Title	FIN - IL Hospital Uninsured Patient Discount Program				
Region	Carle Health Central - BroMenn, Carle Health Central - Eureka, Carle Health East, Carle Health South				
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	01/26/2012	**Next Review Date**:	04/15/2028	**Approval Date**	04/15/2025

ATTACHMENTS N/A

PURPOSE/ SCOPE

A. To identify and assist those patients who are uninsured and who are financially eligible to receive discounts for specified medical expenses through the State of IL Hospital Uninsured Patient Discount Act (IL Public Act 095-0965).
B. Coverage is limited to services provided and billed by the Carle Foundation Hospital and Carle Hoopeston Regional Health Center's hospital, both licensed under the Health Facilities and Regulation (210 ILCS 85/) Hospital Licensing Act.

DEFINITIONS

A. **Generally accepted standards of medical practice**:
   1. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
   2. Physician Specialty Society recommendations;
   3. The views of physicians practicing in the relevant clinical area; and
   4. Any other relevant factors.
B. **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."
C. **Resident** – a person who lives in the state of IL and who intends to remain living within IL indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.
D. **Uninsured patient** – a resident who is a patient and 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, workers compensation, accident liability insurance or other third party liability.

STATEMENT OF POLICY

A. Any uninsured patient who is a resident may apply for the IL Hospital Uninsured Patient Discount Program.
B. Certain identified patient populations are presumptively eligible for Carle Financial Assistance Program and do not need to apply for the IL Hospital Uninsured Patient Discount Program. Further detailed information is contained within the FIN - Presumptive Eligibility for Financial Assistance .
C. Carle desires that:
   1. All patients be aware of the IL Hospital Uninsured Patient Discount Program and all other financial assistance available at Carle;
   2. For those patients who are eligible to be identified as early in the care, treatment and billing process as possible; and
   3. That the process is as simple as possible for the patient while still adhering to the regulations set forth in the State of IL Hospital Uninsured Patient Discount Act (IL Public Act 095-0965).
D. An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, Carle staff or designee will use a screening checklist to assist in determining if the patient would qualify for government assistance.
   1. 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 financial assistance.
   2. If the patient applies for government assistance, documentation of the determination from the government program is required for reprocessing of the financial assistance application.

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E. Patients who may be eligible for certain third party assistance programs must cooperate with program requirements to maintain eligibility within the IL Hospital Uninsured Patient Discount Program.

F. The IL Hospital Uninsured Patient Discount amount is dependent on the applicant's household gross annual income and family size compared to the published Federal Poverty Level guidelines at the time of application and the facility where the services were performed. Carle staff will determine if another financial assistance program would result in lower out-of-pocket expenses to the guarantor/patient.

1. For services performed and billed by the Carle Foundation Hospital, the household income cannot exceed 600% of the Federal Poverty Level.
2. For services performed and billed by the Carle Hoopeston Regional Health Center, the household income cannot exceed 300% of the Federal Poverty Level.

Hospital	FPL ≤300%	FPL ≤ 600%
IL Uninsured Hospital Patient Discount Program (Carle Health)	May qualify for assistance.	
IL Uninsured Hospital Patient Discount Program (Carle Health Regional)	May qualify for assistance.	N/A

3. To apply for the IL Hospital Uninsured Patient Discount Program, the guarantor or patient must complete and submit a signed Carle Financial Assistance application with required documentation.
   a. Applications are to be fully completed, signed and returned with verification documentation of IL residency and income to:
      Carle Financial Assistance Program
      PO Box 4024
      Champaign, IL 61824-4012
   b. Residency verification documentation:
      - Any document within the income verification listing with a preprinted address
      - Valid state-issued identification card
      - Recent (last 60 days) residential utility bill
      - Valid lease agreement
      - Current vehicle registration card
      - Voter registration card
      - Mail addressed to patient at an IL address from a government office
      - Award letter from school
      - Statement from a family member that the patient resides at the same address with one of the above residency verifications.
   c. Required income documentation.
      - Income eligibility will be based on the most current published Federal Poverty Guidelines.
        - Prior year's Federal Tax Return showing all household members and their adjusted gross income.
        - If the guarantor/patient did not file taxes, proof of prior year's income may consist of:
          * W2 from all jobs held
          * Self-employment income and expenses
          * Unemployment compensation
          * 1099 forms for the following types of income:
            1. Social Security
            2. Social Security Disability
            3. Veterans pension
            4. Veterans disability
            5. Private disability
            6. Workers compensation
            7. Retirement Income
          * Child support, alimony or other spousal support
          * Other miscellaneous income sources.
        - If none of the above documents can be supplied, a written statement advising current household size and financial situation must be supplied.

G. The IL Hospital Uninsured Patient Discount amount is determined from the most recently filed Medicare cost report for the hospital where the medical services were provided. Charges are multiplied by 1.0 less the product of the cost to charge ratio multiplied by 1.35.

H. If approved for the IL Hospital Uninsured Patient Discount Program, the patient's out of pocket expenses in a 12 month period will be capped at 20% of the household's adjusted gross income (less child support payments).

1. The cap does not coordinate with other hospitals outside of the Carle organization.
2. The patient is responsible for notifying Carle's Patient Financial Services office when their expenses might be close to exceeding this cap.

I. IL Hospital Uninsured Patient Discount Program is only for uninsured patients as defined within the Act. If a patient is found to have insurance, their application will be reviewed for other financial assistance programs that may be beneficial for the patient.
J. Patients must apply for the IL Hospital Uninsured Patient Discount Program within 90 days of date of discharge or provision of service. If approved, the patient is eligible for discounts for 12 months from date of approval.
K. Only billed encounters exceeding $150.00 are eligible for the discount.
L. Medical care that does not meet the generally accepted standards of medical practice as defined by the act and the Centers for Medicare and Medicaid Services is excluded from the IL Hospital Uninsured Patient Discount Program discounts.

PROCEDURE

A. Patients who may have financial challenges should be identified by Carle personnel as soon as possible in the registration, care, treatment and billing 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 IL Hospital Uninsured Patient Discount Program. If the patient does not meet the eligibility criteria for a government program, they may still be eligible for the IL Hospital Uninsured Patient Discount Program.http://www.carle.org/Documents/Carle_Uninsured_Discount_Application.aspx
   2. Patients are required to apply for the IL Hospital Uninsured Patient Discount Program within 90 days after discharge or provision of service. The application for financial assistance will be available on the Carle website Carle.org/FinancialAssistance, all registration areas, the Patient Financial Services offices, Cashier areas and Social Services.
   3. Upon receipt of the financial assistance application by Self Pay Receivables Management staff, EPIC Prelude and Resolute systems will be noted.
      a. All collection activity will be held until processing is completed.
      b. Application and supporting documentation will be scanned into OnBase and the paper copies destroyed.
      c. Applicant will be notified of any missing documentation.
      d. If the missing documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates billing will commence and that they may apply under the FIN - Carle Financial Assistance Program
   4. The completed application should include:
      a. Application with all information completed and signed by the guarantor/patient.
      b. Income verification.
         - 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.
      c. IL residency verification.
      d. The patient or responsible party must provide verification of the number of family/household members.
B. 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.
   1. Applications received prior to April 23, 2013 are maintained by paper and warehoused.
   2. Applications received on or after April 23, 2013 are maintained electronically within OnBase.
C. Applications for the IL Hospital Uninsured Patient Discount Program will be reviewed to determine if the patient would qualify for a higher discount utilizing the Carle Financial Assistance Program.
D. 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.
E. Patients who qualify for a partial discount of the balance will be required to pay the remainder due. See the FIN - Self-Pay Billing and Collection Policy .
F. Information related to the IL Hospital Uninsured Patient Discount adjustments will be regularly reported to the Director Patient Financial Services and the Vice President Revenue Cycle Operations.
   1. Adjustments
   2. Number of paper applications received
   3. Approvals
   4. Denials
   5. Backlogs
   6. Quality assurance measures

OTHER RELATED LINKS AS APPLICABLE TO SITE

FIN - Carle Financial Assistance Program
- CFAP Limited and Non Covered Service Listing – AD300B
- CFAP Area Homeless Shelters – AD300C

FIN - Self-Pay Billing and Collection Policy
FIN - Carle Rural Health Financial Assistance Program

REFERENCES

- 210 ILCS 88/27 – Fair Patient Billing Act (IL Public Act 96-965)
- 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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