

The University of Chicago Medical Center
Policy and Procedure Manual

Patient Financial Assistance, Discounts, and Collections Policy

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PURPOSE:

The University of Chicago Medical Center ("UCMC") is a not-for-profit, tax-exempt hospital with a charitable mission of providing care to patients, including those who are economically disadvantaged. Consistent with this commitment, UCMC has developed this Financial Assistance Policy (the "Policy") to identify and assist those patients who do not have the means to pay for emergency and medically necessary care provided by UCMC.

POLICY:

A UCMC patient will be eligible for financial assistance pursuant to this Policy for emergency treatment and for emergency and other medically necessary care if the patient: (1)(i) has limited or no health insurance; and (ii) applies for but is deemed ineligible for governmental assistance (for example, Medicare or Medicaid); and (iii) meets his or her responsibilities set forth in this Policy, including cooperating with UCMC in providing the requested information; and (iv) demonstrates "financial need"; *or* (2) UCMC, in accordance with this Policy, makes an administrative determination that financial assistance is appropriate.

This Policy applies to emergency and other medically necessary care provided by UCMC and its medical staff to in-patients and outpatients at UCMC at the Center for Care and Discovery ("CCD"), Mitchell Hospital, and Comer Hospital, at the Duchossois Center for Advanced Medicine ("DCAM"), at the South Shore Senior Center, and at the infusion clinic at the UCMC Comprehensive Cancer Center on the Silver Cross Hospital campus ("UCMC Comprehensive Cancer Center"). The physician services are provided by UCMC's affiliate, University of Chicago through the University of Chicago Physician's Group, or by another UCMC affiliate, UCMC Community Physicians LLC; no other providers provide emergency or other medically necessary care at UCMC at the CCD, Mitchell Hospital, and Comer Hospital, the DCAM, South Shore Senior Center, or UCMC Comprehensive Cancer Center. This Policy does not apply to patients who come to UCMC through the Center for International Patients.

University of Chicago Physician's Group ("UCPG") bills for physician services for patients receiving care at UCMC as well as for the UCMC Community Physicians. UCPG, by its own policy, provides the same discounts as those contained in this Financial Assistance Policy. Where possible, information relating to eligibility for

financial assistance will be jointly shared between UCMC and UCPG to avoid requiring the patient to complete two different applications for financial assistance.

A patient may seek a written estimate of the costs of health care services, which, upon patient request, will include the estimated amount that the patient's insurance will cover, leaving an estimated Patient Balance Due. Because this is an estimate, UCMC cannot guarantee that the actual Patient Balance Due will be the same as the estimate, and UCMC will properly notify patients of the nature of the estimate.

DEFINITIONS:

"Family Income" means the sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Examples of Family Income include salaries, legal judgments, unemployment compensation, and investment income.

"Health Care Services" means any emergency or other medically necessary inpatient or outpatient hospital care provided at UCMC at the CCD, Mitchell Hospital, and Comer Hospital, the DCAM, the South Shore Senior Center, and UCMC Comprehensive Cancer Center for a particular encounter/admission, including pharmaceuticals or supplies provided by UCMC to a patient during that encounter/admission.

"Indigent Patient" means a patient of UCMC who does not comply with one or more of the Patient Responsibilities set forth below but who UCMC determines through other reliable means to be in need of financial assistance.

"Medically Necessary" means any inpatient or outpatient hospital service, including physician charges, pharmaceuticals or supplies provided by UCMC to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient seeking financial assistance. For example, a "medically necessary" service does not include any of the following:

- (i) Non-medical services such as social and vocational services.
- (ii) Elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.

"Patient Balance Due" means the amount that a patient owes UCMC after all payers have met their payment obligations. For patients with insurance, the Patient Balance Due is the result after the application of the insurer's negotiated discount and the insurer's payments. This includes government payers. For patients with other payment arrangements, the Patient Balance Due is the result after payment has been made.

"Plain Language Summary" means a written document that will notify an individual that UCMC offers financial assistance under this Policy that complies with Internal Revenue Service regulations.

"Underinsured Patient" means a patient of UCMC who is covered under a policy of health insurance (including a government payer such as Medicare or Medicaid) but (a) the amount or type of benefit coverage does not cover the charges for the care provided,

or (b) the insurer does not have a contract with UCMC, or (c) the insurance policy limits have been exceeded.

"Uninsured Patient" means a patient of UCMC who 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 but not limited to high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability insurance.

PROCEDURE:

I. Charity Care/Financial Assistance

1. Communicating with Patients and Widely Distributing Information.

A. UCMC staff and personnel shall refer patients seeking financial assistance to a financial counselor so that a determination of financial assistance eligibility may be made.

B. UCMC will make this Policy, the financial assistance application, and the Plain Language Summary widely available by conspicuously posting them on the uchospitals.edu Web site in a format that will allow individuals to access, download, view and print a hard copy of the documents (i) without requiring special computer hardware or software, (ii) without charge, and (iii) without the need to create an account or provide any information. UCMC will provide individuals who ask how to access a copy of this Policy, the financial assistance application, and the Plain Language Summary online with the direct Web site address, or URL, of the Web page where the documents are posted. In addition, UCMC will make paper copies of this Policy, financial assistance application, and Plain Language Summary available upon request and without charge, both by mail and in public locations listed on Attachment Two; will notify and inform members of the community served by UCMC about this Policy in a manner reasonably calculated to reach those members who are most likely to require financial assistance from UCMC. In addition to providing this Policy, UCMC will notify and inform individuals who receive care from UCMC about this Policy by (1) offering a paper copy of the Plain Language Summary to patients as part of the intake or discharge process; (2) including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this Policy including the telephone number of UCMC Patient Financial Services Department, which can provide information about this Policy and the financial assistance application process, as well as the direct Web site address (or URL) where copies of this Policy, the financial assistance application, and the Plain Language Summary may be obtained; and (3) setting up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this Policy in public locations in the UCMC Mitchell and Comer emergency rooms, the Mitchell, CCD, and Comer admissions areas, each DCAM clinic, the admissions area of the UCMC Comprehensive Cancer Center at Silver Cross, and the admissions area of South Shore Senior Center.

C. This Policy, the financial assistance application, and the Plain Language Summary will be available in Spanish, which has been determined by UCMC to comply with the federal law that governs the publication of this information. UCMC may also make available translation services necessary to complete the financial assistance application.

D. The contact information and location to obtain a financial assistance application and the Plain Language Summary are identified on Attachment Two.

2. Eligibility Criteria and UCMC Review and Notification.

A. There are three ways a patient may be deemed to have financial need eligible for financial assistance: (i) by a determination that the patient's Family Income is below certain federal poverty guidelines (“Income Based Discount”); (ii) by a determination that the patient's emergency or other medically necessary care expenses exceed a certain percentage of the patient's annual Family Income (“Medical Indigency Discount”); or (iii) if UCMC learns of certain patient circumstances that by their nature indicate the patient is indigent (“Presumptive Eligibility”). The financial assistance eligibility criteria, which are attached to this Policy, are reviewed by the Finance Department each year.

Special Circumstances: UCMC understands that special circumstances may exist in a patient’s life that create financial hardship or other financial challenges for a patient to pay for the portion of emergency or other medically necessary care remaining after the application of the 80% Income Based Discount or a Medical Indigency Discount. UCMC’s application form includes a request for information about the patient’s assets, liabilities, and expenses. UCMC will consider these assets, liabilities, and expenses, and will identify whether special circumstances exist that would justify the provision of a higher discount to a patient than the patient is otherwise entitled to receive.

B. To be considered for the Income Based Discount or the Medical Indigency Discount, a patient must complete and submit an application form together with the documentation listed on the form. UCMC will use the information it receives from the patient for the Income Based Discount and the Medical Indigency Discount to promptly and reasonably determine if the patient qualifies for the discount. UCMC will use the information it receives from other sources listed in Section 9 to promptly and reasonably determine if the patient qualifies for the Presumptive Eligibility Discount. UCMC will respond to the patient’s application in writing within 30 days of the date the patient submits a completed application. If the patient (or other individual responsible for paying the patient’s bills (the “Patient Guarantor”)) has paid more than the balance due after UCMC’s application of the Income Based Discount and the Medical Indigency Discount, UCMC will refund the individual for the amount paid that exceeds the amount due after application of the discount unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).

C. If UCMC determines an individual is entitled to financial assistance, the following will apply:

(1) If the patient is determined to be eligible for the 80% discount, then UCMC will provide the individual with a response letter and billing statement that states the amount the individual owes for the care, how that amount was determined, and that either states or describes how the individual can get information regarding the AGB (defined below) for the care.

(2) UCMC will refund to the individual any amount he or she has paid for the care that exceeds the amount due after applying the discount, unless such excess amount is less than \$5.

(3) If the patient has been sent to a collection agency, then UCMC will notify the collection agency of the discount, require the collection agency to lower the Patient Balance Due, and if no Patient Balance Due remains, will remove the patient from the collection agency.

3. Basis for Calculating Amounts Charged to Patients.

The basis for all UCMC charges to patients and insurers is its charge master rates (“Gross Charges”). Charges are further limited by the limitation on charges rules to the extent required by Section 12 of this Policy.

- If a patient has no insurance or other source of coverage, then the patient’s Gross Charges is the “Patient Balance Due,” which is subject to the discount to which the financial assistance eligible patient qualifies.
- If a patient has insurance or another source of coverage, then the Gross Charges are submitted to any payers identified by the patient. Payers include private payers (e.g., health insurance companies, workers’ compensation insurers, liability insurers), government payers (e.g., Medicare, Medicaid), and any other third party who is legally obligated to pay for the patient’s Health Care Services. The discounts below apply to the amount that remains after all payers have paid and any negotiated third party discounts are applied (this amount is referred to as the “Patient Balance Due”). For example, assume a patient has private insurance that includes a 40% co-pay. The patient received medically necessary care resulting in Gross Charges of \$100,000. The insurer has a negotiated rate with UCMC that reduces the Gross Charges to \$60,000, and then pays its 60%, which is \$36,000. This leaves a Patient Balance Due of \$24,000 for the patient. This balance could have resulted from a deductible, coinsurance, or co-pay. In this example, assume the patient receives a 80% Income Based Discount. The patient is responsible for 20% of the Patient Balance Due, or \$4,800, potentially further reduced by the limitations on charges described in Section 12 of this Policy.

4. Income Based Discount.

A. For each patient who applies for financial assistance and who has Family Income of not more than 600% of the federal poverty income guidelines, UCMC will provide an Income Based Discount off of that patient's Patient Balance Due for all emergency and

other medically necessary care in any one inpatient admission or outpatient encounter. For patients whose Family Income is 200% of the federal poverty income guidelines or less, the discount will be 100% of the total Patient Balance Due for all emergency and other medically necessary care; for patients whose Family Income is 201% to 600%, this discount will be 80% of the total Patient Balance Due for all emergency and other medical necessary care. The Income Based Discounts, which are attached to this Policy as Attachment One, are reviewed by the Finance Department each year.

B. Once approved for Financial Assistance, the Income Based Discount will be applied (a) to all of the patient's prior outstanding Patient Balance Due amounts for emergency and other medically necessary care regardless of when charges were incurred (even before the patient submitted the application), and (b) to all Patient Balance Due amounts for emergency and other medically necessary services provided for one year from the date the financial assistance is approved ("Future Bills").

However, if the patient updates his or her information and based upon the revised information the patient no longer qualifies for this Income Based Discount, then the patient's eligibility for the discount will end and the Future Bills will not be discounted.

A patient who receives the Income Based Discount may re-apply at any time to extend the discount longer than one year. A patient who receives a 80% discount may re-apply or submit additional information at any time to seek a higher discount.

5. Medical Indigency Discount.

A patient is not required to pay more than 20% of his/her Family Income for all emergency and other medically necessary care provided by UCMC in a 12-month period. The Medical Indigency Discount applies to any patient whose Patient Balance Due for emergency and other medically necessary services exceeds 20% of his/her Adjusted Gross Income in the year that the patient received care.

A patient who notifies UCMC that this Patient Balance Due exceeds 20% of his/her Adjusted Gross Income must complete the financial assistance application. If the application demonstrates that the total outstanding Patient Balance Due for all emergency and other medically necessary care exceeds 20% of the patient's Adjusted Gross Income, then the amount that exceeds the 20% will be discounted to zero. The Medical Indigency Discount applies for all emergency and other medically necessary services starting with the first episode of services for which the patient seeks the discount. The discount continues for one year after the start date. For UCMC to determine the 12 month maximum amount that can be collected from a patient deemed eligible under this Section 5, the patient must inform UCMC in subsequent inpatient admissions or outpatient encounters that the patient has previously been determined to be entitled to the Medical Indigency Discount. See Attachment One for an example of the Medical Indigency Discount.

In determining the balance of the patient's account to be discounted under the Medical Indigency Discount, the balances due for both UCMC and UCPG for the episode of care will be combined to determine if the 20% threshold has been met. Any amounts discounted will be pro-rated between UCPG and UCMC based upon the ratio of the total patient due balance for each party to the combined patient due balance from both parties. For example, assume a patient's Patient Balance Due for UCPG is \$10,000 and for UCMC is \$90,000, for a total of \$100,000. UCPG represents 10% of the total balance, and UCMC represents 90% of the total balance. Assume that the patient's Adjusted Gross Income is \$60,000. The discount will be the amount that exceeds 20% of \$60,000, or \$12,000. The total balance, \$100,000, is reduced by \$12,000 for a total of \$88,000, of which 10% is applied to UCPG and 90% is applied to UCMC. Therefore, of that discount, \$8,800 will be applied to the UCPG balance leaving a Patient Balance Due of \$1,200 to UCPG, and \$79,200 will be applied to the UCMC balance leaving a Patient Balance Due of \$10,080 to UCMC. The patient will receive bills from each of UCMC and UCPG showing the remaining amount the patient owes each, as applicable.

6. Applicability of Different Discounts.

A. No patient may qualify for both the Income Based Discount and the Medical Indigency Discount. Rather, UCMC will provide to the qualifying patient the better of the two discounts applied to the patient's emergency and other medically necessary care.

B. If a patient qualifies for any other assistance approved by the Finance Department and the patient qualifies for the Income Based Discount or Medical Indigency Discount, the patient will receive the better of the two discount amounts, and the discount will be considered financial assistance under this Policy.

7. Patient Responsibilities and UCMC Review of the Application.

A. Patients have an obligation to complete and submit to UCMC Patient Financial Services the financial assistance application and the documentation listed on the application so that UCMC can make a determination of a patient's eligibility for financial assistance. If a patient claims he/she has no means to pay but fails to provide complete and accurate information reasonably requested by UCMC, then unless UCMC makes a Presumptive Eligibility determination, there will be no financial assistance extended and normal billing and collection efforts will be pursued.

B. Any patient seeking assistance under this Policy must first apply for coverage under public programs, such as Medicare, Medicaid, AllKids, the State Children's Health Insurance Program, or any other program, if UCMC has a reasonable basis to believe that the Uninsured Patient may be eligible for such program.

C. While UCMC encourages patients to apply for financial assistance as early as possible, a patient may request consideration at any time after he/she has accrued an outstanding balance; UCMC will evaluate a patient's eligibility under this Policy up to and including consideration during the collections phase. In the event a patient does not

initially qualify for any financial assistance, the patient may re-apply by showing of change in circumstances or providing additional documentation.

D. A patient requesting financial assistance under this Policy must complete the financial assistance application, and drop off or mail the completed application and the following documentation and information to the Patient Financial Services Department at the address provided on the application:

(1) Provide documentation of Family Income. Acceptable Family Income documentation will include any one or more of the following:

- a copy of the most recent tax return;
- a copy of the most recent W-2 forms and 1099 forms;
- copies of the 2 most recent pay stubs; or
- written income verification from an employer if paid in cash.

If a patient is not able to provide any of the documents listed here, UCMC will work with the patient to determine if there is an acceptable other means of documenting Family Income.

(2) Certify the existence of assets owned by the patient and provide documentation of the value of such assets. If no third party verification exists, then the patient shall certify as to the estimated value of the asset.

E. If a patient submits an incomplete application, UCMC will explain to the patient the items missing and how to complete the application, and will provide the patient 30 days to complete the application.

F. UCMC may not deny financial assistance under this Policy based on the applicant's failure to provide information or documentation that is not listed in this Policy or the financial assistance application. UCMC will refrain from basing its determination that an individual is not entitled to financial assistance on (a) information that it reasonably believes is unreliable or incorrect, or (b) a waiver signed by the individual (e.g., a statement that the individual does not wish to apply for financial assistance or receive information is UCMC is required to provide under this Policy). UCMC will not use duress or coercive practices to obtain information from an individual, including delaying or denying emergency medical care until the individual provides information requested to determine whether he/she is eligible for financial assistance.

G. If a patient's financial circumstances change significantly while receiving assistance under this Policy, the patient is required to notify UCMC of such change in circumstances.

8. Uncooperative Patients.

A. UCMC's obligations toward an individual patient under this Policy shall cease if that patient unreasonably fails or refuses to provide UCMC with this information or

documentation, provides UCMC with false information or documentation, or fails to apply for coverage under public programs when requested hereunder within 30 days of UCMC's request to so apply.

B. UCMC may follow the Presumptive Eligibility process in Section 9 for a patient who does not comply with one or more of the patient responsibilities.

9. Presumptive Eligibility for Financial Assistance.

If a patient does not complete a financial assistance application nor provide all documents required, the patient may be eligible for a Presumptive Eligibility Discount of 100% of the total Patient Balance Due. UCMC has developed and implemented presumptive eligibility criteria by which a patient's financial need is determined based upon information other than the financial assistance application (an "Indigent Patient"). The information listed below will be obtained by UCMC through sources other than a patient's submission of a completed financial assistance application, including, for example, information in the medical record, patient registration record, or the billing account record, and third party screening services.

A. If UCMC learns any one or more of the following about the patient, then the Indigent Patient will receive a 100% discount of the total Patient Balance Due that exists as of the time of the determination. The Presumptive Eligibility Discount will apply to all emergency and other medically necessary care provided for one year from the date of the determination. UCMC will use the contact information it has for the patient to send a notification of the Presumptive Eligibility Discount.

- 1) Homelessness;
- 2) Deceased with no estate;
- 3) Mental incapacitation with no one to act on patient's behalf;
- 4) Medicaid eligibility, but not on date of service or for non-covered service;
- 5) Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
 - A) Women, Infants and Children Nutrition Program (WIC);
 - B) Supplemental Nutrition Assistance Program (SNAP);
 - C) Illinois Free Lunch and Breakfast Program;
 - D) Low Income Home Energy Assistance Program (LIHEAP);

- E) Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
- F) Receipt of grant assistance for medical services.

10. List of Providers Covered and Not Covered by This Policy.

This Policy applies to emergency and other medically necessary care provided by UCMC and its medical staff to UCMC in-patients and UCMC outpatients at UCMC at the CCD, Mitchell Hospital, and Comer Hospital, the DCAM, South Shore Senior Center, and at the UCMC Comprehensive Cancer Center. The physician services are provided by UCMC's affiliate, University of Chicago through the University of Chicago Physician's Group, or by another UCMC affiliate, UCMC Community Physicians LLC.

This Policy does not apply to services that fall outside the definition of emergency and other medically necessary care, to services provided to non-patients, such as the DCAM public pharmacy or MedLabs clients, to physician services provided at non-UCMC hospitals, for example LaRabida, Mercy or Weiss hospitals, or to non-hospital clinic services, such as BSD offsite clinics.

11. Amounts Generally Billed and Limitation on Charges.

Patients eligible for financial assistance under this Policy will not be charged more than the Amount Generally Billed, or "AGB." AGB is intended to represent the average amount generally paid by health insurers for services provided by UCMC. To determine AGB, UCMC calculates a percentage that is applied to the Gross Charges for a patient's care. An explanation of the calculation of the Amount Generally Billed is on Attachment One, which will be updated annually. No patient who is eligible for financial assistance under this Policy will be billed or required to pay more than the Amount Generally Billed. Under no circumstances will UCMC charge patients who are eligible for financial assistance more than the Gross Charges for the care.

UCMC only issues to patients who are eligible for financial assistance bills with charges that are more than AGB for emergency or other medically necessary care (or gross charges for any medical care covered under this Policy) under the following circumstances:

- (1) The charge in excess of AGB was not made or requested as a pre-condition of providing medically necessary care to an individual who was entitled to financial assistance; and
- (2) As of the time of the charge, the individual has not submitted a complete financial assistance application to obtain financial assistance for the care or has not otherwise been determined to be eligible for financial assistance for the care.

If the individual subsequently submits a complete financial assistance application and is determined to be eligible for financial assistance for the care, UCMC will refund any amount the Patient Guarantor has paid for the care that exceeds the Patient Balance Due after the application of the discount unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).

The limitation of the amount billed to AGB (where applicable) is separate from the discounts applied under this Policy. Discounts are applied to the Patient Balance Due, and a patient who is eligible for financial assistance will be billed for emergency and other medically necessary services at the lesser of the AGB or the discounted Patient Balance Due under this Policy.

12. Billing Statements.

Once it is determined that a patient is eligible for financial assistance, UCMC will issue a new bill that reflects the application of the discount and the new balance due, if any.

II. Collection Practices

1. Extraordinary Collection Activities.

UCMC does not engage in extraordinary collection activities (“ECAs”). To the extent UCMC sends a patient to a collection agency, it does so in a manner that does not constitute an ECA.

2. Use of Collection Agencies.

UCMC will bill and, if necessary, pursue collection activities against the patient. The practices below will apply to the patient.

- A. UCMC will issue four bills to the patient, at least 30 days apart. Once 35 days have passed after the fourth bill (for a total of at least 125 days), UCMC may submit a patient’s outstanding bill(s) to a collection agency that UCMC has under contract unless the patient has established a payment plan. Patients who are current on UCMC approved payment plans will not be sent to a collection agency. All collection agencies will be required to follow this Policy.
- B. If a patient is receiving financial assistance for one account, the patient may seek financial assistance for other accounts not already subject to this Policy. If a patient’s discounted Patient Balance Due is placed with a collection agency as permitted by this Policy, UCMC will coordinate with the agency to inform it of the discount.
- C. While the financial assistance application is pending review, UCMC will not send the patient’s Patient Balance Due to a collection agency.

III. Governance Procedures

1. Financial Assistance Review.

The Vice President of Finance or his/her designee(s) will review the financial assistance program on a regular basis, but at least annually.

IV. Alternative Discount

UCMC offers the following discount to patients who have not applied for financial assistance or have not been determined to be eligible for the Presumptive Eligibility Discount. This discount does not constitute Financial Assistance/ Charity Care under this Policy.

Any patient who pays for his or her medical services without the use of insurance (called "Self Pay") will receive a 25% discount on all charges incurred. This is not a substitute for financial assistance; the intent is to offer a discount to patients who would not qualify for financial assistance and who do not have insurance or chose not to use insurance.

An (a) Underinsured Patient who has received care that was not covered by the patient's insurance or (b) Uninsured Patient will receive a 25% discount if the patient cannot demonstrate he/she qualifies for financial assistance, unless an exception below applies. This 25% discount will be posted at point of billing. This discount does not apply to special "package priced" services (e.g. cosmetic packages). If an Uninsured Patient requests and is approved for public aid, the 25% uninsured discount will not apply and will be reversed. If the Uninsured Patient or Underinsured Patient requests and is approved for a financial assistance discount under Section I of this Policy, this discount described in Section IV of this Policy will not apply and the financial assistance discount in Section I will apply.

For more information, please contact Patient Financial Services.

In addition, UCMC sponsors free health care programs for members of its community as well as the global community, and may determine that the charges for those individuals will be foregone. The community may be based on geography (e.g., the South Side community), class of individuals (high school students in underserved school districts), medical condition (the retinopathy program), public health needs (H1N1 vaccinations), or any other category established by UCMC leadership. These services do not constitute Financial Assistance/ Charity Care under this Policy.

INTERPRETATION, IMPLEMENTATION, AND REVISION:

The Finance Department with the advice of the Office of Legal Affairs shall be responsible for the interpretation of this Policy. The Finance Department shall be responsible for the implementation of this Policy. The UCMC Board of Director's

Government and Community Affairs Subcommittee has the authority to revise this Policy.

CROSS REFERENCE:

Policy A04-05 Emergency Care of Ill or Injured Persons

Policy PC 08 Emergency Medical Screening

Policy A02-12 Patient Access Management Policy

REFERENCES:

26 U.S.C. Section 501(r) and implementing regulations found at 26 C.F.R. Section 1.501(r)

The Fair Patient Billing Act, 210 ILCS 88 et. seq. and implementing regulations at 77 Ill. Admin, Code Section 4500 et. seq.

Hospital Uninsured Patient Discount Act, 210 ILCS Section 89 et. seq.

Sharon O'Keefe President

Attachment One

Physician Services

Physician services are provided at UCMC by the UCMC medical staff, which is comprised of employees of University of Chicago and other faculty appointments, all of whom fall under the University of Chicago Physicians Group and UCMC Community Physicians LLC.

Income Based Discount Eligibility Criteria and Discount Updated with the 2016 HHS Limits

Beginning 1-25-2016, the patient is eligible for the following discount if he/she submits a complete financial assistance application.

	Family Unit Size:	1	2	3	4	5	6	7	8 or more
	Poverty Guidelines	\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890
<i>First Discount: 0 to 200% of poverty guidelines or less</i>	If a patient's Family Income is this amount or less, the patient will receive a discount of 100% of his/her Patient Balance Due	\$23,760	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$73,460	\$81,780
<i>Second Discount: Over 200% and under 600% of poverty guidelines</i>	If a patient's Family Income is this amount or less, the patient will receive a discount of 80% of his/her Patient Balance Due	Between \$23,760 and \$71,280	Between \$32,040 and \$96,120	Between \$40,320 and \$145,800	Between \$48,600 and \$145,800	Between \$56,880 and \$170,640	Between \$65,160 and \$195,480	Between \$73,460 and \$220,380	Between \$81,780 and \$245,340

*For families/households with more than 8 persons, add \$4,160 for each additional person.

*Please note: The above information on the 2016 HHS Poverty Guidelines refers to the 48 contiguous states and the District of Columbia. Alaska and Hawaii have separate calculations.

Medical Indigency Discount Examples

The Medical Indigency Discount explained in this Policy applies to patients whose Patient Balance Due amounts exceed 20% of their Family Income in the year that the patient received the care.

Example: A patient starts a course of treatment on July 15, 2015. Over the year, the patient's Gross Charges total \$250,000. The patient's insurer has a negotiated agreement with UCMC; under the agreement, UCMC reduces the \$250,000 to \$150,000. The patient's insurer pays 60% of the reduced amount of \$150,000, leaving a Patient Balance Due of 40% of \$150,000, or \$60,000. The patient applies for financial assistance on October 29, 2015.

The patient received bills showing the following Patient Balance Due:

Bill dated September 1, 2015 reflecting care provided in July of 2015 with a Patient Balance Due of \$10,000,

Bill dated October 1, 2015 reflecting care provided in August of 2015 with a Patient Balance Due of \$30,000, and

Bill dated November 1, 2015 reflecting care provided in September of 2015 with a Patient Balance Due of \$20,000.

The patient's adjusted gross income is \$75,000. Twenty percent (20%) of the adjusted gross income of \$75,000 is \$15,000. The patient's financial assistance application is reviewed and the patient is determined to be eligible for the Medical Indigency Discount on November 13, 2015. The Medical Indigency Discount twelve month period starts on July 15, 2015 (the first date of service) and applies through July 14, 2016; all Patient Due Balances over \$15,000 for this patient for services provided through July 14, 2016 will be discounted to zero. In this example, the patient will be responsible for the September 1, 2015 Patient Balance Due and \$5,000 of the October 1, 2015 Patient Balance Due (for a total of \$15,000). The remaining \$25,000 of the October 1, 2015 Patient Balance Due and the \$20,000 November 1, 2015 Patient Balance Due will be reduced to zero.

Amounts Generally Billed

The Amounts Generally Billed is calculated using one year of information ending March 31 of each year, and the AGB calculated will go into effect on July 1 that same year. The Look Back Method is used to determine AGB. Patients or members of the public may obtain this summary document at no charge by contacting the hospital billing office. Amounts Generally Billed is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

$$\text{AGB \%} = (\text{Sum of Claims Allowed Amount}) / (\text{Sum of Gross Charges for those claims})$$

The Allowed Amount is the total charges less contractual adjustments. Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

- Includes Medicare fee for service and Commercial payers
- Excludes Payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, motor vehicle and liability, and worker's compensation.

For the period beginning July 1, 2016, and ending June 30, 2017, the AGB percentage is 29.3%.

Attachment Two

Contact Information to Obtain the UCMC Financial Assistance Policy, a Financial Assistance Application, the Plain Language Summary, and Available Translations and to Apply for Financial Assistance

There are 4 Ways to Get the UCMC Financial Assistance Policy, a Financial Assistance Application, the Plain Language Summary, and Spanish Translations:

1. Patients can go to the Website: www.uchospitals.edu

At the Website click the words "Financial Assistance" at the bottom left side.

Or go to: <http://www.uchospitals.edu/billing/financial-assistance.html>

2. Patients can go to

Insert room numbers

Mitchell Hospital Building, emergency room and admitting office room# TS 200

Center for Care and Discovery (CCD) Building, admitting office room# 7584

Comer Children's Hospital Building, emergency room and admitting office room # K 180

DCAM Building, room #1A

3. Patients can call and ask for an application and it will be mailed at no charge:

- Call the admitting Office at (773) 702-6233.
- Call The University of Chicago Medicine at (773) 702-6664
- Call The University of Chicago Physician Group at (773) 702-1150
- Call The Office of Social Work and Spiritual Care (773) 702-1807
- Call 2-6233 from the phone in a patient room.

4. Write to one of these places and an application will be mailed at no charge:

The University of Chicago Medicine
8201 S Cass Ave. Darien, Illinois 60561

The University of Chicago Physician Group
P.O. Box 75307 Chicago, Illinois 60675-5307

To apply for financial assistance, complete the application and mail it to or drop it off at:

The University of Chicago Medicine
Patient Financial Services Department
8201 S Cass Ave. Darien, Illinois 60561

Also, for more information or help with the application process, patients can call Patient Financial Services at (773) 702-5276 or can send a letter to:

University of Chicago Medicine
Patient Financial Services Department
8201 South Cass Ave. Darien, Illinois 60561

For the UCMC Financial Assistance Policy, a Financial Assistance Application, and the Plain Language Summary in Spanish or other certain languages call (773) 702-5276.

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Para la Póliza de Asistencia Financiera de UCMC , una Aplicación para Asistencia Financiera, y el Resumen en Pleno Lenguaje (en español) o en otros ciertos idiomas, llame al (773) 702-5276 .