



POLICY NAME: Financial Assistance Policy

POLICY NUMBER: ADM 1507

ORIGINATION: 04/2009

LAST REVIEW: 06/2012, 05/2013, 11/2013, 06/2016, 11/2018, 03/2021, 12/2021,7/2024

NEXT REVIEW DUE: 7/2027

POLICY RESPONSIBILITY:

In Coordination with:

Controller

REVISION:

The organization reserves the right to unilaterally revise, modify, review, or alter the terms and conditions of the policy within the constraints of laws, with or without reasonable notice.

Policy has been reviewed and approved by:

Thomas Pater

Chief Financial Officer

Date: 02/15/2022

Thomas M Pater

Title

Jim Prister

President, Chief Executive Officer

Date: 02/15/2022

James Prister

Title

Tad Gomez

Chair, Board of Directors

Date: 02/16/2022

Tad A Gomez

Title

I. PURPOSE:

The purpose of this policy is to provide charity care and discounts to uninsured patients as a part of RML Specialty Hospital’s (RML) mission to serve the community and to comply with State and Federal laws governing financial assistance provided by 501(c)(3) hospitals. This policy describes eligibility, hospital and patient responsibility, the approval process, discount determination and communication. This policy applies to both the RML Hinsdale facility and the RML Chicago facility.



II. DEFINITIONS

- A. **Financial assistance** means a discount provided to a patient under the terms and conditions RML offers to qualified (eligible) patients or as required by law.
- B. **Cost to charge ratio** means the ratio of a hospital's costs to its charges taken from its most recently filed Medicare cost report. (CMS 2552-96 ,Worksheet C, Part I).
- C. **Family income** means the sum of a family's annual earnings and cash benefits from all sources before taxes, less any payments made for child support.
- D. **Federal poverty income guidelines** means the poverty guidelines updated periodically in the Federal Register by the US Dept of Health and Human Services under authority of 42 USC 9902(2).
- E. **Healthcare services** means any medically necessary inpatient hospital services, including pharmaceuticals or supplies provided by a hospital to a patient.
- F. **Illinois resident** means a person who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this policy.
- G. **Partner** means a person who has established a civil union Pursuant to the Illinois Religious Freedom Protection and Civil Union Act [750 ILCS 75] or similar law.
- H. **Patient** means the individual receiving services from the hospital or any individual who is the guarantor of the payment of services received from the hospital.
- I. **Presumptive Eligibility** means eligibility for hospital financial assistance determined by reference to criteria demonstrating financial need on the part of the patient.
- J. **Presumptive Eligibility Criteria** means the categories identified as demonstrating financial need on the part of a patient used by the hospital in the implementation of presumptive eligibility.
- K. **Medically necessary** means any inpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, with the same clinical presentation as the uninsured patient.



- L. **Uninsured patient** means an Illinois resident who is a patient of a hospital and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance health benefit, or other health coverage program, including high deductible health insurance plans, workers compensation, accident liability insurance, or other third-party liability.

- M. **Insured patient means an Illinois resident who is a patient of a hospital and is covered under a policy of health insurance.**

- N. **Eligible assets** means all patient owned assets of personal property excluding personal residence, assets deemed exempt from judgment under Section 121001 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.

- O. **Screening means the process of engaging with a patient to review and assess the patient's potential for any financial assistance offered by RML, public health insurance programs or other discounted care known to RML, informs the patient of the hospital's assessment; documents in the patient's record the circumstances of the screening; and assists with the application for RML financial assistance.**

- P. **Public health insurance programs are defined as Medicare, Medicaid, medical assistance under the Non-Citizen Victims of Trafficking, Torture and Other Serious Crimes Program, Health Benefit for Immigrant Adults, Health Benefit for Immigrant Seniors, All Kids, or other medical assistance programs offered by the Illinois Dept of Healthcare and Family Services.**

III. RESPONSIBILITIES

Accounting and Patient Financial Service departments

IV. POLICY

It is the policy of RML Specialty Hospital (RML) to provide financial assistance to uninsured patients in need.



V. PROCEDURE

A. Commitment to Provide Emergency Medical Care 1.

Emergency Medical Care Policy:

- a. RML does not have a dedicated emergency department or specialized capabilities that would make it appropriate to accept transfers of individuals who need stabilizing treatment for an emergency medical condition.
- b. RML appraises emergencies, provides initial treatment, and refers or transfers an individual to another facility, when appropriate, in a manner that complies with the federal Emergency Medical Treatment and Labor Act (EMTALA) statute.
- c. RML does not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that patients pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that interfere with the facility's appraisal and provision, without discrimination, of such initial treatment.

B. Hospital Responsibilities and Compliance Requirements

1. Eligibility

- a. RML shall provide a discount from its charges to any uninsured patient who applies for a discount, has family income of not more than 600% of the federal poverty income level guidelines (FPL), is an Illinois resident and incurs medically necessary health care services exceeding \$150 in any one inpatient admission.
- b.

2. Basis for Calculating Amounts Charged to Uninsured Patients

- a. No patient who is eligible for financial assistance will be charged more for medically necessary care than the Amount Generally Billed (AGB) to individuals with insurance.
- b. RML uses the Prospective Medicaid Method to determine AGB. Under this method, AGB is calculated by using the billing and coding process RML would use if the individual eligible for financial assistance was a Medicaid beneficiary and setting AGB for the care at the amount RML determines would be the total amount Medicaid would allow for the care (including both the amount that would be reimbursed by Medicaid and the amount the beneficiary would be



personally responsible for paying in the form of copayments, coinsurance, and deductibles).

- c. RML does not bill or expect payment of gross/total charges from individuals who qualify for financial assistance under this policy.

3. Charity Care

- a. For eligible patients with family income 200% or less of the FPL, RML will provide free care.

4. Uninsured Patient Financial Assistance Discount

- a. For health services exceeding \$150 in any one inpatient admission, the maximum amount RML can collect from an uninsured patient deemed eligible under RML's financial assistance policy is the lesser of AGB or 135% of the hospital's cost to provide care. This amount is further discounted based upon the patient's family FPL as follows:

FPL Range	Additional Discount
> 200% and < = 300%	75%
> 300% and < = 400%	50%
> 400% and < =500%	25%
> 500% and <= 600%	0%

5. Maximum Collectible Amount

- a. The maximum amount that can be collected in a 12 month period for health care services by RML is 20% of the patient's family income and is subject to the patient's continued eligibility under this policy.
- b. The uninsured patient shall inform the hospital in subsequent inpatient admissions that the patient was previously entitled to the uninsured discount and whether his or her circumstances for eligibility under this policy have changed.
- c. An uninsured patient who owns assets having a value in excess of 600% of the FPL is excluded from the maximum collectible amount.
- d. Excluded Assets:
 - i. Primary residence
 - ii. Personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure
 - iii. Pension or retirement plan assets (income however is included for this policy).

C. Patient Responsibilities and Compliance Requirements

1. RML may make the availability of a discount and the maximum collectible amount under this policy contingent upon the uninsured patient first applying for coverage under public health insurance programs such as Medicare, Medicaid, or any other programs that the uninsured patient may be eligible.
2. RML will permit an uninsured patient to apply for a discount within the Application Period (as described in the Billings and Collections Policy, generally 240 days of the date of discharge) when they submit the Application for Financial Assistance.
 - a. RML will require an uninsured patient who is requesting an uninsured discount to provide documentation of family income. Acceptable documentation shall include:
 - i. Copy of most recent tax return
 - ii. Copy of most recent W-2 and 1099 forms
 - iii. Copies of the 2 most recent pay stubs
 - iv. Written income verification from an employer if paid in cash.
 - b. RML will require the uninsured patient to certify the existence of assets owned by the patient and provide documentation of the value of such assets. Acceptable documentation could include:
 - i. Statements from financial institutions
 - ii. Other third-party verification of value
 - iii. If no third-party verification exists, the patient shall certify as to the estimated value of the asset(s).
 - c. Uninsured patients must verify Illinois residency. Acceptable forms include:
 - i. Valid state-issued identification card (permanent or temporary)
 - ii. Recent residential utility bill
 - iii. Lease agreement
 - iv. Vehicle registration card
 - v. Voter registration card
 - vi. Mail addressed to the uninsured patient at an Illinois address from a government or credible source
 - vii. Written statement from a family member of the patient who resides at the same address and presents verification of residency
 - viii. Letter from a homeless shelter, transitional house or other similar facility

3. RML's obligation under this policy to the uninsured patient shall cease if that patient fails or refuses to provide the information or documentation requested or apply for coverage under public programs within 30 days of RML's request.
4. The uninsured patient shall notify RML of subsequent inpatient admissions that the patient received in order to determine the 12 month maximum amount that can be collected from a patient.
5. RML will require the patient to certify that all of the information provided in the application is true. If it is determined by RML that any of the information is untrue, any discount granted to the uninsured patient is forfeited and the uninsured patient is responsible for payment of the charges in full.

D. Procedure

A screening evaluation for uninsured patients shall commence upon their agreement at the earliest reasonable moment for potential eligibility to both public health insurance programs and Uninsured Discount offered by RML and can be initiated multiple ways:

1. RML notifies an uninsured patient with a self-pay balance due via having provided a plain-language summary of the FAP upon admission and including a statement on the self-pay bill that he/she may be eligible for financial assistance, and the patient notifies RML that he/she cannot afford to pay the bill and requests assistance.
2. A patient without insurance is referred to RML, seeks admission, and states that he/she cannot afford to pay the medical expenses associated with their current medical services and requests assistance.
3. An admitted patient exhausts insurance during the hospital stay and becomes uninsured for the remainder of the inpatient stay and the patient notifies RML they cannot afford to pay the bill and requests assistance.
 - a. Each patient seeking an Uninsured Discount will be referred to the Admitting Department.
 - b. All screening activities, including initial screenings and all follow-up assistance, must be provided in compliance with the Language Assistance Services Act.
 - c. The Admitting Department will communicate with the patient and a preliminary assessment for assistance will be conducted (i.e. federal poverty limits, assets available, employment status).
 - d. The following criteria must be met in order for a review for a final determination for a discount to be conducted:

free, unbiased resource such as the Immigrant Family Resource Program to address the patient's immigration-related concerns and assist in enrolling the patient in a public health insurance program.

- g. If an insured patient requests financial assistance screening or RML learns information to suggest the patient's inability to pay, RML will provide screening services

E. Communication

1. The availability of hospital financial assistance as defined under this policy shall be widely communicated to patients including but not limited to:
 - a. Posting signage in areas of the hospital commonly utilized for admission and registration of patients notifying them that they may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. The signage shall contain hospital contact information, including a website and telephone number where the patient may obtain further information regarding financial assistance. The signage shall be in English and in any other language that is the primary language of at least 5% of the patients served by RML annually as defined by RML's 5/31 fiscal year.
 - b. Availability of financial assistance must be prominently displayed on RML's public website including a description of the financial assistance application process, a copy of the financial assistance application, a complete copy of this policy, and a plain language summary of this policy.
 - c. Each patient shall be notified of the availability of financial assistance upon admission by being offered a plain-language summary of this policy.
 - d. Written material shall be available regarding RML's financial assistance program in areas of the hospital commonly utilized for admission and registration of patients.
 - e. Hospital bills shall include a prominent statement that an uninsured patient who meets certain income requirements may qualify for an uninsured discount, how they may apply for consideration under this policy, a phone number at the hospital where the patient can obtain more information, and the website address where copies of this policy, application form, and plain-language summary may be obtained.

F. Application of FAP to Providers other than the Hospital

1. The granting of financial assistance under this policy is limited to hospital charges and the charges of those providers employed by RML. A list of all RML physician staff members who have agreed and not agreed to comply with this policy shall be posted on RML's website at <https://www.rmlspecialtyhospital.org/dischargeplanners/financialinformation/#financial> (scroll to link on bottom of page) and offered to patients upon admission. This list shall be updated no less than quarterly.

G. Eligibility for Presumptive Financial Assistance

1. Patients are deemed presumptively eligible for free care if the patient demonstrates one or more of the following:
 - a. Homelessness
 - b. Deceased with no estate
 - c. Mental incapacitation with no one to act on patient's behalf
 - d. Medicaid eligibility, but not on date of service or for non-covered services
 - e. Enrollment in one of the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
 - i. Women, Infants and Children Nutrition Program (WIC)
 - ii. Supplemental Nutrition Assistance Program (SNAP)
 - iii. Illinois Free Lunch and Breakfast Program
 - iv. Low Income Home Energy Assistance Program (LIHEAP)
 - v. 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.
 - vi. Receipt of grant assistance for medical services.
2. In the event that the uninsured patient does not apply for financial assistance, cooperate with demonstrating the inability to pay or the patient fails to contact RML in response to collection efforts, RML may extend financial assistance to the uninsured patient. RML would take into consideration the information available to make a determination of presumptive eligibility for financial assistance, such as the Medicaid application completed by the patient, whether the referring hospital granted financial assistance for the patient for the episode of care relating to the patient's RML hospitalization, whether the patient was granted Medicaid eligibility following their RML hospitalization, the use of external credit reporting agencies, and any other available information that would be relevant in determining the patient's ability to pay for their RML



hospitalization. RML will make every effort to grant financial assistance on a presumptive eligibility basis only to uninsured patients who are deemed unable to pay.

3. Presumptive Eligibility shall be applied to an uninsured patient as soon as possible after receipt of hospital services by the patient and prior to issuing any bill for those services.

H. Billings and Collections Policy

1. RML has a separate Billings and Collections Policy, which establishes the collection efforts it may take for all patients with self-pay obligations related to insured patient deductibles and co-pays, non-covered services and uninsured patient financial obligations. This policy is available by contacting the Patient Financial Services Department at 630-286-4222, or online at <https://www.rmlspecialtyhospital.org/dischargeplanners/financialinformation/#financial> (click on Billings and Collections Policy).

I. Hospital Contact Information

1. Hinsdale:

Admitting Department 5601
S. County Line Rd.
Hinsdale, IL 60521
Phone #: 630-286-4516
Fax #: 773-826-2851

2. Chicago

Available by appointment
Admitting Department
3435 West Van Buren Street
Chicago, IL 60624
Phone #: 630-286-4516
Fax #: 773-826-2851

3. Website:

<https://www.rmlspecialtyhospital.org/dischargeplanners/financialinformation/#financial>

VII. ATTACHMENTS

[Attachment A: Application for Financial Assistance](#)



VIII. RELATED POLICIES

None **IX. REFERENCES**

<https://www.rmlspecialtyhospital.org/discharge-planners/financial-information/#financial>