

Roate, George

From: Jack Axel [jacobmaxel@msn.com]
Sent: Thursday, March 01, 2012 9:50 AM
To: Constantino, Mike; Roate, George
Subject: 11-121 Lisle Center for Pain Management
Attachments: scan180.pdf

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Mike and George,

Attached is a revised ATTACHMENT 43 for the above-referenced application. The revision is the addition of the second paragraph. Should you have any questions, please don't hesitate to contact me.

Jack

SAFETY NET IMPACT STATEMENT
and
CHARITY CARE INFORMATION

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The proposed project addresses the establishment of a limited specialty ASTC, and as a result, historical Medicaid and charity care related information cannot be provided. The ASTC will, however, provide both services to Medicaid recipients as well as charity care. Because it is anticipated that virtually all patients referred to Lisle Center for Pain Management will be referred by the two specialists identified in ATTACHMENT 27C, the payor mix of the proposed ASTC will be very similar to that of their practice. Both of the referring physicians have long practices of accepting patients into their practices, regardless of their ability to pay, with professional services being provided without charge, at a reduced rate, or with payments scheduled over an extended period. That practice will extend to the ASTC's facility fees, and a policy addressing that practice is attached.

The physicians maintain referral relationships with two organizations, through which they provide services without charge. Those agencies are World Relief/DuPage and Arab American Family Services, and as noted above, the policy of providing services without charge will extend to the ASTC.

As a result of the fee schedule identified in ATTACHMENT 27G and the intent to provide discounts to qualifying patients, safety net services in the form of lower cost services will be provided.

Historically, the physicians' practices consist of 40% private insurance, 20% workers' compensation, 20% Medicare recipients, 5% Medicaid recipients, and 15% full write-off or discounted payment plan; and as noted above, this payor mix represents that anticipated at the ASTC.

LISLE CENTER FOR PAIN MANAGEMENT

Admission of Patients

POLICY:

No patient referred by a member in good standing of the Lisle Center for Pain Management (LCPM) medical staff shall be denied admission because of race, sex, religion, nationality, creed, payment source, or ability to pay.

All patients will be given a copy of patient rights upon admission.

Patients requesting an adjustment of facility fees will be evaluated by LCPM management, taking into consideration such factors as, but not limited to: income, employment status, family size, ability to secure third party coverage, length of time in the physician's practice, past payment history, and willingness to accept payment terms proposed by LCPM. Patients, at the discretion of LCPM management, may be requested to provide certain information, such as but not limited to Internal Revenue Service filings or bank statements to confirm financial status. Any such information will not be retained by LCPM. Terms to be proposed by LCPM management include, but are not limited to: forgiveness of co-payments, payment schedules, partial write-off, and full write-off (charity).

Patients will be required to confirm acceptance of terms on forms provided by LCPM prior to the provision of any services not deemed by the patient's physician to be urgent in nature.

Terms agreed upon by the patient and LCPM management shall be reviewed upon the anniversary of the original agreement.