



Subject: Finance: Patient Access/Patient Registration		Category: CCH SYSTEM WIDE
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		Policy #: FIN.008.01
		Approval Date: On File
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PURPOSE

To provide the CCH policy addressing financial assistance for residents of the State of Illinois as administered by the Financial Counseling Department.

AFFECTED AREAS

This policy applies to all but not limited to Patient Financial Services and Patient Access departments affiliated with Cook County Health (CCH). CCH includes but is not limited to Central Campus (*John H. Stroger, Jr. Hospital of Cook County, Professional Building, and Harrison Square*), Provident Hospital of Cook County, Cook County Department of Public Health (CCDPH), and Ambulatory & Community Health Network (ACHN), CountyCare, and other Health Plan operations.

POLICY

Cook County Health's mission is to provide a full range of high-quality services to all patients. CCH sponsors and administers a system-wide financial assistance program for county residents known as Carelink, herein referred to as "Carelink," and CCH administers the State of Illinois Hospital Uninsured Patient Discount Act Program known as "HUPDA" to eligible non-Cook County residents, or to HUPDA eligible Cook County residents who do not meet the eligibility requirements of Carelink.

Carelink

Carelink is a program designed to assist those individuals with income at or below 600% of the federal poverty guidelines as published annually in the federal register. Carelink is a financial assistance program for patients of CCH. An individual is eligible to apply for assistance for medical services under the Carelink program if they are:

- A resident of Cook County.
- Have an annual family income equal to or less than 600% of federal poverty guidelines.
- Uninsured or underinsured and ineligible for coverage through Medicaid or another public health care assistance programs.
- Underinsured individuals are defined as CCH individuals covered by a private health insurance plan that has an active contract with CCH as an in-network provider. Individuals with a Health Maintenance Organization (HMO) plan contracted with CCH AND who select CCH to serve as their Primary Care Provider, or individuals with a Preferred Provider Organization (PPO) plan or traditional "fee-for-service," may apply for Carelink and receive a discount on the out-of-pocket costs associated with these plans, including deductibles and co-insurance. Carelink cost-sharing fees would be applicable.

Carelink is a payer of last resort. Carelink representatives must explore potential eligibility for other funding program sources (e.g., Medicaid, etc.) prior to certifying individuals for eligibility. If an individual is eligible for another financial assistance program, the individual will be provided with appropriate application assistance prior to being assessed for Carelink eligibility.

Discounts on total charges for Carelink enrollees is on a sliding scale basis based on family income, family assets, and the Federal Poverty Level, as outlined below:

- Uninsured individuals with an annual income equal to or less than 250% of the Federal Poverty guidelines as established in the federal register annually are eligible for a 100% discount of total charges.

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- Uninsured individuals with an annual income greater than 251% of the federal poverty level but equal to or less than 350% of the current years Federal Poverty guidelines as established in the federal register annually are eligible for a 50% discount of total charges.
- Uninsured individuals with an annual income greater than 351% of the federal poverty level but equal to or less than 600% of the current years Federal Poverty guidelines as established in the federal register annually are eligible for a 25% discount of total charges.
- Uninsured individuals with an income above 601% of the federal poverty level are not eligible for assistance under the Carelink program.

Individuals with access to employer-sponsored health insurance

Individuals with access to affordable health insurance through his/her employer **and** who have chosen not to enroll may be eligible based on affordability. If an individual attests they cannot provide the information because they either do not have access to affordable health insurance or they have requested the premium information unsuccessfully from their employer, they will be asked to sign the *Cook County Health Self-Attestation Letter of Insurance* verifying their inability to access affordable insurance.

Underinsured patients

Individuals with certain private/employer sponsored insurance coverage may be found eligible for Carelink if CCH is considered an in-network provider with their Health Maintenance Organization (HMO) or if the individual has a PPO or traditional “fee-for-service”. These individuals are considered “underinsured” and may apply for Carelink to receive a partial discount on total out-of-pocket costs, excluding co-pays, which are not covered by the individual’s private insurance (e.g., annual deductible or co-insurance). Individuals may also be considered underinsured if they are enrolled in a limited-benefit plan.

Underinsured individuals are eligible for the following discounts based on the federal poverty income levels:

- Less than 250% = 100%
- Between 251 - 350% = 50%
- Between 351 – 600% = 25%
- Over 600% = 0%

Criteria Evaluated for the Carelink Program

Program eligibility requirements include:

- Lives in Cook County
- Identification
- Household Size
- Income
- Ineligible for Medicaid or any other health plan

Applicants are **required to provide written attestation** to the validity and accuracy of information. Applicants who refuse to provide this documentation are not eligible..

State of Illinois Hospital Uninsured Patient Discount Act

CCH administers the State of Illinois Hospital Uninsured Patient Discount Act known as “HUPDA” to eligible non-Cook County residents, or to HUPDA eligible Cook County residents who do not meet the eligibility requirements of Carelink.

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HUPDA is a program designed to assist those individuals with income at or below 600% of the federal poverty guidelines as published annually in the federal register. HUPDA is discount program for patients of CCH. HUPDA eligibility requirements are:

- Verified Illinois Resident
- An annual family income equal to or less than 600% of federal poverty guidelines
- Uninsured; and has Medical services exceeding \$150 in any one inpatient admission our outpatient encounter
- Valid proof of identification
- Household Size
- Ineligible for Medicaid or any other health plan

It is the applicant's responsibility to present required documentation to verify the criteria above. The provision of false or misleading information by an applicant may result in CCH pursuing legal action against the applicant.

Presumptive Eligibility:

The criteria used to consider an individual eligible for financial assistance. The criteria are defined as the categories identified as demonstrating financial need. Individuals demonstrating one or more of the criteria will be deemed presumptively eligible for 100% charity care

- Homelessness
- Deceased with no estate
- Mental incapacitation with no one to act on individual's behalf
- Medicaid eligibility, but not on date of service or for non-covered service
- Personal bankruptcy within the last 12 months of date of service
- Incarceration in a penal institution
- Affiliation with a religious order and vow of poverty
- Enrollment in the following assistance programs for low-income individuals:
 - o Temporary Assistance for Needy Families (TANF)
 - o Illinois Housing Development Authority's Rental Housing Support Program
- Women, Infants and Children Nutrition Program (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Illinois Free Lunch and Breakfast Program
- Low Income Home Energy Assistance Program (LIHEAP)
- Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria
- Receipt of grant assistance for medical services

Individual Financial Obligations

Individuals who qualify for assistance at either a 50% or 25% level will be asked to pay a deposit at the time of service. The individual's inability to meet financial obligations does not affect their ability to receive healthcare services. However, failure to satisfy obligations will result in enforcement of CCH standard collections efforts.

The HUPDA law places an annual cap on the amount of money a hospital can collect for services from eligible uninsured patients to no more than 20% of patient's family gross income per year if a payment plan is necessary, unless the eligible uninsured patient owns assets having a value more than 300% of the federal poverty level. It is the responsibility of the individual to maintain awareness of the annual cap by monitoring their comprehensive medical care. The minimum value to receive the HUPDA discount, as described by the law, are any one inpatient

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or outpatient service greater than \$150.00. Individuals financial obligations do not affect their ability to receive healthcare services.

CCH will base the discount on per service/encounter charges. The charges are discounted to a maximum of 135% of cost by applying the Cost of Charge Ratio from most recently filed Medicare Cost Report. *(See prevailing Medicare Cost Report, Worksheet C as issued or provided by the Illinois Attorney General's Office for additional details).*

Right to Appeal

Every applicant will be afforded the following options right to appeal any decision related to program eligibility:

- Level 1 – Financial Counselor who performed the interview
- Level II – Financial Counselor Supervisor
- Level III – System Patient Access Director
- Level IV – CCH Chief Revenue Officer for final determination

Complaints or concerns with the uninsured individual discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General. The Bureau can be reached by clicking the following link <https://illinoisattorneygeneral.gov/consumers/hcform.pdf> or by calling 1-877-305-5145.

PROCEDURES/PROCESS

Section I. Patient Identity Procedures

Documentation

In all cases, the applicant should be asked to provide a picture ID. If picture ID is not available, other forms of Identification are sufficient proof of applicant identification. The following may be used to establish the identity of the applicant. Individuals are required to present two acceptable forms of Identification when applying for assistance.

Required forms of ID: 1 item from list A, or 2 items from list B.

List (A) Photo Identification

- Valid Passport
- Permanent Resident Card (green card)
- Naturalization/Citizenship papers with picture
- Military ID with picture
- Worker's Authorization Card

List (B) Other Forms of Identification

- GROUP ONE (Photo I. D.)
 - Chicago CityKey card
 - Expired passport
 - Temporary Visitor's driver license
 - Valid government issued photo ID i.e., State Driver's license or State Identification Card
 - Valid Foreign consulate identification card
 - Worker's permit identification with picture
 - Foreign voter's registration card with picture
 - Student picture ID

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- **GROUP TWO (Identification Docs)**
 - Birth record
 - Certificate of Citizenship
 - Notice to Appear
 - Form I-94, Departure Record
 - Naturalization Certificate without picture
 - Form I-797, Notice of Action
 - Travel Documents issued by U. S. Citizenship and Immigration Service
 - Adoption records
 - Social Security card
 - SSI/RSDI award letter
 - Voter registration card
 - Referral letters from state or local agencies on agency letterhead. (Examples: Any local entity such as a church, hospital, or clinic NOT part of CCH, nonprofit, neighborhood or community organization, shelter, a court, or other government agency.)

Section II. Illinois Residency Requirements

Illinois Residents

Persons applying for assistance must reside in Illinois at the time of service, **and** at the time of application. An applicant can be considered as living in Illinois in the following situations:

- The applicant is living in a home or fixed place of residence located in Illinois
- An applicant with no fixed residence declaring intent to remain and live in Illinois
- Patients residing at a domestic violence shelter in Illinois

Residency Documentation

All residency documentation must be in the name of the applicant or a member of the family unit (as defined in Section III – Household Composition of this policy). The documentation must contain the address used or declared by the applicant to establish residency.

Requirement at application: At least one (1) of the following items must be used to verify Illinois residency:

Proof of residency

- One recent utility bill (gas, light, phone, cable) – within 30 days of the interview date.
- One piece of Current US Business Mail with the patient's name and current address (Cannot be junk mail or CCH mail) – within 30 days of the interview date
- Voter's Registration Card (with current address)
- Mortgage statement dated within 30 days of the interview date
- Current lease agreement, deed, or sales contract for home purchase (No handwritten rent receipts)
- Current Bank Statement
- Documentation of release from a Department of Corrections Facility to a Cook County Address
- Award letter from a Federal or State agency (Examples: Disability Award or Food Stamps) within 30 days of the interview date
- Receipt of payment of property tax
- Referral letters from State or Local agencies on agency letterhead (Examples: Any local entity such as a church, hospital, shelter, and a court or government agency).
- Automobile Registration

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No Fixed Residence - Homeless

The applicant must complete a statement as to their homeless situation in situations where verifiable proof does not exist. Also, the applicant must have substantiated the reason for the lack of proof of residency.

Non- Illinois Residents

Persons not considered Illinois residents include the following persons:

- An applicant who resides outside the boundaries of Illinois limits
- An applicant who is an inmate, patient, or resident of an institution operated by a state or federal agency

Section III. Household Composition Requirements

Family

Eligibility is based on a household. A family, for purposes of determining eligibility, consists of a person living alone or persons living together where one or more individuals have a financial responsibility for the support of the others.

Examples of a family include:

- Single adults 18 or older, not attending school
- Parents and minor children
- Individual and financially dependent relatives living with individual i.e., in-laws, adult siblings, cousins' etc.
- A legally married couple or a couple in a civil union
- Caregiver relatives (aunt, uncle, grandparent) caring for minor children

Excluded Family Members

Certain individuals living in an otherwise eligible family are not considered part of the family. This includes individuals who is/are:

- A family member not living in the family
- Incarcerated family members

Section III. Income Guidelines

Countable Income

- Wages, salaries, bonuses and/or tips, received via paycheck or cash
- Self-employment, business, and farm income after deduction of business expenses (including depreciation and capital losses)
- Alimony payments
- Social Security Disability Insurance or retirement award letter
- Dividends, interest, and royalties
- Pensions and annuities, including investment income
- Railroad retirement
- Private or insurance disability payments
- Regular cash support from family/others not living in the applicant family
- Education/training stipends (specified for living expenses)
- Income from rental property
- Lump sum payments (counted only if received more than one in year, and only counts in the month received)
- Unemployment benefits

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Exempt Income

Exempt Income is income or payments received by the applicant or a family member but not counted towards the family’s eligibility determination. Exempt income ***is not counted*** when determining eligibility.

Examples of Exempt Income may include:

- Supplemental Security Income (SSI) payments
- Dependent student/child earned income
- Temporary Assistance for Needy Families (TANF) or Foster Care
- Crime Victims Emergency Assistance
- Tax refunds
- Reimbursement of expenses (e.g., mileage, etc.)
- Employment income received by a full-time high school student
- Irregular Payments from family and friends of \$50.00 or less and not received regularly

Section IV. Income /Resources Guidelines

Types of Income/Resources

For financial assistance purposes, the following resources will be assessed when determining eligibility:

- Checking Accounts
- Savings Accounts

Section V. Eligibility Periods

12-Month Eligibility Period

The eligibility period is effective for up to 12 months from the initial approval. Participants are required to report changes in family income, family size, insurance changes, or address to CCH Financial Counselors within 30 days of the change occurring. Failure to report changes may result in cancellation of Carelink eligibility and billing for future CCH services.

Financial assistance enrollees may be subject to review of their case sooner than 12 months, in the event that they may be eligible for private insurance on the Marketplace during the Open Enrollment Period or through his/her employer.

Retroactive Eligibility

Retroactive eligibility may be allowed, provided the individual has met all eligibility criteria during that time frame.

CROSS REFERENCES

None

RELEVANT REGULATORY OR OTHER REFERENCES

None

ATTACHMENT(S)/ATTACHMENT(IES)

None

POLICY UPDATE SCHEDULE

This policy will be reviewed and/or updated at least once every three (3) years or more often as appropriate.

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