Title	FIN - Presumptive Eligibility for Financial Assistance				
Region	Carle Health Central - BroMenn, Carle Health Central - Eureka, Carle Health East, Carle Health South, Carle Health West - Methodist, Carle Health West - Pekin, Carle Health West - Proctor				
Scope	CFH, CHRHC, CBMC, CEH, CRMH, CMH, CPkH, CPrH and all entities				
Document type	Policy & Procedure				
Owner	Jodi Eeten (Mgr - Fin Svc Self Pay Rec)				
Reviewer(s)	Steven Smith (Dir - Financial Services)				
Approver(s)	APM Administrators, Aron Klein (Sr. VP, Finance), Dennis Hesch (Exec VP & Chief Finance and Strategy Officer)				
Effective Date	02/27/2014	**Next Review Date**:	04/15/2028	**Approval Date**	04/15/2025

ATTACHMENTS N/A

PURPOSE/ SCOPE

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 Regional 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. Frances Nelson Health Center discount referral
    10. Community Health Care Clinic 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.

Printed copies are uncontrolled documents. Refer to the intranet for the most current version.

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. Frances Nelson Health Center discount referral
    a. Discount referral form to Carle from Frances Nelson
10. Community Health Care Clinic Referral
    a. Discount referral form to Carle from Community Health Care Clinic
11. Receipt of grant assistance for medical services
    a. Copy of award letter

OTHER RELATED LINKS AS APPLICABLE TO SITE
- ALL policies and links in process of being updated to include BRAVO entities.
FIN - Carle Financial Assistance Program
FIN - Carle Regional Financial Assistance Program
FIN - IL Hospital Uninsured Patient Discount Program
FIN - Self-Pay Billing and Collection Policy

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)

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