REHABILITATION INSTITUTE OF CHICAGO
ADMINISTRATIVE POLICY

SUBJECT: FISCAL SERVICES	NUMBER: 310.002.13
	DATE: 08/31/2016
TITLE: CHARITY CARE FINANCIAL ASSISTANCE	PAGE: 1 of 6

The Rehabilitation Institute of Chicago ("RIC") is committed to assisting its patients in financial need through the RIC Charity Care Financial Assistance Program ("Program"). The provision of free or discounted care under the Program is important to RIC's mission and values, and is consistent with RIC's tax-exempt status and charitable purpose.

It is RIC's policy to:

- Effectively communicate to patients regarding the Program, including the process for submitting a Program Application;
- Assess patients' ability to pay in a fair and consistent manner and establish payment arrangements that do not jeopardize the patients' health and basic living arrangements or undermine their capacity for self-sufficiency; and,
- Provide patients with the right to appeal and seek reconsideration of decisions denying free or discounted care.

I. DEFINITIONS:

The following are explanations of key terms used in RIC's Program:

A. Assets:

Assets may be considered under the Program, however, the following assets will not be included in RIC's evaluation: primary residence, personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in a pension or retirement plan, provided however that distributions and payments from pension or retirement plans may be included as income.

B. Household Income:

Household 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 include, but are not limited to: gross wages, dividends, interest, Social Security benefits, workers compensation, training stipends, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.

C. Illinois Resident:

Illinois Resident means a person who lives in Illinois and intends to continue living in Illinois indefinitely. **Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement.** Acceptable verification of Illinois residency is listed in the Application for RIC's Financial Assistance Program ("Program Application").

D. Medically Necessary:

Medically necessary services will be determined by the following criteria:

1) The attending physician determines the services are medically necessary regardless of the patient's ability to pay; and
2) The services would be covered services at RIC if the patient applying for assistance were a Medicare beneficiary with the same medical condition.

Note: Specially made prosthetic or orthotic devices may not qualify under this policy. Wheelchairs and non-medically necessary equipment and services are not covered under this policy.

E. Guarantor:

A person who is required by law to pay for a patient's health care expenses, for example, a parent of a minor child, or a person who voluntarily agrees to pay the patient's health care expenses. With respect to eligibility and applying for financial assistance, this Policy uses "patient" and "Guarantor" interchangeably.

II. PROGRAM OVERVIEW AND ELIGIBILITY:

RIC will provide financial assistance by fully or partially waiving patient financial obligations for Medically Necessary services for patients who: (i) are presumptively eligible as described in Section II.A below; or (ii) complete RIC's Program Application, provide necessary supporting documentation, and are found eligible based on Household Income and other criteria in accordance with this policy.

RIC communicates the availability of financial assistance by various means, including but not limited to, posting signage in RIC's admission/patient registration areas, discussing the Program with patients and/or family members as appropriate, and including information on the RIC website and on RIC bills.

A. Presumptive Eligibility. A patient is deemed presumptively eligible for up to a 100% discount from amounts he/she is personally responsible for paying for Medically Necessary services if there is demonstrated proof of Illinois Residency and one or more of the following:

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 one of the following assistance programs:
    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);
6. 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;
7. Receipt of grant assistance for medical services.

For all patient accounts without insurance, RIC will attempt to review the account (including any Program Application that may have been submitted) in an effort to identify any of these presumptive eligibility criteria prior to sending the patient a bill requesting payment. RIC may use information obtained from credit reporting agencies that reflects personal and financial data on the patient/Guarantor if the patient/Guarantor has not returned a completed Program Application.

B. **Charity Care Based on Household Income**. Under the Program, a sliding scale discount for Medically Necessary services is available to Illinois Residents whose Household Income is at or below 600% of the federal poverty level. Eligible patients will not be personally responsible for paying more than amounts generally billed to insured individuals.

1. Patients who are not eligible to participate in the Program include:
    a. Non-Illinois Residents;
    b. Patients who are primarily covered under the Medicaid program of any state other than Illinois; and/or
    c. Patients eligible for funding for the requested rehabilitation services from third-party sources, such as group health and indemnity plans, liability insurance coverage, Worker's Compensation, Division of Specialized Care for Children, and any other state or federal grants.

2.The following considerations are used to determine whether a patient is eligible to participate in the Program:
    a. Household Income, as a percentage of the Federal Poverty Guidelines ("FPG").
        i. The FPG are based on income and family size and are updated yearly; additional information is available from the U.S. Department of Health & Human Services at http://aspe.hhs.gov/poverty-guidelines.
        ii. Eligibility for patients who are claimed as dependents by a parent or legal guardian will be based on their parents' or legal guardians' income.
    b. Availability of third-party funding sources as well as other discounted programs, private charitable organizations and other funds or financial resources;
    c. Extenuating circumstances that may contribute to an inability to pay, such as job loss, extended major illness or outstanding financial obligations;
    d. Patient/Guarantor cooperation sufficient to allow eligibility determination to be made and application for government programs (e.g., Medicaid), third-party funding sources or any other funding sources.

3. If there is reason to believe that a patient/Guarantor may have eligible Assets that are disproportionate to the reported income, and that those Assets would be available to pay for medical services, RIC may require the patient/Guarantor to provide information about their Assets. Except where prohibited by law, RIC may consider those Assets in deciding whether, and to what extent the patient may participate in the Program.

4. If it is determined a patient/Guarantor has provided inaccurate, incomplete or false information that would have made the patient ineligible for free or discounted care, he/she will be terminated from the Program and any previously granted financial assistance will be reversed and billed to the patient.

III. CHARITY CARE FINANCIAL ASSISTANCE PROGRAM DISCOUNTS

A. **Limitation on Charges**. All patients are billed according to gross charges (the full established price for the medical care provided). However, eligible participants in the Program will not be personally responsible for paying more than amounts generally billed ("AGB") to individuals who have insurance for such care. RIC determines the AGB for Medically Necessary care on an annual basis using the "lookback method." The current AGB percentage and a description of the calculation may be obtained in writing and free of charge by contacting the Charity Care Coordinator at 312-238-6039.

B. **Financial Assistance Due to Income Limitations**. Patients who are eligible for the Program based on their Household Income level will receive a discount for Medically Necessary services according to the following schedule:

Household Income as a % of FPG	Discount*
0-250%	100%
251%-400%	75%
401%-600%	54%

*The discount allowed to eligible patients will be adjusted annually, as necessary, to ensure that such patients are not charged more than AGB to insured individuals. With respect to insured patients, the discount is applied to the amounts the patient is personally responsible for paying (*e.g.*, as a high deductible, co-insurance), such that the patient is not personally responsible for paying more than AGB for the services at issue.

1. *Charges Subject to Program Discount*.
    a. *Only Medically Necessary Services by RIC Providers.* Medically Necessary hospital and physician services provided while a patient at RIC are subject to a Program discount, with the exception of those services delivered by certain non-RIC providers. Notice regarding these services that fall outside the Program Discount is updated at least quarterly and posted on RIC's Website along with this policy. A copy is also available by contacting the Charity Care Coordinator at 312-238-6039.
    b. *Uninsured Patients.* With respect to patients who do not have insurance or any other third party sources of payment, the Program discount is applied to gross charges.
    c. *Insured Patients*. With respect to patients who have insurance or other third party sources of payment, the Program discount is applied to the patient's out-of-pocket balance.

2. *Further Discount for Excessive Medical Expenses*. In addition to the discount set forth above, a one hundred percent (100%) discount will be applied to the patient's out-of-pocket balance when the eligible patient's out-of-pocket balance exceeds twenty-five percent (25%) of the yearly gross Household Income during

any twelve-month period. The twelve-month period begins on the date of service for which RIC first determines the patient is eligible for the Program.

IV. APPLYING FOR CHARITY CARE FINANCIAL ASSISTANCE PROGRAM DISCOUNTS

A. **Application Process**. Program discounts are determined as early as possible in the patient's treatment process, preferably prior to the time of admission or service. As soon as financial assistance is requested, RIC provides the patient or Guarantor with a Program Application. The patient or Guarantor must provide RIC with a completed Program Application and any necessary supporting documentation (as listed in the Program Application) related to the financial position of the patient or Guarantor. The Program Application identifies the required supporting documentation.

In addition to information provided by the patient, RIC may rely on information obtained from credit reporting agencies that reflects personal and financial data on the patient/Guarantor.

RIC will accept and promptly review all Program Applications for at least 240 days from the date of the patient's first post-discharge billing statement. A determination of eligibility is generally effective for six (6) months. If a patient is relying on a Program discount, the patient may have to wait for non-emergency services or assistive equipment until his/her Program Application is approved.

If a patient's Program Application is incomplete, RIC may ask the patient to submit additional information within thirty (30) days.

B. **Re-evaluation/Appeal**. A patient whose Program Application has been accepted has the responsibility to notify RIC of changes in circumstances that may affect eligibility for or amount of financial assistance, or that affect ability to make payments under a payment plan. Participation in the Program may be re-evaluated every six (6) months or when there has been a material change in the patient's financial circumstances (e.g., increased or decreased income, change in household size).

If a Program Application is denied, such determination does not prevent a reassessment of the patient's ability to pay at a later date should the patient's financial situation change. The patient may also file an appeal with the Executive Director, Revenue Cycle to request further consideration based on any extenuating facts or reasons as to why the patient should be eligible for Charity Care Financial Assistance.

Additional information regarding the Program and applying for financial assistance is available by contacting the Charity Care Coordinator at 312-238-6039 at 345 E. Superior Street, Chicago, Illinois 60611.

V. PAYMENT PLANS AND COLLECTION ACTIVITY

If the patient's Program Application is denied, or if the patient is approved for less than a 100% discount, RIC will work with the patient to establish individually developed payment terms (taking into account available income and assets, amounts owed, and any prior payments) for the

remaining balance. The patient must comply with the agreed-upon payment plan. If the patient misses three or more scheduled payments, then RIC may commence collection actions.

Any collection activity will be suspended during the evaluation of a Program Application. RIC's collection agents/firms are required by contract to follow the Program's policies and to help identify patients who are eligible or who become eligible due to change of circumstances.

Further information regarding the collection activities RIC may pursue is available in RIC's Fair Patient Billing Policy. A copy may be obtained at www.ric.org/billing or by contacting the Charity Care Coordinator at 312-238-6039 or 345 E. Superior Street, Chicago, Illinois 60611.

VI. NON-DISCRIMINATION IN EMERGENCY CARE

RIC is not an acute care provider, does not operate an emergency room, does not otherwise provide emergency medical care as part of its ordinary services, and transfers patients with acute symptoms to acute care hospitals. However, should an RIC patient manifest an emergency medical condition while at RIC, RIC will provide any necessary stabilizing services without discrimination as to whether the patient is eligible for financial assistance. RIC will not engage in any activity designed to delay or hinder the provision of necessary stabilizing treatment for emergency medical conditions, such as demanding payment before the services are provided.

The Program is important to RIC's Mission and Values. Where extenuating circumstances exist, exceptions to the Program, guidelines, procedures, timeframes, and documentation may be waived.

Previous Revised Date: 12/31/2013

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Executive Vice President and
Chief Financial Officer