Purpose

The provisions of this policy encompass Rush University Medical Center (“RUMC”), Rush Oak Park Hospital (“ROPH”), Rush University Medical Group (“RUMG”), and Rush Oak Park Physician Group (“ROPPG”) collectively known as “Rush”. As part of Rush’s mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient’s ability to pay. This policy defines the guidelines and criteria to qualify for all components of Rush’s Financial Assistance Programs. Any financial assistance awarded will be applied to the patient’s responsibility for emergency or other medically necessary services only.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code, the Illinois Hospital Uninsured Patient Discount Act (“Discount Act”) and the Illinois Fair Patient Billing Act (“Billing Act”) and the regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This policy will be separately adopted and reviewed annually by the governing bodies of each Rush hospital facility.

This Policy describes: (i) the eligibility criteria for financial assistance, and whether such assistance includes free or discounted services; (ii) the basis for calculating amounts charged to patients; (iii) the financial assistance application method; (iv) the collection actions Rush may take in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies for patients that qualify for financial assistance; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

Rush will comply with all federal, state and local laws, rules and regulations applicable to the conduct described in this policy. If the provision of financial assistance becomes subject to additional federal, state or local law requirements, and those laws impose more stringent requirements than are described in this policy, then those laws will govern how Rush administers its financial assistance program.

Financial Assistance Programs and Eligibility Criteria

This policy identifies those circumstances when Rush may provide care without charge or at a discount based on a patient’s financial need. Proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification into any of the following programs.

- **Presumptive Charity Care** – Hospital bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
  - Family Income is 0 – 200% of the Federal Poverty Guidelines
  - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid
- Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance)
- Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient’s behalf

This policy is intended to serve as Rush’s Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as possible after they receive health care services from Rush and before Rush issues any bills to them for the care.

- **Charity Care** – Hospital bill is reduced by 100%, subject to submission of all required documentation (see section below on required documentation). Charity Care may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
  - Family income is equal to or less than 300% of the Federal Poverty Guidelines
  - Charity Care is initially approved automatically for a period of 3 months
  - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
    a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required it must be made within 90 days of the application completion date
    b. If applicable, payments made in the prior year will be considered toward the annual payment

- **Limited Income** – Hospital bill is reduced by 75%, subject to submission of all required documentation (see section below on required documentation). Limited Income discounts may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
  - Family income is 301 – 400% of the Federal Poverty Guidelines
  - Limited Income Discount is initially approved automatically for a period of 3 months
  - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
    a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required, then it must be made within 90 days of the application completion date

If applicable, payments made in the prior year will be considered toward the annual payment

**Overview of the Financial Assistance Application Process**

- **Patient Responsibilities** – To be eligible for financial assistance, an individual must:
  a. Cooperate with Rush and provide the requested information and documentation in a timely manner;
  b. Complete the required application form truthfully;
  c. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
  d. Notify Rush promptly of any change in financial situation so that Rush can assess the change’s impact on the individual’s eligibility for financial assistance or payment plan;
  e. Agree to apply for any state, federal or local assistance for which the individual may be eligible to help pay for his or her hospital bill.

If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire hospital bill. To apply for financial assistance, a patient must complete Rush’s Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income. Copies of the financial assistance application and instructions are
available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals’ patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital’s Patient Access Department. Additional contact information is provided below.

No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.

If Rush receives a completed application form, it will make and document eligibility determinations in a timely manner. If Rush receives an incomplete application form, it will provide the patient or his or her legal representative with a list of the missing information or documentation and give the patient 30 days to provide the missing information. If the patient does not provide the missing information within this period, Rush may commence collection actions.

If a financial assistance application is denied, the patient has the right to appeal this decision by contacting a Financial Counselor in our Patient Access Department or Customer Service Representative at the address and numbers listed below. The appeal is subject to a more thorough review determination which will be made on the patient’s behalf. The patient will receive correspondence of this determination once this review process is finalized.

**Calculating Amounts Charged to Patients**

Notwithstanding anything else in this policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient’s insurance (if applicable). Under Illinois law, the maximum amount Rush can collect from uninsured patients is 25% of family income, looking across a twelve-month collection period.

Rush determines the amount generally billed (AGB) to individuals who have insurance covering their care by multiplying its charges for any emergency or other medically necessary care it provides by certain percentages using the Internal Revenue Service look-back method as described in Treas. Reg. §1.501(r)-5. The look back method, analyzes a recent 12-month period of allowed claims to determine the actual payment rate that Medicare and private insurers are collectively allowing. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. Patients can learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

**Services Excluded from Financial Assistance**

For purposes of this policy, “medically necessary” means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be “medically necessary” under this policy:

- Services defined by Medicare as non-covered. For example:
  - Elective procedures
  - Gastric bypass surgery
  - Experimental, including non-FDA approved procedures and devices or implants
  - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
  - Nonmedical services such as social and vocational services
  - Eating Disorder Program
  - Ophthalmology lens implants
• Services or procedures for which there is a reasonable substitute or if the patient’s insurance company will provide a service or procedure that is a covered service or procedure.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

Private physician groups and physician practices are not required to comply with the financial assistance policy. The complete list of these excluded providers is available in “Addendum 1” at the end of this document.

Uninsured Patient Discount

All uninsured patients not applying for financial assistance and all uninsured patients that are denied financial assistance will be granted the self-pay discount. The self-pay discount ranges from 33% to 68%. Discounts are associated with family income levels and proof of residency per the following schedule. *International patients are subject to a separate discount rate not defined in this policy.*

- Family income is 301 – 600% of the Federal Poverty Guidelines
  - 68% discount for Illinois residents and qualifying Indiana counties
  - 33% discount for Non-Illinois residents
- Family income is 601 – 1000% of the Federal Poverty Guidelines
  - 50% discount for Illinois residents and qualifying Indiana counties
  - 33% discount for Non-Illinois residents
- Family income is above 1000% of the Federal Poverty Guidelines
  - 33% discount for both Illinois and Non-Illinois residents

There is no dollar limit to the uninsured patient discount. No additional approval is required for the uninsured patient discount. In addition, non-medically necessary services are excluded from the uninsured patient discount and the patient will be notified if that is the case. On an annual basis, the appropriate annual discount will be determined equivalent to the average managed care discount in effect at the beginning of each fiscal year per IL state requirements.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections directly or working with a third-party collection agency. If the Financial Assistance Application Form is not completed by the specified deadline, Rush will pursue collections from the patient. Rush may list a patient’s account with a credit agency or credit bureau. Rush reserves the right to attach liens to insurance (auto, liability, life and health) in connection with its collection process to the extent a third party liability insurance exists. No other personal judgments or liens will be filed against FAP-eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the “ECA Initiation Notice”). Rush will also make a reasonable effort to orally notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no sooner than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, because of a patient’s nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate written and oral notices, described below, after which it may defer or deny (or request payment before providing) care immediately. The notification requirement specific to this collection action will be satisfied if Rush provides a
copy of its FAP application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a FAP application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application. The deadline to submit a FAP application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a FAP application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient’s health.

Payment Plans

Monthly payment plans lasting up to 24 months will be established for individuals receiving partial financial assistance, including those who are uninsured. No interest will accrue to account balances while payments are being made. If an individual complies with the payment plan’s terms, then no collection action will be taken. If the individual cannot pay the remaining balance within 24 months, the payment plan may be extended with management’s approval.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- Rush’s hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors’ attention.
- Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Form in English and Spanish.
- Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- Each hospital will include information on the availability of financial assistance in patient guides provided to patients at registration.
Contact Us

To obtain a copy of the financial assistance application, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department – 1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 450
Outpatient Radiology – Professional Building, Room 461
Healthcare Finance Customer Service – Triangle Office Building, Suite 161

Completed Applications should be returned or mailed to:
Rush University Medical Center
1653 W. Congress Pkwy
450 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

For all billing questions please contact:
Customer Service
1700 W. Van Buren, Suite 161
Chicago, IL 60612
(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm
Or email us at billing_info@rush.edu

Policy approved on February 9, 2016
List of Providers Who DO NOT Follow Rush’s Financial Assistance Policy

The billing practices and discounts associated with Rush University Medical Center’s Financial Assistance Program DO NOT apply to the following physicians or physician groups or their affiliated physicians. Therefore, any professional fees associated with these physicians or physician groups would be excluded from the policy.

**Physician Groups**
- Affiliated Radiologist, SC
- Comprehensive Care for Women’s Medicine
- Chicago Pediatric Care
- Eye Center Physicians
- Rehab Associates of Chicago
- University Anesthesiologists
- University Ophthalmology and Associates
- University Pathologists

**Physicians by Last Name**

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Addendum last updated: January 27, 2016