

Administrative Policy and Procedure Manual

Financial Assistance  
Scope: Organization-wide

Effective Date: 8/18/2016  
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**I. Purpose**

This Financial Assistance Policy (“Policy”) is intended to provide the framework under which Financial Assistance will be made available to patients of Lurie Children’s Hospital of Chicago (the “Hospital”). The Policy identifies the specific eligibility criteria and application process under which the Hospital will provide care free of charge or at a reduced charge, the criteria used in calculating the amount of the discount, the actions the Hospital may take in the event of nonpayment after reasonable efforts are taken to determine whether an individual is eligible under this Policy, and the measures the Hospital will take to widely publicize this Policy within the community served by the Hospital.

This Policy applies only to charges for Hospital services and is not binding upon providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat Hospital patients on an inpatient or outpatient basis.

While this Policy refers to “patient,” it is recognized that this term includes any parent, guardian or other family member who is or may be financially responsible for the cost of care provided to the patient by the Hospital.

**II. Policy Statements**

- A. In keeping with its mission, Ann & Robert H. Lurie Children’s Hospital of Chicago (the “Hospital”) is dedicated to making health care services accessible to pediatric patients without discrimination based on race, religion, gender, national origin, sexual orientation, or ability to pay, including whether or not the patient is eligible for Financial Assistance, or is medically indigent. The Hospital recognizes and acknowledges the financial needs of its patients and their families who are unable to afford the charges associated with the patient’s medical care. In that regard, the Hospital will provide financial assistance, in accordance with this Policy, to certain qualifying patients who receive emergency or other “medically necessary” healthcare services (as defined by Centers for Medicare and Medicaid).

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- B. Financial Assistance described within this Policy will be offered in a manner that complies with state and federal requirements, and preserves the overall resources of the Hospital so that the Hospital can continue to make health care services possible for those children residing in Illinois who are in need of highly specialized care. Patients and families must cooperate with the Hospital in the identification of, application for, and procurement of payment sources, including public assistance where available; such efforts must be exhausted before a patient is eligible for Financial Assistance. Patients and families are expected to notify the Hospital if there is a material change in the patient's or the patient's family's financial status. Appendix D to this Policy contains a list of providers other than the Hospital who deliver emergency or other medically necessary care at the Hospital and identifies whether such providers are covered by this policy.
- C. To manage its resources and responsibilities, and to allow the Hospital to provide assistance to the greatest number of children in need, the Board of Trustees, through the Finance Committee, establishes these guidelines for the provision of Financial Assistance.

### III. Definitions

- A. *Amounts Generally Billed:* Charges for emergency or other medically necessary services provided to a patient who is eligible for Financial Assistance shall be limited to no more than amounts generally billed to individuals who have public or commercial health insurance covering such care ("AGB").
- i. In calculating the AGB, the Hospital has selected the "look-back" method. This means that the AGB is determined based on actual past claims paid to the Hospital by Medicare Fee for Service claims together with all private health insurers paying claims to the Hospital.
  - ii. The AGB percentage will be calculated annually by dividing the sum of all claims that have been paid in full during the prior 12 month period by the sum of the gross charges for those claims. This resulting percentage is then applied to an individual's gross charges to reduce the bill.
  - iii. A revised percentage will be calculated and applied by the 120<sup>th</sup> day after the first day of the start of the calendar year used to determine the calculations. The AGB percentage is listed in Appendix C. For further information regarding this calculation, please contact:

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Patient Financial Services  
Ann & Robert H. Lurie Children's Hospital of Chicago  
225 East Chicago Avenue, Box 44  
  
Chicago, Illinois 60611  
(877) 924-8200

- B. *Application Period:* During the Application Period, the Hospital will accept and process an application for Financial Assistance, a copy of which is attached as Appendix B and can be found on the Hospital's web site at: <https://www.luriechildrens.org/financial-assistance> (“*Application*”). The Application Period begins on the date the care is provided and ends on the later of 240th day after the date that the Hospital provides the first post-discharge billing statement for the care.
- C. *Completion Deadline:* The Completion Deadline is the date after which a Hospital may initiate or resume ECAs (as defined below) against an individual who has submitted an incomplete Application if that individual has not provided the Hospital with the missing information and/or documentation necessary to complete the Application. The Completion Deadline must be no earlier than the later of (i) 30 days after the Hospital provides the individual with this written notice, or (ii) the last day of the Application Period.
- D. *Council:* The Financial Assistance Council, which is comprised of the Chief Medical Officer, the Chief Financial Officer, the Department Heads of Surgery and Pediatrics or their designees, a representative from the Faculty Practice Plan and others, as appropriate. The roles and responsibilities of the Council are discussed in this Policy further below.
- E. *Extraordinary Collection Actions (ECAs):* ECAs are defined as those actions: (1) requiring a legal or judicial process against a patient or other individual responsible for payment for services provided to patient, (2) involving selling debt to another party, (3) deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care, or (4) reporting adverse information to credit agencies or bureaus. The actions that require legal or judicial process for this purpose include (a) placing a lien (unless such lien is against a third party who caused a patient's injury);

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- (b) foreclosing on real property; (c) attaching or seizing of bank accounts or other personal property; (d) commencing a civil action against an individual; (e) taking actions that cause an individual's arrest; (f) taking actions that cause an individual to be subject to body attachment; or (g) garnishing wages. An ECA does not include filing a claim in any bankruptcy proceeding or engaging in certain debt sales as specified by the Internal Revenue Service. **The Hospital will not engage in ECAs before it has made Reasonable Efforts to determine if the patient is eligible for Financial Assistance.** Further information on the Hospital's use of ECAs can be found in the Hospital's separate Collections Policy, available upon request or on the Hospital website at [[www.luriechildrens.org/financial-assistance](http://www.luriechildrens.org/financial-assistance)].
- F. *Family Income*: Family Income is defined based on definitions used by the U.S. Bureau of the Census and includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food and housing subsidies provided through state assistance programs) are not considered income.
- G. *Federal Poverty Guidelines ("FPG")*: Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).
- H. *Financial Assistance*: Financial Assistance applies to emergency and other medically necessary services rendered to patients who cannot afford to pay, who are not eligible for public programs, and for which the Hospital has received financial documentation that the patient cannot make payment for services rendered. Financial Assistance is available for care provided to low income patients who are either uninsured or who have partial coverage but who are unable to pay some or all of the remainder of their medical bills. Financial Assistance does not include contractual allowances with insurance companies and other third party payers.
- I. *Financial Assistance Council*: See definition of Council.
- J. *Notification Period*: The Notification Period is defined as the period during which the Hospital must make a Reasonable Effort to notify the patient of the Policy and during which no ECAs will be taken. The Notification Period begins when the

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Hospital provides the first post-discharge billing statement and ends on the 121st day thereafter.

- K. *Plain Language Summary:* A written statement that notifies an individual that the Hospital offers financial assistance under this Policy and provides additional information about Financial Assistance in language that is clear, concise, and easy to understand. The Plain Language Summary will include:
- i. A brief description of the eligibility requirements and assistance offered;
  - ii. A listing of a website or location as to where the Application may be obtained;
  - iii. Instructions on how to obtain a free copy of the Policy and Application by mail;
  - iv. Contact information of someone to assist with the process (as well as any other organization that the Hospital has identified to assist with Applications, if the Hospital has chosen to do so);
  - v. Availability of certain language translations of the Policy; and
  - vi. A statement that no Financial Assistance eligible patient will be charged more than AGB for emergency or medically necessary services.
- L. *Reasonable Efforts:* The Hospital will have been considered to have made a Reasonable Effort in providing notification to the patient about the Policy if, at least 30 days before taking any ECA, the Hospital (a) provides a Plain Language Summary of the Policy to the patient and offers an Application to the patient prior to discharge from the Hospital, (b) sends at least one billing statement that includes conspicuous written notice of the availability of financial assistance, a telephone number of the Hospital where information can be found about the Policy and Application process and the direct website address where copies of the Policy, Application and Plain Language Summary of the Policy may be downloaded, includes in a written notice the ECAs that the Hospital intends to initiate to obtain payment for the care and the deadline (for submitting an Application) after which such ECAs may be initiated, and makes a reasonable effort to notify the patient orally about the Policy and above how to get assistance with the application process. The Hospital may provide a copy of the Policy, the Application, and the Plain Language Summary electronically and will also make available paper copies of these documents upon request.

In the case of patients who have submitted an Application, the Hospital will be considered to have made a Reasonable Effort:

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- i. When the patient and/or family submits an incomplete Application, and the Hospital:
  - (a) suspends any ECAs against the patient;
  - (b) provides written notification that describes what additional information or documentation is needed to complete the application process and includes a Plain Language Summary; and
  - (c) if the Application is completed during the Application Period, the Hospital follows the Reasonable Efforts steps described below for a completed Application.
  
- ii. When the patient and/or family submits a complete Application during the Application Period, and the Hospital:
  - (a) suspends any ECAs against the patient;
  - (b) timely makes and documents a determination as to whether the patient is eligible for Financial Assistance; and
  - (c) notifies the patient in writing of the eligibility determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination.
  
- iii. When a patient and/or family has been determined to be eligible for Financial Assistance, if the Hospital:
  - (a) in the case of a patient determined to be eligible for Financial Assistance other than free care, provides the patient with a billing statement that indicates (i) the amount owed after subtracting Financial Assistance, (ii) how that amount was determined, and (iii) how the patient can get information on the AGB for the care;
  - (b) refunds any excess payments made by the patient; and
  - (c) takes all reasonably available measures to reverse any ECAs (other than the sale of a debt or a decision to delay or defer care for non-payment) taken against the patient.

#### IV. Eligibility Criteria

- A. To be considered eligible for free care or care at a reduced rate, the patient or family must apply by completing the Application (*see* Appendix A) and providing supporting documentation.

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- B. Supporting documentation for the Application includes (as applicable): current pay stubs, bank statements, prior year's tax returns, a signed letter from employer, and Social Security or disability checks. Failure to provide any of these documents, if required by the Application, may result in a denial of Financial Assistance. Applicants will not be denied Financial Assistance based on their failure to provide information or documentation that this Policy or the Application does not explicitly require.
- C. The decision to provide Financial Assistance will be based, at a minimum, on a review of the following specific criteria, which will be fully documented by the patient in the Application (subject to Section IV(E) below): income, assets and liabilities of the family at the date of service.
- D. Hospital may, in its sole discretion, consider other extenuating criteria when determining the eligibility of a patient for Financial Assistance, including, but not limited to:
- i. size of patient's immediate family;
  - ii. medical status of the patient's family's main provider(s);
  - iii. employment status of patient or patient's guardians along with future earnings potential of the family's main provider(s);
  - iv. the willingness of the family to work with the Hospital in accessing all possible sources of payment; and
  - v. the amount and frequency of Hospital and other health care/medication related bills in relation to all other factors considered.
- E. Due to a variety of circumstances, the supporting documentation necessary to demonstrate a patient's eligibility for Financial Assistance may not be available. The Hospital may, in its sole discretion, consider verbal and/or written attestations from the patient or the patient's family about the eligibility criteria.
- F. To be eligible for Financial Assistance, the patient must be an Illinois resident. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy residency. Acceptable verification of Illinois residency may include valid state-issued ID card, utility bill, vehicle registration card, voter registration card or statement from a family member of uninsured patient who resides at the same address and presents verification of residency.

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- G. This Policy shall apply regardless of the patient's immigration status.
- H. Children who reside in a foreign country are not eligible for Financial Assistance.
- I. Applicants will not be denied Financial Assistance based on race, color, religion, sex, age, national origin, or marital status.
- J. Any free or discounted care offered under this Policy is subject to review to ensure compliance with this Policy.
- K. The necessity for medical treatment of any patient will be based on the clinical judgment of the healthcare provider without regard to the financial status of the patient and/or family. All patients will be treated for emergency medical conditions (within the meaning of Section 1867 of the Social Security Act (42 U.S.C. 1395dd)) without discrimination and regardless of their ability to pay or eligibility for free or discounted care.
- L. Applications for Financial Assistance and/or new information as to the factors used to evaluate applications for Financial Assistance (such as a change in family size or income), will be accepted and/or evaluated at any time during the Application Period. It is understood that financial hardship can arise after the date of service. Regardless of the timing of the onset of financial hardship, individual circumstances will be evaluated in any request for Financial Assistance that is properly submitted during the application period
- M. Families with Family Incomes exceeding the eligibility criteria guidelines stated above can apply to and be screened by Hospital for payment plan consideration.
- N. When a determination of eligibility for Financial Assistance has been made, all accounts of patients within the same family shall be handled in the same manner for care provided for six months following the date of such determination, without the need for completing a new Application. Discounts will be applied to all open self-pay balances. A new Application will be required for care provided more than six months after the initial (or other prior) determination or if indications are received that the financial status of the patient or family has significantly changed from the initial evaluation period.
- O. Exceptions to the above criteria may be made only with the approval of the Council.

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## V. Presumptive Eligibility

The list below is representative of circumstances under which a patient is deemed to be presumptively eligible for a 100 percent reduction (i.e., free care for emergency or other medically necessary services) upon providing Hospital with (1) an attestation by the patient or his/her legal guardian or representative of the patient's satisfaction of one or more of these criteria and/or (2) documentation of his/her participation in one or more of these programs and any other reasonable documentation requested by the Hospital (to the extent applicable):

- i. Participation in state funded prescription programs;
- ii. Participation in Women's Infants, and Children's Programs (WIC), Supplemental Nutrition Assistance Program (SNAP), Illinois Free Lunch and Breakfast Program, Low Income Home Energy Assistance Program (LIHEAP), or a recipient of grant assistance for medical services;
- iii. Patient receiving medical care from an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership.
- iv. Patient states that he/she is homeless;
- v. Low income/subsidized housing is provided as a valid address;
- vi. Mental incapacitation with no one to act on patient's behalf;
- vii. Deceased with no estate; or
- viii. Medicaid eligibility, but not on date of service or for non-covered service.

## VI. Calculation of Free or Discounted Care

- A. The Hospital will limit amounts charged to patients eligible under this Policy to not more than AGB or the amounts set forth in the chart found in Section VI.C. below (whichever is less). A billing statement issued by Hospital to the patient/family who is eligible for Financial Assistance may state the gross charges for the patient's care and apply contractual allowances, discounts, or deductions to the gross charges, provided that the actual amount that the individual is personally responsible for paying is the lessor of the AGB or the amount set forth in Section VI.C
- B. The levels of Financial Assistance provided by the Hospital are based on Family Income and FPG. FPG updates are generally published annually and the Hospital updates its policies with the most recently released Federal poverty guidelines (see Appendix A).

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C. The discount amounts or free care are calculated as shown below:

Add

Family Income as % FPG	% Family Obligation	Lurie Children's Charity %
0-300	0%	100%
301-325	20.00%	80.00%
326-350	40.00%	60.00%
351-375	60.00%	40.00%
376-400	80.00%	20.00%
>400	100.00%	0.00%

The Hospital additionally calculates 135% of Cost as Calculated in Medicare Cost Report Worksheet C whenever Financial Assistance is considered. The Hospital will then adjust the Family's liability by the discount calculation that is most beneficial to the patient.

- D. In situations whereby the patient is uninsured and the Family Income is between 400% and 600% of the FPG (and Financial Assistance is not otherwise provided under this Policy in the form of free or discounted care), the patient will be responsible for 135% of costs as calculated in the Medicare Cost Report – Worksheet C. In addition, the maximum amount that may be required (for health care services provided by the Hospital) from a patient determined by the Hospital to be eligible under this paragraph (D) is 25% of the patient's Family Income and is subject to patients' continued eligibility under this Policy.
- E. A patient who qualifies for Financial Assistance under this Policy is considered to be "charged" only the amount that the patient is personally responsible for paying to Hospital for his/her medical services, taking into account all deductions and discounts applied and any amounts reimbursed by insurers.
- F. The Hospital's Extended Non Payment Plan Program offers payment arrangements for qualifying patients who may be unable to pay the balance at one time.

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**VII. Guidelines for Hospital's Consideration of Specialty Services**

- A. Decisions to provide certain high-cost specialized services, such as organ transplants or behavioral health treatment, when patients and their families are in need of Financial Assistance, will be made upon the recommendation of the applicable specialty service administrator and approval by the Council. The applicable specialty service administrator and the Council will consult with physicians and management in evaluating all relevant clinical, ethical, and financial factors.
- B. The Council may also consult with an ethicist. Financial Assistance for such specialized services will be provided only in rare circumstances and only if the Hospital's Financial Assistance budget permits. The Hospital recognizes and acknowledges its obligation to provide its share of these services to patients without the means to pay for them. The Hospital further recognizes that it must maintain sufficient funds to enable it to meet its overall responsibilities to serve the health care needs of the pediatric community.
- C. To convene the Council, the clinician who is recommending a particular patient treatment that requires consideration under this Section VII should contact the specialty service administrator. The specialty service administrator will assist in preparing an information package and arranging a Council meeting to review an Application.
- D. The patient and/or patient's family has the right to appeal the Hospital's denial of Financial Assistance. The appeal must be submitted in writing with 30 days of notification of the original denial. The Council will consider all patient and/or family appeals. The decision of the Council on any such appeal will be final and binding on all parties.

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**VIII. Applying For Financial Assistance**

- A. *How to Apply:* Patients and families wishing to apply for Financial Assistance may complete an Application and submit it, along with supporting documentation, to the Admitting/Business office.

For questions about this Policy, the Application and/or the application process, please contact the Admitting/Business office:

Admitting/Business Office  
Ann & Robert H. Lurie Children's Hospital of Chicago  
225 East Chicago Avenue  
12<sup>th</sup> Floor  
Chicago, Illinois 60611  
(877) 924-8200

- B. *Completed Applications:* A written decision regarding eligibility will be provided to the patient and/or family within 30 business days of receipt of a completed Application. This notification will also include the Financial Assistance percentage amount (for approved Applications) or reason(s) for denial, the basis for determination, and the estimated amount of payment expected from the patient and/or the patient's family.

The patient and/or patient's family will continue to receive billing statements during the evaluation of a completed Application or applications for other third party sources of payment (e.g., Medicare, Medicaid). However, Hospital will suspend all ECAs against the patient during the evaluation period. If the account has already been placed with a collection agency, the agency will be notified by the Hospital to suspend collection efforts until an eligibility determination is made.

- C. *Incomplete Applications:* If the patient and/or family member submits an incomplete Application, the Hospital will (a) suspend any ECAs against the patient; (b) provide a written notification that describes what additional information or documentation is needed to complete the Application and includes the Plain Language Summary; and (c) provide at least one written notice informing the patient about the ECAs that might be taken (or resumed) if the Application is not completed nor payment made by a deadline specified in the written notice, which shall be no earlier than the later of 30 days from the date of the written notice or the last day of the Application Period.

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- D. *Other Implications of Eligibility Determination:* If the patient is determined to be eligible for Financial Assistance, Hospital will: (1) refund to the patient any amount he or she has paid for the care covered under the application period that exceeds the amount he or she is determined to be personally responsible for paying as an individual eligible for Financial Assistance under this Policy, unless such excess amount is less than \$5.00 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin), and, (2) to the extent applicable, take reasonable measures to vacate any judgment against the individual, lift any levy or lien on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau, and take any other reasonable measures to vacate or reverse an ECA taken by the Hospital against the patient.

**IX. Notification**

- A. To make our patients, families and the broader community aware of the Hospital's Financial Assistance program, the Hospital shall take a number of steps to widely publicize this Policy to the Hospital's patients and to the community members who are served by the Hospital, including:
- i. Posting of conspicuous signage (that notifies patients of the Policy) in heavily trafficked patient areas such as admitting, emergency department and ambulatory registration areas, and where appropriate, such signage (or other signage located near the aforementioned signage) will state in capital letters "IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE";
  - ii. Offering pamphlets and brochures (including the Plain Language Summary) to patient and/or their families during the admission and/or discharge process;
  - iii. Offering patient and family counseling sessions with registrars, patient accounting staff, or financial counselors either before, during or after the time of service, as appropriate;
  - iv. Providing information about this Policy on the Hospital's website, including a complete copy of the Policy, Application and a Plain Language Summary of the Policy in a widely available format (for example, as a PDF document);
  - v. Providing individuals who ask how to access a copy of the Policy online with the direct Web site address, or URL, of the Web page where the Policy is posted;

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- vi. Providing conspicuous written notice on billing statements of the availability of financial assistance under the Hospital's Policy, including a telephone number of the hospital office or department where information can be found about the Policy and Application process and the direct website address where copies of the Policy, Application form and Plain Language Summary of the Policy may be obtained;
- vii. Offering a copy of the Application before the patient is discharged from the Hospital;
- viii. Informing patients about the Hospital's Policy during appropriate oral communications regarding the patient's financial responsibility for an outstanding bill;
- ix. Providing at least one written notice to the patient or the patient's family stating what ECAs the Hospital may take if no Application is received or no payments are made by a specified date (at least as long as Notification Period) and this notice is provided at least 30 days before the applicable deadline; and
- x. Disseminating information about the Policy and how to apply for Financial Assistance (including copies of the Policy, Plain Language Summary and Application) to various community agencies who also serve individuals who may have need for medical services and who are most likely to require financial assistance.

As described above, these documents are also available electronically and paper copies are available upon request and without charge, both by mail and in public locations in the Hospital, including, at a minimum, in the emergency room and admissions areas.

- B. All printed information and/or forms regarding the Financial Assistance program will be available in primary languages spoken by significant populations we serve in accordance with state and federal law. Currently, these languages are Spanish, Polish, Cantonese, Tagalog, and Arabic.

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- C. Printed copies of this Policy (including the Application), the Plain Language Summary, and the Hospital's Collections Policy may be obtained in person or by mail at no extra cost by visiting or calling the Hospital's Admitting/Business Office at:

Ann & Robert H. Lurie Children's Hospital of Chicago  
225 East Chicago Avenue  
12<sup>th</sup> Floor  
Chicago, Illinois 60611  
(877) 924-8200

**X. Reporting Requirements**

At the request of the Illinois Office of the Auditor General's office, the Hospital will annually report information regarding the number of Applications completed and approved, the number of Applications completed and not approved, and the number of Applications started but not completed.

**XI. Cross-References/Related Policies**

- A. Administrative Policies: Collections
- B. Administrative Policies: Uninsured Patient Act
- C. Administrative Policies: EMTALA

**XII. Authorizations**

The decision to provide charity care and Financial Assistance, as outlined herein, requires the approval of the following individuals:

Accounts below \$5,000: Patient Financial Services Liaison

Accounts \$5,000 to \$25,000: Above, plus Manager or Lead

Accounts \$25,000 to \$50,000: Above, plus Director of Patient Financial Services

All Accounts over \$50,000: Above, plus Vice President of Revenue Cycle  
High Cost Specialized or

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## APPENDIX A

The January 26, 2017 *Federal Register* (78 FR 5182 -5183) includes a notice from the U.S. Department of Health and Human Services of the annual updated federal poverty guidelines, which are used to establish eligibility for various federal assistance programs. The 2017 guidelines for Illinois are:

<b>Family Size</b>	<b>Poverty Guidelines</b>
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

For family units of more than eight persons, add \$4,180 for each additional person.

APPENDIX B  
Financial Assistance Application



FINANCIAL ASSISTANCE APPLICATION

Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Lurie Children's Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the Hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the Hospital determine whether you qualify for any public programs.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care to the address below.

Ann & Robert H. Lurie Children's Hospital of Chicago  
225 East Chicago Avenue, #44, Chicago, IL 60611  
Tel: 877.924.8200 | Fax: 312.227.9501

Patient or Guardian(s) acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the Hospital in determine whether the patient is eligible for financial assistance.

Patient Account Number(s):			Guarantor Number:		
<b>PATIENT INFORMATION</b>					
Last Name	First	M.I.	Date of Birth	Social Security Number	Family Size
Street	City	State	Zip Code	Home Phone	
Employer	Address				Cell Phone
City	State	Zip Code	Monthly Income	Work Phone	
<b>GUARANTOR INFORMATION (PARENT/GUARDIAN)</b>			Relationship to Patient <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Last Name	First	M.I.	Age	Social Security Number (optional)	
Street	City	State	Zip Code	Home Phone	
Employer	Address				Cell Phone
City	State	Zip Code	Monthly Income	Work Phone	
<b>GUARANTOR INFORMATION (PARENT/GUARDIAN)</b>			Relationship to Patient <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Last Name	First	M.I.	Age	Social Security Number (optional)	
Street	City	State	Zip Code	Home Phone	
Employer	Address				Cell Phone
City	State	Zip Code	Monthly Income	Work Phone	

### FINANCIAL ASSISTANCE APPLICATION

<b>PATIENT/FAMILY E-MAIL CONTACT INFORMATION</b>		
<b>PRESUMPTIVE ELIGIBILITY PROGRAM</b>		
You may qualify for financial assistance if you are currently enrolled in one of the specific assistance programs listed below. Please review the programs and indicate if you are currently enrolled in the program. (Proof of current enrollment in the program must be supplied but no other documentation will be necessary, and the Monthly Income information requested above is not required.)		
	<input checked="" type="checkbox"/>	Please indicate in the column to the left if you are currently enrolled in any of the following programs.
	<input type="checkbox"/>	Women, Infants and Children Nutrition Program (WIC)
	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
	<input type="checkbox"/>	Illinois Free Lunch and Breakfast Programs
	<input type="checkbox"/>	Low Income Home Energy Assistance Program (ILHEAP)
	<input type="checkbox"/>	Community Based program providing access to medical care
	<input type="checkbox"/>	Specify Name:
	<input type="checkbox"/>	Grant Assistance for medical services
	<input type="checkbox"/>	Specify Name:
	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
	<input type="checkbox"/>	IHDA's Rental Housing Support Program
If you do not qualify for the programs listed above, please provide the following information for each applicable family members		
<ol style="list-style-type: none"> <li>1) a copy of the most recent tax return (1040)</li> <li>2) a copy of the last three pay stubs for all employed family members</li> <li>3) if applicable, copy of Social Security Award</li> <li>4) if applicable, copy of Unemployment Statement</li> <li>5) other income (child support, alimony, letter from employer if paid in cash)</li> </ol>		
<p>Note: Although typically the Hospital is able to determine eligibility utilizing the documents detailed above. Further clarification may be requested to assist in the qualification process, including the following items: Checking and Savings account information; Stocks; Certificates of Deposit; Mutual Funds; Real property; and Health savings/Flexible spending account information.</p>		

Applicant Certification: I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital and I authorized the hospital to contact third parties if necessary to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



APPENDIX C  
Calculation of Amounts Generally Billed

Charges on Accounts that went to Zero between 1/1/2015 and 12/31/2015 (less Financial Assistance and Settlement adjustments)	Payments made on Accounts that went to Zero between 1/1/2015 and 12/31/2015	Amounts Generally Billed Percentage
\$720,498,748.35	(\$336,018,092.14)	46.64%
Calculated Discount		53.36%

Certain outpatient claims are excluded from the calculation of AGB because the contracted rate is determined retroactively. Exclusion of such amounts has been determined to result in a more favorable AGB rate for families.



APPENDIX D  
Provider List

<u>Provider Name</u>	Subject to Financial Assistance Policy (Y/N)
Pediatric Faculty Foundation, Inc.	Y
Lurie Children's Medical Group, LLC	Y
Lurie Children's Primary Care, LLC	Y
Children's Surgical Foundation, Inc.	Y
Pediatric Anesthesia Associates	Y
Arbor Centers for Eyecare (Homewood, IL)	N
Associated Allergists, Ltd. (Highland Park, IL)	N
Associated Dental Specialists of Long Grove (Long Grove, IL)	N
Associated Pediatricians, LLC (Valparaiso, IN)	N
Samer Attar, MD	N
Brickyard Medical Center (Chicago, IL)	N
Bright Smiles Pediatric Dentistry (Chicago, IL)	N
Brush Pediatric Dentistry (Hinsdale, IL)	N
Brushin' On Belmont (Chicago, IL)	N
Frederick M. Cahan, MD, LLC (Chicago, IL/Northbrook, IL)	N
Chicago Family Asthma & Allergy, SC (Chicago, IL)	N
Chicago Lake Shore Medical Associates (Chicago, IL)	N
Chicago Pediatric Clinic (Chicago, IL)	N
Child Psychiatric Services, Ltd. (Northfield, IL)	N
Children's Asthma & Respiratory Exercise Specialists (Glenview, IL)	N
Children's Dentistry Group (Lake Zurich, IL)	N
Children's Dentistry of Bucktown (Chicago, IL)	N
Children's Gastroenterology Specialists (Glenview, IL)	N
Children's Healthcare Associates (Chicago, IL)	N
Dentistry for Children (Chicago, IL)	N
DuPage Medical Group (Elmhurst, IL)	N
DuPage Pediatrics, Ltd. (Darien, IL)	N
Alexander Dzakovic, MD	N
Elm Street Pediatrics, Pediatrtrust (Winnetka, IL)	N
Erie Family Health Center (Chicago, IL)	N
Evanston Pediatrics (Evanston, IL)	N
Frederick M. Cahan MD, LLC (Chicago, IL/Northbrook, IL)	N
Sheri S. Fisher, MD	N



Glenbrook Pediatrics (Glenview, IL)	N
Growing Smiles (Chicago, IL)	N
Prasad V. Gourineni, MD	N
Highland Park Pediatrics – Pediatrtrust (Highland Park, IL)	N
Kids Health Partners, LLC (Skokie, IL)	N
Kidz Health (Chicago, IL)	N
Lisa J. Korman, MD	N
Lake Forest Pediatrics Association, Ltd. (Lake Bluff, IL)	N
Lake Shore Pediatrics (Libertyville, IL)	N
Lakeview Pediatrics (Chicago, IL)	N
Genna Suzanne Lipkin, MD	N
M&M Orthopaedics, Ltd. (Naperville, IL)	N
Medical Dermatology Associates (Chicago, IL)	N
Midwest Children’s Heart Specialists (Hoffman Estates, IL)	N
Cynthia J. Mears, DO	N
Susannah J. More, PhD	N
North Arlington Pediatrics (Arlington Heights, IL)	N
North Park Pediatrics (Chicago, IL)	N
North Shore Dentistry for Children (Evanston, IL)	N
NorthShore Glaucoma Center (Libertyville, IL)	N
NorthShore Otolaryngology (Northbrook, IL)	N
North Suburban Pediatrics (Evanston, IL)	N
Northside Suburban Pediatric Association (Chicago, IL)	N
Northwestern Children’s Practice (Chicago, IL)	N
Northwestern Medical Group	N
Northwestern Medical Faculty Foundation, Inc.	N
Northwestern Oral and Maxillofacial Surgeons (Chicago, IL)	N
Northwestern Orthopaedics Institute (Chicago, IL)	N
Oak Park Eye Center (Elmwood Park, IL)	N
Oscar A. Novick, MD, PC (Park Ridge, IL)	N
Pediatric Associates of the North Shore (Wilmette, IL)	N
Pediatric Dental Health Associates (Chicago, IL)	N
Pediatric Kidney Specialists (Highland Park, IL)	N
Pediatric Partners, SC (Highland Park, IL)	N
Pediatric Urology (Chicago, IL)	N
Physicians Laser & Dermatology (Chicago, IL)	N
Pine Dental Care (Chicago, IL)	N
Premier Eye Care & Surgery (Buffalo Grove, IL)	N
Premium Care Pediatrics (Glencoe, IL)	N
Rehabilitation Institute of Chicago	N
Rockford Orthopedics Associates	N
Rockford Pediatric Pulmonology	N
Seton Family Center	N



Streeterville Pediatrics (Chicago, IL)	N
Suburban Associates in Ophthalmology (Arlington Heights, IL)	N
Suburban Ear, Nose & Throat (Niles, IL)	N
Suburban Ear, Nose & Throat (Chicago, IL)	N
Swedish Covenant Medical Group (Chicago, IL)	N
The Traismans, Benuck, Merens and Kimball (Evanston, IL)	N
Thomas Weigel, MD & Guy Randolph, MD Cardiology (Chicago, IL)	N
Frank A. Vicari, MD	N
Weissbluth Pediatrics (Chicago, IL)	N
Wheaton Pediatrics (Wheaton, IL)	N
Woodlake Family Dental (Naperville, IL)	N
<b>Classic Home Care Services Inc.</b>	<b>N</b>
<b>Medical Express Ambulance Service</b>	<b>N</b>
<b>Air Methods Corporation/University of Chicago Medical Center</b>	<b>N</b>
<b>Aerocare</b>	<b>N</b>
<b>LifeTech DME</b>	<b>N</b>
<b>Medtronic</b>	<b>N</b>
<b>Biotronic Midwest LLC</b>	<b>N</b>
<b>HeartCare</b>	<b>N</b>
<b>Mednet Healthcare Technologies, Inc.</b>	<b>N</b>
<b>Cochlear America</b>	<b>N</b>
<b>Advanced Bionics</b>	<b>N</b>
<b>Medel</b>	<b>N</b>