Purpose

The provisions of this policy encompass Rush University Medical Center (“RUMC”) and Rush Oak Park Hospital (“ROPH”) 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
  b. If applicable, payments made in the prior year will be considered toward the annual payment

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**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 will collect from uninsured patients is 25% of family income, looking across a twelve-month collection period.

**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
- 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 services please contact a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

**Uninsured Patient Discount**

All uninsured patients not applying for 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. All non-hospital-based services are excluded from the uninsured patient discount, (i.e. professional fees, Professional Building pharmacy, etc.). In addition certain hospital 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. No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement.

**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.
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