients who have a third party payment source that will reimburse more than the government program reimbursement will be excluded from the requirement of applying for government assistance.
   3. Liquid assets, such as cash, savings and checking accounts, investment accounts, mutual funds, Certificates of Deposit, stocks, bonds, etc. will be taken into consideration as part of the Community Care application process. Pension and/or retirement accounts will not be considered liquid assets; however, funds distributed from a pension or retirement account constitute income when determining financial eligibility.
   4. The Community Care Discount Program amount is dependent on applicant's income and family size compared to the currently published Federal Poverty Level guidelines at the time of application.

Federal Poverty Level	<200%	>200% but ≤230%	>230% but ≤270%	>270% but <300%
Discount Amount	100%	75%	50%	25%

   5. Patients who receive a determination of either an approval or denial under the Community Care Discount Program may reapply after six (6) months from the date of original application receipt in the event there are substantial or unforeseen material changes in their financial situation. In the case of extraordinary circumstances, an application may be submitted prior to the month limitation.
   6. Applicants may appeal Community Care discount determinations by sending a written appeal to the Manager of the Patient Accounting Office. Further appeals may be directed to the Director of Financial Services, and may be escalated to the Chief Financial Officer and then ultimately as the last appeal setting to the Community Care Review Committee (an advisory committee containing representatives from Land of Lincoln Legal Services, the Champaign County Health Care Consumers, and other similar organizations).

E. The Community Care discount will apply to the patient balance of the account after all other payments from sources such as Medicare, insurance companies, third party legal settlements and/or patient funds are received and posted.

F. Patients may apply for the Community Care Discount Program at any time, including before care is received. If approved, the patient is eligible for the determined level of discounts for 12 months.
G. Patients who have been approved for the Community Care Discount Program may re-apply annually from the date of original application approval. Carle Foundation will attempt to notify patients by mail 90 days before the current termination date of eligibility in the Community Care Discount Program.
H. Patients that have been referred to a collection agency may request a Community Care Discount Program application if a court judgment has not yet been obtained. However, an application for government assistance must be completed as stated in C2.
I. Carle will not file collection suit liens on a primary residence.
J. Carle will not allow body attachments for purposes of medical debt collection.
K. Medical care that does not meet medical necessity guidelines as defined by The Carle Foundation is excluded from Community Care Program discounts (refer to pages 6 and 7).
L. For services that may have limited coverage under the Community Care Discount Program Policy (based on current Federal/State coverage guidelines) refer to pages 6 and 7.
M. Non-emergent, out-of-network care including out-of-state Medicaid that would be paid by the patient's insurance company elsewhere will not be eligible for the Community Care Discount Program because the patients have the opportunity to have their healthcare needs met at a participating provider.
N. Emergent out-of-network care for those who qualify will be eligible under the Community Care Discount Program policy guidelines after all other payment sources have been exhausted (i.e. Personal Care HMO and Blue Cross Blue Shield for services at Carle Physician Group).
O. Emergent out-of-state Medicaid patients are not required to complete the Community Care Discount Program application process. They will be approved as eligible under the Community Care Discount Program after proof of coverage is provided and all other payment sources have been exhausted.

Procedure

A. Patients with financial concerns should be identified by Carle personnel as soon as possible in the registration or treatment process.
   1. A referral to Social Services, other pertinent staff or directly to a government program should be completed in order to obtain a determination of eligibility for Public Assistance. Patients who fail to cooperate with the government program during the application process will automatically be denied for the Community Care Discount Program.
      a. If the patient does not meet the eligibility criteria for a government program or if they have a spend-down, they may be eligible for a Community Care discount.
      b. The application for the Community Care Discount Program will be available in all registration areas, the Patient Accounting offices, (SBU) Business Offices, Cashier areas, Social Services and on the Carle website (www.carle.org and www.mycarlebill.com).
      c. Patients are encouraged to apply for the Community Care Discount Program within 30 days after discharge or provision of service.
      d. Upon receipt of the Community Care Discount Program application the Community Care database will be populated:
         - All collection activity will be held until processing is completed.
         - Applicant will be notified of any missing documentation.
         - If the missing documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates the billing will commence unless the documentation is received.
   2. The completed application should include:
      a. Income and asset verification for the 12 months immediately prior to the date of the application and the most recent Federal income tax return form, if applicable. Documentation provided should consist of:
         - The last check stub prior to the signature date on the application from each job held in the past 12 months.
         - Unemployment check stub(s) listing the start date and amount.
         - Divorce decree stating child support or alimony received.
         - The most recent bank statement(s) including all checking and savings account(s).
         - Letter from public programs (Social Security, Veterans, Public Aid) listing amount received.
         - A notarized statement from family or friends explaining any financial help they provide to the applicant.
         - If proof of an income source is not provided, a written explanation as to why must be provided.
      b. The patient or responsible party must provide verification of the number of family members.
         - Family members will include only those dependents listed on tax returns, divorce decree or child support order.
         - Parents' income will be used to determine financial eligibility for students who are over age 18 but still

claimed as dependents for their parents' income tax purposes.

B. All efforts will be made to send written determination to the applicant within 30 working days of receipt of the completed application. If the application is approved, the patient's account will be adjusted as soon as possible thereafter to reflect the discount.
C. Patients who qualify for a partial discount of the balance will be required to pay the remainder due, as with other private pay accounts. Patients can request a payment plan.
D. When the application has been processed and the determination is made, a record of each application and associated documentation will be maintained by fiscal year.
E. When Carle Foundation receives an application for the Community Care Discount Program that indicates treatment at any applicable Carle Foundation facility, the application, verification and determination will be provided to all other applicable and/or involved Carle businesses.
F. The total of the Community Care Discount Program adjustments will be regularly reported to the Director of Financial Services, the Vice President of Revenue Cycle Operations and to the Chief Financial Officer.

Attachments are on the pages below:

- Covered Service Areas – page 5
- Limited and Non Covered Service Listing – pages 6 and 7
- Area Homeless Shelters – pages 8 and 9

Electronic Approval on File

Dennis Hesch
Chief Financial Officer

Covered Service Areas

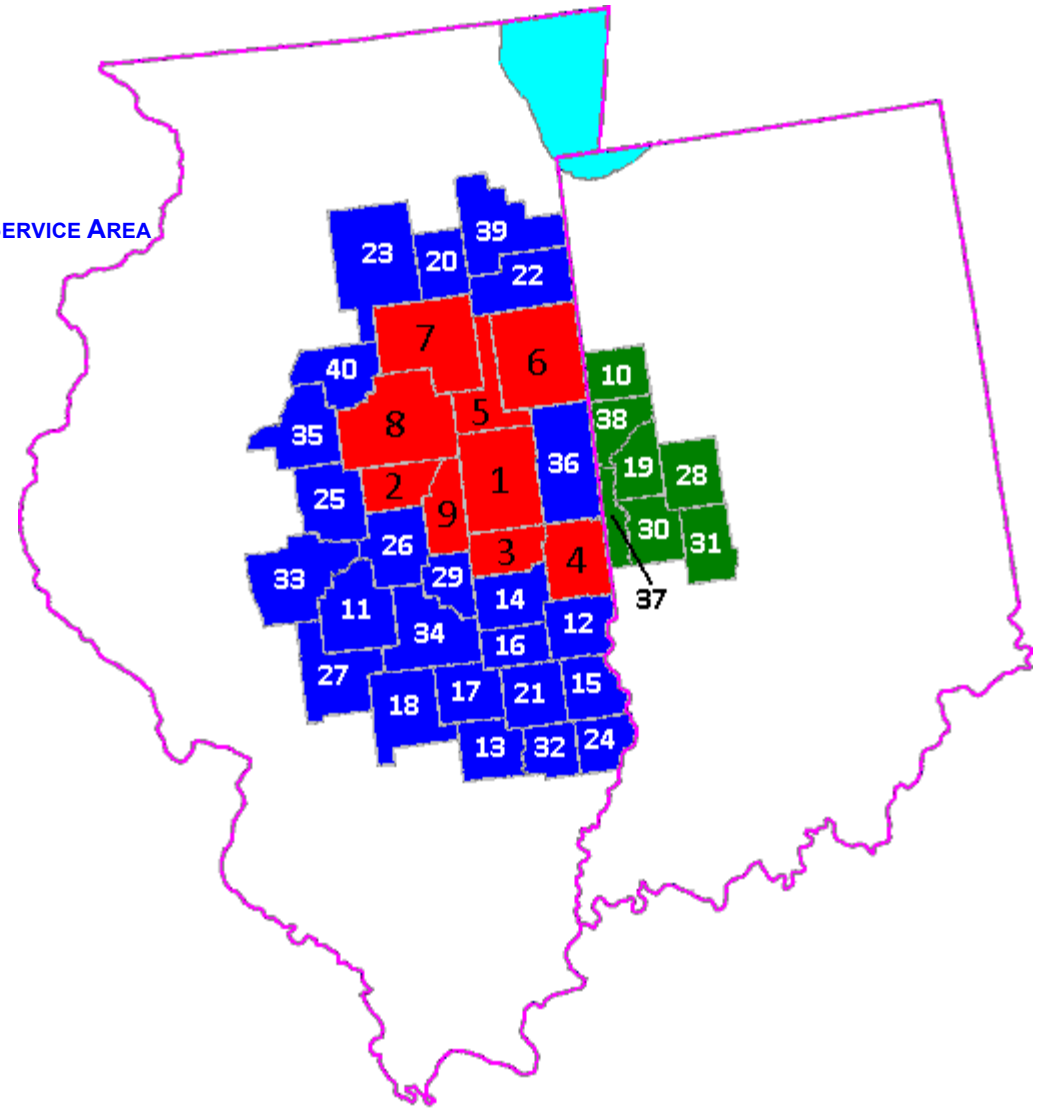
Covered Service Areas:

COUNTIES IN PRIMARY SERVICE AREA

1. CHAMPAIGN
2. DEWITT
3. DOUGLAS
4. EDGAR
5. FORD
6. IROQUOIS
7. LIVINGSTON
8. MCLEAN
9. PIATT

COUNTIES IN SECONDARY SERVICE AREA

10. BENTON*
11. CHRISTIAN
12. CLARK
13. CLAY
14. COLES
15. CRAWFORD
16. CUMBERLAND
17. EFFINGHAM
18. FAYETTE
19. FOUNTAIN*
20. GRUNDY
21. JASPER
22. KANKAKEE
23. LASALLE
24. LAWRENCE
25. LOGAN
26. MACON
27. MONTGOMERY
28. MONTGOMERY*
29. MOULTRIE
30. PARKE*
31. PUTNAM*
32. RICHLAND
33. SANGAMON
34. SHELBY
35. TAZEWELL
36. VERMILION
37. VERMILLION*
38. WARREN*
39. WILL
40. WOODFORD



*COUNTIES IN INDIANA

Limited and Non Covered Service Listing

The following is a list of services which may have coverage limitations under the Community Care Discount Program Policy:

Description of Service	Subcategories	Limited Coverage	Not Covered
Bariatric Surgery		Must meet all prequalification requirements	
Cardiac Therapy	Phase III		x
Colonoscopy	Screening	Must meet medical necessity requirements	
Cosmetic Services	Elective: Includes any surgical procedure directed at improving appearance.		x
	Reconstructive Surgery: Reconstructive surgery is generally performed to improve function, but may also be done to approximate normal appearance.	Performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, tumors, or disease.	
Dental Services	Cosmetic or prophylactic (including, but not limited to: implants, replacement teeth, bridges)		x
	Emergent Services	Always covered	
	Oral Surgery	Must meet medical necessity requirements	
Dermatology		Must be a dermatological issue resulting in a medical condition causing a health problem.	
Drugs and Medicines	Prescription and Non-Prescription		x
	Take home drugs at time of discharge	Always covered	
Elective Services			Not medically necessary. Refer to CMS guidelines.
Experimental Services			x
Hearing Services	Hearing Aids	Base level only	
	Cochlear Implants	Must meet all prequalification requirements	
Infertility Services			x
Mental Health	Substance Abuse/CARC	Non Court ordered	Court Ordered
	Late or Missed Appointment Fee		x
Description of Service	**Subcategories**	**Limited Coverage**	**Not Covered**

Optical Services	Glasses	First pair after cataract surgery with a limitation of $67.85 for the frames (per 2010 CMS guidelines).	
	Contact lenses		x
Other	Medical Record Copying Fee		x
	Report Completion Fee		x
Outside Referred Services	Laboratory		x
Screening/Routine Services		Must meet medical necessity requirements	
Weight Management Services	Supplies and Products		x

Area Homeless Shelters

A Woman's Place (A Woman's Fund): Houses women and children (males up to age 17 with their mothers) fleeing domestic abuse and sexual assault

Mailing Address: 1304 E. Main
Urbana, IL 61802
Phone Number: (217) 384-4462, domestic violence business office
Fax Number: (217) 384-4383
Service Area: Champaign, Piatt, Ford and Douglas counties

BETHS Place (Because Eventually the Healing Starts): Provides temporary shelter for abused women and their children, but no assistance for persons under the influence of drugs or alcohol.

Mailing Address: P.O. Box 462
Tuscola, IL 61953
Phone Number: (217) 253-6721 office line
Phone Number: (877) 394-8284 Toll Free number
Fax Number: (217) 253-6722
Service Area: Douglas County and beyond

Catholic Worker House (St. Jude): 13 person capacity shelter for families, single women or single men with children

Mailing Address: 317 S. Randolph St.
Champaign, IL 61820
Phone Number: (217) 355-9774

Center for Women in Transition (CWT): Homeless shelter in Champaign-Urbana, Illinois, that offers support services and safe transitional housing to homeless women over 18 and their children (males up to age 14); maximum stay of 2 years

Mailing Address: 508 E. Church Street
Champaign, IL 61820
Phone Number: (217) 352-7151
Fax Number: (217) 352-1035
Service Area: Champaign County

City of Urbana-Transitional Housing Program for Homeless Families: Provides housing and support services to selected homeless families with dependent children who have been residents of Champaign County for at least three months.

Mailing Address: 400 S. Vine St.
Urbana, IL 61801
Phone Number: (217) 328-8263
Fax Number: (217) 384-2367
Service Area: Champaign County

Danville Rescue Mission: Emergency and transitional shelter for single men

Mailing Address: 834 N. Bowman Avenue
Danville, IL 61832
Phone Number: (217) 446-7223

Jesus is the Way Prison Ministries, Inc.: Provides follow-up assistance to just-released male inmates with employment, housing, food and spiritual needs.

Mailing Address: 602 S. Liberty Ave.
Rantoul, IL 61866
Phone Number: (217) 892-4044
Fax Number: (217) 892-5995

Mattoon Public Action to Deliver Shelter (PADS): Homeless shelter and food bank in Mattoon.

Mailing Address: 2017 Broadway Ave.
Mattoon, IL 61938
Phone Number: (217) 234-7237

Restoration Urban Ministries: Offers transitional housing, food pantry, clothing, substance abuse classes, and many other programs to assist teens, men and women.

Physical Address: 1213 Parkland Court
Champaign, IL 61820
Mailing Address: PO Box 3277
Champaign, IL 61826-3277
Phone Number: (217) 355-2662

Roundhouse: 24-hour emergency shelter for youth ages 10-17 experiencing crisis including runaways, homeless, near homeless, or youth with problems with school, drugs, sex, peers, or abuse/ neglect

Mailing Address: 311 W. White St.
Champaign, IL 61820
Phone Number: (217) 359-5276
Fax Number: (217) 359-6092

Safe Place: Temporary shelter for victims of domestic violence and sexual assault

Mailing Address: Safe Place
Family and Graduate Housing
1841 Orchard Place
Urbana, IL 61801
Phone Number: (217) 840-2232 Intake

Salvation Army Stepping Stone Shelter: Provides temporary and transitional housing for homeless men (18 and older) on a nightly basis

Mailing Address: 2212 N. Market
Champaign, IL 61822
Phone Number: (217) 373-7830
Fax Number: (217) 373-8441

TIMES Center: Transitional Living program serving homeless men in Champaign County

Mailing Address: 70 E. Washington
Champaign, IL 61820
Phone Number: (217) 398-7785
Fax Number: (217) 398-7787

Your Family Resource Connection (YFRC)—Residential Program: Dormitory style housing for 23 homeless, self-sufficient women (18 and older)

Mailing Address: 201 N. Hazel Street
Danville, IL 61832
Phone Number: (217) 446-1217
Fax Number: (217) 443-6845