



Policy Number AD355

Subject	Presumptive Eligibility for Financial Assistance		
Category / Section	Administration / Finance		
Owner	Manager – Self Pay Receivables Management		
Stakeholder/ Reviewer(s)	Director of Patient Financial Services; VP of Revenue Cycle Operations		
Effective Date	2/27/14	Review Frequency	3 Years
Review Date			
Revision Date	12/28/15		

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		Hoopeston Regional Health Center	X Therapy Services - MTCH
X	Arrow Ambulance	X	Hospice	Windsor Court
	Auditory Oral School	X	Carle Medical Supply	Windsor of Savoy
X	Cancer Center/Mills Breast Cancer Institute		Risk Management Company	
Scope Exclusions – See non participation listing at Carle.org/FinancialAssistance				
X	Life Watch	X	Quest Diagnostics	X Christie Clinic LLC Providers
X	Provena Providers	X	All other third party providers	

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](#)
[CFAP Limited and Non Covered Service Listing – AD300B](#)
[CFAP Area Homeless Shelters – AD300C](#)
[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