



Specialty Hospital

In partnership with Select Medical

Financial Assistance and Debt Collection Policy

Effective Date: 5/1/2024

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Regulatory Requirement/References:

This Policy is in compliance with Internal Revenue Code Section 501(r) and related Treasury Regulations.

Financial Assistance and Debt Collection Policy

Rush Specialty Hospital's policy is to provide Medically Necessary Care to patients without regard to race, creed, or ability to pay. Patients who do not have the means to pay for services provided at Rush Specialty Hospital may request financial assistance, which will be awarded subject to the terms and conditions set forth below.

I. Background

- A. Rush Specialty Hospital is a 100 bed post-acute hospital licensed as a long term acute care hospital which includes 44 long term acute care beds and a 56 bed acute rehabilitation unit known as Rush Specialty Hospital: Inpatient Rehabilitation (ARU) (collectively referred to herein as Rush Specialty Hospital). Rush Specialty Hospital is operated and managed in a manner that is generally consistent with the requirements of section 501(c)(3) of the Internal Revenue Code and charitable institutions under state law.
- B. Rush Specialty Hospital is committed to providing Medically Necessary Care. "Medically Necessary Care" is provided to patients without regard to race, creed, or ability to pay.
- C. The principal beneficiaries of the Financial Assistance Policy are intended to be uninsured or underinsured patients who are United States citizens or permanent legal residents and whose Annual Family Income does not exceed 300% of the Federal Poverty Income Guidelines (the FPG) published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service for awards of financial assistance under this Policy. Patients experiencing financial or personal hardship or special medical circumstances also may qualify for assistance. Under no circumstances will a patient eligible for financial assistance under this Policy be charged more than amounts generally billed for such care.
- D. Patients are expected to cooperate with Rush Specialty Hospital's procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the costs of their care based on their individual ability to pay.

II. Definitions

- A. "Annual Family Income" is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, 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.
 - Noncash benefits (such as food stamps and housing subsidies) do not count.
 - Income is determined on a before-tax basis.
 - If a person lives with their immediate family, "Annual Family Income", includes the income of all family members.
- B. "Application" means the process of applying under this Policy, including either (a) by completing the Rush Specialty Hospital financial assistance application in person, online, or over the phone with a representative, or (b) by mailing or delivering a completed paper copy of the application to Rush Specialty Hospital.
- C. "CBO" means Central Billing and Collections Office.
- D. "Charity Care patient" – A Charity Care patient is a financially eligible Self –Pay Patient or a High Medical Cost Patient.
- E. "Family" shall mean for patients 18 years of age and older, their spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not. For patients under 18 years of age, Family means a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.
- F. "FPG" shall mean the Federal Poverty Income Guidelines that are published from time to time by the U.S. Department of Health and Human Services and in effect at the date of service.
- G. "Insured Patients" are individuals who have any governmental or private health insurance.
- H. "Medically Necessary Care" shall mean those services, as defined by Medicare, that are reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided. Medically necessary care does not include outpatient

prescription medications.

- I. "Policy" shall mean this Financial Assistance and Debt Collection Policy as currently in effect.
- J. "Self-Pay Patients" are individuals who do not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital. Self-pay patients may include charity care patients.
- K. "Uninsured Patients" are individuals: (i) who do not have governmental or private health insurance; (ii) whose insurance benefits have been exhausted; or (iii) whose insurance benefits do not cover the Medically Necessary Care the patient is seeking.
- L. "Underinsured Patients" are individuals who are insured however their income level meets criteria to be able to qualify for financial assistance.

III. Relationship to Other Policies

- A. Policy Relating to Emergency Medical Services - Emergency services are not provided at Rush Specialty Hospital.
- B. Prescription Drug Coverage - Patients in need of assistance with the costs of their prescription medications may qualify for one of the patient assistance programs offered by pharmaceutical companies.

IV. Eligibility Criteria for Financial Assistance

Patients seeking care at Rush Specialty Hospital who meet the qualifications below are eligible for the assistance described in Section VII under this Policy.

- A. Eligibility for 100% Charity Care Discount
 - 1. Patients who are insured and uninsured and whose Family Income does not exceed 300% of the Federal Poverty Guidelines.
 - 2. Patients who are uninsured and meet one of the following criteria
 - a. Family Income does not exceed 200% of the Federal Poverty Guidelines
 - b. Patient is eligible for Medicaid
 - c. Patient is enrolled in or eligible for, an assistance program for low income individuals (i.e. WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based medical Assistance or receiving Grant Assistance.

B. Eligibility for 80% Charity Care Discount

1. Patients who are uninsured and whose family Income does not exceed 600% of the Federal Poverty Guidelines
2. Patients who are underinsured and whose family income is greater than 300% and equal to or below 400% of Federal Poverty Guidelines and does

C. Additional Ways to Qualify for Assistance - A patient who does not otherwise qualify for financial assistance under this Policy but is unable to pay for the cost of Medically Necessary Care may seek assistance in the following circumstances:

1. Exceptional Circumstances - Patients who relay that they are undergoing an extreme personal or financial hardship (including a terminal illness or other catastrophic medical condition).
2. Special Medical Circumstances - Patients who are seeking treatment that can only be provided by Rush Specialty Hospital medical staff or who would benefit from continued medical services from Rush Specialty Hospital for continuity of care.

Requests for assistance due to Exceptional Circumstances or Special Medical Circumstances will be evaluated on a case-by-case basis with a determination made by the CBO Manager.

D. Medicaid Screening - Uninsured Patients seeking care at Rush Specialty Hospital may be contacted by a representative to determine whether they may qualify for Medicaid or other state healthcare programs. Uninsured Patients must cooperate with the Medicaid eligibility process to be eligible for financial assistance under this Policy.

V. **Method of Applying**

A. Income Based Financial Assistance

1. Any patient seeking income-based financial assistance at any time in the scheduling or billing process may complete the financial assistance application and will be asked to provide information on Annual Family Income for the three-month and twelve-month period immediately preceding the date of eligibility review. Third party income verification services may be used as evidence of Annual Family Income. The financial assistance application may be found in our Admissions areas, online at <https://rushspecialty.prd.sxp.local/patients-and-caregivers/financial-assistance/> or from a representative at our facility or business office.

Proof of eligibility is required through documentation of tax returns, family income, and non-retirement financial assets (i.e. Checking/Savings Accounts, Stocks, and Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts.) All applicable documents are required.

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. Any payments made within the prior year will be considered toward the annual payment. Charity Care is initially approved for a period of 4 months.

2. If there is a discrepancy between two sources of information, a Rush Specialty Hospital representative may request additional information to support Annual Family Income.

B. Exceptional Circumstances

Rush Specialty Hospital personnel will initiate an Application for any patient identified as having incurred or being at risk to incur a high balance or as reporting an extreme personal or financial hardship. Rush Specialty Hospital personnel will gather information on financial circumstances and personal hardships from the patient. Determinations are made by the CBO Manager under the direction of the CFO or designee. The patient will be notified of the final determination.

C. Special Medical Circumstances

Rush Specialty Hospital will initiate an Application for any patient identified during the scheduling or admission process as having potential special medical circumstances and a representative will solicit a recommendation from the physician who is or would be providing the treatment or care as to whether the patient needs treatment that can only be provided by Rush Specialty Hospital medical staff, or would benefit from continued medical services from Rush Specialty Hospital for continuity of care. Determinations on special medical circumstances are made by the treating physician. The patient will be notified in writing if they do not qualify for financial assistance as due to special medical circumstances.

D. Incomplete or Missing Applications

If Rush Specialty Hospital receives an incomplete application, a Rush Specialty Hospital representative will provide the patient or his or her legal representative with a list of missing information or documentation and provide the patient 30 days to submit the missing information. If the patient does not timely provide the missing information, Rush Specialty Hospital may commence collections actions.

VI. Eligibility Determination Process

- A. Financial Interview - A Rush Specialty Hospital representative will attempt to contact by telephone or in person all Uninsured Patients to discussion eligibility process for financial assistance at the time of scheduling for a financial interview. The representative will ask for information, including family size, sources of family income and any other financial or extenuating circumstances that support eligibility under this Policy and will aid in completion of an Application. At the time of the appointment or upon admission, patients will be asked to contact the Rush Specialty Hospital representative and sign the Application.
- B. Applications Received - Any Application, whether completed in person, online, delivered or mailed in, will be forwarded to a Rush Specialty Hospital representative for evaluation and processing.
- C. Determination of Eligibility – A Rush Specialty Hospital representative will evaluate and process all Financial Assistance Applications. The patient will be notified by letter of the eligibility determination.

As used herein, the "amount generally billed" has the meaning set forth in IRC §501(r)(5) and any regulations or other guidance issued by the United States Department of Treasury or the Internal Revenue Service defining that term. See Appendix A for a detailed explanation of how the "amount generally billed" is calculated. Appendix A is updated annually and is also available online at <https://rushspecialty.prd.sxp.local/patients-and-caregivers/financial-assistance/> or in our admissions areas, and upon request by asking a Rush Specialty Hospital representative.

Once Rush Specialty Hospital has determined that a patient is eligible for income-based financial assistance, that determination is valid for 4 months from the date of eligibility review. After 4 months, the patient may be required to complete a new Application to seek additional financial assistance.

VII. Basis for Calculating Amounts Charged to Patients, Scope, and Duration of Financial Assistance

Patients eligible for awards of income-based financial assistance under the Policy will receive assistance according to the following income criteria.

Eligibility for 100% Charity Care Discount for Patients who are Uninsured

- A. If patient is uninsured and the annual family income does not exceed 200% of the FPG, you will receive free care or 100% write off of patient liability for services rendered. Criteria and process to determine a patient's eligibility for charity care are as follows:
 - 1. Patient's Family income is verified not to exceed 200% of FPL with the most recent filed Federal tax return or recent paycheck stubs.

2. Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid.
3. 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, Community Based Medical Assistance or receiving Grant Assistance)
4. Homeless, deceased, with no estate, or mentally incapacitated with no one to act on the patient's behalf.

Eligibility for 100% Charity Care Discount for Patients who are uninsured or insured

1. If patient is uninsured or insured, and patient's annual family income does not exceed 300% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Co Payments are not eligible for this discount.
2. Patient's Family income will be verified with proof of tax documentation, family income, and non-retirement financial assets. All applicable documents are required.

Eligibility for 80% Charity Care Discount for Patients who are uninsured

1. If patient is uninsured and patient's annual family income does not exceed 600% of the Federal Poverty Guidelines an 80% Charity Care Discount will be applied after payment by insurance to cover deductibles and coinsurance only. Co Payments are not eligible for this discount.
2. If patient is underinsured and patient's annual family income is greater than 300% and equal to or below 400% of the Federal Poverty Guidelines a 80% Charity Care Discount will be applied after payment by insurance to cover deductibles and coinsurance only. Co Payments are not eligible for this discount.

VIII. Determination of Eligibility for Financial Assistance Prior to Action for Non-Payment

A. Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance

Rush Specialty Hospital seeks to determine whether a patient is eligible for assistance under this Policy prior to or at the time of admission or service. If a patient has not been determined eligible for financial assistance prior to discharge

or service Rush Specialty Hospital will bill for care. If the patient is insured, Rush Specialty Hospital will bill the patient's insurer on record for the charges incurred. Upon adjudication from the patient's insurer, any remaining patient liability will be billed directly to the patient. If the patient is uninsured, Rush Specialty Hospital will bill the patient directly for the charges incurred. Patients will receive a series of up to four billing statements over a 120-day period beginning after the patient has been discharged delivered to the address on record for the patient. Only patients with an unpaid balance will receive a billing statement. Billing statements include a plain language summary of this Policy and how to apply for financial assistance. Reasonable efforts to determine eligibility include: notification to the patient of the Policy upon admission and in written and oral communications with the patient regarding the patient's bill, and a written response to any financial assistance application for assistance under this Policy submitted within 240 days of the first billing statement with respect to the unpaid balance or, if later, the date on which a collection agency working on behalf of Rush Specialty Hospital returns the unpaid balance to the hospital.

B. Collection Actions for Unpaid Balances

If a patient has an outstanding balance after up to four billing statements have been sent during a 120 day period, the patient's balance will be referred to a collection agency representing Rush Specialty Hospital which will pursue payment. Collection agencies representing Rush Specialty Hospital have the ability to pursue collection for up to 18 months from the point when the balance was sent to the collection agency. Rush Specialty Hospital will ensure that any external collection agency, law firm, or individual engaged by the hospital to obtain payment of outstanding bills for hospital services agrees in writing to comply with the collections provisions of this policy. A patient may apply for financial assistance under this Policy even after the patient's unpaid balance has been referred to a collection agency. After at least 120 days have passed from the first post-discharge billing statement showing charges that remain unpaid, and on a case-by-case basis, Rush Specialty Hospital may pursue collection through a lawsuit when a patient has an unpaid balance and will not cooperate with requests for information or payment Rush Specialty Hospital or a collection agency working on its behalf.

In no case will Medically Necessary Care be delayed or denied to a patient before reasonable efforts have been made to determine whether the patient may qualify for financial assistance. At Rush Specialty Hospital, an uninsured patient who seeks to schedule new services and has not been presumed eligible for financial assistance will be contacted by a representative who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

C. Bill Inquiries and Information

Bills provided by Rush Specialty Hospital shall include the date or dates health care services were provided with a brief description of hospital services, the amount owed for hospital services, hospital contact information for addressing billing

inquiries, a statement detailing how an uninsured patients may apply for consideration under the hospital's financial assistance policy, a notice that the patient may obtain an itemized bill upon request. If Rush Specialty Hospital bills the patient, then the hospital must provide an itemized statement of charges for the inpatients services rendered by the hospital upon receiving request from the patient.

Patient can inquire about or dispute a bill by contacting The Central Business Office at 1-888-868-1103 or at LTACH-CBOCoorespondance@selectemdical.com. All hospital bills and collection notices will include a toll free number and address to mail inquiries. Rush Specialty Hospital will return calls made by patients as promptly as possible, but no later than 2 business days after the call is made. If Rush Specialty Hospital's billing inquiry process involves correspondence from the patient, the hospital must respond within 10 business days of receipt of the patient correspondence.

Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois <https://illinoisattorneygeneral.gov/File-A-Complaint/index> or at 1-877-305-5145.

D. Review and Approval

Rush Specialty Hospital's representative has the authority to review and determine whether reasonable efforts have been made to evaluate whether a Patient is eligible for assistance under the Policy such that extraordinary collection actions may begin for an unpaid balance.

IX. **Physicians not covered under the Rush Specialty Hospital Financial Assistance Policy**

Certain services are performed at the hospital by physicians who are employed by Rush University Medical Center and, as a result, these services are not covered by Rush Specialty Hospital Financial Assistance and Debt Policy. However, these physician services may be covered by the Rush University Medical Center financial assistance policies.

Physicians performing services at Rush Specialty Hospital who are *not* covered under the Rush Specialty Hospital Financial Assistance and Debt Policy are identified in the **Appendix B, Provider List**, by name. The list is updated quarterly and is also available online at <https://rushspecialty.prd.sxp.local/patients-and-caregivers/financial-assistance/>,. In our admissions areas, and upon request by asking a Rush Specialty Hospital representative.