



RUSH UNIVERSITY
MEDICAL CENTER

COMMUNITY BENEFITS REPORT

FY 2023

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: RUSH University Medical Center

Mailing Address: 1653 W. Congress Parkway Chicago, IL 60612
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 07 / 01 / 2022 through 06 / 30 / 2023 **Taxpayer Number:** 36-2174823
Month Day Year Month Day Year

If part of a health system, list the other Illinois hospitals included in the health system (Note: A separate report must be filed for each Hosp).

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
<u>RUSH Oak Park Hospital</u>	<u>520 S. Maple Ave., Oak Park, IL 60304</u>	<u>36-2183812</u>
<u>Copley Memorial Hospital</u>	<u>2000 Ogden Ave., Aurora, IL 60504-4206</u>	<u>36-2170840</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ATTACH Mission Statement:
 The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. ATTACH Community Benefits Plan:
 The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. REPORT Charity Care:
 Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care \$ 23,128,754

ATTACH Charity Care Policy:
 Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits** actually provided other than charity care.

See instructions for completing Section 4 of Form AG-CBP-1 (Community Benefits Plan Annual Report Form For Not For Profit Hospital)

Community Benefit Type

Language Assistant Services	\$ 3,282,998
Financial Assistance (Please see attached documents for breakdown by hospital)	\$ 0
Government Sponsored	\$ 268,009,911
Donations	\$ 707,045
Volunteer Services	
a) Employee Volunteer Services	\$ 249,788
b) Non-Employee Volunteer Services	\$ 0
c) Total (add lines a and b)	\$ 249,788
Education	\$ 69,308,741
Government-sponsored program services	\$ 0
Research	\$ 38,920,788
Subsidized health services	\$ 133,263,382
Bad debts	\$ 34,443,655
Other Community Benefits	\$ 19,136,177

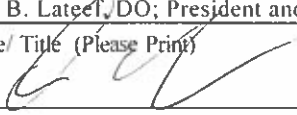
Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Omar B. Lateef, DO; President and CEO

Name/ Title (Please Print)



Signature

Rukiya Curvey Johnson

Name of Person Completing Form

Rukiya_CurveyJohnson@rush.edu

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Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: RUSH Oak Park Hospital

Mailing Address: 520 S. Maple Ave.
(Street Address/P.O. Box)

Oak Park, IL 60304
(City, State, Zip)

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<u>Copley Memorial Hospital</u>	<u>2000 Ogden Avenue, Aurora, IL 60504-4206</u>	<u>36-2170840</u>
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Charity Care \$ 3,340,283

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Community Benefit Type

Language Assistant Services	\$	69,650
Financial Assistance	\$	0
(Please see attached documents for breakdown by hospital)		
Government Sponsored	\$	31,586,984
Donations	\$	7,000
Volunteer Services		
a) Employee Volunteer Services	\$	26,237
b) Non-Employee Volunteer Services	\$	0
c) Total (add lines a and b)	\$	26,237
Education	\$	36,956
Government-sponsored program services	\$	0
Research	\$	0
Subsidized health services	\$	3,483,957
Bad debts	\$	7,465,561
Other Community Benefits	\$	406,553

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements** for the reporting period.

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Omar B. Lateef, DO; President and CEO

Name/ Title (Please Print)



Signature

Rukiya Curvey Johnson

Name of Person Completing Form

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**Community Benefits Report inclusive of RUSH University Medical Center
and RUSH Oak Park Hospital**

July 1, 2022 - June 30, 2023

**Omar B. Lateef, DO
President and Chief Executive Officer, RUSH University Medical Center**

**Larry Goodman, MD
Interim President, RUSH University**

**David A. Ansell, MD, MPH
Senior Vice President, Community Health Equity and Associate Provost, RUSH University
Medical Center**

**Carl T. Bergetz, JD
Senior Vice President and General Counsel, RUSH University Medical Center; Chief Legal
Officer, RUSH University System for Health**

**Paul Casey, MD, MBA, FACEP
Senior Vice President and Chief Medical Officer, Interim President, Faculty Practice Plan, RUSH
University Medical Center**

**Jeff Gautney
Systems Vice President and Chief Information Officer**

**Richa Gupta, MBBS, MHSA
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**Courtney Kammer, MHA
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**Dino P. Rumoro, DO, MPH, FACEP
President and Chief Executive Officer, RUSH Oak Park Hospital**

**Lisa Wagamon
President, Rush Health**

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RUSH University Medical Center and RUSH Oak Park Hospital Community Benefits Report
FY23 (July 1, 2022 – June 30, 2023)

Organizational Background

RUSH University System for Health (RUSH) has a long history of community engagement and commitment to improving the health of the communities it serves. RUSH maintains a unique organizational structure that allows it to thrive: It is a not-for-profit health care, education, and research enterprise comprised of RUSH University Medical Center (RUMC), RUSH University, RUSH University Medical Group (RUMG), RUSH Oak Park Hospital (ROPH) and RUSH Copley Medical Center. Dr. Omar Lateef took the helm as CEO of RUSH in July 2022, following his appointment as president of the RUSH University System for Health in 2021, and has led RUSH University Medical Center as its president and CEO since May 2019.

Since 2016, RUMC has been on a journey of health equity by addressing life expectancy disparities in its service areas. RUSH has systematically designed and implemented strategies to diminish inequities within our communities, organizations, staff, students, and patients. A cornerstone of our approach is the integration of an anchor mission. This involves a commitment to enhancing both health and economic well-being in the community through deliberate practices in hiring, investment, procurement, and active community involvement. Furthering these efforts, RUSH launched the development of our first system-wide 5-year Health Equity Strategic Plan in February 2023.

RUSH stands apart from other academic medical centers in Chicago with its integrated structure.

All its components function under a single, cohesive organization, fostering a system-wide approach to community benefits. This community benefit report is a testament to RUSH's enduring dedication to these health improvement endeavors. The report details the community benefit activities conducted by RUSH University Medical Center and RUSH Oak Park Hospital. RUSH Copley Medical Center (RCMC), which operates under a separate tax identification number, will present its own report for the fiscal year 2023.

Mission, Vision, and Values

Mission: The mission of RUSH is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research, and community partnerships.

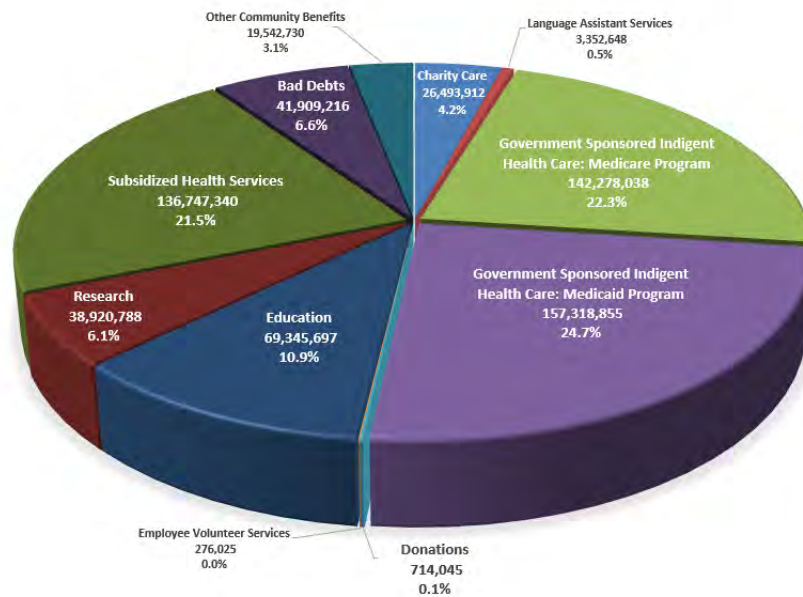
Vision: RUSH will be the leading academic health system in the region and nationally recognized for transforming health care.

Values: RUSH's core values — innovation, collaboration, accountability, respect, and excellence — are the road map to our mission, vision, and themes. These five values, known as our ICARE values, convey the philosophy behind all decision RUSH employees make. RUSH employees commit themselves to demonstrating these values with compassion. This translates into a dedication shared by all members of the RUSH community to provide the highest quality of patient care. In addition to our core values, RUSH also abides by the following tenets: **Just, Ethical, Diverse, and Inclusive.**

FY2023 Charity Care and Other Community Benefits Summary – Consolidated Financial Summary

The Independent Auditor’s Report for the financial information is in Appendix I.

Community Benefits Report Component	RUSH University Medical Center	RUSH Oak Park Hospital	Total Reportable Entity	Footnote Reference
Charity Care (at cost)	23,153,629	3,340,283	26,493,912	1,4,5,6
Language Assistant Services	3,282,998	69,650	3,352,648	
Government Sponsored Indigent Health Care: Medicare Program	126,678,174	15,599,865	142,278,038	1
Government Sponsored Indigent Health Care: Medicaid Program	141,331,737	15,987,119	157,318,855	1,2
Donations	707,045	7,000	714,045	
Employee Volunteer Services	249,788	26,237	276,025	
Education	69,308,741	36,956	69,345,697	
Research	38,920,788	0	38,920,788	
Subsidized Health Services: Physician Practices	133,263,382	3,483,957	136,747,340	7
Bad Debts	34,443,655	7,465,561	41,909,216	3
Other Community Benefits	19,136,177	406,553	19,542,730	
Total	\$590,476,114	\$46,423,181	\$636,899,294	



FY23 Consolidated Financial Summary Footnotes

Footnote #1:

The computation of charity care (cost) is based on the charity write-offs for FY 2023 and adjusted to cost based on IRS Worksheet 2, Ratio of Patient Care to Charges. The Medicare loss and Medicaid loss is also based on a discrete ratio of cost to charges utilizing the same IRS Worksheet 2. These amounts will differ from the consolidated amounts in this report is adjusted to closer identify patient care costs.

Footnote #2: During FY 2023, RUSH received payments related to the Provider Assessment Program which was approved by CMS and is administered through the Illinois Department of Health and Family Services. The program is designed to improve Medicaid payments to hospitals. In addition, during FY2016 the ACA Expansion Payment program was initiated by the State which provides additional federal matching payments related to the expansion of Medicaid eligibility per the Accountable Care Act. Without the payments from these programs, the FY2023 unreimbursed cost of the Medicaid program would have been.

Footnote #3:

The amount of bad debt reported for purposes of the Community Benefits filing includes uncompensated care within RUSH University Medical Group, RUSH University Hospital and RUSH Oak Park Hospital. This amount is valued at actual bad debt provisions for the year.

Footnote #4:

The amount of charity care reported for purposes of the Community Benefits filing includes only uncompensated care meeting the strict definition of charity care as defined by the Office of the Attorney General as part of the 'Community Benefits Act Compliance Information'. As defined in the 'Community Benefits Act Compliance Information', "Only the portion of a patient's account that meets the organization's charity care criteria is recognized as charity. Although it is not necessary for the entity to make this determination upon admission or registration of an individual, at some point the entity must determine that the individual meets the established criteria for charity care."

Footnote #5:

In the discussion of RUSH University Medical Center's and RUSH Oak Park Hospital's provision of charity care to our patient population there are several factors which must be considered, in addition to the charity care number provided for purposes of the Community Benefits filing, to obtain a full understanding of the breadth of charity provided. These factors are outlined as follows:

Through utilization of a patient eligibility service RUSH University Medical Center and RUSH Oak Park Hospital are extremely proactive in enrolling patients, who present for service without insurance coverage, for coverage under various state and federal programs. The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided. In addition to achieving appropriate, available coverage for our patients' medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients. Guiding the patient through this often time-consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check which provided a benefit well beyond their health care at RUSH.

Due to the process that RUSH and other hospitals must go through to prove a patient's eligibility for charity care, the precise amount of charity care often can be indistinguishable from other categories of uncompensated care. Without the cooperation of the patient in providing appropriate documentation, RUSH cannot correctly distinguish patients who meet the defined charity care policies and appropriately categorize those individuals as charity care write-offs. Instead, these patient cases are frequently classified as bad debt write-offs due to a lack of support information. This creates a reported charity care amount which is not representative of the true amount of care provided to low income and indigent patients.

A summary of the breakdown of charity care, solely for RUSH University Medical Center, for FY2023 follows:

Category	Approved Patient Applications	Pending Patient Applications	No Response / Denied Patient Applications
Charity Care (100% write-off): Number of Patients	1,579	29	581
Charity Care (100% write-off): Write Off Amount	(\$36,285,330)	0	0
Limited Income (75% Write-Off Amount): Number of Patients	227	0	0
Limited Income (75% write-off): Write-Off Amount	(\$2,442,411)	0	0
Presumptive Charity Care (100% write-off): Number of Patients	4,140	n/a	n/a
Presumptive Charity Care (100% write-off): Write-Off Amount	(\$25,232,373)	n/a	n/a
Other Programs: Number of Patients	2,966	0	0
Other Programs: Write-off Amount	(\$10,041,783)	0	0

A summary of charity care breakdown, for RUSH Oak Park Hospital, for FY2023 follows:

Category	Approved Patient Applications	Pending Patient Applications	No Response / Denied Patient Applications
Charity Care (100% write-off): Number of Patients	426	9	153
Charity Care (100% write-off): Write Off Amount	(\$1,639,500)	0	0
Limited Income (75% Write-Off Amount): Number of Patients	49	0	0
Limited Income (75% write-off): Write-Off Amount	(\$260,695)	0	0
Presumptive Charity Care (100% write-off): Number of Patients	2,367	n/a	n/a
Presumptive Charity Care (100% write-off): Write-Off Amount	(\$9,395,125)	n/a	n/a
Other Programs: Number of Patients	1,095	0	0
Other Programs: Write-off Amount	(\$2,472,616)	0	0

Footnote 6:

In recognition of the need to simplify policies and expand assistance to the ever-growing population of uninsured, several updates were made to the RUSH Financial Assistance Programs effective January 1, 2023.

- 1) RUSH increased the discount for all Illinois patients without insurance to 80%. Prior to January 1st, this discount was 68%. Non-Illinois residents who do not have health insurance automatically qualify for a 50% discount.
- 2) RUSH expanded the 100% discount program to include patients with annual income between 300 and 400% of the FPL. Prior to January 1st, these patients were eligible for a 75% discount. With this update, patients with income less than 400% of FPL may receive a 100% discount.

All charity care programs are evaluated annually to identify additional opportunities to support our patients.

Footnote 7:

Subsidized Health Services include the uncompensated costs of providing essential hospital and physician services that positively impact the wellness of the community. The uncompensated costs were calculated using the standardized methodology and offset by any reimbursement received for services provided. These services were provided despite a financial loss so significant that negative margins remained after removing the effects of charity care, bad debt, and Medicaid shortfalls. Nevertheless, the services were provided because they meet an identified community need, and if no longer offered, they would either be unavailable in the area or fall to the responsibility of the government or another not-for-profit organization to provide.

National recognition

RUSH has continued to receive national recognition for its work, some of which is highlighted below.

- ***Baby-Friendly" Designation***
RUSH University Medical Center received “Baby-Friendly” designation from Baby-Friendly USA, the World Health Organization and the United Nations Children’s Fund. These organizations certify whether a hospital adheres to a rigorous series of evidence-based practices shown to increase breastfeeding.
- ***Beacon Award for Excellence: Recognizing exemplary hospital units***
The intermediate care area and intensive care unit at RUSH Copley Medical Center, the intensive care unit at RUSH Oak Park Hospital and the neuroscience intensive care unit at RUSH University Medical Center all received a gold level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). The award recognizes individual hospital units that set the standard for excellence by using evidence-based information to improve patient outcomes and patient and staff satisfaction.
- ***Disability Inclusion***
RUSH University Medical Center was named one of the “Best Places to Work for Disability Inclusion" for the fifth year in a row based on a top score of 90 in the 2023 Disability Equality Index, a comprehensive annual benchmarking tool that allows nationwide leading organizations to self-report their disability policies and practices.
- ***Gartner Healthcare Supply Chain***
RUSH University System for Health has been included in the annual Gartner Healthcare Supply Chain Top 25. RUSH ranked 13th on Gartner’s 2023 list, moving up from its No. 15 ranking last year. Gartner combined quantitative measures of organizational performance and qualitative assessment of value chain leadership and demonstrated supply chain performance to create a composite score for each organization.
- ***Healthgrades Patient Safety Award***
RUSH Oak Park Hospital was one of only 456 hospitals across the nation to earn the Healthgrades Patient Safety Excellence Award, placing it among the top 10% of all short-term acute care hospitals reporting patient safety data.
- ***Human Rights Campaign Leader in LGBTQ Healthcare Equality***
RUSH has been named a Leader in LGBTQ Healthcare Equality in the Human Rights Campaign’s (HRC) Healthcare Equality Index (HEI) report. The HEI is an annual survey of U.S. hospitals regarding treatment of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) patients and their families, as well as hospital employees. RUSH has consistently received a perfect score for patient nondiscrimination, employee nondiscrimination, equal visitation and staff training around sexual orientation and gender identity/expression. This year’s designations mark the 12th consecutive year RUSH University Medical Center has been designated as an LGBTQ leader, the seventh consecutive designation for RUSH Oak Park Hospital and the second consecutive designation for RUSH Copley Medical Center.
- ***Lown Institute Hospitals Index***
RUSH University Medical Center ranked No. 1 among all Illinois hospitals in the 2022 Lown Institute Hospitals Index for social responsibility, and among the top 4% of 3,606 hospitals nationally. The index also ranked the Medical Center highest for social responsibility among the 20 hospitals on *U.S. News & World Report’s* Best Hospitals Honor Roll.
- ***Magnet Nursing Status: American Nurses Credentialing Center***
All three RUSH System hospitals have received Magnet status, the highest recognition given for nursing excellence. Only 540 U.S. healthcare organizations out of more than 6,300 U.S. hospitals have achieved Magnet recognition.

- ***Newsweek: Top 20 hospitals in the United States***
A recent survey of peers and patients by *Newsweek* ranked RUSH University Medical Center No. 18 among hospitals in the United States. *Newsweek's* "World's Best Hospitals" rankings evaluate over 280 hospitals globally, basing their rankings on recommendations from healthcare professionals, feedback from patient surveys, and crucial medical performance metrics.
- ***The Leapfrog Group: top rating for patient safety***
RUSH University Medical Center and RUSH Oak Park Hospital have been named top teaching hospitals by The Leapfrog Group. These hospitals are part of an elite group of 55 nationwide to be awarded this designation. Attaining this honor requires meeting The Leapfrog Group's stringent criteria for quality care, which encompasses various categories including inpatient care management, medication safety, maternity care, and infection rates.
- ***U.S. News & World Report: Honor Roll***
In the 2023-2024 Best Hospitals rankings by U.S. News & World Report, which assesses over 4,500 hospitals annually, RUSH University Medical Center has once again been recognized as one of the top hospitals in the nation. RUSH stands out with 10 of its specialties ranking in the top 50 nationally, including one within the top five. Additionally, three of these specialties are the highest-ranked programs in Illinois.
- ***Vizient: Quality Leadership Award***
RUSH University Medical Center has again been recognized as one of the top academic medical centers nationwide in the annual ranking by Vizient, Inc. Of the 101 comprehensive U.S. academic medical centers assessed in the Vizient Quality and Accountability Ranking, the Medical Center was ranked No. 2 for excellence in delivering high-quality care. RUSH University Medical Center ranked No. 1 in the Vizient ratings in 2023 and has been in the top five for eight consecutive years.

Accreditations RUSH offers 90 postgraduate residency and fellowship programs in medical and surgical specialties and subspecialties that are accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as 13 non-ACGME-accredited fellowships. RUSH also offers a podiatry residency program and a psychology pre-doctoral program.

Recently, the RUSH cancer program earned three-year accreditation status from the Commission on Cancer. The commission also awarded the cancer program a best-in-class gold commendation.

RUSH is one of the first academic medical centers in Illinois to receive accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP). AAHRPP accredits organizations that conduct human research and can demonstrate that their protections exceed the safeguards required by the U.S. government. To date, only select institutions have earned AAHRPP's accreditation, which is widely regarded as the gold standard worldwide.

RUSH holds national accreditation for continuing medical education through the Accreditation Council for Continuing Medical Education (ACCME) and national accreditation for continuing nursing education (CNE) through the American Nurses Certification Center (ANCC). ANCC awarded RUSH's CNE unit accreditation with distinction, which reflects the high quality of health care education delivered. Both national accreditations have been in place for well over 20 years with a rigorous reaccreditation review process every few years.

Continuing Education

RUSH is committed to providing ongoing education for licensed healthcare professionals, including those who work at RUSH and those who are part of the greater healthcare community. In fiscal year 2020, RUSH established the Center for Innovative and Lifelong Learning (CILL) to expand our already extensive educational programs. RUSH is the only academic medical center in the state of Illinois to have joint accreditation that allows professionals from medicine, nursing, occupational therapy, physical therapy, and other allied health professions to learn with and from each other. This allows RUSH to provide a framework for CILL to deliver high-quality education and training to licensed healthcare professionals, and to promote

safe and effective interprofessional patient care. In fiscal year 2023, RUSH provided continuing education training to approximately 22,000 individuals (about the seating capacity of Madison Square Garden) across 8 professions; many programs were interprofessional.

The RUSH BMO Institute for Health Equity

In May 2021, The RUSH BMO Institute for Health Equity (the Institute) was established with the mission to build, evaluate and sustain scalable approaches that improve health and eliminate inequities through the integration of community partnerships, clinical practice, education, research, and policy. BMO Financial Group's \$10 million gift formally founded the Institute, continuing more than a decade of investment and work to correct systemic health, education, and economic inequities. The Institute coordinates RUSH's health equity initiatives by developing system-wide strategies and resources to improve well-being and increase life expectancy on Chicago's West Side.

Community health and benefit

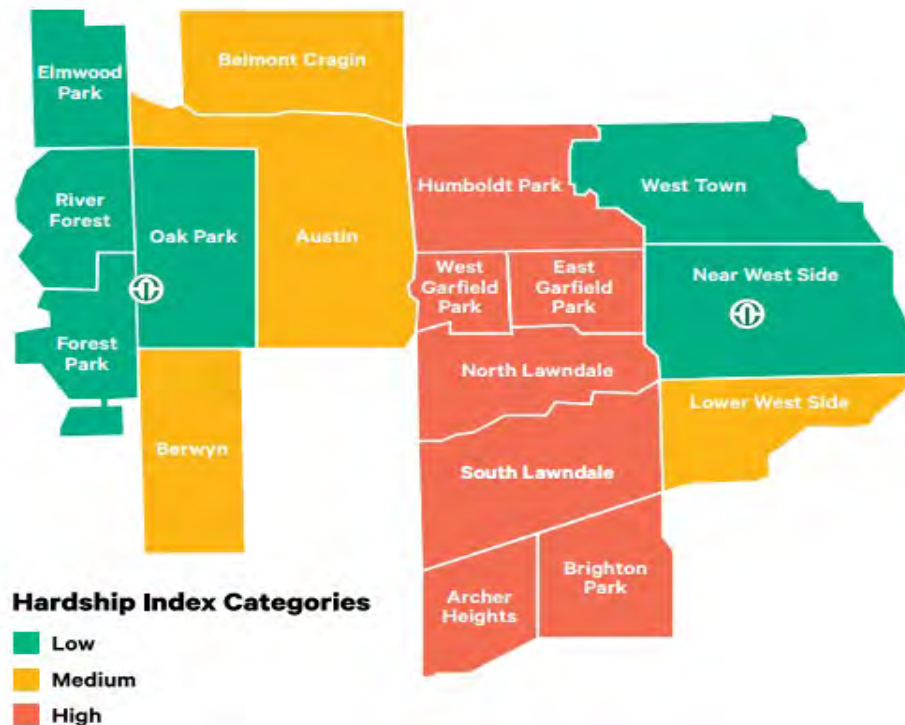
This community benefits report quantifies the financial contributions to legally specified community benefit categories, illustrating the extensive range of activities aligned with RUSH's mission. It incorporates a detailed account of efforts in areas such as unreimbursed care, collaborations aimed at enhancing access to care, and the various strategies outlined in RUSH's Community Health Implementation Plan (CHIP).

Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP)

In our Community Health Needs Assessment (CHNA), RUSH adopted a thorough and cooperative approach for the FY2022 assessment, participating as a member of the Alliance for Health Equity (AHE). The AHE is among the largest CHNA collaborations in the nation, comprising 26 hospitals, seven health departments, and over 100 community organizations at the time of the assessment. Recognizing the importance of partnership in enhancing health outcomes, RUSH contributed to organizing community focus groups and a comprehensive county-wide survey to better understand the health needs of the local population.

RUSH delineated its service area to include the communities spanning between RUSH University Medical Center and RUSH Oak Park Hospital. This area encompasses the neighborhoods of Archer Heights, Austin, Belmont Cragin, Berwyn, Brighton Park, East Garfield Park, Elmwood Park, Forest Park, Humboldt Park, Lower West Side, Near West Side, North Lawndale, Oak Park, River Forest, South Lawndale, West Garfield Park, and West Town.

The West Side of the city, included in this service area, endures some of the most severe health challenges in Chicago, with notably high rates of heart disease, cancer, and diabetes. A stark illustration of this is the disparity in life expectancy – up to 14 years – observed between neighborhoods along a single journey on the Blue Line L train from downtown to the West Side. Through its CHNA, RUSH has identified these critical health disparities. The Community Health Implementation Plan (CHIP) developed by RUSH lays out targeted strategies to effectively address these health inequities.



RUSH's defined community areas for its 2023-2025 CHNA and CHIP

The collaboration identified the following five goals:

1. Prevent and/or manage chronic conditions and risk factors.
2. Increase access to mental and behavioral health services.
3. Reduce inequities caused by social, economic, and structural determinants of health.
4. Increase access to quality health care.
5. Improve maternal and child health outcomes.

To amplify our effectiveness in these communities, all members of the Alliance for Health Equity (AHE) have unified around the same five objectives for their Community Health Needs Assessments (CHNAs).

RUSH's CHNA pinpoints the most pressing health needs within our community. The accompanying Community Health Implementation Plan (CHIP) provides a detailed strategy with specific metrics aimed at addressing and mitigating these health issues.

RUSH's CHNA and CHIP are in full alignment with the mandates of the Internal Revenue Service and the Affordable Care Act. For more information and to access a copy of these documents, please visit the RUSH website at <https://www.rush.edu/sites/default/files/chna-chip-2022.pdf>.

Goal 1: Prevent and/or manage chronic conditions and risk factors

Fiscal year 2023 highlights:

- a. **Reduce risk factors by conducting assessments, implementing disease management programs, and enhancing access to nutritious food options.** RUSH created the Food Surplus Project to alleviate food insecurity in the community by redistributing unused food from hospitals to local food pantries and other community-based partners. This collaborative community effort arose from a RUSH Oak Park Hospital nurse's graduate work at Dominican University. Representatives from several local organizations, including RUSH Oak Park Hospital, the Oak Park-River Forest Day School, Oak Park-River Forest High

School, and the Oak Park-River Forest Food Pantry, worked together to create the infrastructure of the program and implement strategies to reduce food insecurity. The Surplus Project continues at RUSH University Medical Center and RUSH Oak Park Hospital. Through a partnership with Franciscan Outreach, Beyond Hunger, and the West Cook YMCA, **RUSH has provided more than 15,000 pounds of free meals annually.**

Many members of RUSH's "first community" of employees live on Chicago's West Side between the Medical Center and RUSH Oak Park Hospital — a swath that includes several neighborhoods without full-service grocery stores that sell healthy food. RUSH continues to commit to the community by collaborating with Top Box Foods and 40 Acres to provide local produce to employees monthly at a discounted rate. **RUSH connected approximately 5,345 community residents with healthy meals.**

In May 2022, Rush University Medical Center launched its premiere food pantry service, designed to support patients experiencing food insecurity. This initiative, named "Food Is Medicine," offers identified patients a package of nutritious proteins and produce, along with the opportunity for two subsequent home deliveries. Moreover, the program ensures participants can access enduring food assistance programs like SNAP or Meals on Wheels if they qualify. In partnership with Top Box Foods—a grocer serving underrepresented Chicago communities—this program also guarantees the direct delivery of fresh produce to patients' residences, along with custom recipes, nutritional education, and aid in applying for public benefits. **To date, this innovative program has facilitated over 1,400 patients in receiving three home deliveries of healthy meals.**

- b. Expand free and subsidized screenings.** Equal Hope, an independent nonprofit based at RUSH, has implemented a successful evidence-based model for understanding and reducing disparities in the diagnosis and treatment of breast cancer. After the task force was launched, implementing a multi-prong approach, such as free mammograms, disparities began to decrease. Chicago is now number 1 in the nation in reducing breast cancer deaths for African American women. In addition to the expanded access offered by Equal Hope, RUSH Oak Park Hospital provides free mammograms each October to uninsured or underinsured women who live in Oak Park, River Forest, and Proviso Township. This is made possible through a grant from the Westlake Foundation. **In FY2023, 156 people were screened.**

Another program aimed at increasing free screenings, includes the RUSH Oak Park collaboration with Beyond Hunger, a local organization providing hunger-relief programs and services. During Beyond Hunger food distribution days, twice weekly, ROPH staff volunteers provide free blood pressure screenings to food pantry clients. Volunteers provide basic BP education, provide handouts, resources, and answer questions. This program's objectives are to improve the health of community members through screening and education to help them lead healthier lives and address chronic disease.

RUSH Oak Park has expanded its partnership with Beyond Hunger with a new Cardiovascular Disease Prevention Program, launching in FY23. Throughout the fiscal year, a RUSH cardiologist brought RUSH Center for Prevention of Cardiovascular Disease programming to various community events. Throughout the fiscal year, a search was conducted to identify a community-based home for this program. The program was protocolized and a formal partnership with Beyond Hunger was established, as a home base, beginning in FY24. A RUSH Oak Park cardiologist leads a staff of advanced medical students, once monthly, to provide free, comprehensive cardiovascular screenings and follow-ups to Beyond Hunger clients. This collaborative effort provides vital medical screening to traditionally underserved populations, like those who depend on Beyond Hunger programs, to reduce health disparities in the community. Proceeds from the RUSH Oak Park Hospital Medical Staff Gala, an annual fundraiser, were donated to Beyond Hunger in the amount of \$47,625. The donation will be used to further grow Beyond Hunger's food system, expand partnerships, and support/sustain the RUSH Center for Prevention of Cardiovascular Disease program at Beyond Hunger beginning fiscal year 2024 and beyond.

Supporting program information:

RUSH Department of Social Work and Community Health (SWaCH)

Social Work and Community Health (SWaCH) dismantles barriers to health and wellness by providing innovative programs to support patients and community members, and by advancing policies and practices that expand access to whole-person care. Rush Generations provides evidence-based workshops, lectures and group, health screenings, and wellness classes. Care management services are integral to various health equity and quality improvement initiatives at Rush and in the community. Complex care initiatives include Caring for Caregivers program, Rush@Home in-home primary care, and the Center to Transform Health and Housing.

5 + 1 = 20

5 + 1 = 20 is a RUSH Community Services Initiatives Program (RCSIP) program that aims to educate high school students at Chicago Public Schools on five diseases prevalent in the surrounding underserved community (asthma, hypertension, HIV, diabetes, and cancer). Twice a month, RUSH University student volunteers teach a health topic related to the five diseases, with content ranging from disease prevention to practical skills such as checking blood pressure. The students have opportunities to share their knowledge through 5 + 1 = 20 health fairs at their schools, where activities include body mass index calculations, blood pressure screenings, vision screenings, glucose level checks, referrals, and health education. Health fair participants include families and friends of the students and other members of their communities. The program's unusual name comes from the idea that knowledge of these five conditions, plus one informed student sharing what they know, can extend by 20 years the life of someone who might not otherwise be screened. . **In FY2023, 5 + 1 = 20 continued its reduced programming to Benito Juarez, IHSCA RTC Med Prep, Whittier, and Ruiz Elementary. There were 872 unique encounters by 80 RCSIP student volunteers.**

West Side Walk for Wellness

The West Side Walk for Wellness, created and co-led by RUSH medical students, was developed to enhance exercise, and walking in West Side communities, create a sense of engagement and help people feel safe being outside in the community. **The program, which lasted eight weeks, engaged 369 community members from RUSH and the communities we serve.**

Goal 2: Increase access to mental and behavioral health services

Fiscal year 2023 highlights:

- a. Enhance the number of community screenings and boost referrals to mental and behavioral health services.** RUSH is working to address the mental and behavioral health needs of our patients and communities by offering social work services to our primary care, inpatient, and emergency department patients. In addition, the College of Nursing and RUSH Community-Based Practices team offer mental health services in the community at Simpson Academy for Young Women and College of Nursing Faculty Practice sites. RUSH also offers mental and behavioral health services through the Health Legacy Program for Women. This program focuses on behavioral change and addresses psychosocial issues through referrals for direct services offered through Social Work and Community Health.

School-Based Health Centers (SBHCs)

As part of their preventive health services, RUSH SBHCs conduct age-appropriate risk screening and evaluation for mental health issues. Students identified with mental health issues are referred for in-SBHC or community-based counseling and psychiatric services. **In FY23, 1,545 risk screenings were completed and 228 patients received in-SBHC mental health services.**

SWaCH's Mental Health Clinic provides outpatient mental health care as a free-standing psychotherapy clinic as well as integrated partnerships with Rush specialty care providers. **In FY23, 11,714 therapy sessions to referred patients were provided in RUSH's outpatient community psychotherapy clinic.** It also staffs Rush's Center for Clinical Wellness and runs the Legacy Mental Health Fellowship to bring mental health clinicians of color into the community. In addition, SWaCH operates the Anne Byron Waud Resource Center and the Tower Resource Center (TRC), which are both open daily to the public. Each center is staffed by a licensed clinical social worker who is

available to help with a myriad of issues related to health and chronic health issues that particularly impact adults and caregivers.

Throughout FY23, SBHC staff remained connected to school administrations, students, and families by engaging in **68 meetings with school staff and 36 with school partners**. Seventy-six outreach events were conducted either virtually or in person for students or the larger school community. **In FY23, 5,219 students received group education that focused on healthy relationships, COVID-19, nutrition, mental health, transition of care, sexual health and wellness through school outreach activities**. Finally, 442 parents, teachers and staff members participated in educational sessions on the same topics and/or received information on SBHC services and supports.

Mental Health First Aid

In community listening sessions, West Side residents told us that their neighborhoods lack sufficient mental health resources — a major contributor to health disparities. In response, RUSH launched Mental Health First Aid training, which trains people to recognize signs and symptoms of mental illness, respond appropriately when someone needs help, support fellow community members, and help remove the stigma that persists around mental health services. **Twenty-five community MHFA trainings facilitated. Trained 353 RUSH and community members in mental Health First Aid.**

b. Expand access to other screenings and services.

Through a partnership with the RUSH Department of Psychiatry, psychiatric services are provided both in the SBHCs and by telehealth. **During FY23, there were 1,527 students who received SBHC-provided psychiatric care.**

Supporting program information:

RUSH School-Based Health Centers (SBHCs)

RUSH has a 30-year history of providing health care at School-Based Health Centers. RUSH currently has three SBHCs located in Chicago Public Schools: Orr Academy High School, Richard T. Crane Medical Preparatory High School, and Simpson Academy for Young Women. Crane and Orr have students in grades 9 through 12, and Simpson serves girls in grades 6 to 12 who are pregnant, parenting, or both. All three schools have student bodies from underserved populations and are in neighborhoods with high rates of poverty and economic hardship.

Adolescent Family Center (AFC)

In FY23, AFC provided clinic services to 452 youth in 1,612 healthcare encounters. During the fiscal year, 146 unintended adolescent pregnancies were prevented through patient-centered, adolescent-focused family planning services. Additionally, AFC completed 721 Sexually Transmitted Infection tests and had a 100% treatment rate, which promotes the preconception health of the young people AFC serves. AFC also saw a 33% increase in birth control utilization in the past fiscal year.

The AFC had 71 pre and postnatal care patients in FY23. All pregnant and post-partum patients received mental health screening for depression and connection to resources like Women, Infants, and Children (WIC). AFC obstetric patients also experienced improved birth outcomes in FY23 such as preterm births. The AFC's preterm birth rate is 5% compared to RUSH's West Side communities which have preterm birth rates anywhere from 12-16%.

As part of the AFC's community education program, staff members regularly travel to Chicago-area high schools and middle schools to provide community education on pregnancy prevention, reproductive anatomy, contraception, sexually transmitted infection prevention, and reproductive health. In FY23 **4,815 youth** received group sexual health education. The AFC also offers free prenatal education to pregnant teens and their partners.

AFFIRM: The RUSH Center for Gender, Sexuality, and Reproductive Health

Established in January 2020, AFFIRM is actively engaged in bridging healthcare gaps for the LGBTQ+ community. This initiative addresses the challenges of longstanding internalized stigma, trauma, and socioeconomic disparities that often lead to health inequalities. The Affirm team is dedicated to guiding providers across the RUSH system in delivering inclusive and affirming care and services to all individuals. **In FY2023, 1,185 LGBTQ+ patients worked with Affirm patient navigators who helped them connect with inclusive care and services at RUSH and in the community. Affirm also provided 78 hours of cultural competency training to 1,595 RUSH employees.**

The Road Home Program at the Center for Veterans and Their Families at RUSH

The Road Home Program provides care for the “invisible wounds of war” suffered by veterans and their families. Services for veterans include an adult mental health clinic that specializes in post-traumatic stress disorder; family and marital services such as support groups; counseling and guidance for parenting; a military sexual trauma clinic; and an Intensive Outpatient Program (IOP). The IOP is a three-week program where veterans receive intensive treatment Monday through Friday from 8 a.m. to 5 p.m. **In FY2023, the Road Home Program provided clinical services to 1,149 unique veterans with 85% of veterans completing a 2-week intensive outpatient program.**

College of Nursing Faculty Practice Program

The RUSH College of Nursing (CON) has a 40-year history of providing healthcare services to historically underserved individuals, families, and communities at diverse community practice sites through the CON Faculty Practice Program. Most recipients of care are uninsured or underinsured and rely on the CON Faculty Practice sites as their main sources of health care. In addition to direct clinical care provided by RUSH CON faculty clinicians, the CON Faculty Practice facilitates RUSH University interdisciplinary student volunteer programs for students to develop and deliver health education programs in alignment with the clinical care provided. **Nearly 100,000 clinical care and community service hours** are provided to historically underserved communities per year through the CON Faculty Practice Program.

Goal 3: Reduce inequities caused by the social, economic, and structural determinants of health.

Fiscal year 2023 highlights:

- a. Through enrichment, engagement, skills training, and high-quality work-based learning, RUSH is preparing underrepresented youth for success in STEM and healthcare fields. The RUSH Education and Career Hub (REACH) is a cradle-to-career pipeline program with a mission of increasing diversity in science, technology, engineering, and math (STEM) and health care professions. Its goals are to increase high school graduation rates, college matriculation, and interest in health care/STEM careers, and to build skills students need for the 21st-century workforce, including communication, collaboration, critical thinking, creativity, and leadership. RUSH’s dedication to promoting a healthy community has fostered a strong commitment to supporting the growth and development of our neighborhoods, including school communities. **In FY2023, REACH served approximately 12,400 students, educators, and community members across its pipeline programs for learners from preschool to post-college. REACH also provided more than 409 high school and college students with more than 20,000 paid, work-based learning hours.**
- b. **Identify, measure, and mitigate the social determinants of health among those at risk – particularly children, young adults, and people with chronic illness.** RUSH uses a screening tool to identify non-medical barriers to good health, such as food insecurity, homelessness, lack of utilities, transportation barriers, and lack of primary care or insurance. This tool is used in the RUSH University Medical Center emergency department, primary care settings, and community-based settings.

Patients screened for these Social Drivers of Health (SDOH) are connected to services via a partnership with Unite Us (formally known as NowPow), a locally based resource directory company that provides curated, personalized resources that are shared with patients. **In FY2023, 64,953 SDOH**

screenings were completed system-wide, including 2,445 in the emergency department and 41 in the community.

We have launched the Epic SDOH screening module in five pediatric primary care practices and aligned it with the Adverse Childhood Experiences (ACE) screening tool, which detects traumatic events strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. Rollout of this module is expected to continue in the following areas: the RUSH University Medical Center emergency department, select inpatient units, adult primary care, RUSH Oak Park Hospital, and RUSH Copley Medical Center (rollout at Copley is currently suspended due to the pandemic response).

- c. **Participate in regional community health improvement collaboratives.** RUSH joined the AHE early on and is a member of its steering committee. In addition, a RUSH representative chairs several work groups, including one devoted to food security and social determinants. RUSH also has a leadership role in the workgroups for data, policy, and trauma-informed care.

Supporting program information:

RUSH Education and Career Hub (REACH)

REACH provides programming across the educational continuum, from pre-kindergarten through college, through the initiatives highlighted below.

Elementary school outreach (grades pre-K through 5)

The STEMagineers program for elementary school students helps establish a foundational interest in STEM and health care. The program builds awareness of STEM and health care education and careers, teacher professional development, family engagement, classroom curriculum resources and alignment with standards and research that support best practices in early childhood education.

Transitioning into FY2023, the STEMagineers program has continued to evolve and broaden its impact, offering compelling activities and presentations. Highlights include the successful execution of the sexual health education workshops for students who attended Pickard, Dett, and Melody Schools in November, garnering completion appreciation notes, and marking a significant milestone for the program. STEMagineers also partnered with Rush Pediatrics on two programs, Human Mother's Milk and Sleep Safety at Pickard and Melody Schools. They engaged in crucial topics such as CPR, Diabetes, heart disease, and mental health for youth and teens.

Simultaneously, students actively participated in understanding the effects of drugs through a series of Drug Misuse workshops.

Middle school outreach (grades 6 through 8)

In FY2023, REACH continued with two STEM educational enrichment programs for students in grades 6 through 8.

Vitals for STEM Success is a 10-week after-school enrichment program for middle school students interested in STEM and healthcare careers. Participating students build their prerequisite skills and awareness of careers in STEM and health care through collaborative games, projects, and dissection labs to learn about human body systems. Students also engage in career pathway planning through research, simulations, and guest speakers in health care careers. This past year, the program was hosted at Lawndale Community Academy, Theodore Herzl Elementary School, and Village Leadership Academy. The program was also implemented as a middle school STEM summer camp at Melody STEM School and Carole Robertson Center Albany Park.

Future Ready Learning Labs, supported in part by the Michael Reese Health Trust, is an enrichment elective incorporated into the school day, focused on building interest and awareness of careers in the STEM and health care fields, increasing sense of self-efficacy, developing 21st-century learning skills

and transitioning to high school. Students engage in the content through research projects, hands-on learning activities, Career Day events, and guest speakers from various health care careers. REACH's partner schools for this program during the 22-23 school year were Pickard Elementary School, William H. Brown STEM School, and Hefferan Elementary School.

High school outreach (grades 9 through 12)

MedSTEM, one of our signature high school programs, is designed to introduce teens to a wide range of clinical and non-clinical health care careers, develop leadership skills and build academic skills. MedSTEM Pathways provides pre-internships for rising sophomores and juniors, and internships for rising juniors and seniors. By leveraging resources from across RUSH University Medical Center, we provided students with comprehensive, engaging experiences, including personal development workshops, industry-recognized certifications, and networking with career professionals. **In FY23, 135 students participated in MedSTEM Pathways and MedSTEM Explorers programming. Half of the summer's MedSTEM Pathways interns and 76% of MedSTEM Explorers earned one or more industry-recognized credentials: CPR, first aid/basic lifesaving, phlebotomy, and ECG technician.**

College and Beyond

The Center for Community Health Equity Summer Scholars program offers a paid, eight-week summer internship at RUSH University Medical Center for four highly motivated college juniors and seniors who have a strong interest in research, health disparities, and community relations. This summer, student research projects explore a wide range of topics from a focus on race and congestive heart failure among older adults living with HIV to what impacts successful educational attainment among college students from Garfield Park. The experience will include conducting a literature review using APA citations, data collection and evaluation, qualitative methods, and IRB considerations.

The College Career Pathways program supports underrepresented young people beyond high school for immersive work-based learning experiences in targeted career paths. The program includes paid internships, college and career advising, and professional and technical skills training, which helps participants find jobs with STEM and health care employers. Interns learn skills in several RUSH University Medical Center departments, including labor and delivery, the surgical ICU, outpatient psychology and pathology. Additionally, interns met weekly and developed group projects surrounding the tragic history of medical experimentation performed in vulnerable communities that contributes to the medical advancements used today. **In FY2023, 52 students each earned more than 256 hours of paid, work-based learning experience through College and Career Pathways and Center for Community Health Equity Summer Scholars Program.**

REACH STEM Health Sciences Exploration Fair

In 2023, REACH continued to foster community enrichment by sponsoring two impactful STEM Exploration Fairs at Malcolm X College. These events were catalysts for educational transformation, reaching students across diverse age groups.

Our commitment to hands-on learning and exposure to STEM fields was evident as students from grades 2-5 and 6-8 participated in the spring, while 6-8 graders and high school students continued their exploration in the fall. **Over 300 students were active participants in these immersive experiences, gaining exposure to hands-on activities, science experiments, drone dissections, and engaging career panels.**

The fairs were not just about exploration but about opening doors to potential careers. Students had the unique opportunity to interact with healthcare professionals, delving into the diverse and rewarding world of healthcare careers. The impact was palpable as young minds were inspired, and a path to future opportunities began to unfold.

These STEM Exploration Fairs were not confined to traditional learning. They embraced the spirit of innovation, offering interactive STEM experiences, robotics lessons, and dynamic opportunities for

students to discover their potential in STEM and healthcare careers. The fairs provided a platform for students not only to learn but to actively engage and participate in a variety of educational activities.

REACH's sponsorship of the STEM Exploration Fairs in 2023 was a testament to our commitment to community education and empowerment. These events have left an indelible mark on the minds of our youth, inspiring them to dream big and reach for the stars in the fields of STEM and healthcare.

Oak Park River Forest High School

RUSH Oak Park Hospital started a collaboration with Oak Park River Forest High School (OPRFHS) to have their certified nursing assistant student's complete clinicals at ROPH. Currently, one of the ROPH nurses serves as liaison and clinical faculty for this program. **In FY23, 53 students fulfilled educational requirements for licensing and increased the larger communities' healthcare educational attainment.**

RUSH Oak Park Hospital also collaborates with Oak Park River Forest High School in the CITE II: Community Integrated Transitional and Educational Program. ROPH is a host site for the OPRFHS CITE II Program. This program is a partnership between ROPH and OPRFHS that serves local students with developmental disabilities and/or Autism who have received a diploma from high school but still need additional assistance after graduation. CITE is an outcome-based program focused on facilitating students' independence in their home and community through direct teaching of life skills. The program assists the students within ROPH's professional environment by helping them move toward their desired post-school outcomes - particularly with an emphasis on learning job skills, providing coaching on social skills, and helping to acquire gainful employment within the community. **In FY23, eight out of ten students found jobs in the community, including one at RUSH. Additionally, in FY23, these students provided a total of 2,339 volunteer hours in the hospital.**

Malcolm X College partnership

Malcolm X College (MXC) and RUSH share a longstanding collaborative history, encompassing various joint initiatives. This partnership supports MXC students in their clinical rotations across multiple disciplines such as nursing, surgical technology, radiologic technology, EMT/paramedic, and respiratory care at RUSH University Medical Center. Additionally, RUSH facilitates anatomy labs for MXC's health occupations students. The collaboration extends to RUSH providing guest lecturers and recently initiating a monthly interprofessional lunch and learn series for both MXC students and faculty. MXC's goal is to equip its graduates with the necessary knowledge, skills, and professional qualities for current and future roles in healthcare. Supporting this objective, RUSH contributes to MXC advisory committees and offers transfer programs for MXC graduates in radiologic technology and respiratory care, enabling them to pursue bachelor's degrees in their respective fields.

Mini Medical School

The RCSIP Mini Medical School offers a unique Saturday program once a month throughout the academic year, tailored for fourth and fifth graders from Chicago Public Schools. Its primary aim is to acquaint these young learners with the field of health sciences. Taking place at RUSH University, the program includes a series of anatomy and physiology lectures, interactive activities centered on the five key body systems, and practical dissection sessions. Committed RUSH student and physician volunteers play a pivotal role in crafting the curriculum, leading the activities, and providing guidance to the students during these educational sessions. **In FY23 RCSIP Mini Medical School continued remote learning. There were seven remote sessions held with 453 students engaged.**

Goal 4: Increase access to care and community services

Fiscal year 2023 highlights:

- a. **Expand access to primary care medical homes for people without insurance and for others without medical homes.** The Transitional Care Program (TCP) at RUSH University Medical Center plays a vital role for patients in the emergency department or inpatient units who require assistance in arranging follow-

up appointments after discharge. In this program, patient care navigators facilitate connections to suitable post-discharge care. TCP has greatly benefited from RUSH's numerous community collaborations, notably its formal alliance with CommunityHealth, Chicago's largest free clinic. Here, RUSH attending physicians, medical residents, and students generously contribute their expertise and time through volunteer rotations. CommunityHealth provides a comprehensive range of services including routine physicals, immunizations, a full laboratory and pharmacy, complimentary medications, and dental care. **In FY2023, 418 patients** were referred to CommunityHealth through this partnership. Additionally, this collaboration extends to RUSH's involvement with Franciscan Outreach, where RUSH students conduct screenings for primary care and insurance needs among shelter residents and refer them to TCP as necessary.

b. Implement adverse childhood event screenings and referrals at school-based health centers. Please see Goal 3, Section B

c. Expand access to insurance. Please see Goal 4, Section A

Supporting program information:

RCSIP clinics

RCSIP clinics operate through the dedicated efforts of RUSH volunteers, comprising a physician leader and an interdisciplinary team of RUSH students. These clinics provide a range of services, including physical examinations, health education, complimentary basic medications, and procedures like wound care. Additionally, they assist patients in establishing primary and/or specialty care connections through referrals. These clinics include:

- **RCSIP Haymarket**, which serves adult men and women with primary care, and health education; it also provided COVID-19 vaccinations during 13 vaccination days and seven clinic days. **More than 565 healthcare encounters were provided during FY2023.**
- **RCSIP CHHRGE**, The Chicago Homelessness and Health Response Group for Equity (CHHRGE) emerged in response to the urgent need for medical support at Franciscan and other communal shelters during the COVID surge. Students and faculty members conducted screenings for men and women at various shelters on Chicago's West Side, which included daily temperature checks and a set of health questions. Individuals who showed positive signs were directed to the Safe Haven respite site for isolation and medical care. Additionally, the students took special measures to protect individuals aged 60 and above with co-morbidities. **The clinic provided health care to more than 60 individuals during FY2023.**

Goal 5: Improve maternal and child health outcomes

Fiscal year 2023 highlights:

- Invest, develop, and participate in two-generation initiatives to support whole-family health.** Best Babies Zone – Where communities thrive and babies are healthy, was launched in 2019 through participation in organized programs of support and technical assistance provided by CityMatCH is a place-based, multi-sector, community-driven approach to reducing racial inequities in birth outcomes by mobilizing community residents and organizational partners to address the social, structural, and economic determinants of health and promote health equity. The vision of this program is to improve neighborhood birth outcomes and create equitable opportunities for families to thrive by leveraging community expertise and engagement and forging multi-sector partnerships to disrupt the social and economic determinants of health caused and perpetuated by systemic racism.
- Partner with community-based organizations to expand behavioral health initiatives that promote relational health.** Building Early Connections (BEC) is a five-year service initiative aimed at enhancing care systems at Rush and across Chicago's West Side, particularly for prevalent behavioral health issues in children under the age of 8. **In FY23, a total of 18,244 screenings** were conducted, leading to **2,345** referrals to the BEC program and **1,486** referrals to El Services. BEC Initiatives include:

- **Expand care at Rush:** Develop a coordinated screening, referral, and behavioral health intervention model for young children at RUMC
- **Increase Capacity in Chicago:** Increase the capacity of RUMC and community providers to identify and address common behavioral health concerns in young children
- **Engage patient populations:** Launch a community-based healthy child development promotional campaign

Community-building activities

As an anchor institution, RUSH is committed to improving economic vitality, well-being, and community health through cross-sector and community partnerships. The following highlights RUSH initiatives within IRS-defined categories.

Physical improvements and housing

RUSH launched the Center to Transform Health and Housing (CTHH), funded by the Chicago Trading Company in 2021. Since then, the Center has acquired additional funding from Illinois Tool Works to support its mission of improving health outcomes for people experiencing homelessness and housing insecurity. The Center's four-prong approach focuses on **education and training** by increasing learner experiences, **clinical care** which includes medical and social care, **advocacy, and collaboration**, and highlighting the **voice of people with lived expertise** to address the social determinants of health that impact this population. The Center also facilitates and provides operational support to the Chicago Homelessness and Health Response Group for Equity (CHHRGE) a multisector collaborative, established in March 2020, that works to enhance communication and coordination with the City of Chicago and other collaborative stakeholders and serves as a clearinghouse for information, support, and problem-solving for health and housing equity.

Over the last year, Chicago has received more than 20,000 individuals seeking asylum (new arrivals) with little to no notice. Many that arrive have been placed in shelters or more permanent housing, while others are forced to live at local police stations and airports until shelter becomes available. Understanding the increased need, the Chicago Department of Public Health (CDPH) contacted the Center to Transform Health and Housing, to organize a crisis mobile response committed to providing medical and social care services to adults, children, and families residing in police stations throughout the city. The Center has led this effort by being a voice on the ground to city departments, and by recruiting and organizing volunteers from across the institution to lend a hand.

Economic development

- **Invest locally: In collaboration with other hospitals under the West Side United (WSU) initiative, RUSH University Medical Center has contributed to awarding \$400K in small grants to 40 small businesses on Chicago's West Side. In 2023, an additional \$140K will be allocated to 14 businesses, bringing the total contributions to date to \$1.8M.** As part of WSU, \$10.1 million is actively invested with community development financial institutions (CDFIs) to West Side social impact projects as of June 2023. Since 2018, WSU partners have collectively and cumulatively invested \$15.8M with "recycled capital".
- **Purchase locally:** To advance RUSH University Medical Center toward its goals to increase purchasing with vendors from the West Side, RUSH has partnered with Together Chicago and Chicago Anchors for a Strong Economy to identify and contract with vendors at the hyper-local level. **RUSH University Medical Center spent over \$9 million in purchase services in FY23 using Anchor Mission (AM) vendors and continued to mentor small local vendors to help them scale and grow.** RUSH University Medical Center is part of the West Side Procurement Working Group with five other hospitals and health systems to share best practices and increase the use of local vendors. In FY23, they collectively held a vendor registration fair in partnership

with The Hatchery, attracting over **300 local small businesses** interested in doing business with hospitals.

Workforce development

- **Hire locally:** RUSH has established an organizational goal to increase hiring from the West Side and collaborates with two community-based partners (Skills for Chicagoland’s Future and Cara) to increase local hiring for entry-level positions. RUSH also partners with other organizations to source local talent and, when necessary, refer candidates to other partners for employment and wraparound services. Since FY21, an average of 16% of Rush's annual new hires, which equates to 8,157 employees, have been hired from anchor mission communities. **In FY23, Rush participated in over 30 hiring events and an average of 18% of its new hires were from anchor mission communities.**
- **Since FY21, 363 participants have been served in multiple career pathways** programs via WSU, Rush and REACH to help community members and incumbent workers at Rush advance in their healthcare careers.

RUSH Oak Park Hospital works with local vendors and continues to expand local hiring initiatives. ROPH has a long-standing partnership with the Oak Park River Forest Chamber of Commerce, including ROPH board participation, contributions to monthly wellness newsletters, sponsorship of an annual health and wellness fair, identification of potential local job candidates, and efforts to highlight local businesses in the ROPH gift shop. As a result of a collaboration with the Oak Park River Forest and Austin – Chicago Chambers of Commerce, a process was created for the ROPH gift shop to host local small businesses' pop-up shops, from anchor mission communities. This process serves to promote and showcase these small business goods/products and 100% of sales go back to the businesses.

As part of the ROPH/Oak Park River Forest Chamber of Commerce partnership, ROPH serves as the presenting sponsor of the Chamber’s annual health and wellness fair. The fair is a collaboration with multiple local health, wellness, and social services agencies/organizations/small businesses – there were a total of 90 vendor tables at the FY23 event. RUSH provided health education and free screenings, including blood pressure, glucose, A1C, DEXA Scan and information on prediabetes. A total of 55+ RUSH volunteers provided these free health screenings, education & resources to 1,000 community members representing 60 zip codes.

Environmental improvements

In fiscal year 2023, the Environmental Sustainability (ES) team at RUSH University Medical Center earned an Emerald Greenhealth Award from Practice Greenhealth for their work in calendar year 2022. This award recognizes the top 20% of hospitals who submit data to their annual benchmarking initiative and recognizes advanced sustainability programs. The Medical Center was also awarded a Making Medicine Mercury Free Award for virtually eliminating mercury from our facilities, as mercury has known negative health impacts and the use of it in our operations is contrary to healthcare’s mission of healing.

The ES team began developing a Climate Resilience Plan, one of the requirements of the U.S. Department of Health and Human Services’ Health Sector Climate Pledge. The team collaborated with various departments in the Medical Center to identify areas of opportunity to strengthen existing plans to help the hospital adapt and recover from disruptions caused by our changing climate. As the climate warms, it is also destabilizing, resulting in hotter hots, colder colds, and more intense and frequent storms. The need for such planning was highlighted by the flash flooding that hit the western and southwestern side of Chicago in July 2023, as well as the 13 confirmed tornadoes over Chicago in late July.

Another significant milestone for the ES team was the completion of a “Unifying Efforts” pilot

program through Practice Greenhealth. This program has enabled the ES team to connect their work to the more mature community health and equity teams at RUSH, highlighting the opportunity to amplify the message and impact of all of our teams into a stronger, unified directive. A monthly forum called the RUSH Commitment was born of that initiative, where a cross-departmental team meets to share updates on current initiatives and identify opportunities for collaboration.

Other program highlights include:

- The development of a plan and timeline to achieve 100% renewable electricity for the campus by 2030.
- The expansion of our food waste avoidance programs through the implementation of a composting program in the patient kitchen, which has diverted over 120,000 pounds of food waste from the landfill since its inception, and the expansion of our food recovery program that supports Franciscan Outreach to include day-old goods from the Panera Bread on our campus.
- The Medical Center was awarded ComEd’s MBCx 2022 project of the year for achieving the highest amount of energy savings of any account in ComEd’s territory through a Monitoring Based Commissioning program.
- Medical device reprocessing grew on campus, with the Medical Center collecting over 100,000 pulse oximeters for reprocessing in calendar year 2023.
- The Procurement team approved a Sustainable Procurement charter through Vizient’s Go Green: Healthcare Sustainability Optimization Collaborative to develop a sustainable procurement policy and strategy.
- The campus’s Main Parking Garage and Armour Academic building were converted to LED lighting, significantly decreasing these buildings energy use and associated greenhouse gas emissions.
- Supported the City of Chicago’s Department of Public Health heat mapping campaign through NOAA, by volunteering as a navigator and participating in the data collection process to highlight the disparities in heat felt across the city of Chicago caused by the lack of green infrastructure across the west side caused by the racist practice of red-lining communities in the early-1900’s.
- The ES team formed a partnership with the Center for Hard to Recycle Materials (CHaRM Center) at South Suburban College that has expanded our reuse and recycling programs to include pathways for Styrofoam and textiles.

Coalition Building

West Side United (WSU) (westsideunited.org)

WSU is a collaborative of six healthcare anchor institutions (Ann and Robert H. Lurie Children’s Hospital, Ascension, Cook County Health, RUSH University Medical Center, Sinai Chicago, UI Health), the American Medical Association, and other healthcare providers, education providers, the faith community, business, government and residents. This collaborative is working to improve neighborhood health by addressing inequities in health care, education, economic vitality, and the physical environment, using a cross-sector, place-based strategy. The overarching aim is to eliminate the life expectancy gaps between the Loop and ten West Side neighborhoods.

WSU focuses on the following initiatives across four strategic pillars (health and health care; education; economic vitality; neighborhood and physical environment):

- Accelerating Anchor Mission accomplishments including social impact investing, local hiring, local procurement, employee professional pathways, and High school internships and college apprenticeships
- Small-business accelerator
- Aligning hospital efforts to community needs
- Distributing self-monitored blood pressure cuffs to West Side health care providers to support pregnant and postpartum patients with hypertension
- Strengthening direct support relationships between hospitals and local food pantries

- Supporting maternal and infant health through West Side Healthy Parents and Babies
- Coordinating community-based organizations to deliver community health worker screenings through Wellness West

Under the umbrella of Unite the West Side, WSU:

- Serves as the West Garfield Park Community Lead for Chicago Department of Public Health Equity Zone
- Houses the WSU Community Advisory Council
- Advances community engagement and vaccine equity
- Convenes partners and supports capacity building, including the coordination of partners for the Sankofa Wellness Village and the West Garfield Park Community Grocer Initiative.

WSU also pilot's new ideas across domains with projects like the incubation of a cluster of care community hubs at Herzl School of Excellence in North Lawndale, which is in the process of being transitioned to UCAN, a community partner.

West Side ConnectED

RUSH continues to partner with the organizations in West Side ConnectED to improve our work to address the social determinants of health with support from Catholic Charities. The coalition has grown to include Lurie Children's Hospital and enjoys consistent representation by the Illinois Partners for Human Service, a coalition of 800 human rights organizations located in every legislative district in Illinois. Efforts continue to be focused on implementing screening for health care access (primary care/insurance), food security, housing/homelessness, utilities, and transportation but have broadened to include each partner's entire hospital per their individual institutional goals.

Additional community partnerships and programs

RUSH maintains many partnerships and programs to improve the health of the communities that we serve. Programs related to community benefit are listed below.

Employee Volunteer Program (EVP)

EVP is a program to support volunteer activities that serve the communities where RUSH system employees work and live. RUSH specifically seeks to address issues that improve health, well-being, and quality of life for our neighbors, and to provide volunteer opportunities that enrich and inspire our employees. **In FY2023, 421 employees 3,255 volunteer hours working in the community and planning volunteer opportunities.**

Adopt-a-Family (AAF) and Adopt-A-RUSH-Family (AARF)

AAF is a program during the winter holiday season through which RUSH employees and friends adopt families from West Side communities to make their holidays a little brighter. Most of these families are experiencing poverty or homelessness and are living at 200% or more below the poverty line. AARF is a new addition to this platform, in which RUSH employees who are experiencing hardships during the holiday season are adopted. **During FY2023, RUSH adopted 261 families (1,085 individuals).**

Charitable contributions

Charitable contributions to community-based organizations and nonprofits are determined by the senior leadership team on behalf of RUSH and ROPH. The funds support community initiatives and events throughout the fiscal year. **In FY2023, RUSH corporate funds for the hospitals totaled \$714,045.**

Chicago Healthcare System Coalition for Preparedness and Response

Since 2008, RUSH has been an active member of the Hospital Preparedness Program (HPP), administered by the Department of Health and Human Services. The HPP's mission is to improve the ability of hospitals and health care systems to respond to public health emergencies.

The heart of the HPP is the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR). Its purpose is to develop plans to unify, coordinate and manage emergency planning and response for the health care system in Chicago. During a planned event or unplanned disaster or emergency, CHSCPR participates and supports response efforts in coordination with the Chicago Department of Public Health.

Chicagoland Healthcare Workforce Collaborative

RUSH remains an active member of the Chicagoland Healthcare Workforce Collaborative (CHWC), administered by the Chicago Community Trust. The CHWC works with employers, higher ed institutions, training providers and community organizations to support an inclusive healthcare workforce, provide accessibility for unemployed and underemployed populations, and develop innovative responses to the evolving needs of the healthcare industry.

Extreme weather assistance

In conjunction with the Village of Oak Park, RUSH Oak Park Hospital is designated as a Severe Weather (warming/cooling) Center and for those without adequate air conditioning or heat in extreme temperatures. This effort helps prevent hypothermia and frostbite in extreme cold, and heat stroke and other heat-related illnesses when temperatures spike. **During FY23, there were 308 visits to the warming center, providing critical shelter from dangerously cold temperatures.**

HEAL Initiative

Rush University Medical Center continued its participation in Sen. Durbin's Chicago HEAL initiative and co-chaired the HEAL Healthcare Career Workforce Pipelines Working Group alongside Northwestern Medicine. Through this commitment, Rush achieved an increase of 388 additional hires in HEAL zip codes compared to results from 2021 due to increased engagement with local workforce partner organizations. Beyond new hires, Rush hosted **185 high school and college interns in their pipeline programs**. Seventy-six percent of the high school students earned industry-recognized credentials in allied health or information technology. Collectively, HEAL member hospitals currently administer over **50 career pipeline programs and initiatives, serving over 4,000 community members, students, and employees, and hiring 4,921 employees from the HEAL target zip codes on Chicago's South and West sides.**

Housing Forward

Housing Forward is a recognized leader in suburban Cook County offering a coordinated response with RUSH Oak Park Hospital that allows people experiencing a housing crisis to quickly resolve their situation. They offer comprehensive, wrap-around support from the onset of a financial or housing crisis to its resolution, preventing homelessness whenever possible, and providing permanent, stable housing for the most vulnerable members of their community. RUSH Oak Park refers patients experiencing homelessness to this organization, including patients in need of medical respite care. Additionally, in FY23, in collaboration with Housing Forward, ROPH staff participated in the Illinois Medical Respite Capacity Building Initiative, to expand medical respite capacity within suburban Cook County.

Medical Home Network Accountable Care Organization

The Medical Home Network (MHN) is a public-private partnership founded by the Comer Science and Education Foundation to address the healthcare needs of underserved individuals living on the South and Southwest sides of Chicago. MHN created the MHN Accountable Care Organization (MHN ACO), which is a partnership of three area hospitals (including RUSH) and 13 federally qualified health centers working to improve access, quality, and utilization for all their primary care Medicaid patients enrolled in County Care. MHN ACO uses best practices in the industry to reach the most vulnerable patients and provide care coordination enhancements to improve their lives. RUSH has senior leadership representation on the MHN ACO board and one physician leader who chairs the MHN ACO Clinical Committee.

RUSH University programming

RUSH University is committed to improving the health of the communities we serve by preparing the next generation of the healthcare workforce through graduate medical education and tuition assistance programs, both of which contribute to our community benefit.

RUSH University is the main contributor to RUSH's healthcare workforce development efforts by producing the next generation of highly trained healthcare professionals and healthcare research scientists. RUSH University is a recognized leader in health sciences education in Chicago and around the country and is nationally ranked by the *U.S. News & World Report* as a provider of top graduate programs. Each of its four colleges (RUSH Medical College, the College of Nursing, the College of Health Sciences, and the Graduate College) supports the research and patient care endeavors of the Medical Center.

The university enrolls an average of more than 2,800 students annually; more than 931 degrees were awarded in fiscal year 2023. In 2023, 36% of RUSH Medical College graduates secured residency programs in the Chicago metropolitan area. On average, 57% of RUSH College of Nursing entry-level nurse graduates and 62% of advanced practice nurse graduates begin careers in the Chicago area each year.

RUSH University Hospital and neighboring John H. Stroger, Jr. Hospital of Cook County, one of the busiest public hospitals in the nation, have enjoyed a formal affiliation since 1994. With this partnership, Stroger Hospital became a primary training location for RUSH Medical College students and residents, and Stroger Hospital patients gained access to specialists from RUSH who rotate time at Stroger, as well as other clinical services that are not offered at Stroger. Each year, more than 400 RUSH students and postgraduate residents receive training at Stroger Hospital in areas ranging from cardiac and vascular surgery to breast cancer. Joint research projects in basic science, clinical science health services and epidemiology look for new ways to improve the health of vulnerable communities and bridge gaps in the health care system.

RUSH offers **93** Graduate Medical Education (GME) programs. The mission for GME at RUSH is to develop and provide training programs of the highest quality for resident physicians and fellows (medical school graduates seeking advanced training and board certification in a medical specialty area) with the aim to develop physician competencies and improve and promote patient care. A key goal of the GME programs is to link RUSH's academic resources with those of affiliated institutions to provide a widely diverse and representative educational environment and patient mix.

RUSH College of Nursing prepares nurse leaders in health care education, research, practice, and policy who will address the needs of an increasingly technologically advanced and global society. Our programs of study include the Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), and Doctor of Philosophy (PhD) to educate nurses whose practice is socially responsive and informed by science. The College of Nursing consistently ranks among the top 3% of nursing schools nationwide, according to *U.S. News & World Report*.

The College of Health Sciences is responsible for education and research in the allied health professions, including healthcare management. More than six of every 10 healthcare workers in the United States are employed in an allied health field, and the demand for these professionals is expected to increase significantly because of the aging population. Faculty members of the College of Health Sciences serve the Medical Center as practitioner-teachers. All have patient care or service responsibilities while concurrently filling roles as teachers and investigators. Through the faculty, RUSH University students have access to managers and skilled clinicians employing the latest treatment and practice in a dynamic academic medical center.

Tuition forgiveness program

Through select tuition forgiveness programs, RUSH subsidizes the education and training of the next generation of physicians, nurses, allied healthcare professionals, and healthcare research scientists whose tuition and grants do not fully cover the associated costs. **During FY2022, RUSH provided tuition forgiveness of \$1,962,064 for 60 students pursuing health science research doctoral degrees.**

Research to improve community health

Rush physicians, nurses, and other research scientists are actively involved in more than 1,800 research projects aimed at advancing scientific knowledge and optimizing patient care. Numerous programs are in place at Rush — such as a research mentoring program and pilot project financial awards — to support and develop the next generation of healthcare researchers.

Rush subsidizes health and medical research to improve patient care by covering expenses not funded by private or government grants. Investigators at Rush are involved in many clinical studies to test the effectiveness and safety of new therapies and medical devices and many basic research studies designed to expand scientific and medical knowledge. As an academic medical center, Rush brings together individuals from diverse backgrounds and experiences to uncover new advances in patient care.

In addition, Rush University Medical Center promotes community involvement on its Institutional Review Boards (IRB). The IRB has one or more community members who represent the general perspective of participants; one or more community members who do not have scientific expertise; and one or more community members who have scientific or scholarly expertise. Rush IRB community members must be knowledgeable of current federal regulations and guidance, Rush research policy requirements, and recent interpretations and controversial issues as they relate to human subject research. Rush IRB community members receive training upon joining the IRB and are offered opportunities to continue expanding their knowledge in human subjects' protection throughout their tenure with the IRB.

Rush also is a member of multiple research consortiums. Joint research projects in basic science, clinical science and services and epidemiology look for new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system. Some of the research consortiums include:

Institute of Translational Medicine 3.0 (ITM 3.0)

RUSH is a full partner with the University of Chicago in the recently NIH-funded Institute of Translational Medicine 3.0 (ITM 3.0, a program in the National Institutes of Health (NIH) Clinical and Translational Science Awards consortium that helps convert biomedical research into health improvement. Working with other affiliates in the region (Loyola University Medical Center, NorthShore University Health System, Advocate, and Illinois Institute of Technology) the ITM 3.0 strives to improve health outcomes throughout Chicagoland by mitigating disease risk, morbidity and mortality through collaborative, multidisciplinary team science. RUSH will work as part of the consortium to achieve this vision by assembling scientific, institutional, and community stakeholders, and together focusing on the highest value propositions to improve mutually defined health concerns. The core conviction is that participating in health research is a matter of shared self-interest and social justice, a “new normal” prevailing viewpoint toward which we will strive together over the next 20 years. ITM 2.0 will work with stakeholders throughout Chicagoland and the nation.

The Chicago Area Patient-Centered Outcomes Research Network (CAPriCORN)

CAPriCORN is a consortium committed to working with other Chicago area medical centers around the development, testing, and implementation of strategies to improve care for the diverse residents of the metropolitan Chicago region. The network of 10 regional health systems and multiple other partners works together to develop, test, and implement strategies to improve care for diverse residents in the metropolitan Chicago region to improve health care quality, health outcomes and health equity.

Rush advances the following objectives through its work in CAPriCORN:

- Connect patients and their communities to data that is meaningful in informing their health decisions
- Support the evolution of faculty and staff to become knowledge managers who use data from clinical care to accelerate innovation and to drive continuous process improvement in patient-centered outcomes research
- Promote Rush’s role in health innovation as part of a unique consortium that is a national resource for improving patient-centered outcomes
- Sustain an infrastructure at Rush to embed the principles of a learning health system

All of Us Research Program

The All of Us Research Program is a national longitudinal cohort program with repeated engagement of participants to create a research resource that enables a variety of future observational and interventional studies. RUSH began open enrollment in May 2018 and has enrolled over 2,700 participants to date. Enrolled participants receive a blood draw for common lab measures with the option to receive the genetic return in the future. All services, information, and return of results are provided at no cost.

The Pragmatic Evaluation of events And Benefits of Lipid-lowering in older adults (PREVENTABLE) Study

The Pragmatic Evaluation of Events and Benefits of Lipid-lowering in older adults (PREVENTABLE) study, started in 2020, is an intervention study that has enrolled 153 older individuals in the greater Chicagoland area. The goal is to understand if taking a moderate dose of statin therapy supports disability-free survival in healthy, older adults over 75 years of age.

The RUSH Department of Preventive Medicine has a long history of community research, teaching, training, and service dating back to the 1970's. Since 1990, the department has received well over \$50 million in National Institute for Health (NIH) funding to conduct community-based translational research. The RUSH Center for Urban Health Equity operates under an NIH-sponsored \$10 million grant. This center is devoted to reducing cardiopulmonary disparities in underserved Chicago residents through research, training, education, and service. Department of Preventive Medicine faculty and staff also generously donate their time and skills to give back to our communities. Their efforts include presentations and seminars where they collaborate with neighborhood clinics, churches, schools, and other organizations to provide health education on many topics, from diabetes care to asthma in children. **Examples of studies conducted by the Department of Preventive Medicine that directly address RUSH's CHNA findings include:**

ALIVE Study

Provides nutrition education through Bible study and short videos to congregants of five African American congregations.

Financial assistance

RUSH believes that a patient's ability to pay for services should not impact the care they receive. As the largest part of RUSH's community benefit, RUSH provides free and subsidized services to patients at RUSH University Hospital and RUSH Oak Park Hospital.

As a nonprofit, RUSH reinvests excess revenue after paying expenses back into our institution to provide care for patients. A significant part of this reinvestment includes supporting services that benefit patients: free care for patients who qualify under our charity care program; care for patients whose government insurance does not pay all our costs; and critical medical services that operate at a financial loss but are necessary for the community's overall health.

During FY2023, RUSH provided \$368 million (located in the CBR FY Summary) in unreimbursed care to patients. Unreimbursed care consists of charity care provided to patients who lack the means to pay for services (at cost), bad debt, and unreimbursed costs for providing care to Medicaid and Medicare patients. RUSH recognizes the need to simplify charity policies and to aid the uninsured and underinsured individuals within our communities. To assist patients with their hospital bill, RUSH offers the following financial assistance programs:

Paid in Full Charity Care

Patients qualify for the RUSH Charity Care program if their income level is at or below 300% of the federal poverty level (the FPL). This means that individuals qualify if they earn less than \$90,000 and are supporting a family of four.

Discounts for Limited Income

RUSH assists families with limited incomes, defined as annual income less than 400% of the FPL. That means individuals earning less than \$120,000 and supporting a family of four are eligible for a write-off of up to 75% of their bill.

Discounts for Self-Pay Patients

RUSH offers a self-pay discount based on income for all residents of Illinois. Most patients qualify for an automatic 68% discount. Non-Illinois residents who do not have health insurance automatically qualify for a 50% discount. For patients who cannot pay their portion of the bill at the time of service, financial counselors work closely with them to set up an interest-free payment plan.

Effective January 1, 2023, RUSH expanded the above referenced financial assistance programs to increase access to free and subsidized care. These changes include:

Paid in Full Charity Care

Patients qualify for the RUSH Charity Care program if their income level is at or below 400% of the federal poverty level (the FPL). This means that individuals qualify if they earn less than \$120,000 and are supporting a family of four.

Discounts for Self-Pay Patients

RUSH offers a self-pay discount based on income for all residents of Illinois. Most patients qualify for an automatic 80% discount. Non-Illinois residents who do not have health insurance automatically qualify for a 50% discount. For patients who cannot pay their portion of the bill at the time of service, financial counselors work closely with them to set up an interest-free payment plan.

Catastrophic Discount

RUSH reduces patient balances up to a maximum of 20% of the household income, during a twelve-month period.

The following financial assistance programs were available throughout FY2023.

State and Federal Programs

This service focuses on providing patients who arrive at RUSH without insurance with the health coverage to which they are entitled under various federal programs and programs by the state of Illinois (the State). Financial counselors work with patients and alert them if they qualify for programs such as the State's Medical Assistance Non-Grant (MANG) program or the Social Security Disability program (SSDI). Because the paperwork required for these programs can be overwhelming, RUSH has specialists on site who assist patients with the application process. Through these efforts, RUSH qualified individuals for a social security disability not age 65, while ensuring payment for their hospital bill. RUSH maintained a patient-eligibility service throughout FY2023 at a cost of over \$458,115.

Payment plans

Interest-free payment plans are also available to patients. Payments can be made over a period of 36 months, depending on balance, with a minimum payment of \$25 each month. RUSH is also offering an interest free patient financing solution where patients can access payment plans up to 48 months in length. RUSH does not assess interest on unpaid balances.

Presumptive Charity Care

RUSH uses an external service for its financial assistance programs to validate patients' ability to pay, and in the event that patients do not contact us or apply for financial assistance, we may extend charity care for that episode of care. This program applies only to patients who are uninsured with estimated income under 200% of the FPL.

RUSH University Hospital and ROPH each provide a full range of medical services to the community including having 24-hour emergency departments that are open to everyone regardless of their ability to pay, as well as numerous services that operate at a loss. While the emergency department is a key driver of providing care to the uninsured in a hospital setting, RUSH University Hospital and ROPH continue to emphasize primary and preventive care for uninsured individuals and families. This approach relies on the services provided within physician clinics at RUSH University Hospital and ROPH as well as the community service projects operated by patient care staff. In this way, RUSH

University Hospital and ROPH hope to have an impact on the health of patients before they get to the point of visiting the emergency department.

Interpreter services

During **FY2023**, **RUSH dedicated \$3,352,648 to maintain a team of language interpreters, covering services such as sign language interpretation.** This investment is vital for ensuring accessible patient care for the diverse communities in the Chicago area. RUSH's interpreter program has gained national recognition for its commitment to inclusivity.

Charity care policy and fiscal year 2023 financial reports

The charity care policy for RUSH University Medical Center and RUSH Oak Park Hospital is located in Appendix G. The FY2023 Annual Non-Profit Hospital Community Benefits Plan Reports for RUSH University Medical Center and RUSH Oak Park Hospital are in Appendix F. The FY2023 Hospital Financial Assistance Reports for RUSH University Medical Center and RUSH Oak Park Hospital are in Appendix I.

FY2023 Consolidated Financial Information

The Independent Auditor's Report for the financial information is in Appendix G.

**RUSH Office of Community
Health Equity and Engagement
2022 Impact Report**

Collaborating for Change





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Chicago is a tale of two cities. In neighborhoods where residents are mostly white and affluent, life expectancy can be as high as 90 years. But in neighborhoods where the population is mostly people of color and poverty rates are high, life expectancy sinks as low as 60 years.

That 30-year life expectancy gap is one of the largest in any American city. In many West Side neighborhoods struggling with poverty, systemic racism, lack of educational opportunities and other social determinants of health, the gap is largely driven by high rates of chronic illness, including heart disease, stroke, cancer, diabetes and obesity.

Addressing the root causes of poor health and improving the quality of life in our communities is the path to helping people live longer, healthier lives. The RUSH Office of Community Health Equity and Engagement (CHEE) team focuses on strategic initiatives and community partnerships that dismantle barriers to good health.

Undoing the effects of decades of disinvestment and structural racism is an enormous job, and we know we can't do it on our own. CHEE works closely with institutional partners, including government agencies and other health systems — but our most important partners are our neighbors and community-based organizations.

The people who live, work and attend school in a neighborhood are the experts on what their community needs to thrive. They help us identify local needs, develop strategies to address them and prioritize our efforts. Working together brings us closer to our goal of making sure everyone has equal access to the building blocks of good health.

In the following pages, you'll see snapshots of some of our accomplishments from fiscal year 2022, and words from community members and RUSH team members. Together, we're serving community members and building lasting collaborations that help improve health in our West Side neighborhoods and across the Chicagoland area.

In community,



Rukiya Curvey Johnson

Vice president, community health equity

Executive director, RUSH Education and Career Hub (REACH)



Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP)

Our work is driven by what we learn from the community. Every three years, we conduct a community health needs assessment (CHNA) and use it to create a community health implementation plan (CHIP).

This combined document gives us a road map for improving access to resources and removing barriers to good health. We developed our CHNA and CHIP in close collaboration with community residents, nonprofit organizations, other health systems, government agencies and faith communities.

Based on this community input, we're working with our partners to implement initiatives that will help:

- Prevent and/or manage chronic conditions and risk factors
- Increase access to mental and behavioral health services
- Reduce inequities caused by the social, economic and structural determinants of health
- Increase access to quality health care
- Improve maternal and child health outcomes

100+

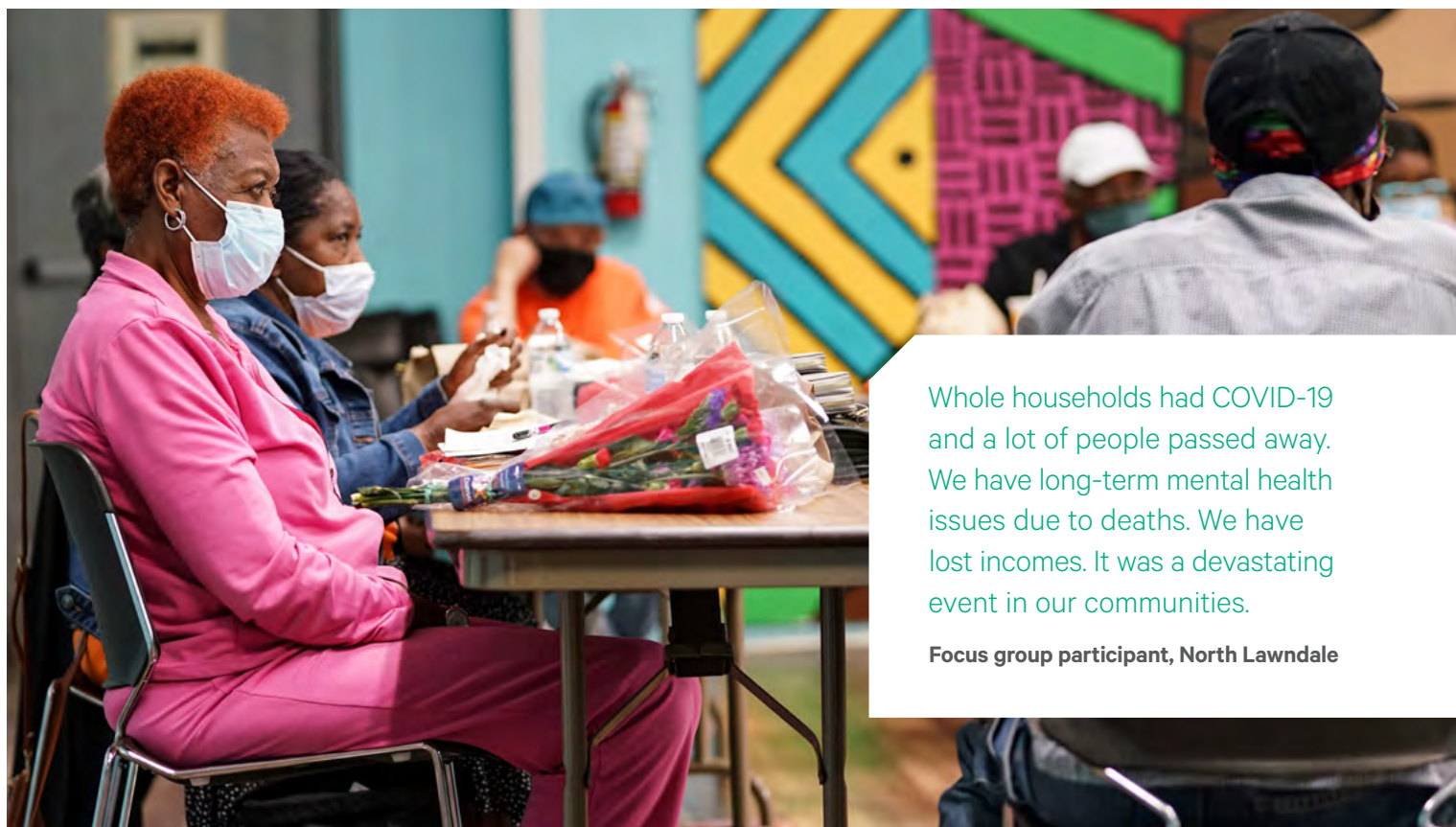
community-based organizations helped us reach residents to ask their opinions

400+

West Side residents shared their thoughts with us in 23 focus groups

5,300+

community members answered a survey about their neighborhoods' needs



Whole households had COVID-19 and a lot of people passed away. We have long-term mental health issues due to deaths. We have lost incomes. It was a devastating event in our communities.

Focus group participant, North Lawndale



Community Health and Engagement

Our team works to reduce barriers, increase access to health care and provide resources to improve the health of our West Side community. With our partners, which include houses of worship and community-based organizations, we focus on reducing risk factors; helping people who live with chronic conditions like heart disease and diabetes manage their health; and providing mental health resources in community settings, healthy food options and heart health information.

“ Nobody wants to say that they don't have food. You'll hear them say, “oh, I'm behind on some things,” and then you know. We have canned vegetables and beans, cereal, tortillas, bread. They also get a big bag of fresh fruit and vegetables. A box might have bananas, apples, oranges, broccoli, sweet potatoes, cucumbers, lettuce, cabbage. We give them recipes that RUSH nutrition students put together, and we talk about healthy eating and making better food choices.

We also ask if they have a way to get back and forth to the doctor, if they have a home, if they've been worried about paying utility bills. Then we can connect them with local resources. Not long ago I had one person who was worried about getting their lights cut off, and I connected them with assistance that cleared it up that day. Resources like that are essential, but they're not always available—and the need is far greater than the resources.

I tell everybody: If you need the help, take the help. We're all doing the best we can.

Nykesha Jones, RUSH community health worker

128

patients enrolled in Food is Medicine prescription program for free food, healthy recipes, home delivery and help signing up for SNAP benefits



5,345 community residents connected with healthy food through the RUSH Food is Medicine program

Mental health is certainly an issue. There's a fallacy that stigma is the primary reason for not accessing care, but that's far down the list. Lack of health insurance is at the top of the list. And many of our households are not English-proficient. We have to provide services in easily understandable ways.

**Focus group participant,
Archer Heights**

525 community members and Rush staff received **Mental Health First Aid training**



1,082 West Side residents had happier holidays through the RUSH Adopt-A-Family program

In underserved communities, a lot of the time people are in survival mode, working one or two or three jobs just to put food on the table. Health always falls to the last priority. At the same time, it's important for us to listen to community residents about what they need. We have to be humble enough to ask them, what can we do to help you be able to live lives as healthy and full as those people who live in any other neighborhood?

The walk is a way for people to get motivated and to feel connection — to be surrounded by others who want to live a long, healthy life. Feeling that energy makes such a difference! In addition to walking, we had physicians join us for health education so people could feel comfortable discussing and asking questions. That helps make it feel like interacting with providers isn't a scary thing.

Clifvonne Webb, RUSH University medical student and 2022 West Side Walk for Wellness organizer



369 walkers participated in the seven-week West Side Walk for Wellness program



10,910

vaccinations for COVID-19, influenza and monkeypox were delivered at shelters, schools and other congregate locations, in partnership with the RUSH University College of Nursing

“

Our congregate testing and vaccination team consists of community health workers, registered nurses and medical assistants. We go out into the community across Chicago, where we vaccinate for COVID-19, influenza and mpox and test for other communicable diseases. We also offer community members education to help them to make informed health care decisions.

Sometimes we encounter people who are misinformed about the risks and benefits of vaccinations. I recently spoke with a resident at a shelter who said, “I’m not getting the [COVID-19] vaccination! It kills people!” That was a great opportunity for me pull out evidenced-based information about vaccinations. We spoke for about 10 minutes; I was able to answer questions, and at the end of the discussion they decided to receive the vaccine. An advantage of our team is that we’re a diverse group and can relate to the members of the community — I think this helps us build trust.

Tiara Plummer, RUSH community health worker

Community Health Worker Hub

The RUSH Community Health Worker (CHW) Hub is home to a team of frontline public health workers who partner with Rush's clinical social workers and community health nurses to help people get the care and services they need. The team grew quickly during the first part of the COVID-19 pandemic and has since added resource navigation and support in our partner schools, emergency department and cancer center.

3,716

people were screened for the social determinants of health

951

referrals connected people to medical and mental health care in the community

I screen people in person in the emergency department and also on the phone post-discharge. The screening identifies the needs they have, and then our NowPow tool generates a list of personalized resources for them. I've had a lot of people who were excited to talk to me because they didn't know there were people in the hospital doing this kind of work.

Top of the list of the needs I see is definitely housing. Transportation is another, and utility assistance. A lot of people need mental health services as well. Because we're community members, we can relate to a lot of issues in the neighborhoods like barriers to care and health. It's rewarding to be able to help people get the information and resources they need to live healthier and better lives.

Delilah Harris, RUSH community health worker



If someone comes through the RUSH emergency department and needs a primary care provider or a specialist, we can help. Many of the patients I work with get frustrated with technology issues, language barriers or long waits on hold with insurance providers — and if they don't have a family member to help, they just won't follow through. Being persistent when answers aren't easy to come by is a big part of the job.

One person I worked with recently is an asylum seeker who's staying in a hostel and hasn't been on medication to control his diabetes. It took me some time to get a hold of him, but when I did I was able to get a translator involved so we could have a four-way call with Medicaid and get him set up with a specialist near where he's staying. So many of our patients thank us for our help and tell us that they wouldn't have known what to do to take care of their health.

Daniel Hong, RUSH community health worker

Education and Career Pipeline

Health disparities can't be fully addressed until the health care field includes more leaders of color who reflect the field's diverse population. The RUSH Education and Career Hub (REACH) team works toward racial justice and health equity by removing barriers and increasing access to critical health care education programs for young people from pre-K through post-college. We partner with schools and community-based organizations to help students build skills for success in school and the workforce.



9,000

students, parents, educators and community members participated in REACH programming

200+

high school and college students prepared for careers through internships and apprenticeships

14

youth and adults entered the pilot cohort of the IT Apprenticeship program



“

REACH gives us hands-on help that helps us fully engage our students in science. Our partnership with RUSH is a true community partnership. They've helped us fund things that we wouldn't have been able to do — building an actual science room, purchasing materials for hands-on projects, going on field trips. They've helped us tremendously with family engagement, finding out what parents want and bringing in workshops that are meaningful.

We've gone from science being on the back burner to something that's actually integrated with reading and math. You see students engaged in STEM on a daily basis now, which didn't used to be the case. REACH has made science come alive, going from just a few static pages in a textbook to hands-on inquiry and investigation.

Anne Berenguer, vice principal, Josiah Pickard Elementary School



One of my teachers [at Curie Metro High School] told me about the program, and I thought it was a great opportunity that would benefit me in the long run. We have virtual group meetings to learn about tools like time management and prepare us for future careers. I'm also doing a self-paced Google certification class, and last summer I spent a lot of time at RUSH in the engineering department.

I'm taking computer science right now and thinking about majoring in it — I can imagine working in an office downtown at some point, maybe doing web design.

Alyssa Manzaneres, Harold Washington College student and member of the first cohort of REACH for IT participants



I was amazed at how hands-on the experience at RUSH was. I got to work directly with patients in the Mother Baby Unit and Labor & Delivery; I was able to see surgery, C-sections and natural births. It really opened my eyes to different roles in the hospital. We also had a book club that taught me a lot about environmental racism and the intersection between health and race.

Next summer I hope to be back at RUSH, interning in either pediatrics or the NICU. I'm leaning toward becoming a physician assistant and eventually working in one of those areas.

Makeda Dandridge, University of Michigan class of 2026 and MedSTEM Pathways alum

Community-Based Practices

Our team serves vulnerable people in our communities who face barriers to accessing care and can benefit from extra support to achieve physical and mental health. We provide essential primary, sexual and reproductive health care and mental health services for West Side youth and inclusive, affirming care for the LGBTQ+ community. Partners include local high schools and community-based organizations that connect people with essential resources and services.



970

people connected with gender-affirming services through Affirm: The Rush Center for Gender, Sexuality and Reproductive Health

Sometimes, I'm the very first person someone tells that they're trans or nonbinary. They've never had a safe, supportive place where they can talk about their identity. I recently worked with someone from rural Mexico who had been saving their entire life to get gender affirmation surgery; they moved here and were underweight because they were skipping food to save money. I was able to connect them with food and other resources.

Another patient with uncontrolled diabetes was in our emergency department and I was able to set her up with an endocrinologist to treat her diabetes and provide hormone replacement therapy. Trans patients aren't just in need of hormones and surgery — they have other health needs, too.

Andre Pappas, patient care navigator, Affirm



1,377

mental health sessions cared for young people at five School-Based Health Centers

At least half our patients have a history of suicidal thoughts; a huge number have a history of trauma, which we might see as anger that can get them labeled as “bad kids.” You always have to dig deeper — and we have the ability to do that because we have the opportunity to spend time with them.

When one student was struggling with the situation at home, we were able to work closely with the school and have them understand why they might see some behaviors worsen. The unique thing about us is that we’re all right here and can really do some teamwork.

Janel Draxler, APRN, psychiatric nurse practitioner, School-Based Health Centers



128 teen pregnancies were prevented through Adolescent Family Center family planning services

When I introduce myself to a new patient, I say, “My name is Maria; welcome to the Adolescent Family Center, and to our family.” We focus on reproductive health — we take pride in our ability to offer a wide range of contraceptive methods to young people — but we’re also taking a comprehensive approach. There can be many layers of what our patients are working through, so often our work is like peeling an onion.

Ultimately, our goal is to help them get on track for success. I’ve had patients come back to tell me how proud they are to graduate from 8th grade, from high school, from college. One of our former patients came in as a pregnant 15-year old and today she’s the head of obstetric anesthesia at an academic medical center in Texas.

Maria Reyes, PhD, CNP, nurse practitioner, Adolescent Family Center

Anchor Mission

RUSH is the largest employer on Chicago's West Side and spends millions of dollars each year on goods and services. We put that spending power to work in ways that improve the economic vitality of communities near RUSH University Medical Center and RUSH Oak Park Hospital through our [Anchor Mission strategy](#). We're committed to hiring locally and developing more local talent; buying and sourcing with local vendors; investing locally; and volunteering locally, all with the assistance of partners that include community-based organizations, community development finance institutions and other health care organizations in the [West Side United](#) collaborative.

\$2.25 million

in community investments on the West Side brought RUSH's total investments to more than **\$6.23 million** since 2018

400

new RUSH employees (nearly **18%** of total hires) live in anchor mission communities

\$9.18 million

was spent with West Side businesses on everything from printing to catering



421 RUSH volunteers served 21,380 West Siders through the [Employee Volunteer Program \(EVP\)](#)



Anytime there's a need and I have availability to volunteer, I dive in. When we're doing food distribution to the community on weekends, I include my 13-year-old daughter, too; it's a way to give back and learn some life lessons at the same time.

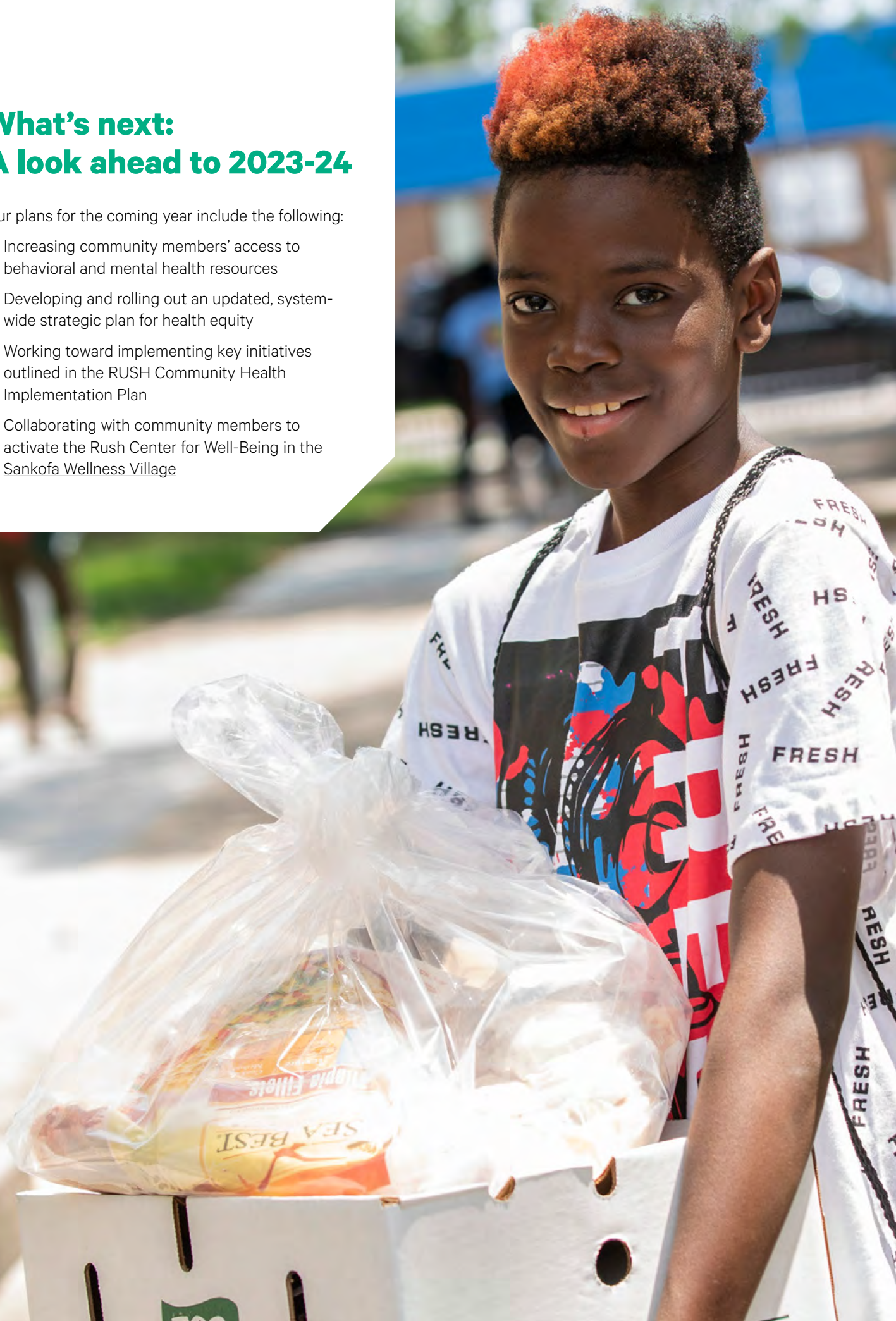
It's really motivating to see the work that RUSH is willing to put into the community and to see that leadership is there to support the efforts. We get a lot of people who are in great need and express a lot of gratitude for us being there. And when we see someone at an event who has a need, we don't leave it at the event: We'll follow up with them with ways to close the gaps, like helping them apply for SNAP benefits or Medicaid.

Ebony Henderson, RUSH lead community health worker

What's next: A look ahead to 2023-24

Our plans for the coming year include the following:

- Increasing community members' access to behavioral and mental health resources
- Developing and rolling out an updated, system-wide strategic plan for health equity
- Working toward implementing key initiatives outlined in the RUSH Community Health Implementation Plan
- Collaborating with community members to activate the Rush Center for Well-Being in the [Sankofa Wellness Village](#)





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DEC 18

Great Nature
APPLES

CHIQUITA
BANANAS

RUSH Community Health Equity and Engagement leadership team

Thank you to CHEE staff, RUSH staff, students and faculty for your engagement, support and efforts to help achieve health equity.

Lexi Artman, MS-HSM

System manager, community health strategy and programs

Julia Bassett, MBA

System manager of health and community benefits

Rukiya Curvey Johnson, MBA

Vice president of community health equity

Kateri Evans, RN, MPH

RN program coordinator, School-Based Health Centers

Natalia Gallegos, MPH

Director of engagement and impact, RUSH Education and Career Hub (REACH)

Heather Hampton, EdD

Director, K-12 education and pathways programs

Sally Lemke, DNP

Director, community-based practices

Thomas Molina, MS

Director, finance

Nathalie Rosado Ortiz

System manager, Anchor Mission and community engagement

Traci Simmons, MPH, CPH, CHES

Director, community health and engagement





**Community Health Equity
and Engagement**

www.rush.edu/chee



2022 Annual Impact Report

Empowering Through Education



RUSH EDUCATION
and **CAREER HUB**



A couple of years ago, I visited a pre-kindergarten classroom to see what the students were learning. The teacher was facilitating an exercise where she prompted the students to fill in the blank for what they wanted to be when they grew up. The prompt “I am Black. I am unique. I am a ___.” encouraged students to imagine a future without limits.

Usually, the teacher heard responses like “a dancer,” “a firefighter” and “an actor.” Although these are all admirable careers, they often stemmed from what the students saw in popular culture and media. But one young boy, Trayvon, broke that pattern when he responded, “I am Black. I am unique. I am a scientist.”

I was thrilled. Inspiring more young people to think like Trayvon is the heart of the RUSH Education and Career Hub (REACH) mission.

REACH focuses on empowering underrepresented students of color to pursue science, technology, engineering and mathematics (STEM) learning through innovative, engaging programs from pre-kindergarten through college.

By training educators as well as providing curriculum directly to students, we’re helping to build a diverse health care workforce that reflects the diversity of the patient population — and to equip more Black and Latinx students for fulfilling, well-paying careers at all levels, from medical assistants and physicians to information technology specialists, researchers and administrators. In this report, you’ll see snapshots of some of our programs and read about their impact on participating educators and learners.

In our STEMagineers program for elementary school students, Trayvon went on to learn more about what he could do with this interest in science. His passion, enthusiasm and self-assurance pop into my head every time I reflect on the importance of our work in creating a pipeline of future health care leaders.



Rukiya Curvey Johnson, MBA

Executive director, REACH

Vice president of community health equity and engagement
RUSH University Medical Center





At **REACH**,

our **mission** is to provide innovative, hands-on STEM learning for underrepresented students from cradle to career to increase postsecondary achievement and diversity in health care and STEM professions...

our **vision** is to develop a diverse talent pipeline for the health care workforce of the future...



and our **values** are to

- Empower through education
- Strive for excellence
- Lead with equity
- Commit to community
- Center the student



Pre-K and Elementary School

A [2022 study](#) showed that racial and ethnic disparities in science and math achievement begin as early as kindergarten — so education that aims to increase the number of students of color in STEM fields needs to begin as soon as children enter a classroom. REACH programming sparks the youngest children’s interest in STEM and equips their teachers to present it in engaging ways.

2022 HIGHLIGHTS

TRAINED 120+ educators in STEM-focused learning and resilience

COLLABORATED with the RUSH Neurobehavioral Center to develop strategies for helping kindergarten students develop executive functioning skills

ENGAGED 1,000 parents in STEM enrichment, health and wellness topics

STEMagineers introduces children in preschool through fifth grade to health care concepts and career paths. Our team works with teachers at partner schools to develop materials that align with education standards and best practices in elementary STEM education. We also provide resources and support in classrooms and at school events and offer professional development opportunities for teachers.



Anne Berenguer
Vice principal
Josiah Pickard Elementary School

“REACH gives us hands-on help that helps us fully engage our students in science. Our partnership with RUSH is a true community partnership; they’ve helped us fund things that we wouldn’t have been able to do — building an actual science room, purchasing materials for hands-on projects, going on field trips. They’ve helped us tremendously with family engagement, finding out what parents want and bringing in workshops that are meaningful.

We’ve gone from science being on the back burner to something that’s actually integrated with reading and math. You see students engaged in STEM on a daily basis now, which didn’t used to be the case. REACH has made science come alive, going from just a few static pages in a textbook to hands-on inquiry and investigation.”



Professional development

helps teachers at REACH partner schools engage their students more effectively. We also work with teachers to develop materials that align with education standards and best practices, often in collaboration with our partner Project Exploration. This year, we gathered for our first in-person workshop since the beginning of the COVID-19 pandemic — an intensive look at innovative ways to build young children’s resilience and social-emotional skills through relevant stories.



Maria Avila
Program assistant, Project Exploration

“Ellen [Vigil, REACH community education associate] has been helping me a lot with curriculum ideas and delivering them to kids. Right now, with the K-2 kids, we’re exploring different jobs, like doctor and nurse and engineer. They love playing the roles: We’re listening to the heart, looking in the ears, looking at X-rays.

By helping me figure out the best way to get the kids excited and providing all these materials, Ellen makes me a better facilitator. And when we have a lot of kids come, she’ll even help me with them! We wouldn’t be able to do as much hands-on exploration without REACH.”





Middle School

Middle school may seem early to be talking about career plans, but students need awareness of potential careers so they can plan to take the right science and math classes in high school and college. REACH programs for students in grades 6 through 8 introduce them to the wide variety of STEM and health care careers, help them understand the educational tracks they can take toward jobs that interest them, and let them envision their full potential.



Marsha Madrigal

Out-of-school-time program coordinator
Village Leadership Academy

“Students have been really receptive to Vitals for STEM Success, which lets them go a bit deeper in learning about the human body than the materials they get in science class. The activities challenge them and help them with critical thinking, bodily awareness and self-actualization; the hope is that students in Vitals will really feel the beginning of what it could be like to be in medical school or a STEM field in college.

The program also gives them another adult to look up to: Many of our kids from the West Side don't know a lot of adults with diverse backgrounds and occupations, so being exposed to a variety of options is really important.”



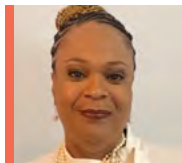
Vitals for STEM Success, an after-school program, exposes motivated middle-school students to career paths in health care. Collaborative games and projects center on the skeletal, digestive, respiratory, cardiovascular, muscular and nervous systems, with a frog dissection as the grand finale. Career exploration activities help students understand potential career paths and the high school and college classes that will help them get there.

2022 HIGHLIGHTS

ENGAGED 965 learners in STEM and information technology enrichment activities through the new REACH for IT program

SERVED nearly **100** students in Future Ready Learning Labs and Vitals for STEM Success

HOSTED nearly **300** students and **40** parents at a Health Sciences Career Fair at Malcolm X College and held career exploration days at **6** partner elementary and K-8 schools



Patrice Morris
STEM lead teacher
William H. Brown
STEM Magnet School

“Our Future Ready Learning Labs students particularly enjoyed learning about the respiratory system. They were able to learn through a lot of different modalities: a presentation, doing their own research and creating an info board, making 3D clay models, a quiz game, even getting CPR certification.

RUSH brings in students who are becoming nurses and doctors to present the information and interact with our students in a way that’s both knowledgeable and fun — they give you a little info, you do an activity to apply it. When our kids see a young Black man who lives where they live and is getting ready to be a doctor or nurse, it gives them someone to relate to. I’ve had students from the program gravitate toward high schools that have medical programs so they can follow the interest that developed here.”

Future Ready Learning Lab, a middle-school elective that’s part of the school day, features field trips, career panels, research projects and other activities. Created to ignite STEM excitement in this age group, recent activities have included working in groups to sleuth out the causes of a new viral disease and teaming up with RUSH Medical College students to learn about managing and screening for hypertension. Throughout the year, students explore STEM and health care careers and plan for success in high school and college.





High School

It's a natural correlation: High school students who've built confidence in their STEM knowledge and abilities are more likely to pursue STEM majors in college or get well-paying, skilled STEM jobs right after high school. REACH programs for high school students feature academic support, immersive experiences in the hospital environment, mentoring by health care professionals and guidance through the college selection and application process. Students also get a head start on health care career paths by earning stackable, industry-recognized credentials in areas such as CPR first aid/basic lifesaving, phlebotomy and EKG technician.

MedSTEM Explorers and **MedSTEM Pathways** offer intensive academic enrichment programs for high school sophomores (Explorers) and juniors and seniors (Pathways). Both introduce teens to a variety of STEM and health care careers, strengthen their academic skills, and provide hands-on learning that builds skills in communication, teamwork, critical thinking, leadership and problem-solving.





Payton Garcia
MedSTEM Explorers and Pathways intern;
2023 high school graduate

“Last summer was great — it was so immersive after we had to meet virtually in 2021 because of the pandemic. I got to go in to the Medical Center and spend some time in the administrative areas. I’m very interested in hospital administration and what goes on behind the scenes, as well as being interested in biology and medicine in general. I also got to do a ride-along with the RUSH@Home house calls program, which was amazing to see.

I think I’d like to explore some other areas of the hospital this coming summer. I can see myself in the medical field in the future, but don’t know exactly what area I’d want to work in, so Pathways has been helpful in giving me an in-depth look at what I might be able to do.”



2022 HIGHLIGHTS

HOSTED 150+ pre-interns and interns in **14** clinical and non-clinical departments at RUSH University Medical Center and RUSH Oak Park Hospital

GUIDED 86% of MedSTEM participants to successfully earning industry-recognized credentials

PROVIDED 54 students with one-on-one college coaching and advising



Daniel Hong
RUSH community health worker

Wraparound supports are available to REACH students and families to help ensure that learners have what they need to succeed. Participants in our internship programs are invited to complete a questionnaire that screens them for needs related to the social determinants of health: access to food, transportation, housing and other essentials.

“The form students complete asks about things like whether they had issues with getting food, transportation or paying rent anytime in the last 12 months. If they do have a need, we have a tool called NowPow that helps us create a personalized list of resources that can help.

We can provide some resources ourselves; for example, we have Ventra cards that students who need transportation can use for public transit. And we have an emergency grant fund for students who need help with tuition. We recently had one student who was about \$700 short on his tuition bill, which we were able to cover so that he could stay in school.”



College and beyond

While college students of all races declare STEM majors at nearly equal rates, Black and Latinx students abandon STEM majors at nearly twice the rate of white students. REACH programming for learners up to age 25 focuses on keeping students of color — particularly first-generation college students — on track with their STEM studies through college, and helps them prepare for graduate education if they decide to go on.

College Career Pathways,

a paid internship program for undergraduates up to age 24, offers participants work-based learning and advising about college and career paths.

Pathways participants work at RUSH University Medical Center, connect with mentors and earn stackable, industry-recognized certifications that they can put to work immediately.

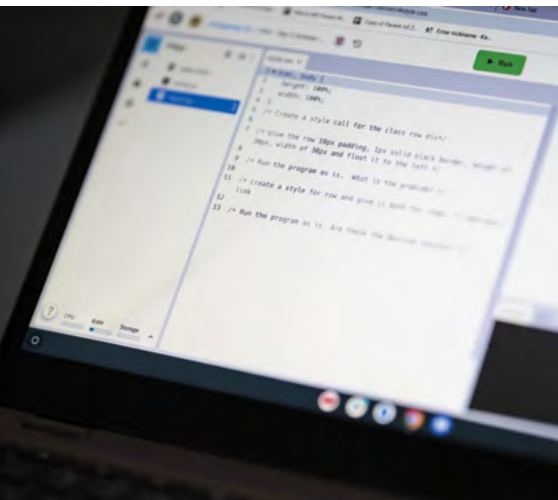


Alyssa Manzaneres

Harold Washington College student
and member of the first cohort of REACH for IT participants

“One of my teachers [at Curie Metro High School] told me about the program, and I thought it was a great opportunity that would benefit me in the long run. We have virtual group meetings to learn about tools like time management and prepare us for future careers. I’m also doing a self-paced Google certification class, and last summer I spent a lot of time at RUSH in the engineering department.

I’m taking computer science right now and thinking about majoring in it — I can imagine working in an office downtown at some point, maybe doing web design.”



REACH for IT, launched in 2022, is an information technology education and apprenticeship program serving mainly Black and Latinx students who live in low- to moderate-income households. The program includes IT enrichment activities for younger students and career development for high school, college and adult learners. The goal: give participants the skills and experience they need to take the next steps in STEM education or enter the workforce on the path to a family-sustaining career.

RU Ready MedSchool Bootcamp, piloted in fiscal year 2022, is a two-year program that prepares college juniors, seniors and recent graduates to succeed in the medical school application process. Participants receive support from mentors and advisors to prepare their applications, study for the Medical College Admission Test (MCAT), select the medical schools that fit their goals, practice for admissions interviews and more.



Israel Ailemen
Taylor University class of 2023
(and College Career Pathways alum)

“I don’t have a family member who’s gone through the process of applying to med school, so I was figuring it out on my own. [REACH Student Success Coach] Deon Brown reached out to me to ask what he could help with; I had concerns about applying as a non-US citizen, so he did some research and talked with people who could help.

I also did my own research and came to the conclusion that if I wanted to pursue my dreams, I had to make myself an outstanding applicant. I focused on getting my grades into good shape, getting as much experience as possible, doing research projects and community service, acing the MCAT, getting a strong recommendation letter...the REACH community was so helpful with all of that. I’ve been glad to get accepted to multiple schools; it’s going to be really hard to decide.”



“I was amazed at how hands-on the experience at RUSH was. I got to work directly with patients in the Mother Baby Unit and Labor & Delivery; I was able to see surgery, C-sections and natural births. It really opened my eyes to different roles in the hospital. We also had a book club that taught me a lot about environmental racism and the intersection between health and race.

Next summer I hope to be back at RUSH, interning in either pediatrics or the NICU. I’m leaning toward becoming a physician assistant and eventually working in one of those areas.”

Makeda Dandridge
University of Michigan class of 2026
(and MedSTEM Pathways alum)

2022 HIGHLIGHTS

EMBEDDED 25 College Career Pathways participants in clinical and non-clinical departments at RUSH University Medical Center

INSPIRED 86% of College Career Pathways participants to report interest in pursuing a STEM or health care career

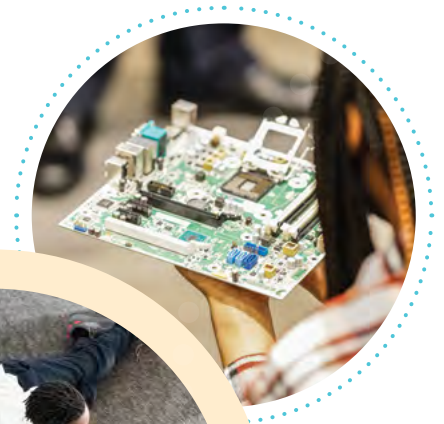
WELCOMED 26 college students and grads to the pilot cohort of RU Ready MedSchool Bootcamp



What's next: A look ahead to 2022-23

Our plans for the coming year include the following:

- Expand and launch summer programming for students in grades K-8, including a STEM camp for middle school students
- Advance policy and advocacy efforts to strengthen personalized career pathways education
- Deepen work to evaluate REACH programs and replicate site process and impact measures, tracking short-term and longitudinal impact on students
- Build capacity for sustainable alumni programming and engagement
- Expand and enhance program sustainability through school and community partnerships





RUSH EDUCATION
and CAREER HUB

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and CAREER HUB

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and CAREER HUB



Thank you

REACH is indebted to the support and partnership of the following people, schools and organizations. We also extend our thanks to the many funders and individual donors who support our programs.

At RUSH

RUSH community, faculty, students and staff, especially the Office of Community Health Equity and Engagement team

David A. Ansell, MD, MPH, senior vice president of community health equity, RUSH University Medical Center

Michelle Boardman, director of development, RUSH University Medical Center

Jeffrey M. Gautney, chief information officer, RUSH

Larry Goodman, MD, interim president, RUSH University, and interim chief academic officer, RUSH

Charles Jolie, senior media relations strategist, RUSH University Medical Center

Omar Lateef, DO, president and chief executive officer, RUSH

Susan Lopez, MD, assistant dean of diversity and inclusion, RUSH University Graduate Medical Education

Patricia Steeves O'Neil, MAE, chief financial officer, RUSH

Brandon Taylor, instructional designer, RUSH University





Partner schools

Benito Juarez Community Academy
Chicago Bulls College Prep High School
Cristo Rey Jesuit High School
Elgin Math & Science Academy
Genevieve Melody STEM Elementary School
Helen M. Hefferan STEM Elementary School
Instituto Health Sciences Academy
Josiah Pickard Elementary School
Michele Clark Magnet High School (Early College STEM)
North Grand High School
Richard T. Crane Medical Prep High School (Early College STEM)
Robert Nathaniel Dett Elementary School
Theodore Herzl Elementary School
Village Leadership Academy
Washington Irving Elementary School
William H. Brown STEM Magnet School

Partner organizations

After School Matters
By the Hand
Braven
Carole Robertson Center
Career Launch Chicago
Chicago Public Schools
Chicago Scholars
City Colleges of Chicago
Defined Learning
Leader's Up
Malcolm X College
Marillac House
Project Exploration
Rush Medical College
RUSH Oak Park Hospital
RUSH University
Top Box Foods
University of Illinois Chicago School of Medicine
University of Illinois Chicago School of Nursing
West Side United



REACH team

Rukiya Curvey Johnson, MBA

Executive director, REACH

Vice president of community health equity,
RUSH University Medical Center

Kimberly Bailey

Community education specialist, grades 3-5

Nia K. Benton-Roberson

Program development specialist, high school
and college

Deon Brown, JD, MS

Student success coach

Darius Caffey, MPA

Program manager, IT Pathways

Tanea Culbreath-Byrd, MSIT

Program coordinator, IT Pathways

Angela Freeman, MPH

Impact analyst

Natalia A. Gallegos, MPH

Director of engagement and impact

Heather Hampton, EdD

Director of education and pathways programs

Caroline Kerr, MAT

Program development specialist; middle
school STEM specialist

Ellen Vigil

Community education specialist, preK-grade 2

Lauren White, MPH

Program coordinator



Interns

Israel Ailemen

RU Ready MedSchool
Bootcamp project assistant

Brianna Bracy

Project assistant

Mariam Chagatai

Marketing intern

Alexia Leggin

Project assistant

Kristy Liu

Project assistant

Lesley Nava

Community health equity
intern

Brenda Perez

RU Ready MedSchool
Bootcamp project assistant

Jayline Perez

RU Ready MedSchool
Bootcamp project assistant

Dallas Ryan

Project assistant

Morris Wilson

Project assistant



Instructors

Nana Bonsu, MD

Anatomy and Physiology;
ECG Fundamentals (certification);
Phlebotomy (certification)

Rosy Cordero

Writing for What's Next

Maricruz Diaz, MSN, RN

Nursing Bootcamp 101

Angela Freeman, MPH

Intro to Community Health

Heather Hampton, EdD

Huddle; Capstone

Jazmin Johnson, MEd

Writing for What's Next II; Capstone

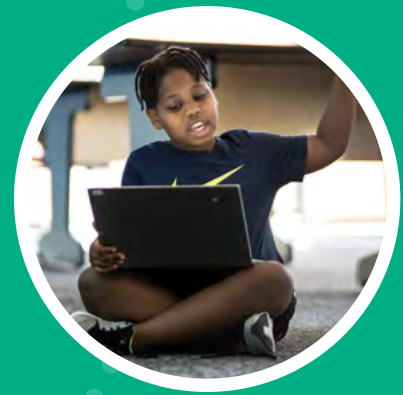
Robert Lee

Intro to Cybersecurity (certification)

Dawn Wilson, RN, DNP

Nursing Bootcamp 102





**RUSH EDUCATION
and CAREER HUB**

Empowering Minds & Creating Opportunities

www.reachatrush.org

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2023-0314 PS

Stronger Together: Advancing Equity for All



A Community Health Needs Report and Action Plan

FY2022 CHNA + FY2023-2025 CHIP

RUSH University Medical Center
RUSH Oak Park Hospital





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The RUSH University System for Health commitment to improving health has been part of our DNA for more than 180 years. Since 2016, that work has focused on achieving racial health equity.

Our mission is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships. And our goal is a nation where everyone has a fair opportunity to attain their full health potential and no one is prevented from achieving that potential.

We know that access to affordable, high-quality, equitable health care is crucial to physical and mental well-being and to overall community wellness. But we also know that clinical care accounts for only a small portion of what contributes to health.

The COVID-19 pandemic has exacerbated health inequities, clearly illustrating how decades of disinvestment in many neighborhoods mean that people have less access to the resources and opportunities we all need for good health. The social conditions in which we're born, live, learn, work and play have an enormous

impact on overall well-being. In many neighborhoods, those conditions are shaped by systemic racism and the generational trauma it causes.

Beyond its impact on access to health care, systemic racism affects access to wealth, education, housing, employment, nutrition and overall wellness — everything that communities need to thrive. This helps to explain why COVID-19 hit communities of color so hard — and why removing those obstacles is essential to achieving health equity. In June 2020, RUSH joined 35 other Chicago-area hospitals, health systems and health centers in releasing an open letter that makes it plain:

Racism is a public health crisis.

In 2016, RUSH launched a health equity strategy aimed at dismantling barriers to good health. This triennial Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) is the third such document we have completed since then.

This CHNA and CHIP reflect the pandemic's interruption of some of our initiatives, as well as the necessity of doubling down on our community investments to respond meaningfully to the crisis.

Our health equity strategy laid the groundwork for us to be able to respond quickly and decisively throughout the pandemic. It enabled us to quickly expand our capacity to serve our communities' most excluded members, open our ICUs to patients from the region's safety-net hospitals, serve on the city's Racial Equity Rapid Response team, deepen our commitment to West Side United, provide care for the most systemically excluded populations around the region and become a trusted partner in developing the region's public health preparedness workforce.

We know that achieving health equity is an effort that RUSH can't accomplish alone. We believe that by working in partnership with community members, community-based organizations, other health care providers and government agencies, our efforts will reverberate throughout the communities we serve.

Together, we're focused on locally driven, locally supported strategies for expanding resources and opportunities that will help close the gaps.

Our community work and antiracism work has evolved and accelerated over the last six years — and the pandemic has further sharpened our ability to work together to respond quickly to urgent community needs. Continual, active listening and connections with our community partners keep us informed of what people need, no matter how quickly those needs shift.

These connections are the result of our ongoing work to build authentic relationships and equity-centered programs, outreach and outcomes. In the pages that follow, you'll see how those relationships and the collaborations they inspire are key to the work of RUSH University Medical Center and RUSH Oak Park Hospital to improve health equity.

At RUSH, we believe that all people — no matter where they live — should have equal access to the resources they need to live the safest, healthiest and most fulfilling lives possible.



We want to help people to thrive instead of simply treating the illnesses that result from inequities. Providing everyone with more opportunities to thrive benefits all of us.

K. Ranga Rama Krishnan, MD
CEO, RUSH University System for Health

Omar B. Lateef, DO
President, RUSH University System for Health
President and CEO, RUSH University Medical Center

Sherine Gabriel, MD
President, RUSH University

Susan Crown
Board chair, RUSH University System for Health and
RUSH University Medical Center

Dino P. Rumoro, DO, MPH
President and CEO, RUSH Oak Park Hospital

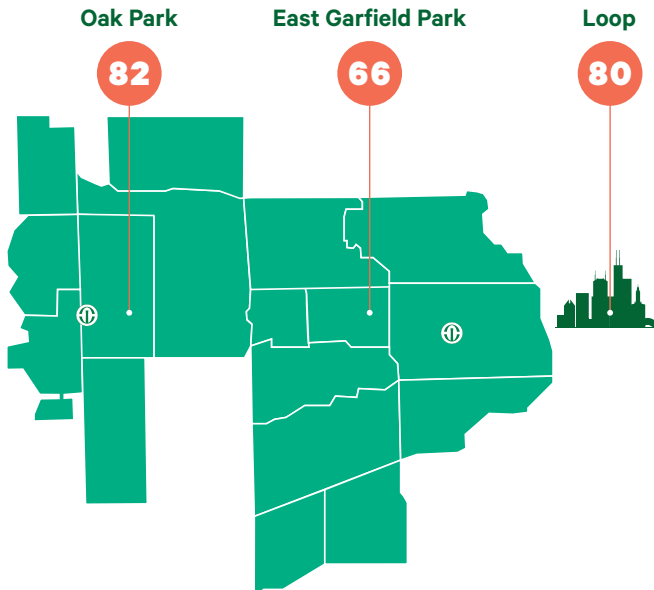
Gary McCullough
Board chair, RUSH Oak Park Hospital

David A. Ansell, MD, MPH
Senior Vice President for Community Health Equity,
RUSH University Medical Center

Our imperative for action: The Chicago life expectancy gap and the underlying conditions that drive it

In Chicago's downtown Loop, a baby born today has a life expectancy of 80 years.

In East Garfield Park, a few miles away near RUSH University Medical Center, a baby born today has a life expectancy of just 66 years.



Violence is not the main cause of this 14-year “death gap.”

In the neighborhoods most heavily impacted by poverty, systemic racism, lack of educational opportunities and other social determinants of health, the top driver of the gap is chronic disease: heart disease, stroke, cancer, diabetes and obesity.

The data clearly show the inequities: Since 2012, life expectancy has decreased for all Chicagoans except white residents.

The Latinx community saw the largest drop: more than seven years. The Asian American and Pacific Islander (AAPI) community lost almost five years; the Black community lost nearly three years.

And COVID-19 exacerbated every inequity that drives the death gap. Between 2019 and 2020, life expectancy

dropped significantly for Black, Latinx and AAPI Chicagoans, while remaining nearly the same for whites. The Black/white life expectancy gap, already the highest in the nation before COVID-19, is now more than 10 years. Black life expectancy has dropped to under 70 in Chicago for the first time in three decades.

In neighborhoods with more equitable access to resources, there are fewer health disparities and people live longer.

Even before the COVID-19 pandemic, each year Chicago recorded more than 3,800 excess deaths among its Black population compared to its white population.

Year after year, more Black Chicagoans have died because of health inequities than the total number of people who died in the World Trade Center attack on 9/11.

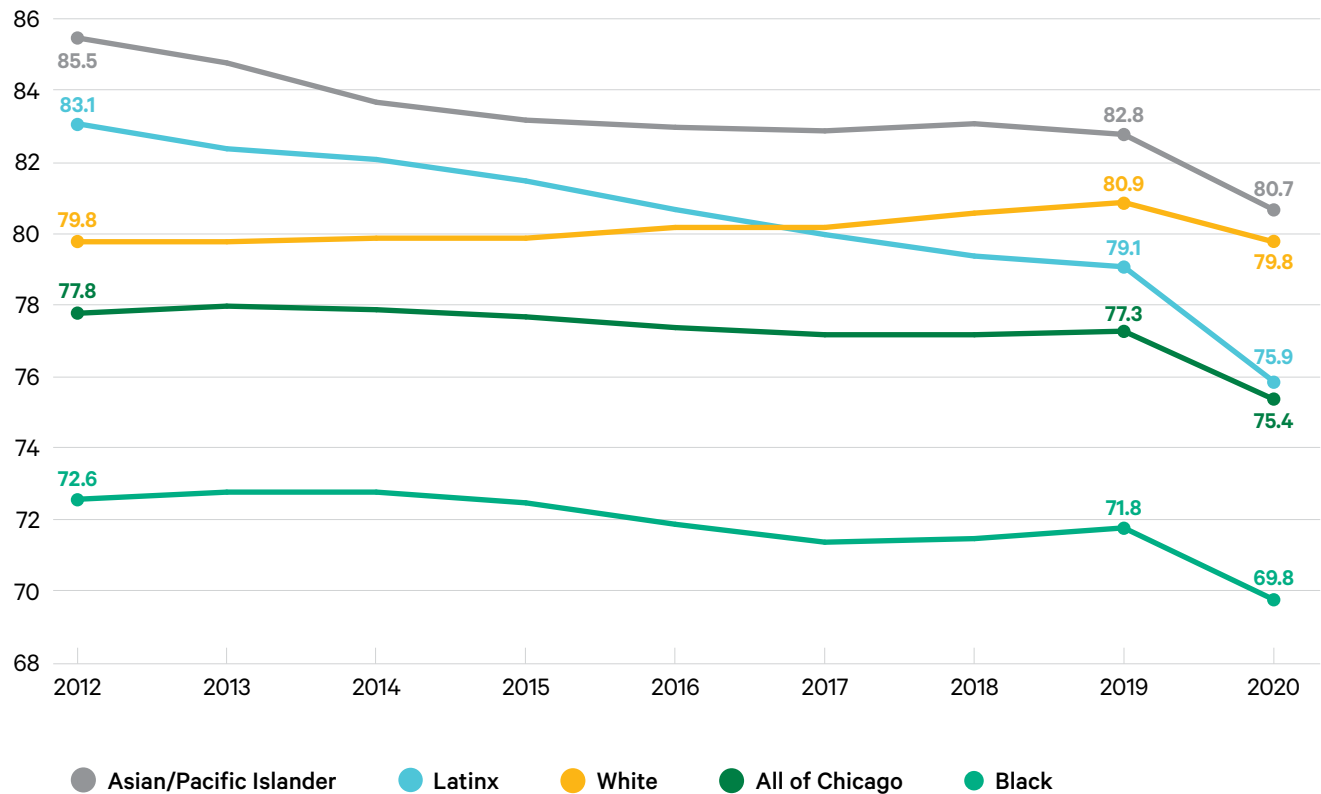
Unequal access to the social determinants of health leads to the health inequities that fuel the death gap. In 2016, RUSH set out to address the gap by laying out a clear health equity strategy with well-defined initiatives that have measurable outcomes.

Dismantling systemic racism is critical to this work. Devaluing Black and brown lives has led to generations of harm. **If we don't address racism urgently, we won't stop its impact on people's health.**



Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

► Life expectancy of Chicagoans



Source: Illinois Department of Public Health vital records, as analyzed by the Chicago Department of Public Health Office of Epidemiology



When you examine the life expectancy map of Chicago, residents who live closest to excellent health care at RUSH have had among the worst health outcomes in the city. The answer was not just about providing more health care. If we didn't address the social and structural conditions with the greatest bearing on health outcomes — like poverty, systemic racism, poor educational achievement, food insecurity, housing and safety on Chicago's West Side — we would not achieve our mission of improving health.

These health inequities are unfair, urgent and tied to deeply entrenched poverty. It has never been right that a newborn on Laramie is six times more likely to die in their first year of life than one born in Lincoln Park. We felt that RUSH had a moral and ethical obligation to respond in a different way than we had in the past.

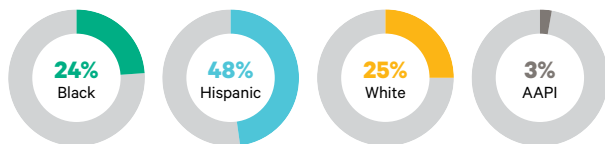
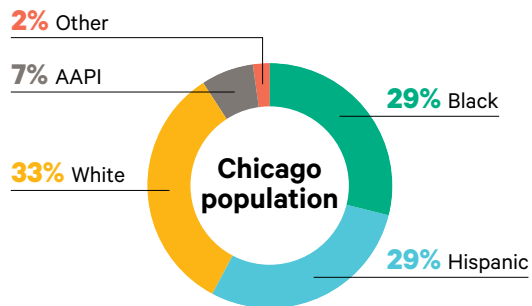
David Ansell, MD, MPH

COVID-19 made health equity gaps worse. But RUSH's actions made a difference.

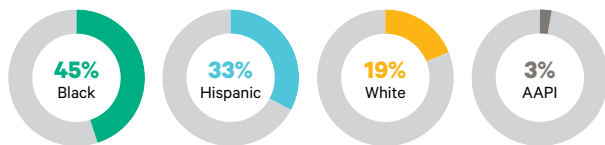
RUSH University Medical Center admitted its first COVID-19 patient on March 5, 2020. Within a month, the disproportionate impact of the virus on Black and Latinx communities became clear throughout the city. In Chicago, just under a third of residents are Black, but 70 of the first 100 Chicagoans who died of COVID-19 were Black.

“Those numbers take your breath away,” said Chicago Mayor Lori Lightfoot in early April 2020. “This is a call to action for all of us.”

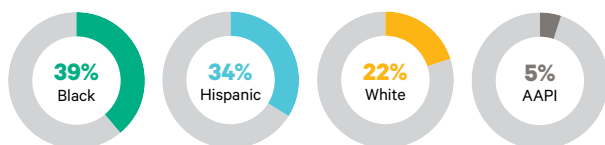
Significant racial disparities in the rates of COVID-19 infection, hospitalization and death continued to emerge as the pandemic raged on.



COVID-19 cases*



COVID-19 hospitalizations*



COVID-19 deaths*

*Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native. Source: Cook County Medical Examiner, 2020



Rather than simply reacting to the pandemic, RUSH took action.

At the peak of the pandemic's first wave, RUSH University Medical Center reached out to the region's safety-net hospitals to offer help and specialized care. We took in more than 100 Black and Latinx transfer patients, all of them on ventilators.

The Medical Center's expert care meant that there were no racial or ethnic disparities in survival rates for these patients; in fact, we posted some of the state's highest overall survival rates. And we took a central role in the community response to COVID-19 (see p. 9 for details).

In 2021, RUSH was the only health system to be awarded the City of Chicago's Medal of Honor for its pandemic response.

Collaboration magnifies impact

Urgent action to fight the reality of the death gap is necessary — but we know that as a single health system, RUSH can't reverse longstanding health inequities on its own.

To make real progress, we coordinate our work with that of other health systems, community residents, nonprofit organizations, government agencies and faith communities. In 2018, we helped create the West Side United collaborative.

We've partnered with the City of Chicago on Healthy Chicago 2025, the city's five-year community health

improvement plan that focuses on racial and health equity to close the life expectancy gap. We're an active member of the Alliance for Health Equity, one of the largest collaborative hospital-community partnerships in the country. And our work is aligned with Healthy People 2030, the US Department of Health and Human Services' data-driven objectives to improve health and well-being nationwide over the next decade.

Together, we focus on measurable ways to increase health equity, dismantle systemic racism and close the death gap.



West Side United: From concept to citywide leader in two years

When early COVID-19 data revealed Chicago's racial disparities in infection and death, Mayor Lori Lightfoot called on RUSH University Medical Center and its partner West Side United (WSU) to help lead a Racial Equity Rapid Response Team focused on education, prevention, supportive services, testing and treatment.

RUSH, along with the Cook County Health and Hospitals System, the University of Illinois Hospital & Health Sciences System and other community and health care organizations, established WSU in 2018 as a collaborative focused on coordinating efforts to build community health and economic wellness. Today, nearly 50 organizations and 120 individuals work together in WSU.

In the aftermath of the pandemic's peak, WSU is helping small businesses and community-based organizations stay afloat and working with the Chicago Department of Public Health to support people's access to food, housing and safe neighborhoods. And WSU's trusted team and partners have helped RUSH vaccinate thousands of West Side residents against COVID-19.



Our goal: Shrink the gap.

We can do it. Other cities have.

A 2021 study conducted by Chicago-area researchers and published in the *Journal of the American Medical Association (JAMA) Network Open* examined mortality rates for Black and white populations in the 30 largest U.S. cities.

Nationwide, the mortality rate from all causes was 24% higher among Blacks than among whites. But the rates varied widely among cities: Some, like El Paso, showed little or no difference in death rates between Blacks and whites. In Chicago, the death rate was 65% higher for Black residents than whites.

“Inequities in mortality are not inevitable, and they vary from city to city. If health equity can be achieved in some cities, why not all?” said Fernando De Maio, PhD, a co-author of the study. “Our results are an indication of the toll of structural racism in U.S. society, but they also give us hope that better, and more equitable, patterns of population health are possible.”

Chicago’s long history of racial segregation and inequities means that our goal will take real, sustained, collaborative effort — but we believe that it is achievable.

Our road map: The RUSH CHNA and CHIP

Every three years, we create a **Community Health Needs Assessment (CHNA)** based on public health data plus input from neighborhood stakeholders like residents, local nonprofits, faith communities and others. This document provides an overview of the health needs of people who live in communities near RUSH University Medical Center and RUSH Oak Park Hospital.

Our **Community Health Implementation Plan (CHIP)** lays out the clear, measurable ways we’ll address the needs determined by the CHNA and attack the death gap. At the end of each three-year period, we assess our progress against our CHIP goals.

Where we've been: A 2020-2022 progress report

The impact of COVID-19 and civic unrest in 2020 shifted our focus to many essential needs that weren't explicitly part of our 2019 CHIP — but were critical to community health.

During the COVID-19 pandemic, we took the following actions:

- Partnered with WSU to lead Mayor Lori Lightfoot's Racial Equity Rapid Response Team, focused on education, prevention, supportive services, testing and treatment in majority Black and Latinx neighborhoods
- Convened and led the Chicago Homelessness and Health Response Group for Equity (CHHRGE), a collaborative effort with shelters and providers of health care and social services to address and mitigate the outbreak among people experiencing homelessness
- Launched one of the first mobile COVID-19 testing teams in the city, testing people at risk in homeless shelters, nursing homes and the Cook County Jail
- Performed more than 79,000 COVID-19 tests in shelters and other congregate settings
- Established a respite center at A Safe Haven, with 24-hour clinical staff (from the RUSH University College of Nursing), for more than 1,000 people experiencing homelessness who tested positive
- Established the Center to Transform Health and Housing to provide health care in homeless shelters
- Reached out to the leaders of Chicago's safety-net hospitals and took in COVID-19 transfer patients, many of whom required advanced critical care
- Created a data hub for all of Chicago's COVID-19-related health data, community-based testing and vaccination sites
- Established the virus sequencing lab for the region
- Hired community health workers to assist with contact tracing and connecting people with needed care and resources
- Expanded our RUSH@Home house calls program
- Fed more than 36,000 people in food-insecure neighborhoods
- Launched Connect Chicago in partnership with Esperanza Health Centers and the Chicago Department of Public Health, providing thousands of COVID-19 tests and health screenings
- Served as co-lead with WSU on the West Side Health Equity Zone, the city's initiative to support community organizations taking the lead on strategies that address the root causes of health inequities
- Collaborated with West Side faith communities and community-based organizations to provide vaccine education and stand up vaccine clinics in West Side communities
- Expanded our social work psychotherapy program to provide more than 10,000 mental health therapy sessions to patients and community members in 2021

We convened a multidisciplinary **Racial Justice Action Committee** to develop a road map for addressing institutional racism within RUSH. The committee focuses on ensuring that Black lives matter inside and outside of RUSH's walls and identifying new ways we can all work together to advance social and racial justice alongside health equity.

We launched **Affirm: the RUSH Center for Gender, Sexuality and Reproductive Health** to bridge gaps in care by providing safe, comprehensive, affirming care to LGBTQ+ people and connecting them to the right providers and resources, from behavioral health to specialty care and surgery.

We created our first **Health Equity Report** in 2019 to share what we know about the patients RUSH serves—and examine where we stand in a variety of areas related to health equity. Our 2021 report focused on health equity and our COVID-19 response.

We added two new **school-based health centers (SBHCs)** in Chicago Public Schools, bringing our total to five. SBHCs serve as safety nets, providing primary care and mental health services to those who face barriers to getting care. SBHC teams also engage students in self-care and advocacy, encouraging them to take responsibility for their own health, make healthy choices and promote good health in their families and communities.

We created new **information technology (IT) pathways** programming in the RUSH Education and Career Hub (REACH) to boost educational attainment and economic mobility for underrepresented students in grades 5-12. Our goal: increase the number of students ready to advance to the next level of STEM education and/or enter the workforce with the skills and networks to succeed in IT careers.



The RUSH BMO Institute for Health Equity: Dismantling the causes of disparities

A major step forward for RUSH's health equity work came in 2021 thanks to a \$10 million gift from BMO Financial Group to create the RUSH BMO Institute for Health Equity. As the coordinator of health equity initiatives across RUSH, the institute fosters solutions that address the structural and social root causes of poor health in four focus areas: education and workforce development; community-based clinical practice; community engagement; and health equity research.

In 2022, after a national search, RUSH announced the appointment of John A. Rich, MD, MPH, as director of the institute. Rich joins RUSH from the Dornsife School of Public Health at Drexel University, where he was professor of health management and policy and founded the Drexel Center for Nonviolence and Social Justice. Rich will draw from his impressive experience to launch and scale efforts that promote health equity across all dimensions of RUSH's mission.



The RUSH CHIP report card: How we performed on our 2020-2022 goals

We created our 2020-2022 CHIP goals based on what we learned during the 2019 CHNA process. These goals reflect the factors that contribute most directly to the death gap.

Some of the performance metrics that we laid out in 2019 were affected by the COVID-19 pandemic beginning in

early 2020. While the pandemic had a significant impact on our ability to provide programming in person, we pivoted to provide many services virtually and expand other initiatives to meet increased needs.

Here's a look at how we've performed against our three-year goals.*

GOAL 1 REDUCE INEQUITIES CAUSED BY THE SOCIAL, ECONOMIC AND STRUCTURAL DETERMINANTS OF HEALTH

STRATEGY Improve K-16 educational outcomes through skills development, internships and industry-recognized credentials	
MEASURES	RESULTS
Provide high school and college apprenticeship/ internship programs that serve at least 750 students	560 students completed paid internship programs (participant numbers were reduced due to COVID-19)
Increase student and family interest and awareness of STEM/health care topics and careers through work-based learning experiences, serving 3,750 students and 459 parents/community members	11,449 students and 2,059 parents/community members served
Ensure that 75% of all participating high school students are on track to receive an industry-recognized credential	431 students (77% of paid interns) earned an industry-recognized credential

*Data represents Q1 of FY20 through Q3 of FY22

STRATEGY Identify the social determinants of health through screenings, and refer those in need of social services

MEASURES	RESULTS
With West Side ConnectED, roll out the screening tool to RUSH Oak Park Hospital and RUSH Copley Medical Center; screen 30,000 patients/community members and connect them to resources	38,191 people screened
Integrate social determinants of health screening into community-based programming, connecting with at least 9 partners	Connected with 4 partners before initiative was paused due to COVID-19

STRATEGY Increase local hiring and develop career ladders for employees

MEASURES	RESULTS
Launch 4 career pathway programs, including medical assistant, nursing assistant, nursing and health IT, serving 1,125 people through WSU partner hospitals	63 RUSH employees served; 152 served through WSU. Funder has provided an additional year to reach the goal because of COVID-19 delays
Work with WSU toward its goal of employing 3,500 West Side community members across six partner hospitals	2,716 people hired across all hospitals; 876 people hired by RUSH

STRATEGY Increase spending with local businesses

MEASURES	RESULTS
Increase local vendor presence at all 3 hospitals for a total of 9 vendor partnerships (beginning in FY20 for RUSH Oak Park Hospital and in FY21 for RUSH Copley Medical Center)	18 vendor partnerships
RUSH University Medical Center will aim to increase its FY20 spending with West Side vendors by at least \$4.2 million	More than \$8 million spent

STRATEGY Increase investment in West Side communities

MEASURE	RESULT
Invest \$7.5 million in West Side communities through partnership with WSU	\$5.5 million invested by RUSH

GOAL 2

INCREASE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES

STRATEGY Conduct community-based trainings — including train-the-trainer programs — in Mental Health First Aid and Spiritual Care

MEASURES	RESULTS
Pilot a West Side health ministry among 5 churches in those communities	Paused during COVID-19; launched pilot in Spring 2022
Conduct Mental Health First Aid training for 500 people	300 people trained (paused during COVID-19; resumed in Spring 2022)

STRATEGY Increase community screenings and referrals to mental health services

MEASURES	RESULTS
Pilot a faith-based mental health support service across 3 West Side churches	Paused during COVID-19
Provide mental health screenings to 1,000 Chicago Public Schools students through School-Based Health Centers (SBHCs)	1,197 students screened
Conduct workshops on trauma-informed care, awareness building, and stigma reduction in 5 West Side churches	6 workshops held, including 2 with representatives from 20 churches

STRATEGY Provide mental health clinical services in community settings through partnerships; support community-based efforts

MEASURES	RESULTS
Partner with 5 West Side schools that do not have SBHCs	Partnered with 21 schools



GOAL 3

PREVENT AND/OR MANAGE CHRONIC CONDITIONS AND RISK FACTORS

STRATEGY Reduce risk factors through assessments, health education/promotion and chronic condition management programs, with a focus on hypertension (e.g., West Side Alive, Live Healthy West Side)

MEASURES	RESULTS
Evaluate current programs and align them across RUSH	In progress
Serve 750 people with programming about chronic conditions (including hypertension) and risk factors; train staff and volunteers from 10 community organizations to offer chronic condition self-management education to 300 people	1,247 people served; 318 people engaged in self-management

STRATEGY Improve access to healthy food

MEASURES	RESULTS
Expand Food is Medicine program across RUSH University Medical Center and RUSH Oak Park Hospital and serve people identified as food-insecure	342 people served
Expand Top Box Foods to 15 community partners in West Side neighborhoods	18 community partners engaged
Continue RUSH Food Surplus Program and donate 60,000 meals	51,438 meals donated
Pilot new access initiatives for food security, including meal delivery	3,311 meals delivered

STRATEGY Develop and deliver community programs to help people stop smoking

MEASURES	RESULTS
Decrease the prevalence of tobacco use in West Side partner agencies by 10% in 3 years	Paused during COVID-19
Bring lung health programming to 5 community-based partners	Paused during COVID-19
Continue local and regional advocacy efforts to promote lung health	Paused during COVID-19

GOAL 4

INCREASE ACCESS TO QUALITY HEALTH CARE

STRATEGY Expand access to primary care medical homes for those with or without insurance, and help people obtain insurance when possible

MEASURES	RESULTS
Talk about primary care and insurance with 85% of patients before they're discharged from a specific unit at RUSH University Medical Center	81% of patients engaged
Refer 1,200 people to CommunityHealth and other partner agencies	354 people referred

STRATEGY Support training and deployment of community health workers

MEASURES	RESULTS
Pilot integration of one community health worker (CHW) into a SBHC to increase access to care for young people and their families	CHW joined Orr Academy/KIPP One in September 2021
Enhance CHW team with 3 local hires and support community-based organizations in their efforts	17 CHWs hired



GOAL 5

IMPROVE MATERNAL AND CHILD HEALTH OUTCOMES

STRATEGY Participate in Live Healthy West Side collaborative, focused on maternal and child health

MEASURE	RESULT
Determine interventions and set baseline measures in the first year; ongoing implementation in the second and third years	Began collaborating in the East Garfield Park Best Babies Zone initiative to improve birth outcomes; convened community advisory team

STRATEGY Support breastfeeding education and promotion programs

MEASURE	RESULT
Continue participation in Baby-Friendly USA, Inc., and provide education and outreach to at least 1,500 parent-baby pairs	2,170 parent-baby pairs participated in education and outreach

STRATEGY Identify pregnant and parenting people with high Adverse Childhood Experiences (ACEs) scores and connect them to evidence-based home-visiting programs

MEASURES	RESULTS
Provide coordinated referrals for parenting support services to those with those with ACEs ≥ 3	180 people referred
Implement support service for families with newborns that seeks to support maternal-infant health, family well-being and social needs through a nurse home visit and connections with indicated community resources	1,500 patients received care
Implement depression screening and linkages to care during new OB visits, postpartum visits and newborn/infant visits	98 people referred





Where we are today: The 2022 RUSH University Medical Center and RUSH Oak Park Hospital CHNA*

Individuals, institutions and communities all play key roles in assessing and addressing community health needs.

People who live in neighborhoods are the experts on what's happening locally; they should inform the strategies and resources that could help with the challenges they face.

RUSH's health equity work is guided by the voice of the community: "Nothing about us without us."

How we gathered information for this CHNA

Our most important collaborators on this CHNA are the more than 400 people who participated in 23 focus groups and 17 interviews convened by RUSH, WSU and the Alliance for Health Equity (AHE), along with more than 5,300 other community members who answered a survey. More than 100 community-based organizations that are our partners helped us invite neighbors to focus groups and hosted us in their spaces.



*RUSH Copley Medical Center worked with Kane Health Counts on its own CHNA, using data and community input from people who live in Kane, Kendall, Will and other counties in the RUSH Copley service area. Its CHNA and Community Health Implementation Plan (CHIP) differ slightly from what you'll read here, but the focus on health equity — and the strategies for achieving it — is consistent across the entire RUSH system.

Here's what the discussions of barriers to good health in the RUSH University Medical Center and RUSH Oak Park Hospital service areas looked like.



Themes that came up in virtually every community conversation:

The effects of the COVID-19 pandemic

The pandemic was really a crystallization of the problems and disparities in this city. The poor and undocumented living in the shadows have no rights to speak of. We didn't allow people to get vaccinated as essential workers, and we died. It was a fight, and we died. Our church lost 60 members.

Faith leader, South Lawndale

The impact of gun violence

The sheer number of crimes and violent incidents that the children we serve have experienced... the amount of violence has resulted in repeated trauma for our students, many of whom know someone who has been shot or killed.

Community-based organization volunteer manager, Austin

and overwhelming mental health needs

Mental illness has been such a big issue, especially since COVID. It's not only the physical part of COVID; it's losing jobs, it's the isolation. It took a mental toll, especially on people who had underlying issues.

The mental health system wasn't ready.

Food bank volunteer, Oak Park



Data from a number of trusted sources supplemented our conversations. We worked with the AHE to collect and analyze data from a number of sources, including the following:

- American Communities Survey
- Centers for Disease Control and Prevention
- Chicago, Cook County and Illinois departments of public health
- City of Chicago Protect Chicago 77 campaign
- Data compiled by state agencies, including Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, Illinois Department of Public Health
- Data from federal sources, including Centers for Medicare and Medicaid Services (data accessed through the Dartmouth Atlas of Health Care), Health Resources and Services Administration and United States Department of Agriculture
- Healthy Chicago Survey
- Hospitalization and emergency department rates (COMPdata) reported by Illinois Health and Hospital Association
- Local data compiled by additional agencies, including Chicago Metropolitan Agency for Planning, Chicago Department of Family and Support Services, Chicago Department of Planning and Development, Housing Authority of Cook County, local police departments
- Local data compiled by community-based organizations, including Greater Chicago Food Depository and Feeding America, Voices of Child Health in Chicago, Healthy Chicago Equity Zones, Mapping COVID-19 Recovery initiative
- Peer-reviewed literature and white papers

This data helped us and our AHE partner organizations identify needs for our CHNAs and create strategies for our CHIPs.

We've added five new communities to this year's CHNA:

In Chicago

Archer Heights
 Belmont Cragin
 Brighton Park

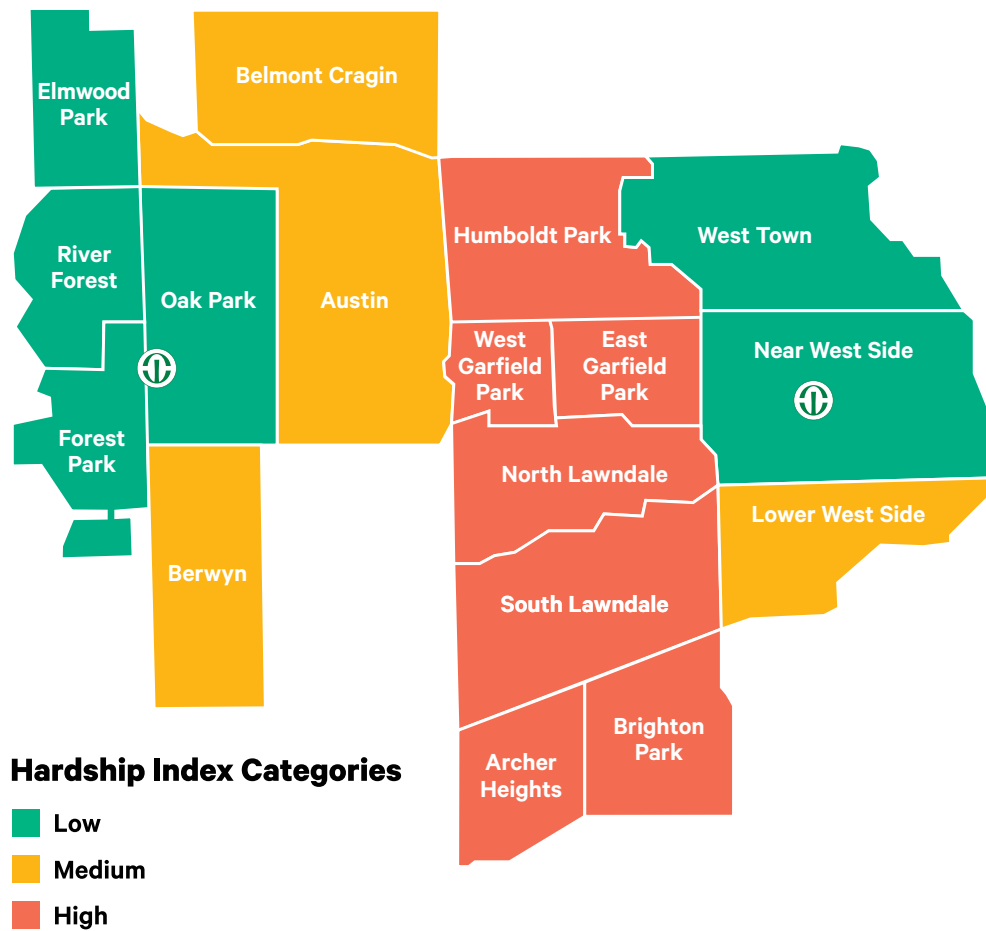
In the suburbs

Berwyn
 Elmwood Park

We chose these communities after reviewing RUSH University Medical Center and RUSH Oak Park Hospital patient data and asking our partners in community-based organizations about their perception of the needs in their areas.

This map of where people experience the most hardship in the RUSH service area is based on six factors from the American Community Survey.

- The number of people under age 18 and over age 64
- The percentage of housing with more than one person per room
- Poverty
- Per capita income
- Unemployment
- No high school diploma



We always want to talk about solutions alongside challenges.

Our CHIP goals, starting on p. 56 and updated for fiscal years 2023 through 2025, show our plans for addressing concerns and suggestions that we heard from neighborhood residents and identified in public health data.

For example, in the city’s 2020 Healthy Chicago Survey, 10% of Chicago adults surveyed said they were experiencing “serious psychological distress,” up from 7% in 2018.

But the percentage of city residents ages 18 to 29 experiencing serious distress in 2020 is nearly double the city average, at 18%. And in every focus group we held, mental health concerns were a major concern for community members.

To address this critical issue, we’ve significantly expanded our CHIP goal No. 2, “Improve access to mental and behavioral health services.” We’re committed to providing 10,000 therapy sessions to referred patients, linking community members and CPS students to mental health resources, increasing telehealth access to therapy and building a pipeline to increase the number of mental health providers of color.



My wish list? Bring in quality grocery stores, that’s No. 1 on my list. Fitness centers, job training that places people in jobs where they can earn a decent living, affordable housing. Make sure internet connectivity is free to everyone. And we need a lot of education and better support for young mothers of small children.

**Community manager
West Side nonprofit housing**

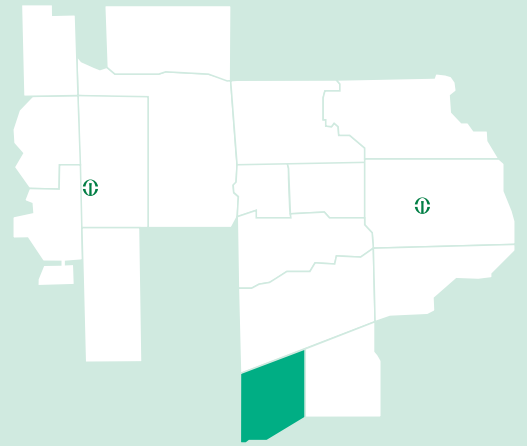
Public health data sources

Because it takes time for government agencies to collect, analyze and share data, the data in the neighborhood profiles that follow reflects a range of time periods. Different information is presented for suburban communities, since city and county survey questions differ. Percentages are rounded.

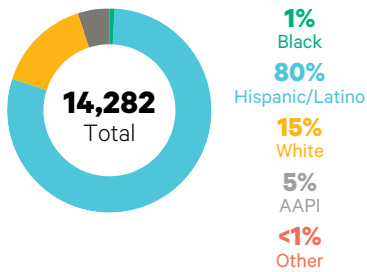
Population, unemployment, individual poverty, child poverty	American Community Survey, US Census Bureau (2016-2020)
COVID-19 positivity and mortality rates	Chicago Health Atlas, Illinois Department of Public Health, Cook County Department of Public Health (2020)
COVID-19 vaccination rates	Chicago Health Atlas, Illinois Department of Public Health, Protect Chicago 77 (2022)
Perceptions of neighborhood safety	Chicago Health Atlas, Healthy Chicago Survey (2020-2021)
Life expectancy at birth	Chicago Department of Public Health (2020), Cook County Department of Public Health (2017)
Early and adequate prenatal care (city)	Chicago Health Atlas, Healthy Chicago Survey (2017)
Late or no prenatal care (suburbs)	Cook County Department of Public Health (2013-2017)
Diabetes prevalence, obesity, hypertension	Chicago Health Atlas, Healthy Chicago Survey, CDC’s PLACES (2016-2021)
Servings of fruits and vegetables	Chicago Health Atlas, CDC’s Behavioral Risk Factor Surveillance System (2020-2021)
Hardship index	American Community Survey (2016-2020)

Archer Heights*

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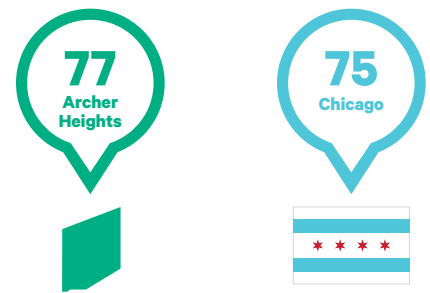
Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native



Life expectancy



COVID-19



Positivity rate
13%



Mortality rate
.16%



Vaccination rate
80%



“Mental health is certainly an issue. There’s a fallacy that stigma is the primary reason for not accessing care, but that’s far down the list. Lack of health insurance is at the top of the list. And many of our households are not English-proficient. We have to provide services in easily understandable ways.”



6 grocery stores



1 childcare center



6 health care and **0** mental health facilities



2 pharmacies



5 public parks



7 public and private schools

► Unemployment



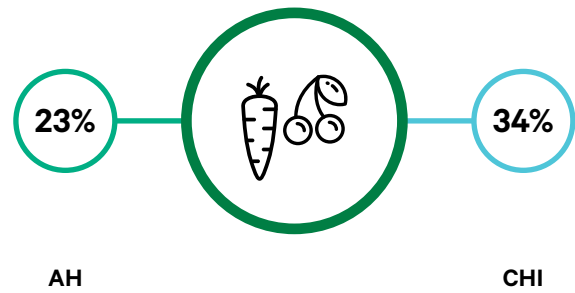
► Moms getting good prenatal care



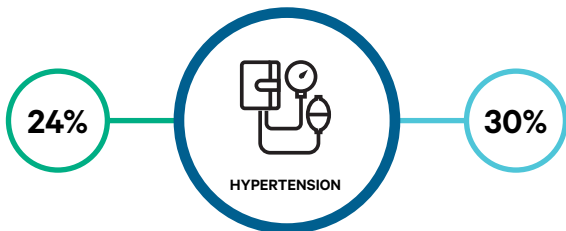
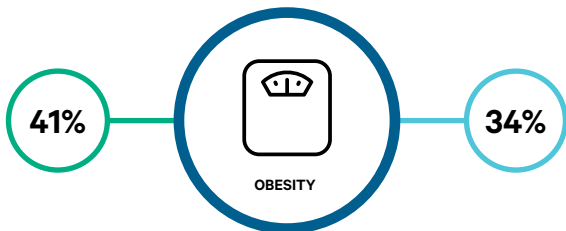
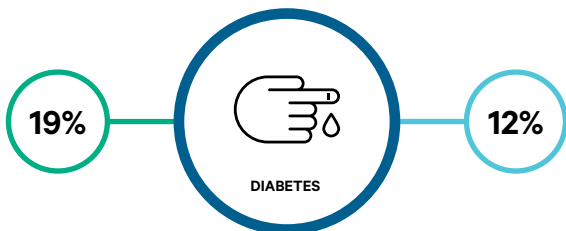
► People who feel safe in their community



► Adults eating enough fruits & vegetables

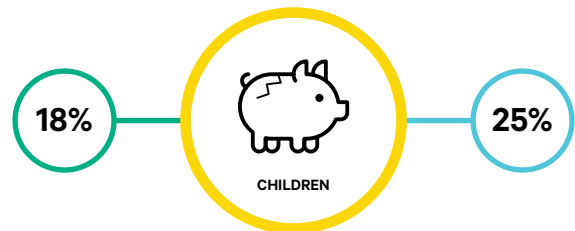
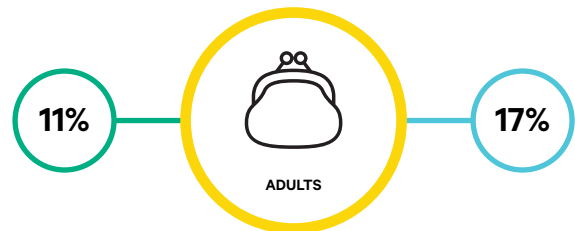


► People with chronic conditions that contribute to the life expectancy gap



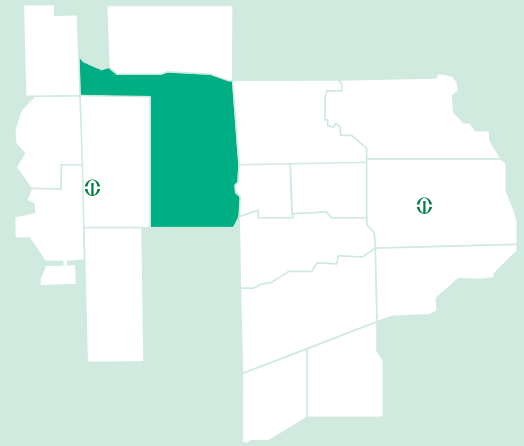
“We have a lot of young people in our community, a lot of intergenerational families living together. That presents challenges for pandemic safety, but brings us many good things.”

► People living in poverty

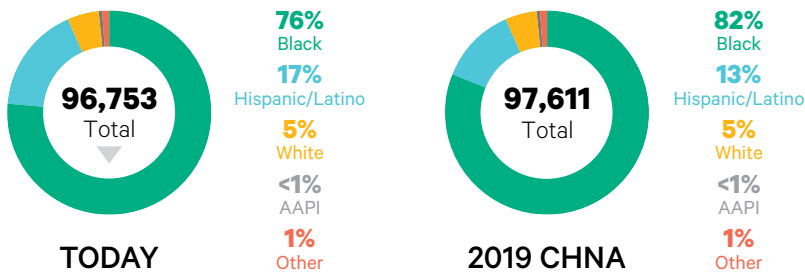


Austin

60651, 60644

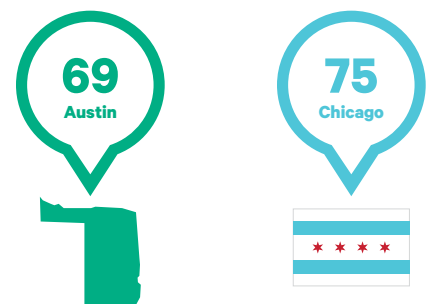


► Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

► Life expectancy



► COVID-19



- 11** grocery stores
- 15** childcare centers
- 3** health care and **8** mental health facilities
- 3** pharmacies
- 18** public parks
- 29** public and private schools

► **Unemployment**



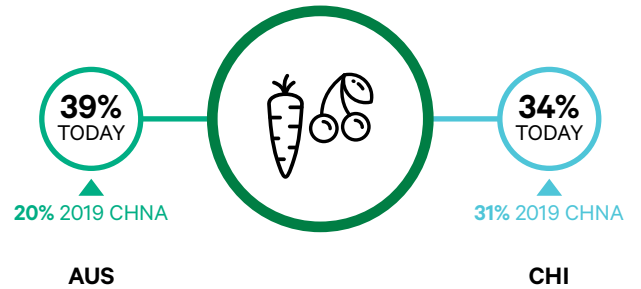
► **Moms getting good prenatal care**



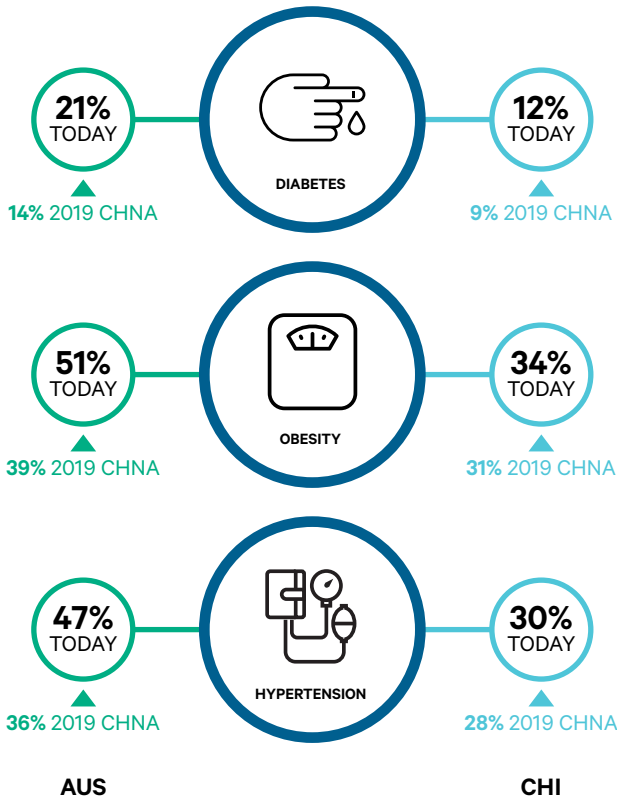
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

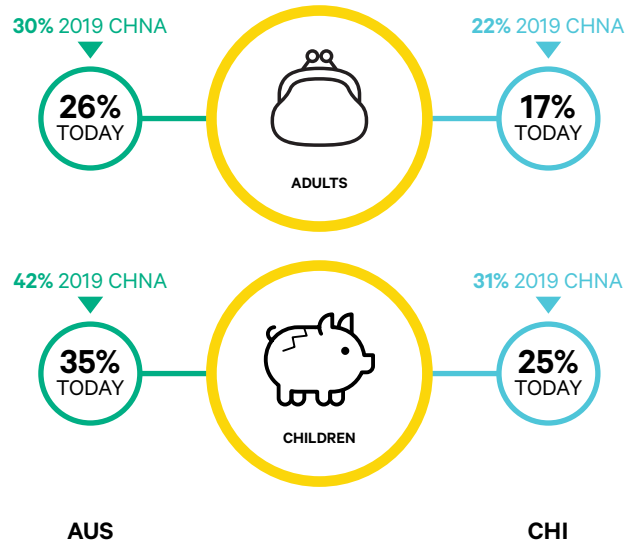


► **People with chronic conditions that contribute to the life expectancy gap**



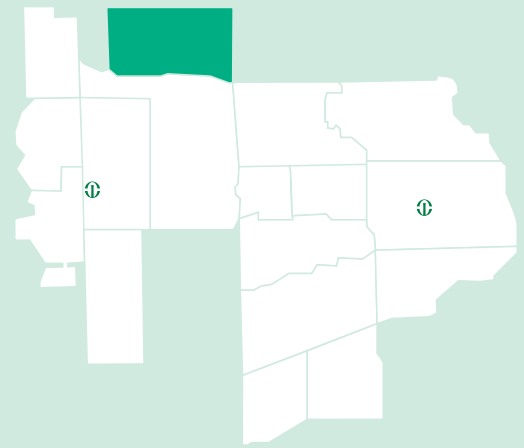
“We need more education on preventing disease instead of trying to cure it when it’s too late — like the lack of good, nutritious food and what that does to you.”

► **People living in poverty**

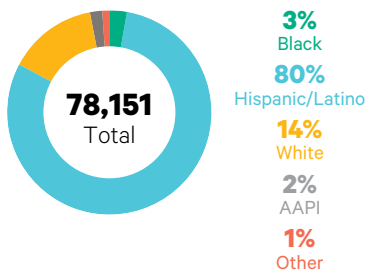


Belmont Cragin*

60639



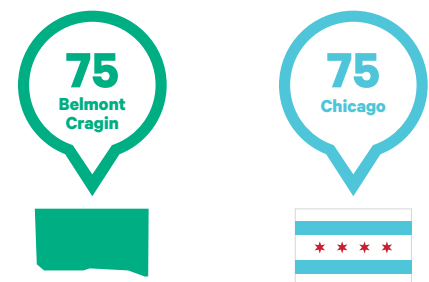
Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native



Life expectancy



COVID-19



Positivity rate
13%



Mortality rate
.22%



Vaccination rate
77%



“When we want to see change, we unite. There are plenty of resources that are open and available. It is so much different than other communities. Here, people let you know where the resources are, unlike other places I’ve lived.”



10 grocery stores



12 childcare centers



7 health care and **7** mental health facilities



8 pharmacies



6 public parks



18 public and private schools

► Unemployment



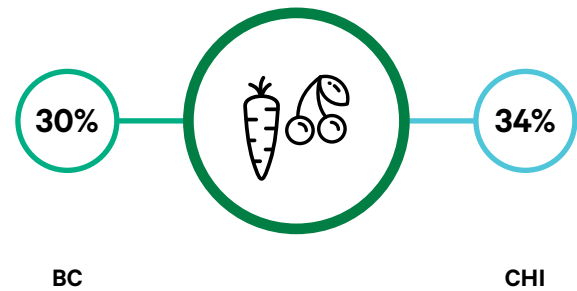
► Moms getting good prenatal care



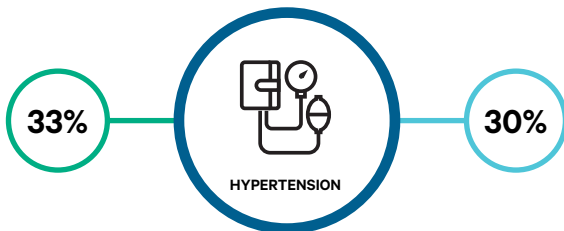
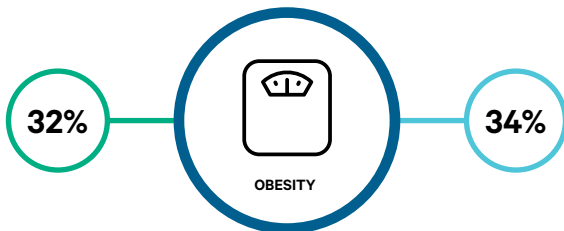
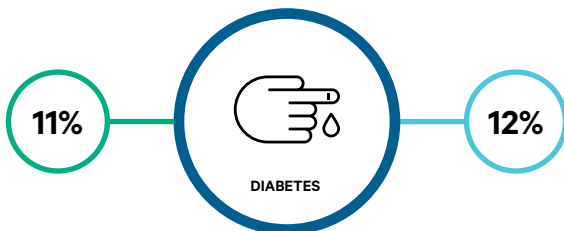
► People who feel safe in their community



► Adults eating enough fruits & vegetables

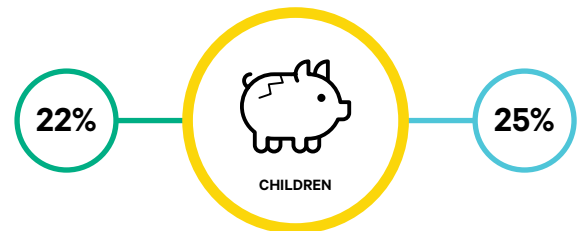
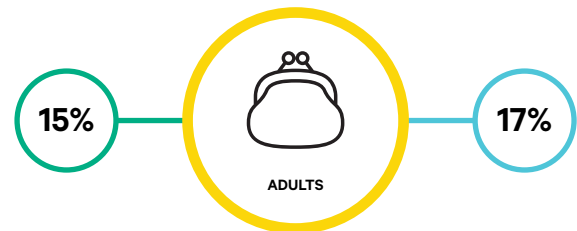


► People with chronic conditions that contribute to the life expectancy gap



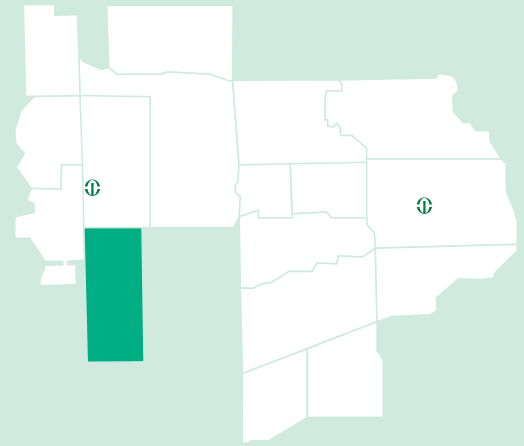
“Due to community violence, it’s hard to be healthy. It’s not just about having a park, but about people feeling safe and comfortable letting our kids out late.”

► People living in poverty

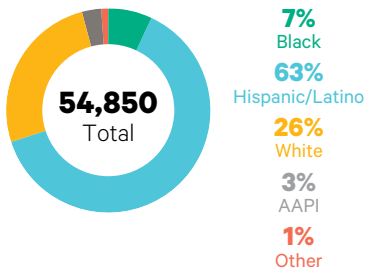


Berwyn*

60402



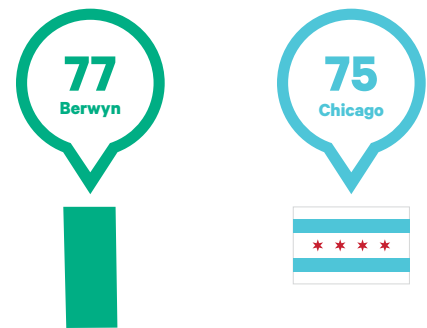
Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native



Life expectancy



COVID-19



Positivity rate
20%



Mortality rate
.16%



Vaccination rate
63%



Necessary for a healthy community, according to focus group participants:

- Access to healthy foods
- Access to resources
- Inclusion of youth in community decisions
- Good jobs with living wages in our own neighborhood
- Recreational green spaces



8 grocery stores



18 childcare centers



9 health care and **7** mental health facilities



5 pharmacies



11 public parks



21 public and private schools

► Unemployment



► Moms getting late or no prenatal care



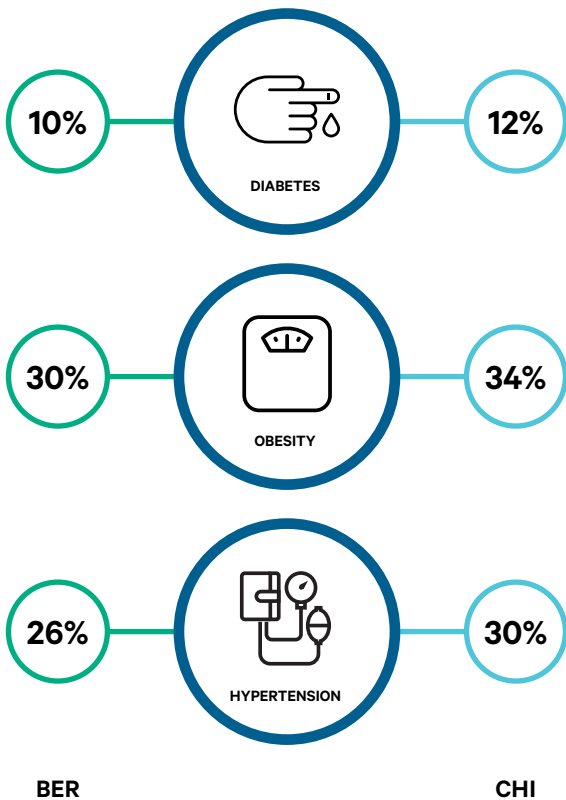
“We were unprepared for virtual school and virtual education. It was very challenging for students: impacted their social skills, impacted their mental health, affected their confidence when going back to school.”



Top health concerns of focus group participants:

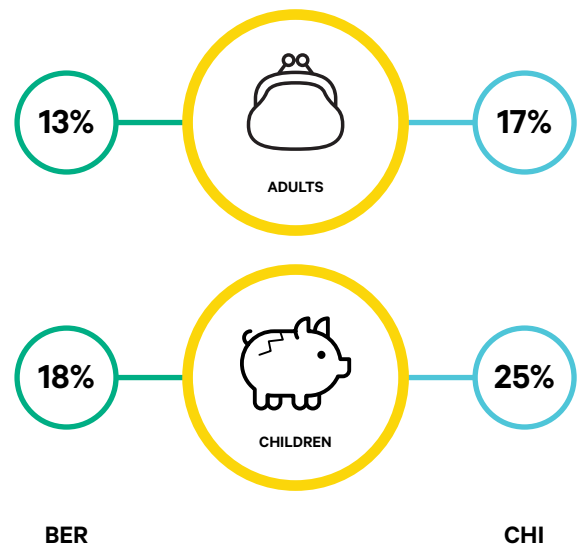
- Community safety
- Substance use disorders, especially opiates
- Mental health
- Diabetes
- Hypertension

► People with chronic conditions that contribute to the life expectancy gap



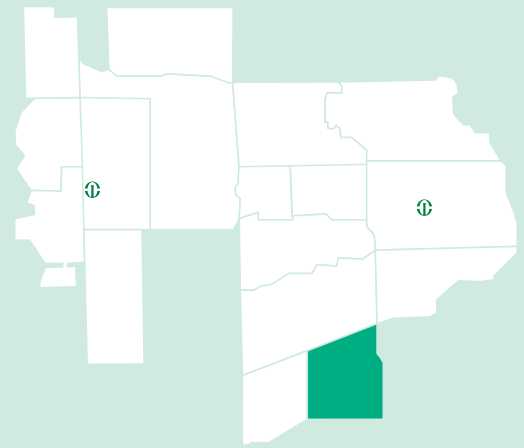
“There’s lots of strong culture in the community — people coming together to support immigrants and other Latino community members.”

► People living in poverty

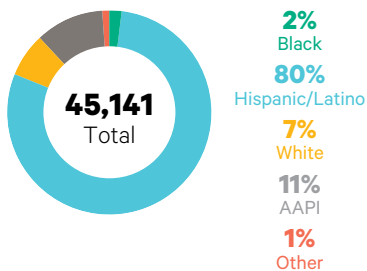


Brighton Park*

60632



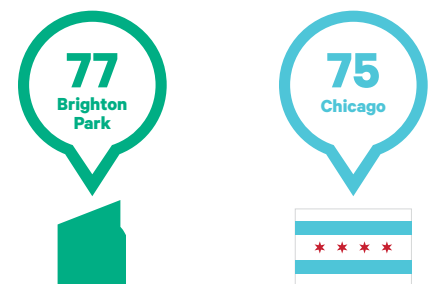
Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native



Life expectancy



COVID-19



Positivity rate
11%



Mortality rate
.17%



Vaccination rate
76%



“I’m seeing so many organizations coming together at family events like Día del Niño celebrations to promote things like financial literacy, rental and gas assistance, health centers, COVID testing. That collaboration has been meaningful to see. That’s what a safety net is meant to be for families.”



6 grocery stores



6 childcare centers



9 health care and **12** mental health facilities



3 pharmacies



2 public parks



14 public and private schools

► Unemployment



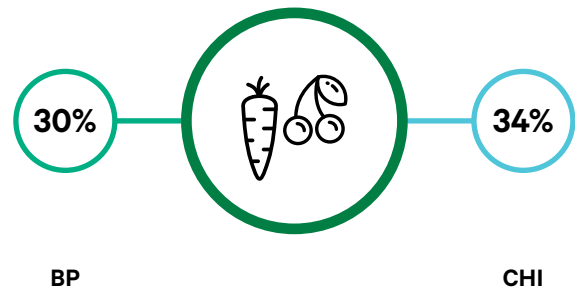
► Moms getting good prenatal care



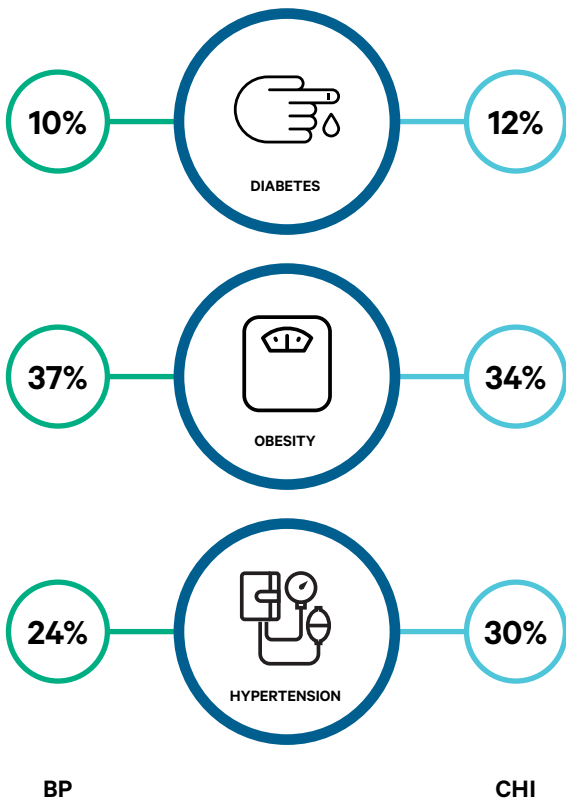
► People who feel safe in their community



► Adults eating enough fruits & vegetables

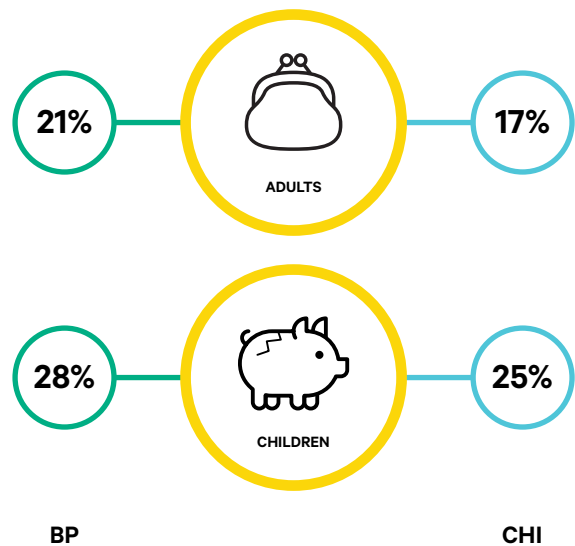


► People with chronic conditions that contribute to the life expectancy gap



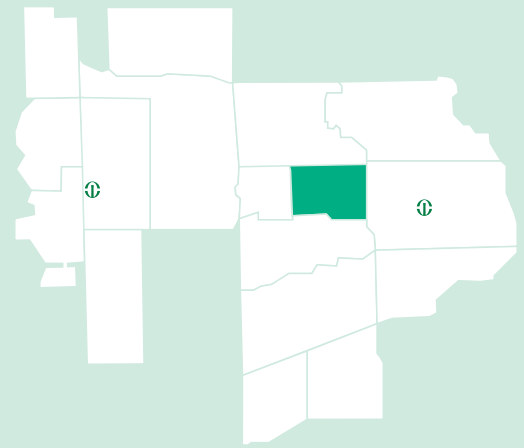
“We’ve seen a real increase in young families seeking basics: baby formula, diapers. That’s not something there’s funding for, but these are the real needs.”

► People living in poverty

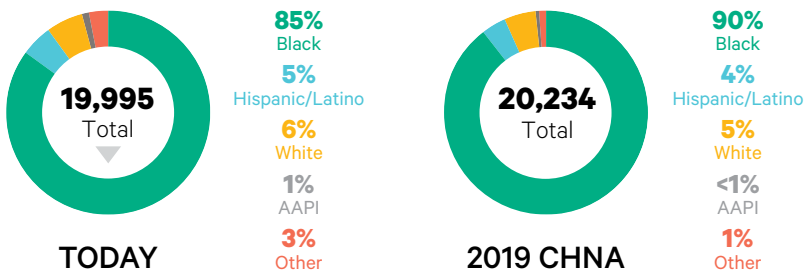


East Garfield Park

60624

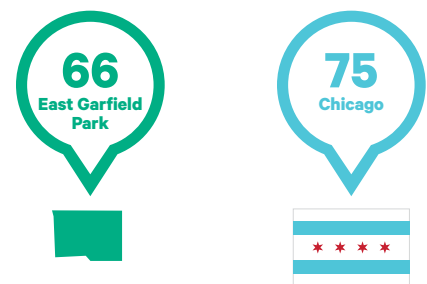


► Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

► Life expectancy



► COVID-19



“We need quality grocery stores, fitness centers, job training, affordable housing, internet connectivity, safe day cares.”



- 26** grocery stores
- 4** childcare centers
- 4** health care and **7** mental health facilities
- 1** pharmacy
- 12** public parks
- 10** public and private schools

► **Unemployment**



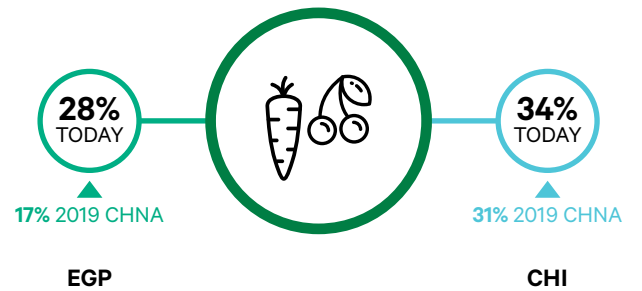
► **Moms getting good prenatal care**



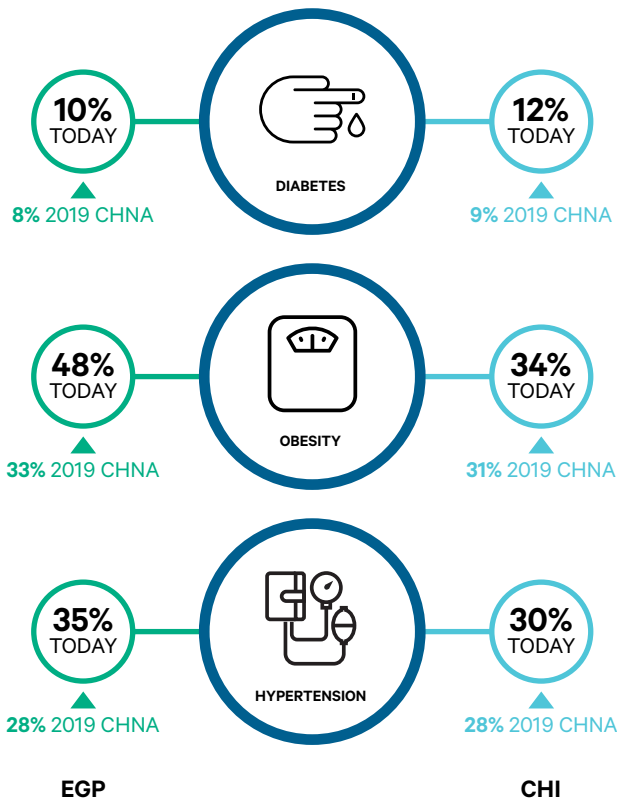
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

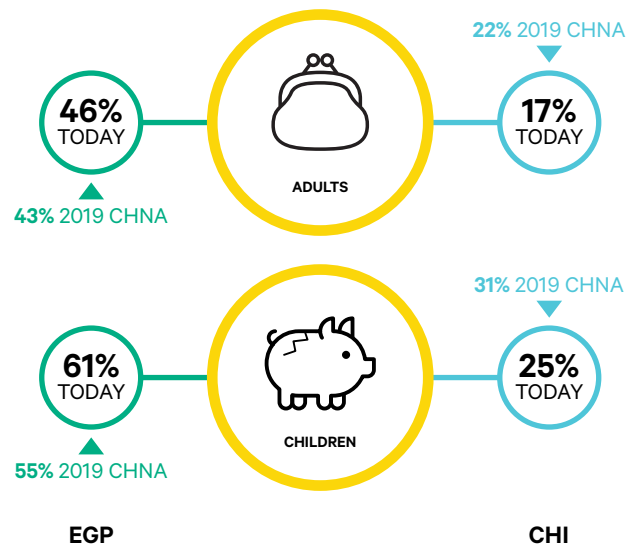


► **People with chronic conditions that contribute to the life expectancy gap**



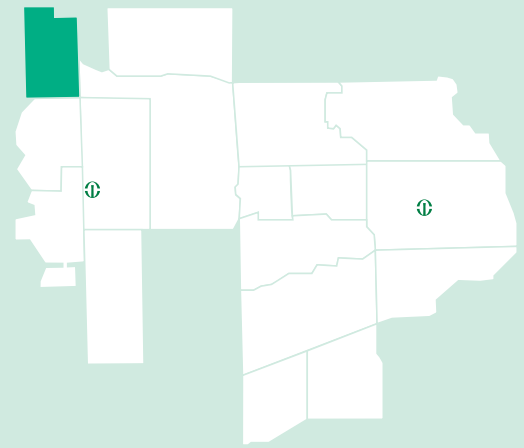
“People stay in Garfield so long because they grew up here. It feels like home. And a lot of people want to leave the community better than they found it.”

► **People living in poverty**

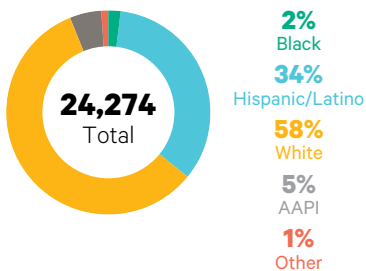


Elmwood Park*

60707



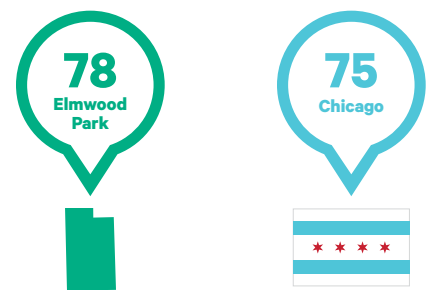
Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native



Life expectancy



COVID-19



Positivity rate
24%



Mortality rate
.16%



Vaccination rate
62%



Necessary for a healthy community, according to focus group participants:

- Eating healthy
- Safety: being able to walk around knowing that you're not going to be attacked
- Youth activity
- COVID-19 vaccines
- Physical activity



5 grocery stores



4 childcare centers



7 health care and **4** mental health facilities



2 pharmacies



8 public parks



5 public and private schools

► Unemployment



► Moms getting late or no prenatal care

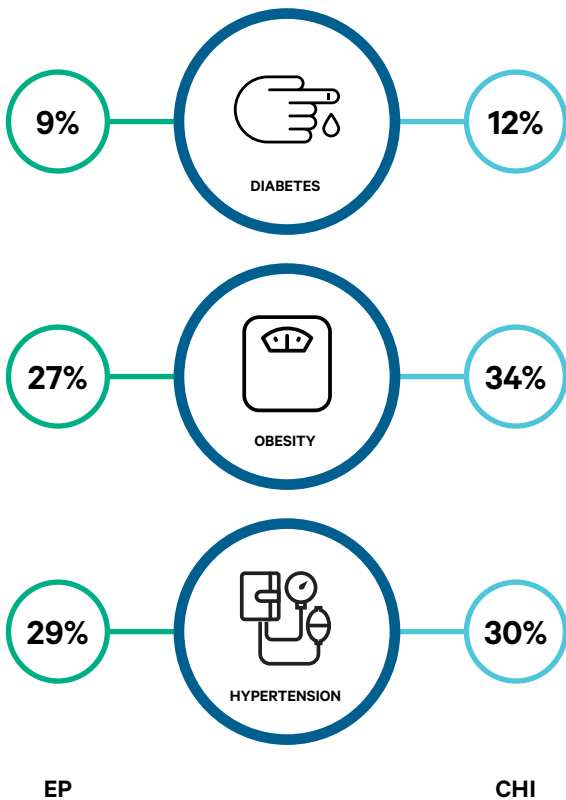


“I feel proud [to live here], because in my home country, I did not feel support and care for others — but it is different here.”

Top health concerns of focus group participants:

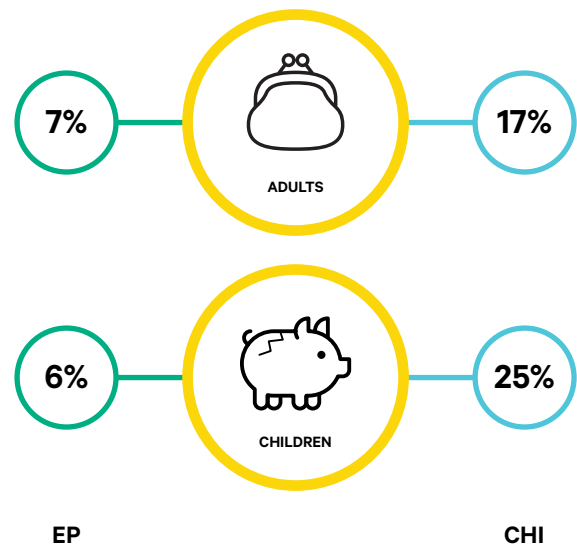
- Mental health, including suicide, domestic violence, sexual abuse
- Chronic diseases
- Isolation
- Access to nutritious food
- Crowded housing

► People with chronic conditions that contribute to the life expectancy gap



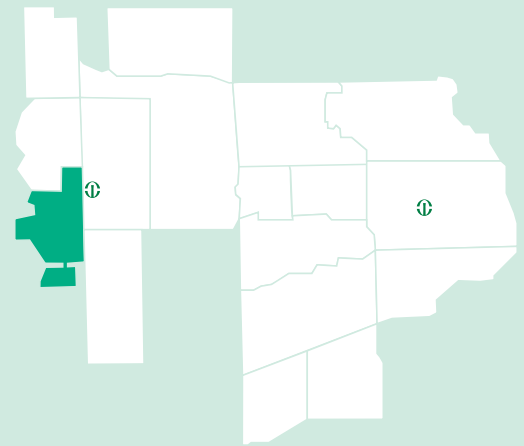
“Transportation is a challenge. There are Divvy stations but not many, and a lot of people can’t afford a bike or bus fare.”

► People living in poverty

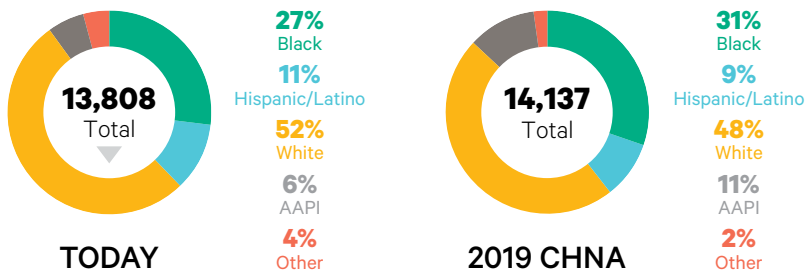


Forest Park

60130

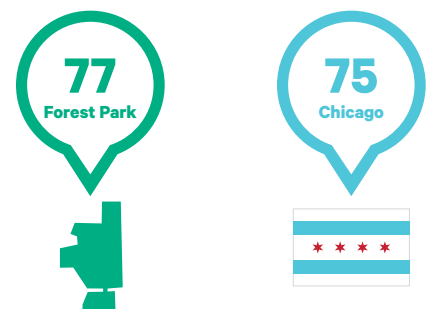


► Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

► Life expectancy



► COVID-19



“There needs to be much more mental health access, free to low-cost. Screenings for adolescents to help identify problems early.”

- 2** grocery stores
- 5** childcare centers
- 4** health care and **5** mental health facilities
- 2** pharmacies
- 7** public parks
- 6** public and private schools

► **Unemployment**



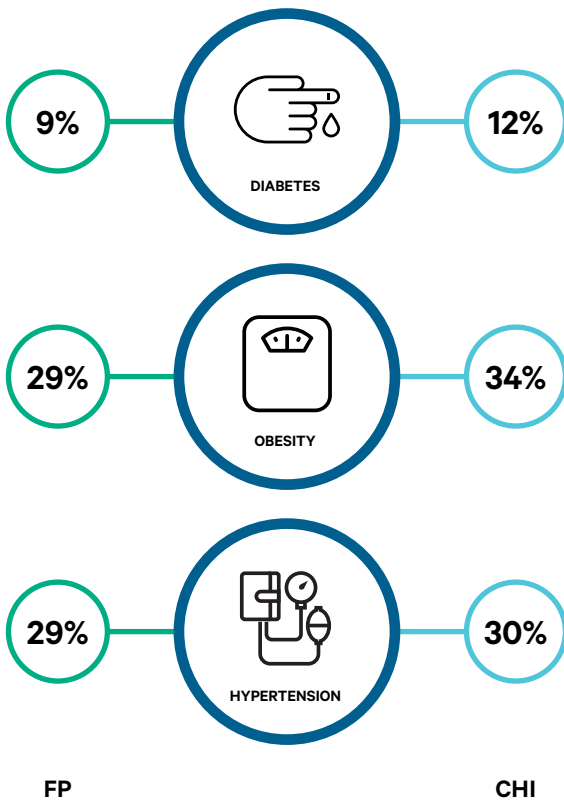
► **Moms getting late or no prenatal care**



“One challenge for people with limited resources is being able to find ways to get answers to questions. For example, what can someone do if they’re experiencing food insecurity?”

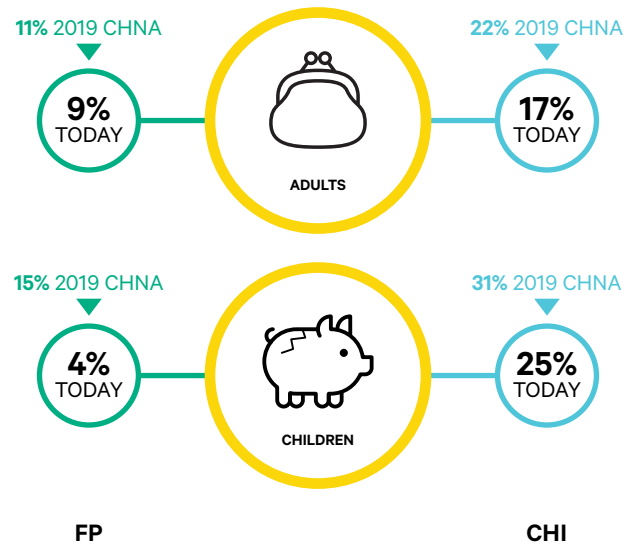


► **People with chronic conditions that contribute to the life expectancy gap**



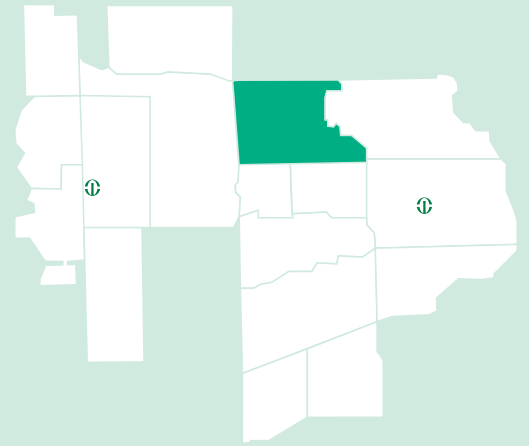
“The small-town vibe here makes it comforting. Everyone knows one another; it’s very welcoming and there’s a great volunteer base.”

► **People living in poverty**

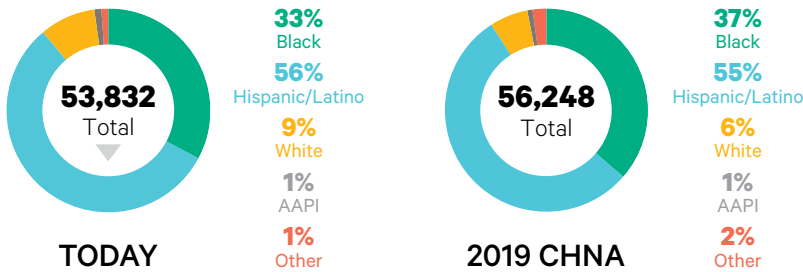


Humboldt Park

60647, 60651

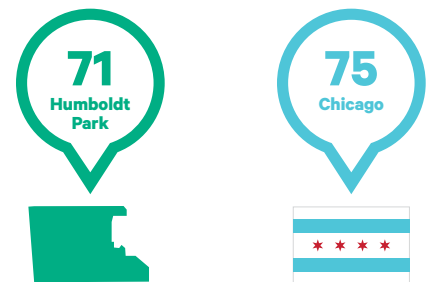


Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

Life expectancy



COVID-19



“It’s easy to get to the hospital, but only certain hospitals can help you with certain things — like a trauma center.”

- 6** grocery stores
- 5** childcare centers
- 7** health care and **3** mental health facilities
- 3** pharmacies
- 18** public parks
- 10** public and private schools

► **Unemployment**



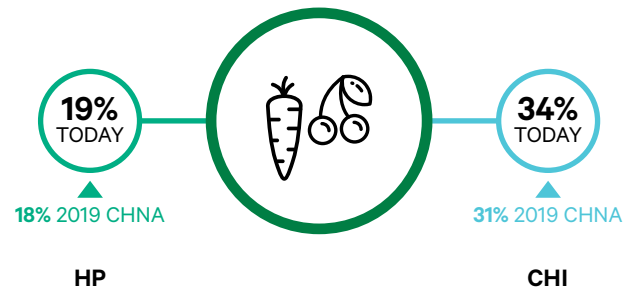
► **Moms getting good prenatal care**



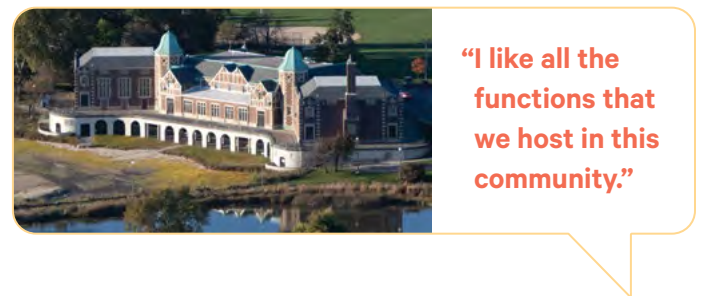
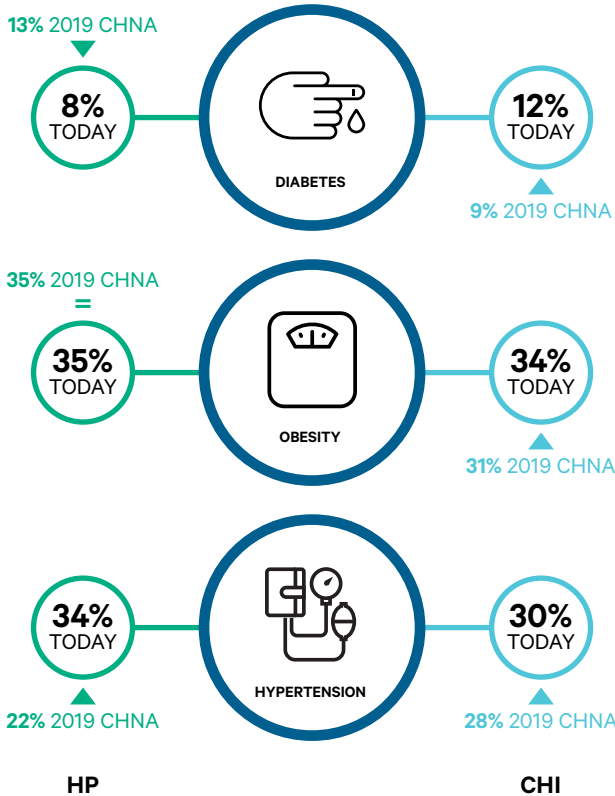
► **People who feel safe in their community**



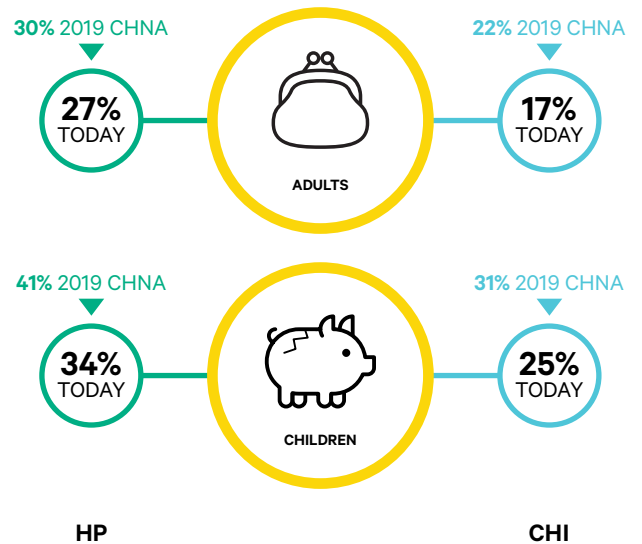
► **Adults eating enough fruits & vegetables**



► **People with chronic conditions that contribute to the life expectancy gap**

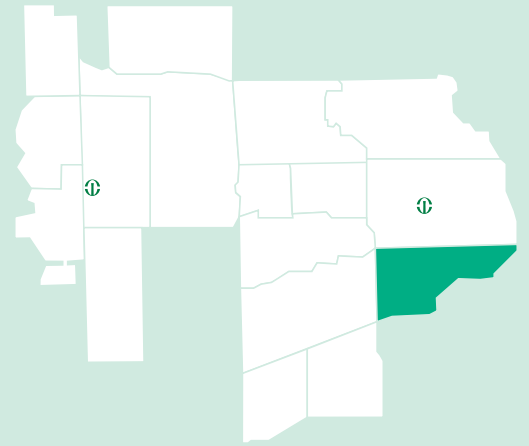


► **People living in poverty**

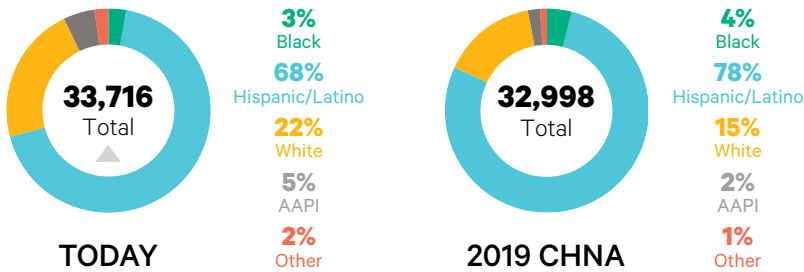


Lower West Side

60608

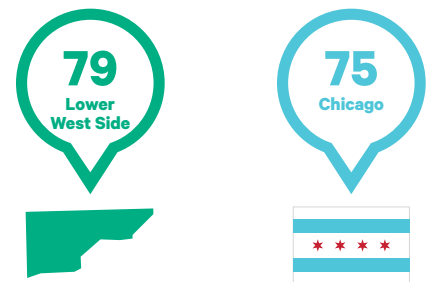


► Race/Ethnicity[†]

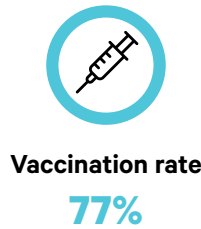


[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

► Life expectancy



► COVID-19



“Pilsen is a mix of cultures from Mexico and of the people who come from other Latin American countries, which makes a very special community.”

- 6** grocery stores
- 8** childcare centers
- 9** health care and **10** mental health facilities
- 1** pharmacy
- 9** public parks
- 9** public and private schools

► **Unemployment**



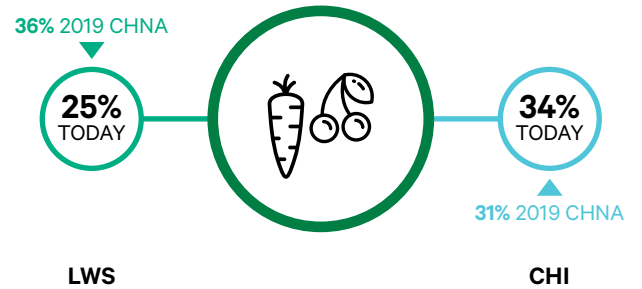
► **Moms getting good prenatal care**



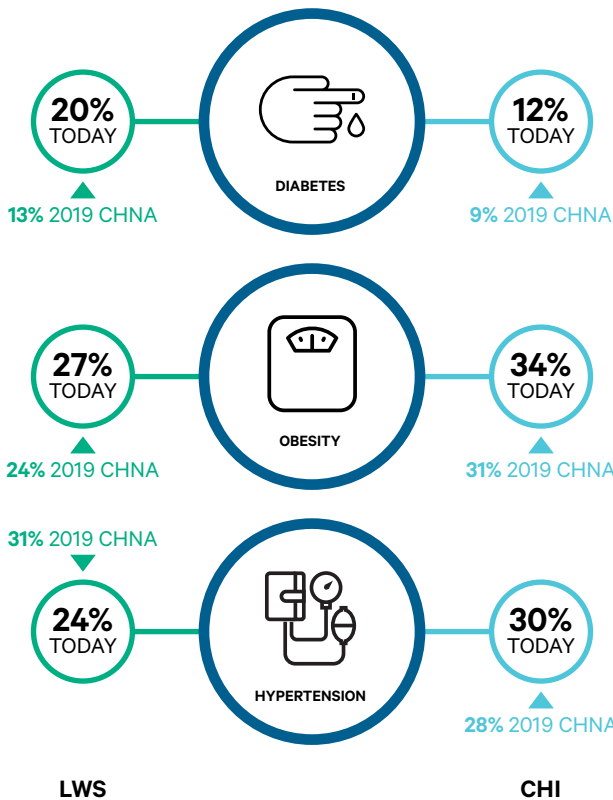
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

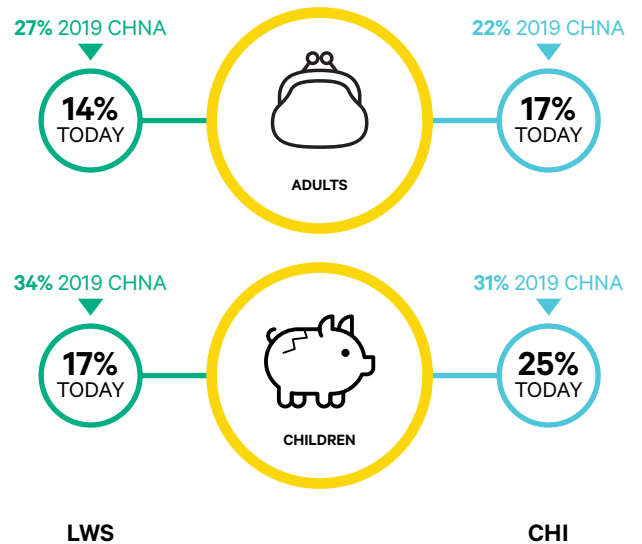


► **People with chronic conditions that contribute to the life expectancy gap**



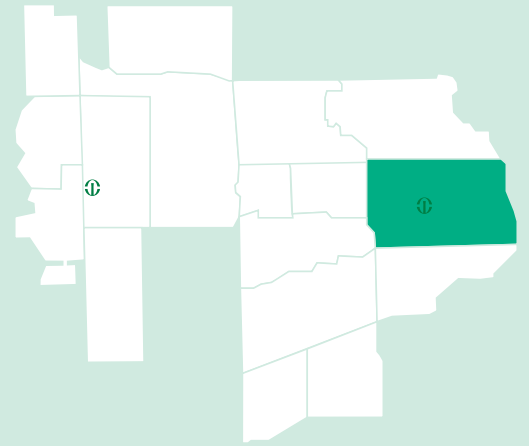
“Our biggest challenges because of COVID-19 are jobs, depression, delinquency and violence. People are angrier these days, which leads to these challenges.”

► **People living in poverty**

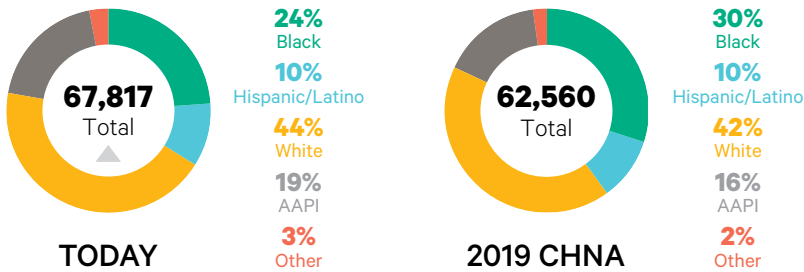


Near West Side

60612, 60607

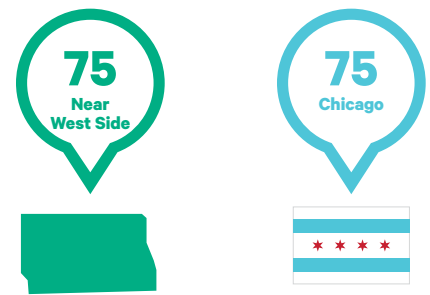


Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

Life expectancy



COVID-19



Positivity rate
6%



Mortality rate
.06%



Vaccination rate
75%



“We used to have no playground; now we take pride in keeping it nice. We take pride in where we live, and we want new residents to enjoy it as well.”

- 5** grocery stores
- 10** childcare centers
- 9** health care and **9** mental health facilities
- 8** pharmacies
- 20** public parks
- 21** public and private schools

► **Unemployment**



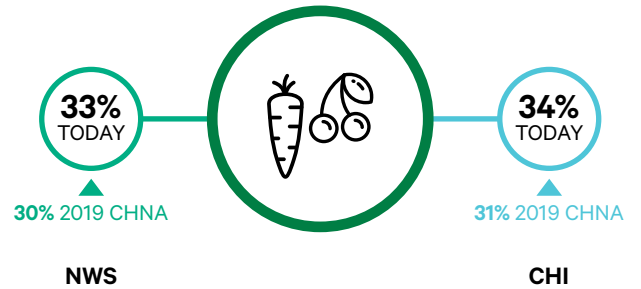
► **Moms getting good prenatal care**



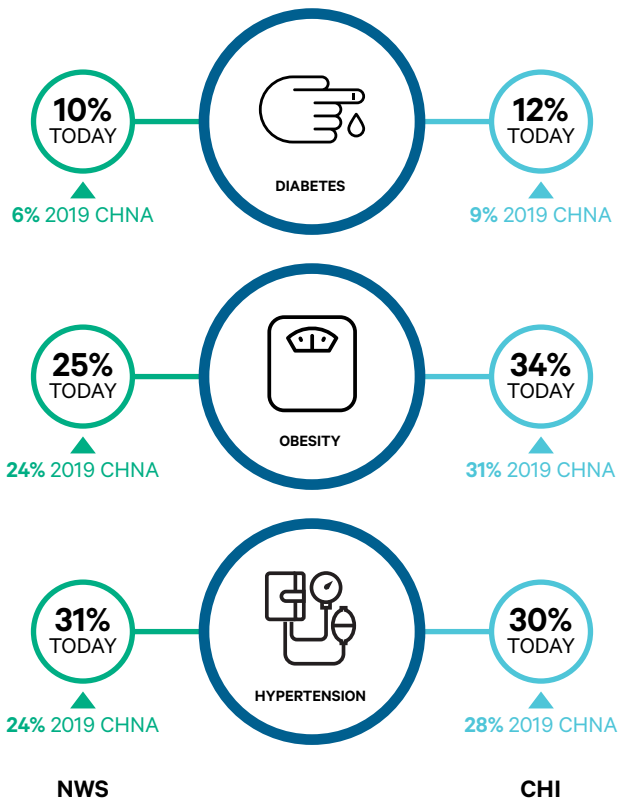
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

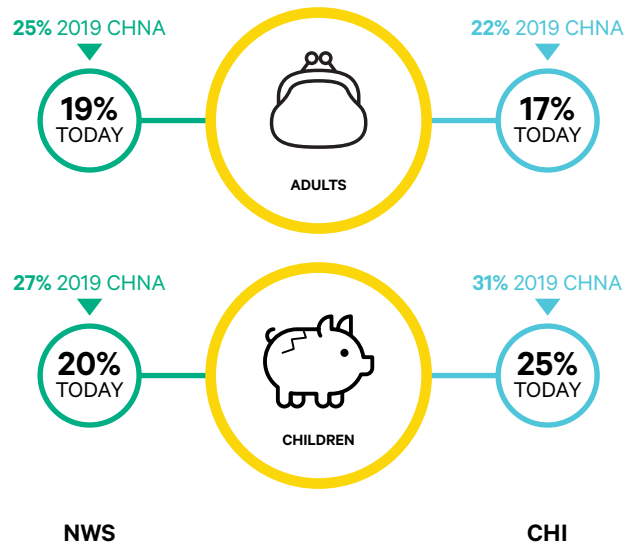


► **People with chronic conditions that contribute to the life expectancy gap**



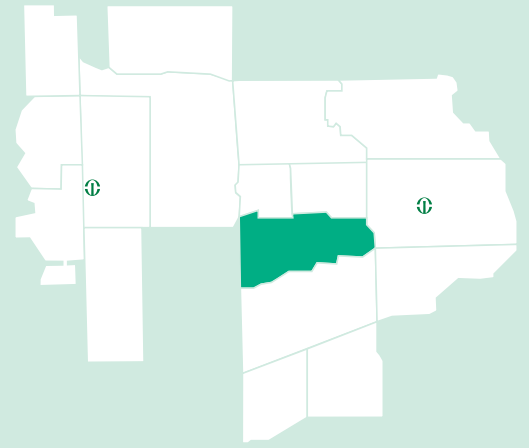
“The community is changing; low-income individuals are being pushed out, persons of color are being pushed out. The changes aren’t for us, they’re for the new people coming in.”

► **People living in poverty**

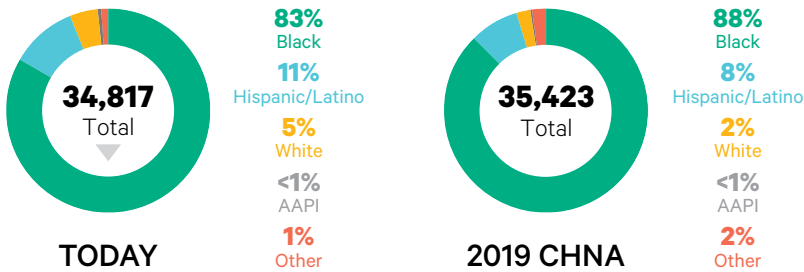


North Lawndale

60623

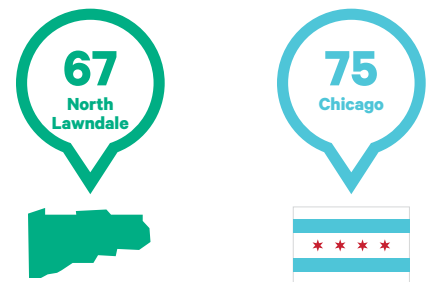


► Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

► Life expectancy



► COVID-19



“Having the North Lawndale Employment Network here makes me feel proud.”

- 2** grocery stores
- 3** childcare centers
- 9** health care and **4** mental health facilities
- 5** pharmacies
- 12** public parks
- 15** public and private schools

► **Unemployment**



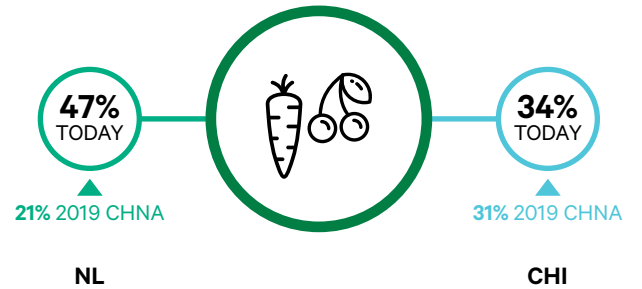
► **Moms getting good prenatal care**



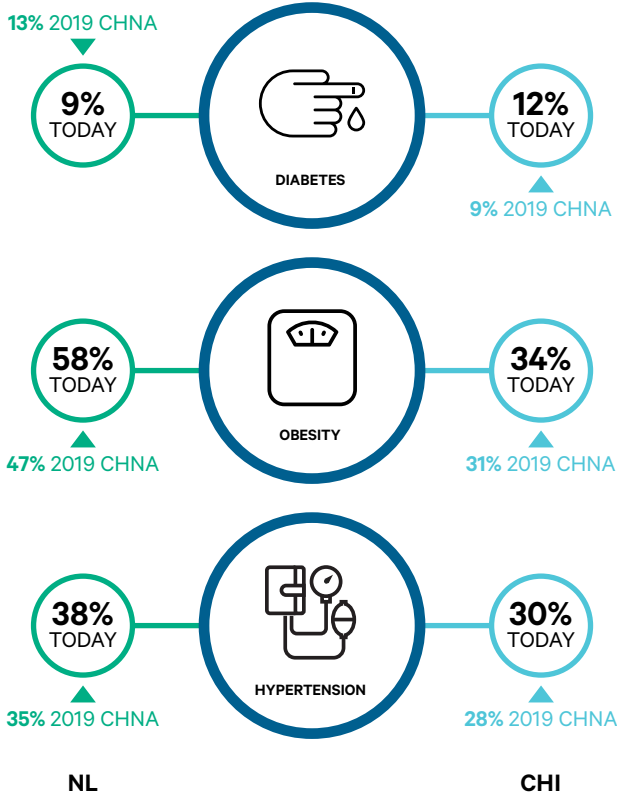
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

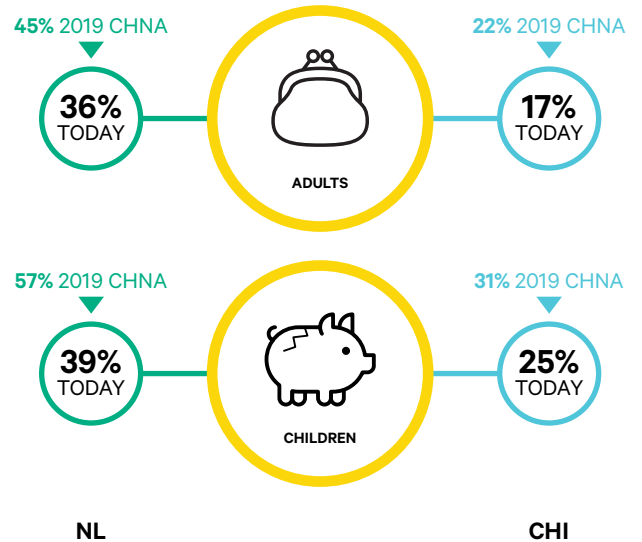


► **People with chronic conditions that contribute to the life expectancy gap**



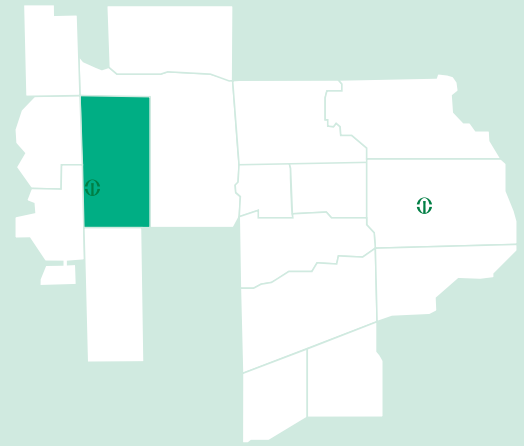
“Whole households had COVID-19 and a lot of people passed away. We have long-term mental health issues due to deaths. We have lost incomes. It was a devastating event in our communities.”

► **People living in poverty**

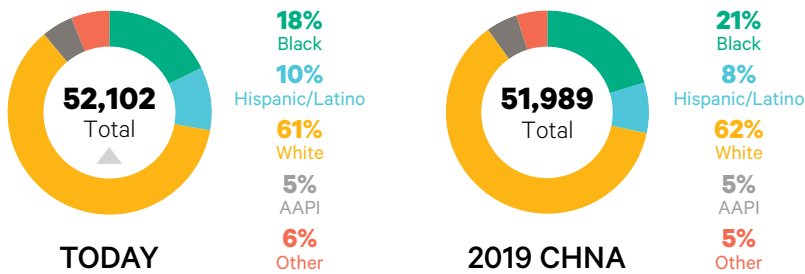


Oak Park

60301, 60302, 60303, 60304

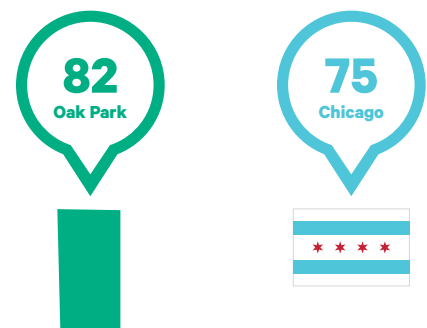


► Race/Ethnicity[†]

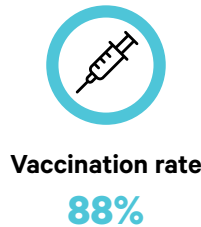


[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

► Life expectancy



► COVID-19



“The pandemic actually helped a little bit with access to food — popup food pantries and organizations giving away food boxes.”



- 5** grocery stores
- 7** childcare centers
- 19** health care and **10** mental health facilities
- 9** pharmacies
- 20** public parks
- 5** public and private schools

► **Unemployment**



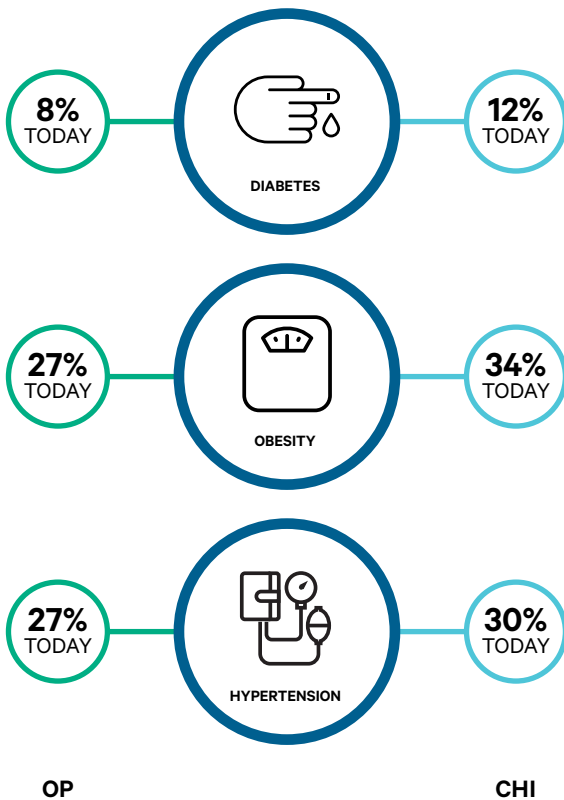
► **Moms getting late or no prenatal care**



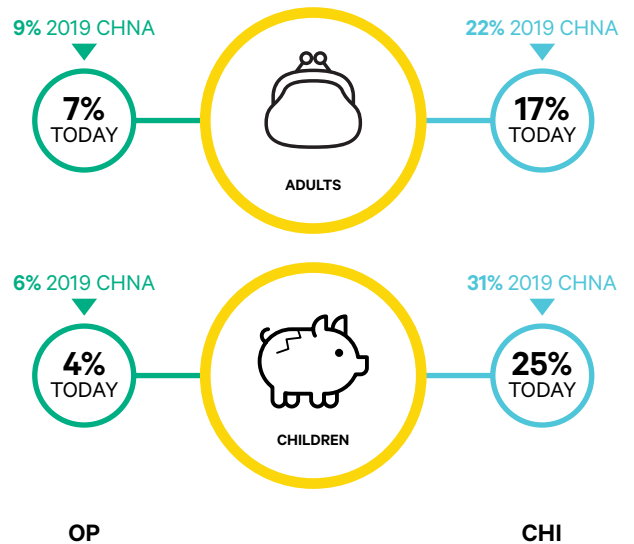
“We still have a lot of people out of a job. Even if you do have a job, there’s still not a living wage. Rent is up, gas is up, light bills are up, and you’re always two steps behind.”



► **People with chronic conditions that contribute to the life expectancy gap**

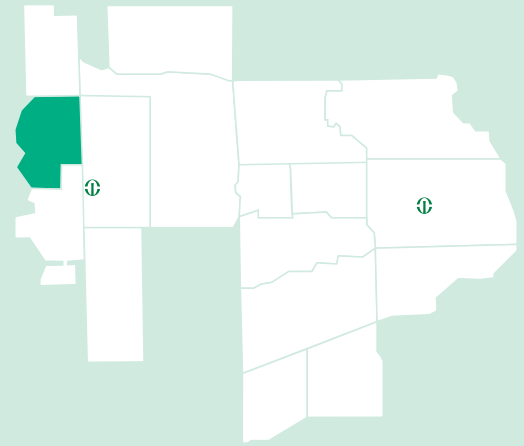


► **People living in poverty**

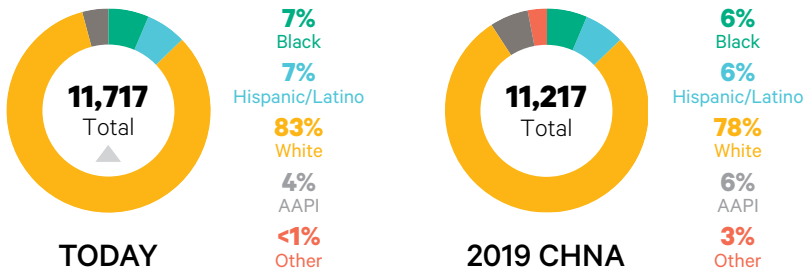


River Forest

60153, 60160

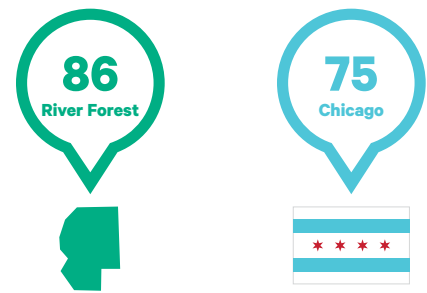


► Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native







► Life expectancy



► COVID-19



“The pandemic had a big impact on children’s mental health. They’ve been kept in for 18 months, and now they’re experimenting with vaping, drugs, alcohol just to get out of the house.”

-  **3** grocery stores
-  **8** childcare centers
-  **4** health care and **3** mental health facilities
-  **3** pharmacies
-  **8** public parks
-  **9** public and private schools

► **Unemployment**



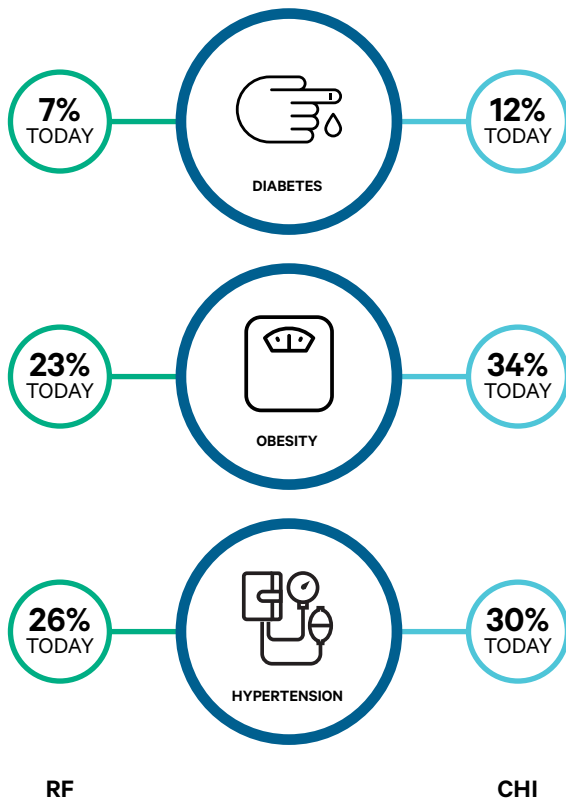
► **Moms getting late or no prenatal care**



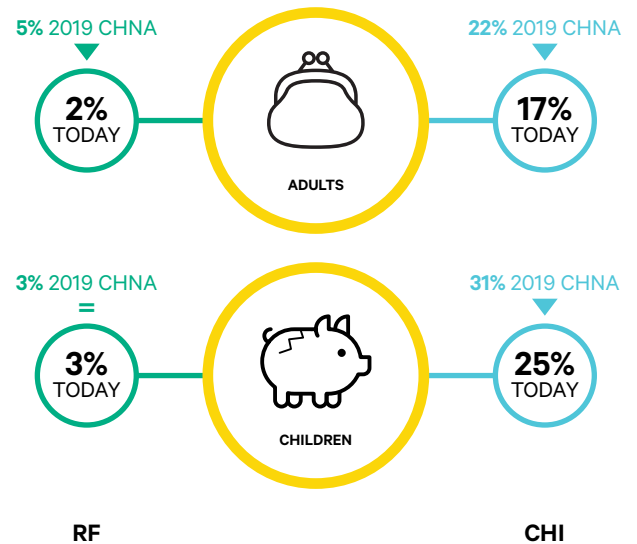
“It feels aging-friendly here, with a lot of community events for different age groups. There are tons of things for little ones at the library and the park district.”



► **People with chronic conditions that contribute to the life expectancy gap**

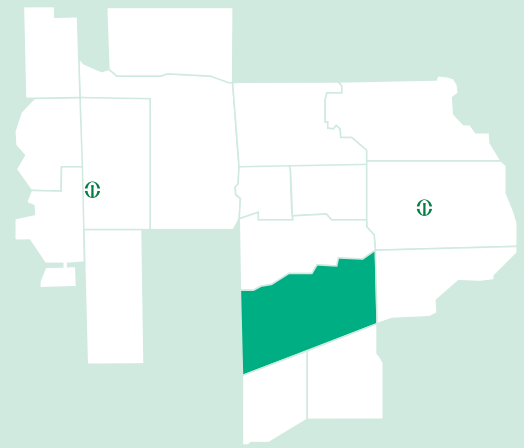


► **People living in poverty**

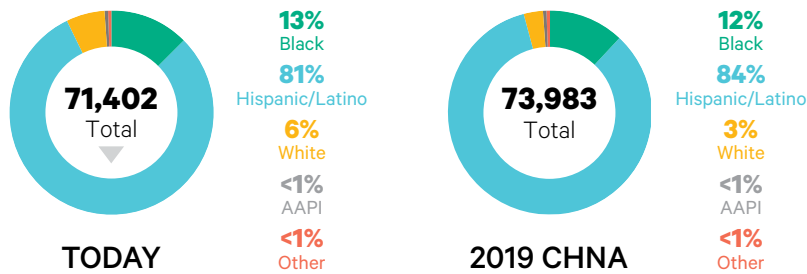


South Lawndale

60623

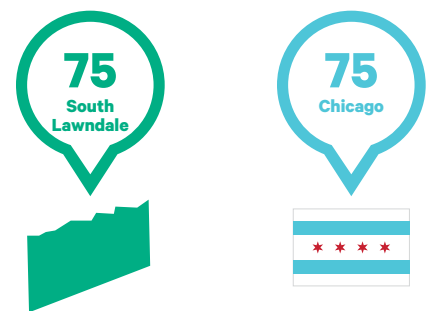


► Race/Ethnicity[†]



[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

► Life expectancy



► COVID-19



Positivity rate
11%



Mortality rate
.27%



Vaccination rate
70%



“I love the spirit and unity of our community. It’s like a family of families — a neighborhood where people look out and care for one another.”

- 8** grocery stores
- 9** childcare centers
- 12** health care and **3** mental health facilities
- 5** pharmacies
- 8** public parks
- 18** public and private schools

► **Unemployment**



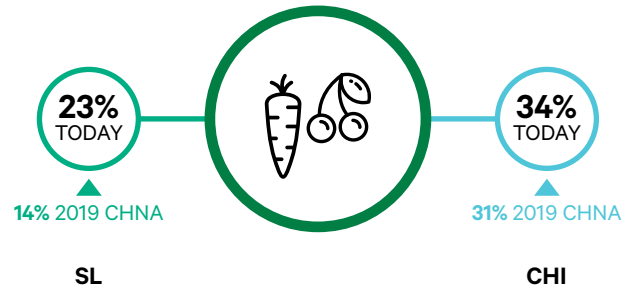
► **Moms getting good prenatal care**



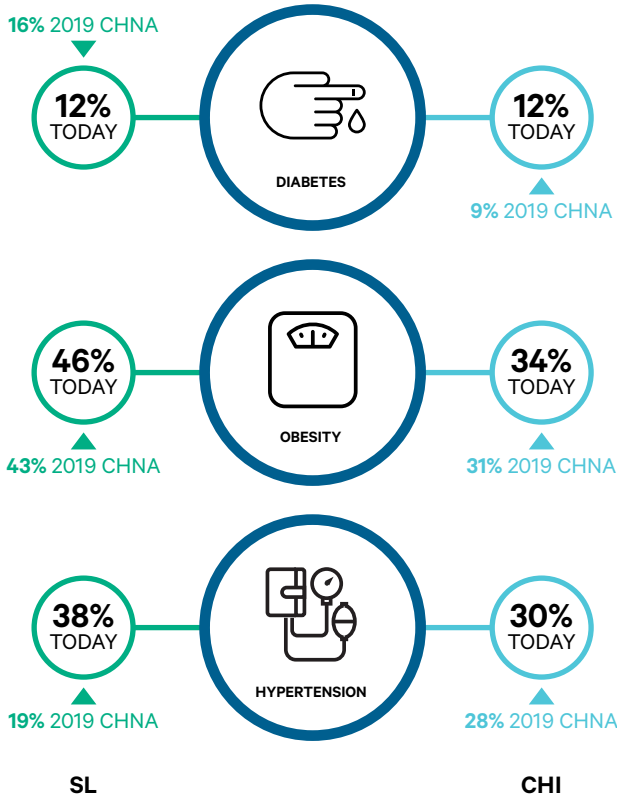
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

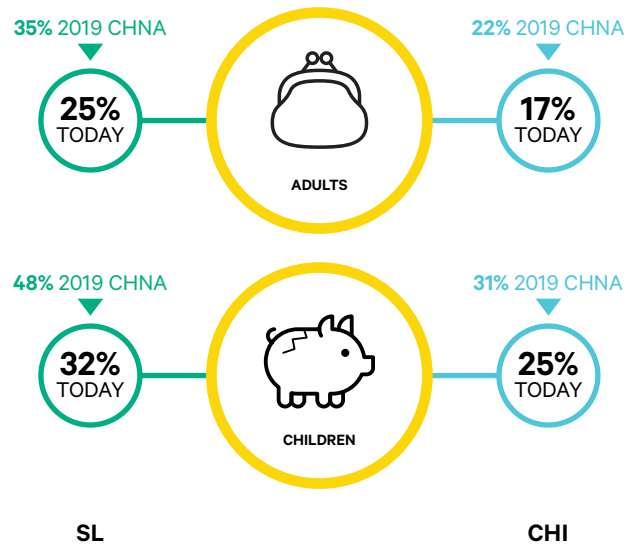


► **People with chronic conditions that contribute to the life expectancy gap**



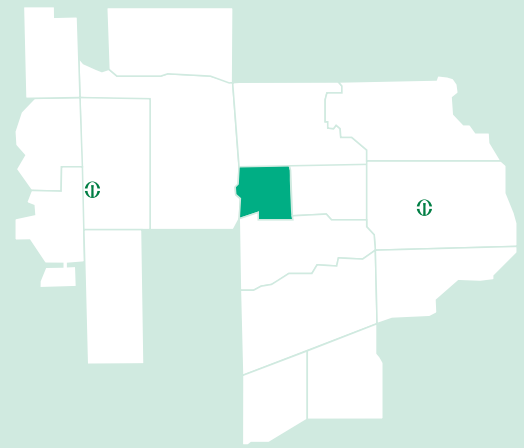
“Jobs block bullets. If we could get these kids good jobs and an education, do you think they’d be slinging crack on the corners?”

► **People living in poverty**

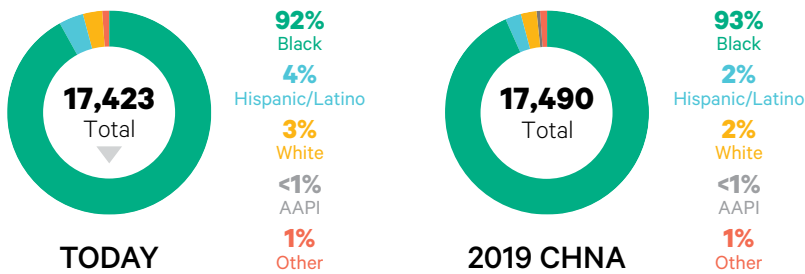


West Garfield Park

60624

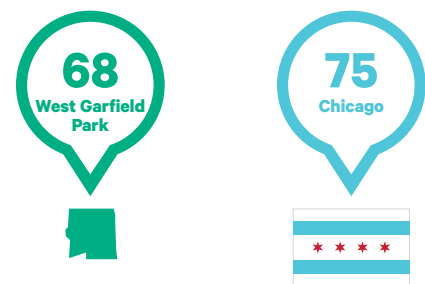


Race/Ethnicity[†]

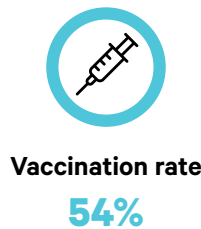


[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

Life expectancy



COVID-19



“The Boys and Girls Club really steps up. They have a mentoring program, and they come to the schools to see what’s going on.”



- 3** grocery stores
- 4** childcare centers
- 3** health care and **4** mental health facilities
- 3** pharmacies
- 5** public parks
- 5** public and private schools

► **Unemployment**



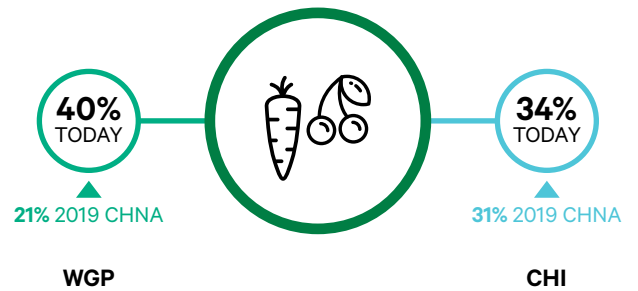
► **Moms getting good prenatal care**



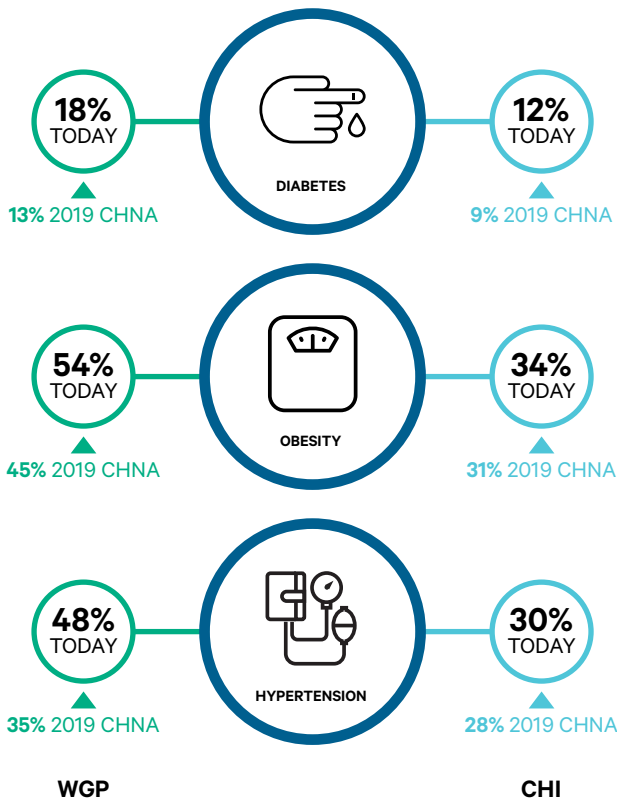
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

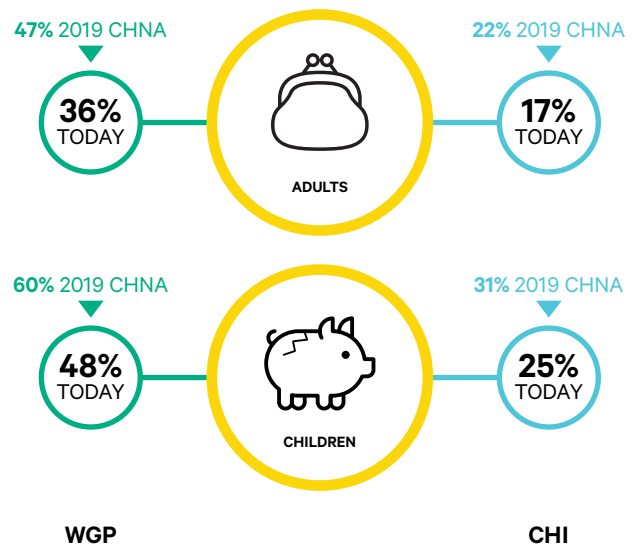


► **People with chronic conditions that contribute to the life expectancy gap**



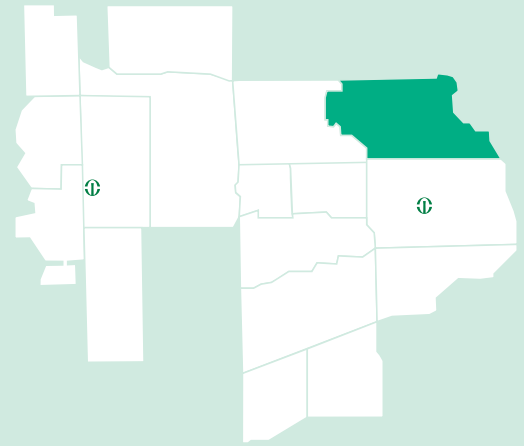
“When someone invests in anything, they take care of it. When you don’t feel taken care of, don’t feel love and concern, that’s why we have violence.”

► **People living in poverty**

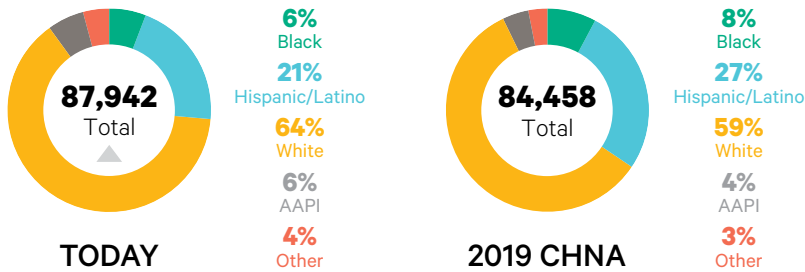


West Town

60622

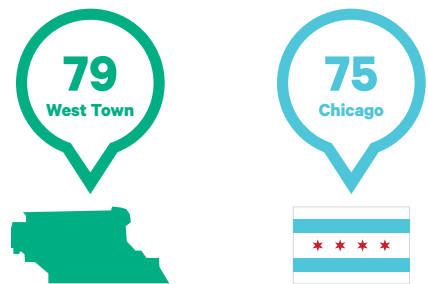


Race/Ethnicity[†]

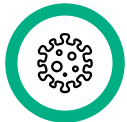


[†]Percentages rounded; "Other" includes those who identify as other races, two or more races and/or American Indian/Alaska Native

Life expectancy



COVID-19



Positivity rate
7%



Mortality rate
.12%



Vaccination rate
80%



"We have good access to food, parks and outdoor spaces, which are valuable to everyone."

- 6** grocery stores
- 9** childcare centers
- 19** health care and **6** mental health facilities
- 7** pharmacies
- 16** public parks
- 26** public and private schools

► **Unemployment**



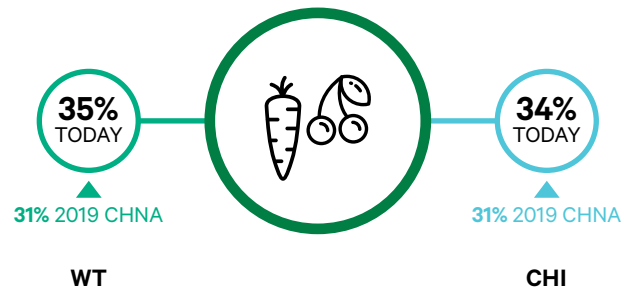
► **Moms getting good prenatal care**



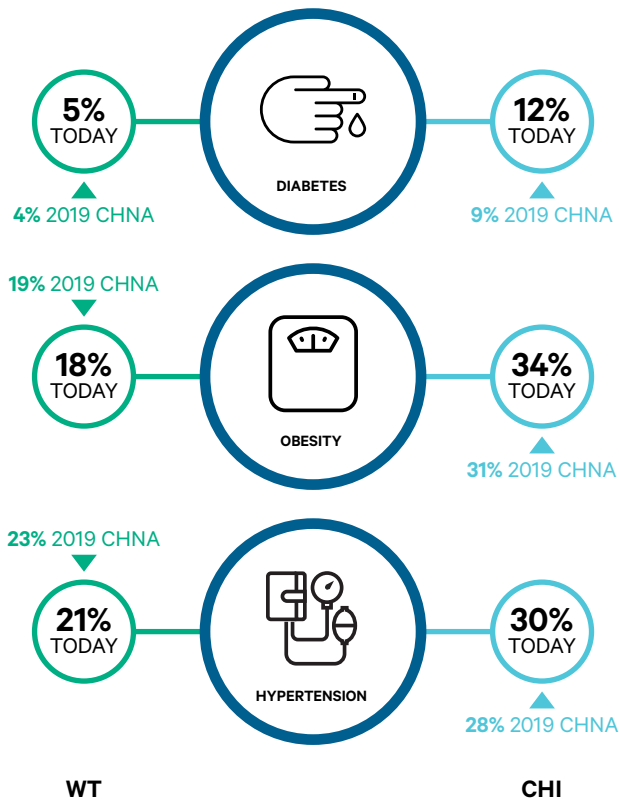
► **People who feel safe in their community**



► **Adults eating enough fruits & vegetables**

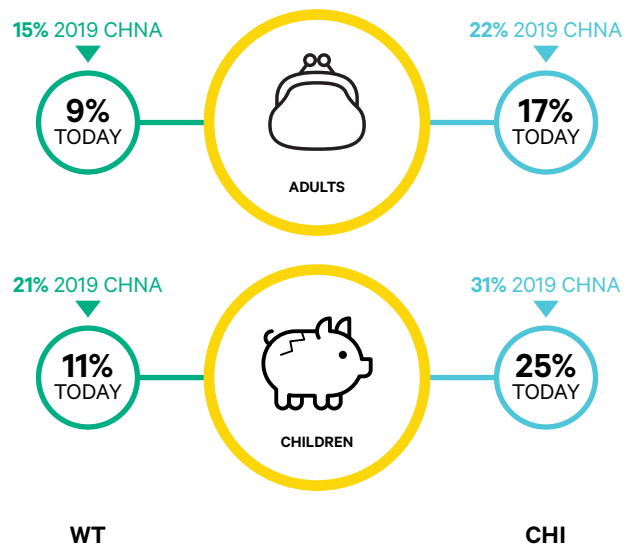


► **People with chronic conditions that contribute to the life expectancy gap**



“Housing costs are a big issue — there are very few rentals and it’s very expensive to rent or buy. People need to be able to stay here without getting priced out.”

► **People living in poverty**










What's next: RUSH Community Health Implementation Plan, FY2023-2025

Our examination of recent data and our community conversations both showed that our work toward our existing five CHIP goals needs to continue — not a surprise, since progress will take a sustained, coordinated effort by many partners. Please note that the goals now appear in order of their impact on the factors that contribute most to life expectancy gaps.

Over the next three fiscal years, we'll work with our partners to double down and strategically implement initiatives for achieving these goals.

- Prevent and/or manage chronic conditions and risk factors
- Increase access to mental and behavioral health services
- Reduce inequities caused by the social, economic and structural determinants of health
- Increase access to quality health care
- Improve maternal and child health outcomes

Our goals align with those adopted by the AHE, WSU, and the Chicago Hospital Engagement, Action and Leadership (HEAL) initiative. In the following pages, icons indicate where our work dovetails with that of the AHE , HEAL  and WSU .



The RUSH Community Health Implementation Plan, FY2023-2025

GOAL	STRATEGY	INITIATIVES
<p>GOAL 1 Prevent and/or manage chronic conditions and risk factors</p>	<p>1.1 Reduce risk factors through assessments, education; focus on chronic disease A W</p>	<p>1.1.1 Provide evidence-based chronic disease self-management and falls prevention programming to older adults (age 55+)</p>
		<p>1.1.2 Expand Health Legacy diabetes education/prevention programs to RUSH Oak Park, RUSH Copley</p>
	<p>1.2 Reduce risk factors through assessments, education, condition management programs; focus on hypertension/diabetes A W</p>	<p>1.2.1 Screen community members for uncontrolled hypertension through Alive Faith Network; refer those in need to disease management program</p>
		<p>1.2.2 Enroll people with uncontrolled hypertension in 6-month reduction program through Alive Faith Network; connect to community health workers (CHWs) for education</p>
	<p>1.3 Implement systemwide quality improvement/data action plan integrating racial equity A W</p>	<p>1.3.1 Standardize systemwide training/implementation for collecting patient data (REaL, SOGI, SDOH)</p>
	<p>1.4 Improve access to healthy food for patients screened as food-insecure A W</p>	<p>1.3.2 Standardize process to derive insights from patient-reported data/clinical outcomes to recognize/address health disparities in vulnerable patient groups</p>
	<p>1.4.1 Expand Food is Medicine program to ROPH; CHWs use NowPow to track meal recipients</p>	<p>1.4.1 Expand Food is Medicine program to ROPH; CHWs use NowPow to track meal recipients</p>
	<p>1.4.2 Integrate QR codes for healthy recipes (created by RUSH University nutrition students) into meal boxes</p>	<p>1.4.2 Integrate QR codes for healthy recipes (created by RUSH University nutrition students) into meal boxes</p>
	<p>1.4.3 Create Veggie Rx Pantry to provide meals for people screened as food-insecure and referred by PCPs</p>	<p>1.4.3 Create Veggie Rx Pantry to provide meals for people screened as food-insecure and referred by PCPs</p>
		<p>1.4.4 Continue RUSH Food Surplus Program; donate 18,000 lbs. of food annually</p>
		<p>1.4.5 Partner with Community-based organizations (CBOs) and/or schools to create food and nutrition course</p>

- A = Alliance for Health Equity (AHE)
- H = Chicago Heal Initiative (HEAL)
- W = West Side United (WSU)

FY23 TARGET	FY24 TARGET	FY25 TARGET	TOTAL	MEASURES
200 enrolled, 75% completing/controlling condition in the program	200 enrolled, 75% completing/controlling condition in the program	200 enrolled, 75% completing/controlling condition in the program	600 enrolled, 75% completing/controlling condition in the program	# enrolled; % completing/controlling condition in the program
Plan/secure resources for FY24 launch	50 people enrolled, 75% complete program	125 people enrolled, 75% complete program	175 people enrolled, 75% complete program	# enrolled; % program completion
300 screened, 12% referred	350 screened, 12% referred	350 screened, 12% referred	1,000 screened, 12% referred	# screened; % referred to management program
36 enrolled, 80% completing program; 5-point BP reduction; 10% connected to CHWs	42 enrolled, 80% completing program; 5-point BP reduction; 10% connected to CHWs	42 enrolled, 80% completing program; 5-point BP reduction; 10% connected to CHWs	120 enrolled, 80% completing program; 5-point BP reduction; 10% connected to CHWs	# enrolled; % completing program; BP reduction; % connected to CHWs
300 screened, 12% referred	300 screened, 12% referred	300 screened, 12% referred	900 screened, 12% referred	# screened; % referred
24 enrolled	48 enrolled	48 enrolled	120 enrolled	# enrolled
Plan/secure resources for FY24 launch	50% of targeted staff trained	80%+ of targeted staff trained	85%+ of targeted staff trained	% of targeted staff trained; % of patients with complete REaL data
Plan/secure resources; launch Spring 2023	N/A	N/A	N/A	Process launched, sustained, still operating in 2025
100 patients receive food	150 patients receive food	200 patients receive food	450 patients served	# served
10 recipes created for diabetes, hypertension, obesity	10 recipes created for diabetes, hypertension, obesity	10 recipes created for diabetes, hypertension, obesity	30 recipes created for diabetes, hypertension, obesity	# of recipes created/distributed
2,880 people referred to pantry through 6 clinics; serve 80% of those referred	4,320 people referred to pantry through 12 clinics; serve 90% of those referred	5,760 people referred to pantry through 12 clinics; serve 90% of those referred	12,960 people referred to pantry; serve 80% of those referred	# referred, % served
18,000 lbs. donated	18,000 lbs. donated	18,000 lbs. donated	54,000 lbs. donated	# of lbs. donated in each delivery
Partner with 1 CBO/school	Partner with 1 CBO/school	Partner with 1 CBO/school	3 partnerships developed	# of CBO/school partners

GOAL	STRATEGY	INITIATIVES
GOAL 2 Increase access to mental and behavioral health services	2.1 Increase community screenings and referrals to mental health services A H W	2.1.1 Provide therapy sessions to referred patients via RUSH outpatient community psychotherapy clinic 2.1.2 Provide mental health screenings through Alive Faith Network 2.1.3 Provide mental health screenings to Chicago Public Schools students through RUSH School-Based Health Centers (SBHCs)
	2.2 Conduct community-based trainings — including train-the-trainer programs — in Mental Health First Aid (MHFA) A W	2.2.1 Provide Mental Health First Aid facilitator training 2.2.2 Train community members in MHFA/trauma-informed care; partner with violence prevention organizations
	2.3 Increase access to behavioral health services via telehealth A H W	2.3.1 Pilot technology distribution program to support telehealth access for youth 2.3.2 Advocate to: increase access for services; expand broadband for telehealth; increase Medicare/Medicaid reimbursement for mental health services; sustain telehealth flexibilities
	2.4 Increase access to diverse, licensed mental health professionals A W	2.4.1 Develop pipeline/fellowship opportunities for mental health professionals of color

A = Alliance for Health Equity (AHE)

H = Chicago Heal Initiative (HEAL)

W = West Side United (WSU)

FY23 TARGET	FY24 TARGET	FY25 TARGET	TOTAL	MEASURES
3,433 sessions provided	3,535 sessions provided	3,640 sessions provided	10,600 sessions provided	# of sessions provided
1,000 people screened; 70% linked to community resources	1,000 people screened; 75% linked to community resources	1,000 people screened; 80% linked to community resources	3,000 people screened; 75% linked to community resources	# screened; % linked to resources
1,000 students screened; 65% receive additional support	1,000 students screened; 65% receive additional support	1,000 students screened; 65% receive additional support	3,000 students screened; 65% receive additional support	# screened; % receiving support
10 people trained	25 people trained	25 people trained	60 people trained	# trained
500 people trained; 20% also trained in violence prevention	700 people trained; 20% also trained in violence prevention	700 people trained; 20% also trained in violence prevention	1,900 people trained; 20% (380) also trained in violence prevention	# trained; % of people trained in violence prevention
Research, develop plan, secure funding support for FY24 launch	Pilot tech distribution to support telehealth for up to 50 people	Evaluate progress with pilot; update to support 50-75 people	100 people in program	# of participants
Partner with WSU to research/develop plan for policy/advocacy approach	Launch advocacy efforts	Evaluate progress and update approach as needed; secure telehealth resources	Increased access for telehealth for high-need target group (screened and need tech to enable mental health services)	% of high-need group with access to telehealth
Partner with Chicago State University to formalize program/ begin recruitment	Launch fellowship with 2 fellows	Fellowship active with 2 fellows	3 of 4 fellows completed program for licensure	# completing program for licensure

GOAL	STRATEGY	INITIATIVES
<p>GOAL 3 Reduce inequities caused by the social, economic and structural determinants of health</p>	<p>3.1 Improve K-16 educational outcomes; provide support through workforce development, industry-recognized credentials, wraparound supports H W</p>	<p>3.1.1 Provide high school/college internships/apprenticeships</p>
		<p>3.1.2 Increase student/family interest/awareness of STEM/health care topics/careers</p>
		<p>3.1.3 Expand wraparound supports for students and families</p>
		<p>3.1.4 Provide workforce training for young people through age 24 to earn industry-recognized credentials</p>
		<p>3.1.5 Provide college/career readiness enrichment to under-represented youth</p>
	<p>3.2 Collaborate to address workforce development, maximize income and benefits, increase financial literacy/asset-building H W</p>	<p>3.2.1 Expand workforce development/ stackable credentials training for staff/community members to prepare for living-wage jobs</p>
		<p>3.2.2 Work with partners to develop/ implement community-wide workforce development initiatives to increase employment access and opportunities</p>
		<p>3.2.3 Work with partners to create/ implement community-wide workforce development initiatives to increase job stability</p>

A = Alliance for Health Equity (AHE)

H = Chicago Heal Initiative (HEAL)

W = West Side United (WSU)

FY23 TARGET	FY24 TARGET	FY25 TARGET	TOTAL	MEASURES
250 students intern/ apprentice	250 students intern/ apprentice	250 students intern/ apprentice	750 students interned/ apprenticed	# interning/apprenticing
5,000 students/ parents/ families participate in programs/workshops/ events	5,000 students/ parents/ families participate in programs/workshops/ events	5,000 students/ parents/ families participate in programs/workshops/ events	15,000 students/ parents/families participated in programs/ workshops/events	# participating
90% of students/ families eligible for high-touch programs complete REACH health equity assessment tool/ receive eRx	90% of students/ families eligible for high-touch programs complete REACH health equity assessment tool/ receive eRx	90% of students/ families eligible for high-touch programs complete REACH health equity assessment tool/ receive eRx	90% of students/ families eligible for high-touch programs completed REACH health equity assessment tool/ received eRx	% completing assessment tool/receiving eRx
75% of enrollees complete training and earn credentials	75% of enrollees complete training and earn credentials	75% of enrollees complete training and earn credentials	75% of enrollees completed training and earned credentials	% completing training and earning credentials
90% of REACH participants enroll in post-secondary options; 75% persist	90% of REACH participants enroll in post-secondary options; 75% persist	90% of REACH participants enroll in post-secondary options; 75% persist	90% of REACH participants enrolled in post-secondary options; 75% persisted	% persisting in post- secondary completion
Launch up to 3 stackable credentials aligned with family-sustaining wages; enroll 50 community members and incumbent staff; 70% of those eligible earn credentials	25 community members and incumbent staff enrolled in credentials program; 70% of those eligible earn credentials	50 community members and incumbent staff enrolled in credentials program; 70% of those eligible earn credentials	125 community members and incumbent staff enrolled in credentials program; 70% of those eligible earn credentials; 60%+ increase in wages/ shift to living wages (per MIT living wage calculator)	# of enrolled students; % earning credentials; % increase in wages
Collaborate with 3 community partners; target 18.5% of new hires to local communities	Collaborate with 3 community partners; target 20% of new hires to local communities	Collaborate with 3 community partners; target 20% of new hires to local communities	Collaborated with up to 9 community partners to implement initiatives	# of collaborating organizations; % of participants hired
Collaborate with 3 community partners; refine plan for partnership (sourcing, educating, placing candidates); align target with system workforce needs; recruit high- need openings from community partners	Collaborate with 3 community partners; develop system playbook for partnership; recruit high-need openings from community partners	Collaborate with 3 community partners; refine and update playbook; recruit high-need openings from community partners	Collaborated with 9 community partners in target communities with moderate/higher than average unemployment; created systemwide community partner/ workforce development playbook; placed 75% of sourced candidates	# of collaborating organizations; # of community members sourced; % placed and hired

GOAL	STRATEGY	INITIATIVES
<p>GOAL 3, continued Reduce inequities caused by the social, economic and structural determinants of health</p>	<p>3.3 Identify social determinants of health (SDOH) through screenings; refer those in need of social services A W</p>	<p>3.3.1 Adopt systemwide approach to SDOH screening; roll out to RUMC, ROPH and RCMC; connect people with unmet needs (food, transportation, housing) to resources: social work referrals, community resource navigation</p>
		<p>3.3.2 Conduct screening through West Side Health Equity Collaborative (Medicaid Transformation initiative); provide resource navigation to community-based organizations</p>
		<p>3.3.3 Integrate SDOH screening into community-based programming; create sustainable partnerships with CBOs to facilitate direct social service referrals</p>
	<p>3.4 Leverage coalition-building and partnerships for collective impact to advance health equity H</p>	<p>3.4.1 Serve as active member/strategic lead in collaboratives to maximize impact; partner with WSU, Garfield Park Rite to Wellness, CHRRGE, Chicagoland Healthcare Workforce Collaborative, HEAL Initiative, Racial Equity Rapid Response Team</p>
		<p>3.4.2 Launch Phase II of RUSH BMO Institute for Health Equity (community programs and clinical practices; policy; education; health equity research)</p>
	<p>3.5 Increase spending with local businesses H W</p>	<p>3.5.1 Identify spend categories; work with RUMC/ROPH department leads to determine spend that can be shifted to small vendors; host events to connect with small vendors</p>
		<p>3.5.2 Spend \$15.3 million with West Side vendors</p>
	<p>3.6 Increase investment in local communities H W</p>	<p>3.6.1 Work with community partners (Women's Business Development Center, Chicago Supplier Minority Development Council, WSU) to strengthen local vendors' capacity</p>
		<p>3.6.2 Make place-based investments; work with treasury and partner community development financial institutions to support investments in healthy food and wellness</p>

A = Alliance for Health Equity (AHE)

H = Chicago Heal Initiative (HEAL)

W = West Side United (WSU)

FY23 TARGET	FY24 TARGET	FY25 TARGET	TOTAL	MEASURES
40,000 patients screened; 75% of those with needs receive interventions	40,000 patients screened; 75% of those with needs receive interventions	40,000 patients screened; 75% of those with needs receive interventions	120,000 patients screened; 75% of those with needs received interventions	# screened; % receiving corresponding intervention within 1 month
1,500 people screened; 85% screening positive for unmet needs receive interventions	1,500 people screened; 90% screening positive for unmet needs receive interventions	1,500 people screened; 95% screening positive for unmet needs receive interventions	4,500 people screened; 90% screening positive for unmet needs receive interventions	# screened; % reduction in needs; % receiving interventions within 1 month of screening positive
Partner with 1 CBO; 80% of referred patient needs addressed	Partner with 1 CBO; 80% of referred patient needs addressed	Partner with 1 CBO; 80% of referred patient needs addressed	3 partnerships created; 80% of referred patient needs addressed	% of successful referrals; % of patients with referred needs addressed/mitigated
Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participated in meetings; provided capacity-building support; co-led or led committees/working groups	# of meetings; amount of support provided; # of committees/working groups co-led or led
Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	# of meetings; amount of support provided; # of committees/working groups co-led or led
Identify 2-3 spend categories; develop capacity-building workshop series for vendors; pilot with 5-7 vendors	Identify 2-3 spend categories; select vendors	Identify 2-3 spend categories	8 spend categories identified	# spend categories identified; # of small business vendors in support program; # and % with new spend or increased spend (baseline TBD in FY23)
Spend \$5.1 million	Spend \$5.1 million	Spend \$5.1 million	\$15.3 million spent	\$ spent with West Side vendors (identify 2 underrepresented communities per year for targeted spend)
Participate in meetings; communicate with partners for vendor support opportunities (events, meetings, fairs)	Participate in meetings; communicate with partners for vendor support opportunities (events, meetings, fairs)	Participate in meetings; communicate with partners for vendor support opportunities (events, meetings, fairs)	Participated in meetings; communicated with partners for vendor support opportunities, (events, meetings, fairs)	# of meetings; # of events
Invest \$1.33 million	Invest \$1.33 million	Invest \$1.33 million	\$4 million invested	\$ in place-based investments

GOAL	STRATEGY	INITIATIVES
GOAL 4 Increase access to quality health care	4.1 Expand community clinical practices; partner with collaboratives to improve health status of Medicaid-insured and uninsured people A H W	4.1.1 Serve as clinical provider via city/regional initiatives (Connect Chicago/Congregate Testing, Health Equity Zones, CHHRGE)
		4.1.2 Partner with CBOs and health care organizations (HCOs) on state health care transformation initiative (West Side Health Equity Collaborative)
	4.2 Expand access to primary care; schedule primary care follow-up appointments for patients before discharge A W	4.2.1 Inpatient navigator schedules 85% of appointments before patient is discharged, referring to CommunityHealth or partner agencies
	4.3 Maintain a highly qualified CHW team A W	4.3.1 Select CHWs to complete chronic disease self-management program (CDSMP) training; lead CDSMP sessions with 10 community partners
		4.3.2 CHWs complete Malcolm X College CHW certificate program (offered during the work day at no cost to CHWs)
		4.3.3 Engage CHWs as frontline public health workers to connect people to nursing and social work services
		4.3.4 Develop meaningful, sustainable connections to CHW services with 5 new community partners
		4.3.5 Host community events to provide health education and promotion, resource coordination, care navigation, other services (financial literacy, public benefits enrollment)
		4.3.6 Expand CHW integration into SBHCs to increase access to wraparound supports

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FY23 TARGET	FY24 TARGET	FY25 TARGET	TOTAL	MEASURES
Target and complete 8,000 SDOH screenings and health risk assessments (HRAs)	Target and complete 8,000 SDOH screenings and HRAs	Target and complete 8,000 SDOH screenings and HRAs	Target and complete 24,000 SDOH screenings and HRAs	# of people served (tested, vaccinated, other); # of Medicaid insured and uninsured residents in targeted ZIP codes with improved health status; % reduction of unnecessary utilization
Connect with 13 CBOs and 9 HCOs, with 5% of total referrals	Partner with 1 more CBO and 5 more HCOs, with 5% of total referrals	Partner with 2 more CBOs and 3 more HCOs, with 5% of total referrals	Connect with 16 CBOs and 17 HCOs, with 5% of total referrals	# of connections to CBOs/health care organizations; % of referrals
80% of appointments scheduled; refer 350 people to CommunityHealth or partner agencies	83% of appointments scheduled; refer 350 people to CommunityHealth or partner agencies	90% of appointments scheduled; refer 350 people to CommunityHealth or partner agencies	85% of appointments scheduled; referred 1,050 people to CommunityHealth or partner agencies	% of appointments scheduled; # of referrals
3 CHWs complete training; lead up to 9 sessions with community partners	2 CHWs complete training; lead up to 9 sessions with community partners	1 CHW completes training; leads up to 9 sessions with community partners	6 CHWs completed training; led up to 27 sessions with community partners	# of CHWs completing training; # of CHW-hosted or co-hosted CDSMP sessions
4 CHWs complete program	4 CHWs complete program	4 CHWs complete program	12 CHWs completed program	# of CHWs completing program
Determine baseline for eligible referrals; refer 720 people	720 people referred	720 people referred	2,160 people referred	# of referrals; % of eligible referrals made successfully (determining data availability)
1 new partner engaged	2 new partners engaged	2 new partners engaged	5 new partners engaged	# of new partnerships
Host quarterly events to reach up to 400 people	Host quarterly events to reach up to 400 people	Host quarterly events to reach up to 400 people	At least 12 events hosted, reaching up to 1,200 people annually	# of events hosted; # of attendees per session; # of partner/co-host departments or organizations
Support 33 families and connect to services	Support 33 families and connect to services	Support 34 families and connect to services	100 families supported and connected to services	# of families supported and connected to services

GOAL	STRATEGY	INITIATIVES
<p>GOAL 5 Improve maternal and child health outcomes</p>	<p>5.1 Invest, develop and participate in two-generation initiatives to support whole-family health A H W</p>	<p>5.1.1 Partner with WSU, Sinai Urban Health Institute, CDPH to support East Garfield Park Best Babies Zone to improve birth outcomes in East Garfield Park</p>
		<p>5.1.2 Continue participation in Family Connects Chicago for nurse home visits to families with newborns, health checks, SDOH screening and referrals</p>
	<p>5.2 Partner with community-based organizations to expand behavioral health initiatives that promote relational health A H W</p>	<p>5.2.1 Use Adverse Child Experiences screening to identify pregnant/parenting people affected by childhood trauma; offer evidence-based home visiting plus connections to programs and other parenting supports</p>
		<p>5.2.2 Continue developing Building Early Connections: behavioral health support/parenting groups for families; behavioral health training/consultation support for childcare providers</p>
		<p>5.2.3 Provide CHW support for 300 pregnant/postpartum people seeking emergency department care: identify/support linkages to primary/obstetric/specialty care; connect people to parenting support programs; determine resources to support unmet social needs</p>

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FY23 TARGET	FY24 TARGET	FY25 TARGET	TOTAL	MEASURES
Hold 8 advisory team meetings; disseminate storytelling project; develop strategic plan; add 2 residents at large and 1 representative from another sector to advisory team	Hold 8 advisory team meetings; identify project to pursue; secure grant funding for project	Hold 8 advisory team meetings	24 advisory team meetings held	% of advisory team members attending each meeting (goal: 70%); complete/execute strategic plan; complete team project; \$ in grant/organization funding secured
800 families served; 75% connected to additional resources	880 families served; 80% connected to additional resources	960 families served; 85% connected to additional resources	2,640 families served; 80% connected to additional resources	# of home visits delivered; % of families connected to resources
Serve 100 families; refer 50% successfully to supports	Serve 110 families; refer 55% successfully to supports	Serve 120 families; refer 60% successfully to supports	330 families served; 55% referred successfully to supports	# and % of families successfully referred to supports
Serve 800 families and 15 childcare providers	Serve 900 families and 15 childcare providers	Serve 1,000 families and 15 childcare providers	2,700 families and 45 childcare providers served	# of families receiving support; # of childcare providers receiving training and support
Support 100 people; connect 75% of their families to additional resources	Support 100 people; connect 80% of their families to additional resources	Support 100 people; connect 85% of their families to additional resources	300 people supported; 80% of families connected to additional resources	# of people supported, % of families connected to additional resources



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The CHNA and CHIP are part of RUSH's mission to support the vitality and well-being of our communities. For more information about RUSH's community engagement mission and activities, and to see future supplements to this document as they are posted, visit RUSH.edu/chna.

We welcome input from everyone in the community. If you have questions or comments, please contact us:

Via phone

(312) 563-4080

Via email

office_of_community_engagement@RUSH.edu

Via Facebook

facebook.com/RUSHUniversityMedicalCenter

facebook.com/RUSHOakPark

Via Twitter

[@RUSHMedical](https://twitter.com/RUSHMedical)

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Via Instagram

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Please note that photos of unmasked people appearing in this document were taken before the COVID-19 pandemic.



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2022-0505 PS 6/22

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Effective Date: 01/01/2023

Purpose

The provisions of this policy apply to 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 describes those circumstances under which Rush may provide care without charge or at a discount based on a patient’s financial and clinical need, collectively referred to as Rush’s ‘Financial Assistance Programs’. 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.

Financial assistance, as noted below, may cover a patient’s deductibles and coinsurance remaining after insurance. Patient’s copayments are not eligible for financial assistance. Similarly, Financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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 collection actions, reporting to consumer credit reporting agencies, and potentially deferring non-emergent or urgent care; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

A patient may be required to complete an application and provide supporting documentation as outlined below to determine eligibility. For the Presumptive Charity Care and Uninsured Patient Discount programs, Rush in its sole discretion may not require supporting documentation, provided Rush is able to verify eligibility through the use of a third-party service. If a patient qualifies for more than one program, the program that provides the greatest benefit to the patient will govern.

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.

Exceptions to this policy will only be made in extraordinary circumstances and with the prior approval of the Vice President of Revenue Cycle or designee.

Financial Assistance Programs

Except as noted below, **proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of the programs described in this policy.**

Rush's financial assistance programs are as follows:

1. **Presumptive Charity Care** – Hospital bill and professional 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 practicable after receiving health care services from Rush and before Rush issues any bills for said services.

2. **Charity Care** – Hospital bill and professional bill is reduced by 100%, on an episodic basis, subject to submission of all required documentation (as described below) for patients who are uninsured or insured and whose family income is equal to or below 400% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.

Required Documentation: Proof of tax documentation, family income and non-retirement financial assets: (i.e., Checking/Savings Accounts, Stocks, 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.

3. **Uninsured Patient Discount** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A patient is not required to complete a financial assistance application if Rush is able to substantiate through other means that the patient meets these qualifications.
4. **Ultra-Rare Disease** – Only patients enrolled in a clinical trial through Rush for an ultra-rare disease, as defined by the National Institutes of Health, need not submit proof of Illinois residency, but still must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Uninsured Patient Discount.
5. **Catastrophic Balance Program** – Hospital and professional bill is reduced up to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period, subject to submission of all required documentation.

Overview of the Financial Assistance Application Process

Patient Responsibilities – To be eligible for financial assistance, an individual must:

- a. Exhaust all efforts to reduce your self-pay balance by:
 - i. Applying for any state, federal or local assistance for which the individual may be eligible
 - ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)
 - iii. Applying all proceeds for medical care fundraising campaigns
- b. Provide all required documentation;
- c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
- d. Complete the required application form truthfully;
- e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
- f. 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.

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. 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 bill.

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.

Upon receiving a completed application form, Rush will make best efforts to communicate with the patient within 30 days the status of the patient's application and eligibility determination. If a patient is approved for charity care, prior hospital payments will be refunded if the application was approved within 240 days of the initial statement billing date. If Rush receives an incomplete application, Rush will provide the patient or his or her legal representative with a list of the 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 may commence collection actions as described below.

Patient has the right to appeal an eligibility determination by contacting a Financial Counselor in Rush's Patient Access Department at the address and telephone number listed below. The patient will receive written notice of the outcome of this appeal.

Calculating Amounts Charged to Patients

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 balance 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 may collect from uninsured patients is 20% of family income, during a twelve-month period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed charges. 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. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the telephone 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
 - Infertility
 - Orthodontic Care
 - Robotic Assisted Surgical Techniques, if there is other conventional treatment available
- Other exclusions:
 - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non-medically necessary services.
 - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient’s insurance company.
 - Services or procedures for which an insurer denies payment for lack of medical necessity.

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

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

Other Discounts

All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency. *International patients are subject to a separate discount rate not defined in this policy.*

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or non medically necessary services for which package pricing is not available, patients may be eligible for up to a 50% discount off charges. This discount as well as any package pricing apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided.

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

Rush has the right to pursue collections for unpaid and past due balances directly or through a third-party collection agency. If the Financial Assistance Application Form is not timely completed and submitted, Rush may pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to seek to attach liens to insurance benefits/proceeds (auto, liability, life and health) in connection with its collection process to the extent third party liability insurance exists. No other personal judgments or liens will be sought or filed against financial assistance 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 to the patient 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 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 earlier 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, due to 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 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 is satisfied if Rush provides a copy of its financial assistance 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 financial assistance 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 financial assistance 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 financial assistance 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 12 months are available for individuals with outstanding patient balances. 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 12 months, Rush partners with an external vendor to offer interest-free payment plans lasting up to 48 months. Rush payment plans can be set up directly in [MyChart](#). If preferred, individuals may work with Rush financial counselors or customer service representatives to determine an appropriate monthly payment plan.

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, Spanish, Chinese-Mandarin, and Polish.
- 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 in the emergency room, hospital admission, or registration areas.

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 416

Outpatient Radiology – Professional Building, Room 461

Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital)

Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)

Completed Applications should be returned or mailed to:

Rush University Medical Center

1653 W. Congress Pkwy

415 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

(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm

Or email us at billing_info@rush.edu

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs – Addendum 1

Subject: Financial Assistance Policy

Date: 1/1/2023

List of Providers Who DO NOT Follow
Rush’s Financial Assistance Policy

The billing practices and discounts associated with Rush'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 Group:

Advanced Urology, LTD	Midwest Podiatry Services, LTD	Woman to Woman Healthcare
All For Women Healthcare	Millennium Park Medical Assoc., SC	Women's Health Consultants
Ann & Robert H Lurie Children's Hospital	MWM Medical, SC	Your Health and Wellness
Benedict L Gierl MD and Associates	NCH Neurosciences Center	Zavala Internists, SC
Cardiothoracic & Vascular Surgical Assoc., SC	Neurological Surgery & Spine Surgery	
Center for Dermatology & Aesthetic Med. LLC	North Shore Medical Associates	
Chicago Cornea Consultants, Ltd	NYE Partners	
Chicago Eye Specialists	Palmer & Zavala, SC	
Chicago Glaucoma Consultants	Pathology Associates of Aurora, LLC	
Christy Cardiology, Ltd	Plastic and Reconstructive Surgery	
Comprehensive Cntr for Women's Med, LLC	Quintessential Care	
Edmund J. Lewis & Associates, SC	Rehab Associates of Chicago	
Elmhurst Neuroscience Institute	Marianjoy Medical Group	
Encinas Medical Center	Rheumatology Associates, SC	
Esperanza Health Centers	Rush-Copley Medical Group, NFP	
Eye Care, Ltd	Shift Medical Ltd.	
Eye Center Physicians, Ltd	The Gynecology Inst. of Chicago, Ltd	
From Pain to Wellness, LLC	Thomas R. Mizen, M.D. & Assoc., LLC	
Geriatric Care Partners	UIC Physician Group	
Illinois Cardiovascular Specialists	Universal Health Clinics	
Illinois Retina Associates, SC	University Anesthesiologists, SC	
Innovative Care, LLC	University Cardiologists	
Kehoe & Djordjevic, SC	University Ophthalmology Assoc., Ltd	
Lake Street Family Physicians, SC	University Pathology Diagnostics, SC	
MD2 Chicago	UroPartners, LLC	
Midwest Orthopaedics at Rush, LLC	Whole Beauty Institute	

List of Providers Who DO NOT Follow
Rush's Financial Assistance Policy

The billing practices and discounts associated with Rush'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.

Last	First	M	Title	Department
Abraham	Kurian	P	MD	Pathology
Abraham	Kurian	P	MD	Pathology
Achimowicz	Alicja	M	NP	Cardiovascular-Thoracic Surgery
Agarwal	Indu		MD	Pathology
Agrawal	Divya		MD	Orthopedic Surgery
Ahmed	Aadil		MD	Pathology
Akinola	Olayinka	A	MD	Internal Medicine
Alexander	Philip	J	MD	Cardiovascular-Thoracic Surgery
Alexander	Jeffery	H	DPM	Orthopedic Surgery
Alikakos	Timothy	J	MD	Internal Medicine
Alland	Jeremy	A	MD	Orthopedic Surgery
Allen-Proctor	Mary	K	MD	Pathology
Alyousef	Tareq		MD	Internal Medicine
Amin	Sandeep	D	MD	Anesthesiology
Amin	Parag	K	DO	Internal Medicine
An	Howard	S	MD	Orthopedic Surgery
Anand	Nandita		MD	Ophthalmology
Andres	Rosemarie	E	MD	Anesthesiology
Ansari	Muhammad	J	MD	Internal Medicine
Appiagyei	Michael	O	MD	Internal Medicine
Applequist	Jennifer	R	PA-C	Orthopedic Surgery
Attanasio	Steve		DO	Internal Medicine
Bach	Bernard	R	MD	Orthopedic Surgery
Baldauff	Leah	J	PA-C	Orthopedic Surgery
Barton	Cameron		MD	Orthopedic Surgery
Bassi	Shruti		MD	Anesthesiology
Baxi	Pravir	V	MD	Internal Medicine
Behery	Omar		MD	Orthopedic Surgery
Berger	Richard	A	MD	Orthopedic Surgery
Best	Craig	S	DO	Orthopedic Surgery
Betlej	Thomas	M	MD	Pathology
Bhakta	Dhara	S	MD	Obstetrics & Gynecology
Bhatia	Alisha		MD	Anesthesiology
Biala	Joel	R	MD	Anesthesiology
Birkelo	Jamie	R	PA-C	Orthopedic Surgery
Birmingham	Brian	W	MD	Anesthesiology
Blanco	Melissa	A	PA-C	Orthopedic Surgery
Blomgren	Joshua	A	DO	Orthopedic Surgery
Blumstein	Gideon		MD	Orthopedic Surgery
Boco	Tibor		MD	Neurological Surgery

Bohl	Daniel	D	MD	Orthopedic Surgery
Bornstein	Scott	M	MD	Ophthalmology
Bosman	Mitchell	J	MD	Anesthesiology
Bowers	Nathan	A	CRNA	Anesthesiology
Bowersox	Keith	D	MD	Cardiovascular-Thoracic Surgery
Bressler	Leah	R	PA-C	Orthopedic Surgery
Brito	Katherine		MD	Ophthalmology
Bruene	Julia	R	MD	Orthopedic Surgery
Burns	Megan	C	PA-C	Orthopedic Surgery
Bush-Joseph	Charles	A	MD	Orthopedic Surgery
Butler	Alexander	J	MD	Orthopedic Surgery
Buvanendran	Asokumar		MD	Anesthesiology
Buyer	David	R	MD	Internal Medicine
Caraballo	Christina	M	PA-C	Cardiovascular-Thoracic Surgery
Cardinal	Kaitlyn	L	PA-C	Orthopedic Surgery
Casale	Lynn	H	CRNA	Anesthesiology
Chahla	Jorge	A	MD	Orthopedic Surgery
Charbel	Fady	T	MD	Neurological Surgery
Chaturvedi	Vivek		MD	Ophthalmology
Chau	Vinh	Q	MD	Internal Medicine
Chavez	Milton	C	MD	Family Medicine
Cheng	Lin		MD	Pathology
Christy	George	W	MD	Internal Medicine
Cimbaluk	David	J	MD	Pathology
Civantos	Joseph	M	MD	Ophthalmology
Clark-White	Cordia	M	MD	Obstetrics & Gynecology
Cline	Joseph	T	MD	Orthopedic Surgery
Cocagne	Kristen	M	PA-C	Orthopedic Surgery
Cocoma	Sarah	M	MD	Anesthesiology
Cohen	Jack	A	MD	Ophthalmology
Cohen	Mark	S	MD	Orthopedic Surgery
Cole	Brian	J	MD	Orthopedic Surgery
Collins	Steven	M	PA-C	Cardiovascular-Thoracic Surgery
Colman	Matthew	W	MD	Orthopedic Surgery
Connors	Nathaniel		PA-C	Orthopedic Surgery
Cook	John	Q	MD	Surgery
Cooney	Elizabeth	R	MD	Anesthesiology
Cooperman	Suzanne	K	MD	Psychiatry & Behavioral Sciences
Couri	Brian	A	MD	Physical Medicine and Rehabilitation
Cross	Chadrick	A	MD	Cardiovascular-Thoracic Surgery
Damodar	Dhanur		MD	Orthopedic Surgery
Danko	Henry		MD	Internal Medicine
Das	Anshuman		MD	Internal Medicine
Davis	Joanne	B	DPM	Orthopedic Surgery
De Bustros	Serge	N	MD	Ophthalmology
De Wald	Christopher	J	MD	Orthopedic Surgery
DeCresce	Robert	P	MD	Pathology
Dedore	Lee	M	PA-C	Orthopedic Surgery

Deen	Mohammad	J	CRNA	Anesthesiology
Degroot	Hailey	C	PA-C	Orthopedic Surgery
Del Priore	Anthony		MD	Internal Medicine
Della Valle	Craig	J	MD	Orthopedic Surgery
Derman	Gordon	H	MD	Surgery
Desai	Lajja	P	MD	Pediatrics
Deutsch	Thomas	A	MD	Ophthalmology
Djordjevic	Dragan		MD	Internal Medicine
Dua	Karan		MD	Orthopedic Surgery
Dugas	Jeffrey	A	MD	Internal Medicine
Dunn	Gabrielle	M	PA-C	Orthopedic Surgery
Duvall	Katherine	L	MD	Internal Medicine
Dwarakanathan	Surendar		MD	Ophthalmology
Dziamski	Anna	E	MD	Anesthesiology
Edwards	Nathan	T	CRNA	Anesthesiology
Eltayeb	Osama	M	MD	Cardiovascular-Thoracic Surgery
Encinas	Alvaro	R	MD	Family Medicine
Epstein	Randy	J	MD	Ophthalmology
Epstein	Rachel	H	MD	Ophthalmology
Evans	Diana	M	PA-C	Cardiovascular-Thoracic Surgery
Fernandez	John	J	MD	Orthopedic Surgery
Forsythe	Brian		MD	Orthopedic Surgery
Fountain	Tamara	R	MD	Ophthalmology
Fox	Jeremy	L	MD	Pediatrics
Frank	Michael	W	MD	Cardiovascular-Thoracic Surgery
Gaissert	Catherine		PA-C	Cardiovascular-Thoracic Surgery
Gallagher	Therese	C	NP	Family Medicine
Gallo	Steven	R	MD	Internal Medicine
Ganti	Bhaskara	M	MD	Anesthesiology
Garber	Joseph	B	MD	Ophthalmology
Garcia	Maggie	N	MD	Anesthesiology
Garrigues	Grant	E	MD	Orthopedic Surgery
Gashti	Casey	N	MD	Internal Medicine
Gattuso	Paolo		MD	Pathology
Gburek	John	R	MD	Anesthesiology
Gerlinger	Tad	L	MD	Orthopedic Surgery
Ghannad	Leda	A	MD	Physical Medicine and Rehabilitation
Gierl	Benedict	L	MD	Psychiatry & Behavioral Sciences
Goldberg	Edward	J	MD	Orthopedic Surgery
Goodale	Victoria	L	PA-C	Orthopedic Surgery
Gorens	Marsha	E	MD	Obstetrics & Gynecology
Gorla	Madhu	S	MD	Ophthalmology
Goyal	Nina	A	MD	Ophthalmology
Goyal	Raj	K	MD	Ophthalmology
Greene	McKenzie	D	PA-C	Orthopedic Surgery
Griesemer	Margaret	E	DO	Anesthesiology
Grosterm	Richard	J	MD	Ophthalmology
Gruenberg	Linda	F	DO	Psychiatry & Behavioral Sciences

Gruft	James	H	MD	Physical Medicine and Rehabilitation
Haiderzad	Fatma	S	CRNA	Anesthesiology
Harris	Katie	N	PA-C	Orthopedic Surgery
Hasan	Sohail	J	MD	Ophthalmology
Hawkins	Anjali	S	MD	Ophthalmology
Healy	Kaileen	E	PA-C	Orthopedic Surgery
Hennessy	Joseph	J	MD	Internal Medicine
Hernandez	Fernando		MD	Internal Medicine
Hevesi	Mario		MD	Orthopedic Surgery
Hodakowski	George	T	MD	Cardiovascular-Thoracic Surgery
Holemon	Lance	D	MD	Psychiatry & Behavioral Sciences
Holland	Michael		MD	Anesthesiology
Holmes	George	B	MD	Orthopedic Surgery
Holt	Morgan	E	PA-C	Orthopedic Surgery
Hoque	Sarah		MD	Obstetrics & Gynecology
Horres	Charles	R	MD	Anesthesiology
Hoyer	Danuta	K	MD	Internal Medicine
Hsu	Lewis	L	MD	Pediatrics
Huang	Xiurong	L	MD	Family Medicine
Ibrahim	Omer	E	MD	Otorhinolaryngology
Iyer	Lakshmi		MD	Anesthesiology
Jacob	Salvin		DO	Anesthesiology
Jacobs	Brian	J	MD	Ophthalmology
Jacobs	Joshua	J	MD	Orthopedic Surgery
Jaycox	Matthew	P	MD	Anesthesiology
Johnroe	Christine	M	PA-C	Orthopedic Surgery
Jones	Amy		CRNA	Anesthesiology
Joshi	Devang	J	MD	Cardiovascular-Thoracic Surgery
Jweied	Eias		MD	Cardiovascular-Thoracic Surgery
Kahn	Stasia	E	MD	Internal Medicine
Kalimullah	Faiyaaz	A	MD	Otorhinolaryngology
Kao	Richard		MD	Otorhinolaryngology
Karas	Vasili		MD	Orthopedic Surgery
Kashyap	Rikhev		DO	Orthopedic Surgery
Katsoyannis	George	P	MD	Anesthesiology
Katz	Robert	S	MD	Internal Medicine
Kaushal	Sunjay		MD	Cardiovascular-Thoracic Surgery
Kehoe	William	R	MD	Internal Medicine
Kelly	Frank	C	MD	Internal Medicine
Kelta	Mouhammed		MD	Internal Medicine
Khan	Farah	N	MD	Internal Medicine
Kidiwala	Nilofer	A	DO	Internal Medicine
King	Nicole	D	MD	Internal Medicine
Kirby	Alana	E	MD	Neurological Sciences
Klavas	Derek	M	MD	Orthopedic Surgery
Klein	Stephanie	M	NP	Orthopedic Surgery
Kogan	Monica		MD	Orthopedic Surgery
Kokocinski	Albene	E	MD	Internal Medicine

Korbet	Stephen	M	MD	Internal Medicine
Krogel	Emily	M	NP	Orthopedic Surgery
Kulikauskas	Melissa		PA-C	Orthopedic Surgery
Kummerer	Robert	G	MD	Cardiovascular-Thoracic Surgery
Landphair	William	R	DO	Anesthesiology
Lawhorn	Jocelyn	A	NP	Orthopedic Surgery
Lee	Ramon		MD	Ophthalmology
Lee	Simon		MD	Orthopedic Surgery
Lee	Michael		DMD	Otorhinolaryngology
Levine	Brett	R	MD	Orthopedic Surgery
Levine	Laurence	A	MD	Surgery
Levy	Nicole	B	MD	Orthopedic Surgery
Levy	Ari		MD	Internal Medicine
Lewandowski	John	C	MD	Surgery
Lin	Johnny	L	MD	Orthopedic Surgery
Lindberg	Amy	E	PA-C	Cardiovascular-Thoracic Surgery
Ljubanovic-Lazarevic	Marijana		MD	Anesthesiology
Locascio	Janina	L	PA-C	Orthopedic Surgery
Long	David	A	MD	Anesthesiology
Lopez	Gregory	D	MD	Orthopedic Surgery
Lopez	Wylie	Y	MD	Orthopedic Surgery
Lopez-Hisijos	Nicolas	M	DO	Pathology
Lubenow	Timothy	R	MD	Anesthesiology
Luken	Martin	G	MD	Neurological Surgery
Lum	Atticus		PA-C	Orthopedic Surgery
Lynch	Brittany	S	PA-C	Orthopedic Surgery
MacCumber	Mathew	W	MD	Ophthalmology
Maher	Paige	E	PA-C	Orthopedic Surgery
Mahure	Siddharth		MD	Orthopedic Surgery
Majmudar	Parag	A	MD	Ophthalmology
Malinski	Maciej	K	MD	Internal Medicine
Mangahas	Edmund	B	MD	Anesthesiology
Mazur	Lauren	E	PA-C	Orthopedic Surgery
Mcgee	Christopher	C	PA-C	Orthopedic Surgery
McNamara	Shannon	L	PA-C	Cardiovascular-Thoracic Surgery
McNeill	Courtney	A	PA-C	Cardiovascular-Thoracic Surgery
Mehendale	Ramkrishna	G	MD	Obstetrics & Gynecology
Mehta	Neal	A	MD	Anesthesiology
Mendez	Ray	A	MD	Family Medicine
Mendoza	Ana	M	CNM	Obstetrics & Gynecology
Menendez Furrer	Mariano	E	MD	Orthopedic Surgery
Merk	Hailey	C	PA-C	Orthopedic Surgery
Messer	Joseph	V	MD	Internal Medicine
Miller	Ira	J	MD	Pathology
Mizen	Thomas	R	MD	Ophthalmology
Mody	Nitesh	S	DO	Anesthesiology
Monaco	James	M	MD	Internal Medicine
Monge	Michael	C	MD	Cardiovascular-Thoracic Surgery

Moore	Monica	A	MD	Obstetrics & Gynecology
Morales	Diany	S	MD	Ophthalmology
Mukhdomi	Junaid	J	MD	Anesthesiology
Munoz	Maria	M	MD	Obstetrics & Gynecology
Muppavarapu	Satheesh		MD	Physical Medicine and Rehabilitation
Murphy	James	A	MD	Surgery
Mustafa	Asif	K	MD	Cardiovascular-Thoracic Surgery
Myers	Brian	A	DO	Anesthesiology
Naidu	Pranusha	V	MD	Anesthesiology
Nam	Denis		MD	Orthopedic Surgery
Narh	Raymond	T	MD	Internal Medicine
Nathan	Brent	M	MD	Internal Medicine
Nho	Shane	J	MD	Orthopedic Surgery
Nicholson	Gregory	P	MD	Orthopedic Surgery
Nicholson	Caitlin	A	MD	Orthopedic Surgery
Nickless	John	T	MD	Orthopedic Surgery
Nilakhe	Vandana	S	MD	Pathology
Nye	Elizabeth	R	MD	Obstetrics & Gynecology
OBrien	Sarah		NP	Cardiovascular-Thoracic Surgery
OConnor	Christopher	J	MD	Anesthesiology
OHeath	Erin	K	PA-C	Cardiovascular-Thoracic Surgery
OLEary	Shaun	T	MD	Neurological Surgery
Opila	Lauren	M	PA-C	Orthopedic Surgery
Ortega-Cruz	Marlen		MD	Internal Medicine
Outly	Steven	L	MD	Anesthesiology
Palmer	Scott	B	MD	Internal Medicine
Pappas	Patroklos	S	MD	Cardiovascular-Thoracic Surgery
Paprosky	Wayne	G	MD	Orthopedic Surgery
Park	Ji-Weon		MD	Pathology
Patel	Parag	D	MD	Anesthesiology
Patel	Raj	G	MD	Anesthesiology
Patel	Hreem	N	MD	Ophthalmology
Patil	Jyothi	D	MD	Pathology
Patonai	Nicolas	A	MD	Anesthesiology
Pauwaa	Annie	A	PA-C	Cardiovascular-Thoracic Surgery
Pearson-Chauhan	Kristine	M	DO	Anesthesiology
Pfeiffer	Amanda		PA-C	Orthopedic Surgery
Pfeiffer	Kelly	J	PA-C	Orthopedic Surgery
Phillips	Frank	M	MD	Orthopedic Surgery
Pieroth	Elizabeth	M	PsyD	Orthopedic Surgery
Pierre	Gaelle		CRNA	Anesthesiology
Pietrasik	Grzegorz	M	MD	Internal Medicine
Pillarella	Jessica	J	MD	Internal Medicine
Pilz	Kyle	R	PA-C	Orthopedic Surgery
Podlasek	Wieslaw	J	MD	Anesthesiology
Polito	William	F	MD	Cardiovascular-Thoracic Surgery
Pollack	John	S	MD	Ophthalmology
Pombar	Xavier	F	DO	Obstetrics & Gynecology

Pontarelli	Kristina	N	MD	Obstetrics & Gynecology
Pool	Mark	D	MD	Pathology
Pratt	Samantha		CRNA	Anesthesiology
Raaf	Lisa		PA-C	Orthopedic Surgery
Radwanska	Ewa		MD	Obstetrics & Gynecology
Rafi	Rene		CRNA	Anesthesiology
Raiji	Veena	R	MD	Ophthalmology
Rajagopal	Arvind		MBBS	Anesthesiology
Rao	Sandesh		MD	Orthopedic Surgery
Ravage	Zac	B	MD	Ophthalmology
Reddy	Sonya	C	MD	Anesthesiology
Reddy	Vijaya	B	MD	Pathology
Rezaei	Kourous	A	MD	Ophthalmology
Rezvani	Rodd		MD	Anesthesiology
Rhee	Mary		MD	Anesthesiology Diagnostic Radiology & Nuclear Medicine
Riaz	Rehan	M	MD	Medicine
Richardson	Fred		MD	Family Medicine
Rodby	Roger	A	MD	Internal Medicine
Rohan	Ellen		PA-C	Orthopedic Surgery
Ropp	Richard	J	MD	Anesthesiology
Rosas	Mario	C	MD	Family Medicine
Rothenberg	David	M	MD	Anesthesiology
Rubenstein	Jonathan	B	MD	Ophthalmology
Rudhman	Lindsay	H	PA-C	Orthopedic Surgery
Rush	Augustus	J	MD	Orthopedic Surgery
Sabherwal	Naryan	S	MD	Ophthalmology
Saine	Laura	E	PA-C	Orthopedic Surgery
Salaam	Taqi	Q	CRNA	Anesthesiology
Saleh	Nabil	M	MD	Pediatrics
Sanders	Charlene	M	CNM	Obstetrics & Gynecology
Sarmast	Sara	M	PA-C	Orthopedic Surgery
Sarran	Rebecca	D	MD	Ophthalmology
Sassetti	Marian	R	MD	Family Medicine
Savitt	Michael	L	MD	Ophthalmology
Schechter	Loren	S	MD	Surgery
Schirripa	Jonathan		MD	Anesthesiology
Sciamanna	Christopher	J	DO	Internal Medicine
Segall	Nava	A	MD	Pediatrics
Shah	Chirag	M	MD	Ophthalmology
Shah	Neal	K	MD	Anesthesiology
Shayegan	Behnoosh		MD	Anesthesiology
Shepard	Nicholas	A	MD	Orthopedic Surgery
Shoelson	Allan	J	DPM	Orthopedic Surgery
Siddiqui	Noman	H	MBBS	Pathology
Simcock	Xavier	C	MD	Orthopedic Surgery
Simon-Price	Linda	M	CNM	Obstetrics & Gynecology
Singh	Kern		MD	Orthopedic Surgery

Sivasundaram	Lakshmanan		MD	Orthopedic Surgery
Sklar	David	J	MD	Anesthesiology
Skul	Vesna	V	MD	Internal Medicine
Sloan	Eric	R	MD	Anesthesiology
Small	Alexandra	H	MD	Internal Medicine
Smith	Travis	R	PA-C	Orthopedic Surgery
Sobczak	Michael	J	MD	Anesthesiology
Solomon	Lisa	P	DO	Anesthesiology
Sostak	Jennifer	R	NP	Orthopedic Surgery
Soto	Eliezer		MD	Internal Medicine
Spektor	Tatyana		MD	Ophthalmology
Sporer	Scott	M	MD	Orthopedic Surgery
Sprezel	Jennifer	F	NP	Orthopedic Surgery
Sriratana	Binjon		MD	Anesthesiology
Stagg	Patrick	G	PA-C	Orthopedic Surgery
Stansfield	William	E	MD	Cardiovascular-Thoracic Surgery
Stein	Robert	M	MD	Ophthalmology
Stern	David	R	MD	Cardiovascular-Thoracic Surgery
Stern	Dean	S	DPM	Orthopedic Surgery
Stouffer	Emily	N	NP	Orthopedic Surgery
Strassner	Howard	T	MD	Obstetrics & Gynecology
Strauss	Maya		PA-C	Orthopedic Surgery
Sullivan	Henry	J	MD	Cardiovascular-Thoracic Surgery
Sullivan	Thomas	B	MD	Orthopedic Surgery
Suvar	Tolga		MD	Anesthesiology
Swindell	Hasani		MD	Orthopedic Surgery
Szatkowski	Mary		MD	Ophthalmology
Tabachnick	Deborah	R	MD	Cardiovascular-Thoracic Surgery
Tam	Maria	T	MD	Obstetrics & Gynecology
Tan	Wendy	H	PA-C	Orthopedic Surgery
Tannan	Anjali		MD	Ophthalmology
Tannous	Paul		MD	Pediatrics
Tarhuni	Alaeddin	A	MD	Anesthesiology
Tarnauskas	Gintaras		PA-C	Surgery
Tatooles	Antone	J	MD	Cardiovascular-Thoracic Surgery
Terry	Allison		PA-C	Orthopedic Surgery
Thomas	Anju		PA-C	Orthopedic Surgery
Tibbo	Meagan	E	MD	Orthopedic Surgery
Tippit	Alexandra	J	CRNA	Anesthesiology
Tomasian	Douglas	A	MD	Internal Medicine
Traylor	Phillip	R	MD	Anesthesiology
Tudor	Alice	E	CRNA	Anesthesiology
Tuman	Kenneth	J	MD	Anesthesiology
Twigg	Naomi	M	NP	Internal Medicine
Ugo-Neff	Gina	J	PA-C	Surgery
Ukoha	Ozuru	O	MD	Cardiovascular-Thoracic Surgery
Vaidya	Neel	S	MD	Ophthalmology
Valentino	Danielle	M	NP	Orthopedic Surgery

Verma	Nikhil	N	MD	Orthopedic Surgery
Virasch	Vanee	V	MD	Ophthalmology
Walsh	Mary	K	PA-C	Orthopedic Surgery
Walther	Dakota		PA-C	Cardiovascular-Thoracic Surgery
Wang	Joanne	H	MD	Orthopedic Surgery
Ward	Kendra	M	MD	Pediatrics
Weber	Kathleen	M	MD	Orthopedic Surgery
Weinzweig	Norman		MD	Surgery
Weiss	Ronald	S	MD	Ophthalmology
Whittier	William	L	MD	Internal Medicine
Wicen	Magda		CRNA	Anesthesiology
Wiley	John	A	MD	Internal Medicine
Williams	Kenya	M	MD	Ophthalmology
Williams	Joel	C	MD	Orthopedic Surgery
Williams	Nicole	E	MD	Obstetrics & Gynecology
Winner	Alissa	M	NP	Orthopedic Surgery
Wong	Sze	K	MD	Family Medicine
Wood Molo	Mary		MD	Obstetrics & Gynecology
Wysocki	Robert	W	MD	Orthopedic Surgery
Yamashita	Maiko		CRNA	Anesthesiology
Yan	Lei		MD	Pathology
Yanke	Adam	B	MD	Orthopedic Surgery
Yasin	Ehab	H	DO	Orthopedic Surgery
Young	James	A	MD	Physical Medicine and Rehabilitation
Zavala	Gilberto		MD	Internal Medicine
Zelby	Andrew	S	MD	Neurological Surgery
Zhang	Xinhai	R	MD	Pathology
Zhao	Emily		MD	Orthopedic Surgery
Zich	David	K	MD	Internal Medicine
Zouki	Carole		MD	Anesthesiology



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Rush University Medical Center

Mailing Address: Healthcare Finance, 1700 W Van Buren, Suite 161

City, State, Zip: Chicago, IL 60612

Reporting Period: July 1, 2022 through June 30, 2023

Taxpayer Number: 36-2174823

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,540</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>5,941</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>977</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>239</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>23,128,754</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601



6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic EMR is used to receive/track/result charity care applications and store FPL data obtained from Experian.

Charity care eligible services are automatically adjusted in Epic.

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Experian: FPL data is obtained by Experian and stored in Epic.

Epic: If eligibility criteria is met, charity care adjustments are automatically posted in Epic.

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): Patricia Steeves O'Neil SVP, Chief Financial Officer

Signature: 

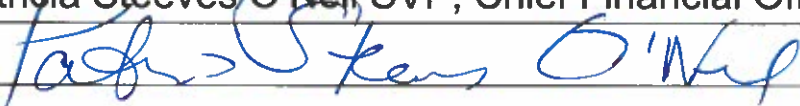
Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Patricia Steeves O'Neil SVP, Chief Financial Officer

Signature: 

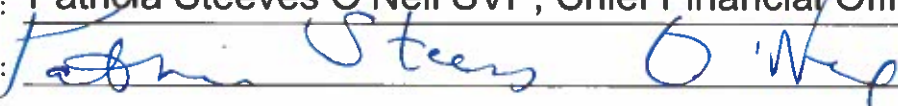
Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Patricia Steeves O'Neil SVP, Chief Financial Officer

Signature: 

Date: _____

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the documentation, please provide a letter of explanation.

- Fully completed and signed Application for Financial Assistance
- Valid Photo ID (Driver’s license, Passport, State-issued ID or Valid government issued ID)
- Proof of Illinois Residency (*Provide **at least one** of the following if a valid IL Driver’s License or IL State issued ID is not available*)
 - Rent receipt or lease
 - Recent utility bill with Illinois address
 - Mail from a government or other credible source
 - Letter from a homeless shelter
 - Voter registration card
- Tax Documents (*Provide the following*)
 - Most recent federal tax return (including all schedules)
 - AND** most recent W-2 and 1099 forms
- Proof of Family Income (*Provide the following for the patient/guarantor and for each member of the patient/guarantor’s household including spouse or partner*)
 - Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
 - Written income verification if paid in cash
- Proof of Assets (*Provide all applicable documents for the assets listed below*)
 - Checking/Savings Account(s)
 - Stocks
 - Certificates of Deposit
 - Mutual Funds
 - Health Savings/Flexible Spending Account(s)
 - Credit Union Account(s)

Supplemental/Other:

- Completed and signed “Authorization to Release Information” form if you have filed a lawsuit related to your illness, accident or work-related injury.
- Primary Residency? Own Rent Other _____
- Secondary Residency? Own Rent None Other _____

If the patient's current or former spouse or partner is the guarantor for the patient, or if a parent or guardian is guarantor for a minor patient, please provide the following:

Guarantor Name: _____

Guarantor Address: _____

Guarantor Phone Number: () _____

Was the patient an Illinois resident when care was rendered by the hospital? Yes No

Was the patient involved in an alleged accident? Yes No

Was the patient a victim of an alleged crime? Yes No

Additional Information (Optional)

This section is a requirement of the State of Illinois. Responses or nonresponse will not have any impact on the outcome of your application. Please check appropriate responses below.

SEX (Legal):

Male:

Female:

Non-binary:

Other: _____

Prefer not to say:

ETHNICITY:

Hispanic or Latino:

Not Hispanic or Latino:

Prefer not to say:

PREFERRED LANGUAGE:

English:

Spanish:

Other: _____

Prefer not to say:

RACE:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Other: _____

Prefer not to say:

2) Family Information

Number of persons in the patient's family or household. _____

Number of persons who are dependents of the patient.* _____

(*Number of individuals for whom the patient is financially responsible)

Ages of the patient's dependents: _____, _____, _____, _____, _____, _____

3) Family Employment and Income Information

Is the patient, patient's spouse or partner, or (in the case of a minor patient) the patient's parents or guardians currently employed? Yes No

If yes, name of employer: _____ Phone () _____

Name of second employer: _____ Phone () _____

Name of third employer: _____ Phone () _____

4) Gross monthly family income:

Please enclose your most recent federal tax return. In addition, please include the most recent documentation of family income, such as 2 months of paycheck stubs, benefits statements, award letters, court orders, or other documentation. *Family income* includes patient, spouse or partner income, or (in the case of a minor patient) income earned by the patient's parents or guardians from the following sources:

Estimated Monthly Income

- Wages Earned..... _____
- Self-employment _____
- Unemployment Compensation _____
- Social Security _____
- Social Security disability _____
- Veterans' pension _____
- Veterans' disability _____
- Private disability _____
- Workers' Compensation _____
- Temporary Assistance for Needy Families (TANF) _____
- Retirement income _____
- Child support, alimony or other spousal support..... _____
- Other income..... _____

5) Asset and estimated asset value information

Asset Value

- Checking Account..... _____
- Savings _____
- Stocks _____
- Certificates of Deposit _____
- Mutual Funds _____
- Credit Union Account..... _____
- Health savings/Flexible Spending Account..... _____

6) Insurance / benefit information:

Is the patient covered under any insurance plan? Yes No

If yes, check plan:

Medicare Medicare Part D Medicare Supplement

Medicaid Veterans' benefits

Health insurance: Name of plan: _____

7) Certificate Statement:

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. 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 Attorney General via <https://illinoisattorneygeneral.gov/consumers/hcform.pdf> or by calling 1-877-305-5145.

Applicant Name (Printed)

Patient or Applicant Signature

____/____/_____
Date

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Effective Date: 06/01/2022

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.

Financial assistance, as noted below, may cover a patient’s deductibles and coinsurances remaining after insurance. Patient’s copayments are not eligible for financial assistance. Similarly, Financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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 collection actions, reporting to consumer credit reporting agencies, and potentially deferring non-emergent or urgent care; 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 and clinical 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. Any exceptions to this policy may only be made in extraordinary circumstances and with the approval of the Vice President of Revenue Cycle or designee.

- ❖ **Presumptive Charity Care** – Hospital bill and professional 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 and professional bill is reduced by 100%, on an episodic basis, 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 and coinsurances only. Insurance copayments are not eligible for this discount.
 - Family income is equal to or less than 300% of the Federal Poverty Guidelines
 - Charity Care is initially approved 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 and professional bill is reduced by 75%, on an episodic basis 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 and coinsurances only. Insurance copayments are not eligible for this discount.
 - Family income is 301 – 400% of the Federal Poverty Guidelines
 - Limited Income Discount is initially approved 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
- ❖ **Ultra Rare Disease** - Patients enrolled in a clinical trial through Rush that is focused on an ultra-rare disease, as defined by the National Institutes of Health, are not required to show proof of Illinois residency, but must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Limited Income programs.

Overview of the Financial Assistance Application Process

- ❖ **Patient Responsibilities** – To be eligible for financial assistance, an individual must:
 - a. Exhaust all efforts to reduce your self-pay balance by...
 - i. Applying for any state, federal or local assistance for which the individual may be eligible
 - ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)
 - iii. Applying all proceeds for medical care fundraising campaigns
 - b. Provide all required documentation;
 - c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
 - d. Complete the required application form truthfully;
 - e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
 - f. 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;

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 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 at the address and number 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. If a patient is approved for charity care, prior hospital payments will be refunded if the application was approved within 240 days of the initial statement billing date.

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 20% of family income, looking across a twelve-month collection period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period. Rush utilizes the look back method which analyzes a recent 12-month period of allowed claims to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed

charges. 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. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also 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
 - Infertility
 - Orthodontic Care
 - Robotic Assisted Surgical Techniques, if there is other conventional treatment available
- Other exclusions:
 - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non-medically necessary services.
 - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient’s insurance company.
 - Services or procedures for which an insurer denies payment for lack of medical necessity.

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 50% 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.*

- ❖ Illinois residents and qualifying Indiana counties
 - 68% discount where family income is 201 – 600% of the Federal Poverty Guidelines
 - 50% discount where family income is above 600% of the Federal Poverty Guidelines
- ❖ Non-Illinois residents
 - 50% discount at all levels of family income

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.

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or not medically necessary services for which package pricing is not available, patients may be eligible for up to a 50% discount off charges. This discount as well as any package pricing would apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided.

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 12 months are available 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 12 months, Rush partners with an external vendor to offer interest-free payment plans lasting up to 48 months. Rush payment plans can be set up directly in [MyChart](#). If preferred, individuals can also work with financial counselors or customer service representatives to determine an appropriate monthly payment plan.

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, Spanish, Chinese-Mandarin, and Polish.
- ❖ 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 in the emergency room, hospital admission, or registration areas.

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 416

Outpatient Radiology – Professional Building, Room 461

Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital)

Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)

Completed Applications should be returned or mailed to:

Rush University Medical Center

1653 W. Congress Pkwy

415 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

(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm

Or email us at billing_info@rush.edu

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Effective Date: 01/01/2023

Purpose

The provisions of this policy apply to 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 describes those circumstances under which Rush may provide care without charge or at a discount based on a patient’s financial and clinical need, collectively referred to as Rush’s ‘Financial Assistance Programs’. 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.

Financial assistance, as noted below, may cover a patient’s deductibles and coinsurance remaining after insurance. Patient’s copayments are not eligible for financial assistance. Similarly, Financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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 collection actions, reporting to consumer credit reporting agencies, and potentially deferring non-emergent or urgent care; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

A patient may be required to complete an application and provide supporting documentation as outlined below to determine eligibility. For the Presumptive Charity Care and Uninsured Patient Discount programs, Rush in its sole discretion may not require supporting documentation, provided Rush is able to verify eligibility through the use of a third-party service. If a patient qualifies for more than one program, the program that provides the greatest benefit to the patient will govern.

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.

Exceptions to this policy will only be made in extraordinary circumstances and with the prior approval of the Vice President of Revenue Cycle or designee.

Financial Assistance Programs

Except as noted below, **proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of the programs described in this policy.**

Rush's financial assistance programs are as follows:

1. **Presumptive Charity Care** – Hospital bill and professional 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 practicable after receiving health care services from Rush and before Rush issues any bills for said services.

2. **Charity Care** – Hospital bill and professional bill is reduced by 100%, on an episodic basis, subject to submission of all required documentation (as described below) for patients who are uninsured or insured and whose family income is equal to or below 400% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.

Required Documentation: Proof of tax documentation, family income and non-retirement financial assets: (i.e., Checking/Savings Accounts, Stocks, 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.

3. **Uninsured Patient Discount** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A patient is not required to complete a financial assistance application if Rush is able to substantiate through other means that the patient meets these qualifications.
4. **Ultra-Rare Disease** – Only patients enrolled in a clinical trial through Rush for an ultra-rare disease, as defined by the National Institutes of Health, need not submit proof of Illinois residency, but still must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Uninsured Patient Discount.
5. **Catastrophic Balance Program** – Hospital and professional bill is reduced up to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period, subject to submission of all required documentation.

Overview of the Financial Assistance Application Process

Patient Responsibilities – To be eligible for financial assistance, an individual must:

- a. Exhaust all efforts to reduce your self-pay balance by:
 - i. Applying for any state, federal or local assistance for which the individual may be eligible
 - ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)
 - iii. Applying all proceeds for medical care fundraising campaigns
- b. Provide all required documentation;
- c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
- d. Complete the required application form truthfully;
- e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
- f. 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.

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. 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 bill.

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.

Upon receiving a completed application form, Rush will make best efforts to communicate with the patient within 30 days the status of the patient's application and eligibility determination. If a patient is approved for charity care, prior hospital payments will be refunded if the application was approved within 240 days of the initial statement billing date. If Rush receives an incomplete application, Rush will provide the patient or his or her legal representative with a list of the 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 may commence collection actions as described below.

Patient has the right to appeal an eligibility determination by contacting a Financial Counselor in Rush's Patient Access Department at the address and telephone number listed below. The patient will receive written notice of the outcome of this appeal.

Calculating Amounts Charged to Patients

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 balance 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 may collect from uninsured patients is 20% of family income, during a twelve-month period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed charges. 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. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the telephone 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
 - Infertility
 - Orthodontic Care
 - Robotic Assisted Surgical Techniques, if there is other conventional treatment available
- Other exclusions:
 - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non-medically necessary services.
 - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient’s insurance company.
 - Services or procedures for which an insurer denies payment for lack of medical necessity.

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

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

Other Discounts

All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency. *International patients are subject to a separate discount rate not defined in this policy.*

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or non medically necessary services for which package pricing is not available, patients may be eligible for up to a 50% discount off charges. This discount as well as any package pricing apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided.

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

Rush has the right to pursue collections for unpaid and past due balances directly or through a third-party collection agency. If the Financial Assistance Application Form is not timely completed and submitted, Rush may pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to seek to attach liens to insurance benefits/proceeds (auto, liability, life and health) in connection with its collection process to the extent third party liability insurance exists. No other personal judgments or liens will be sought or filed against financial assistance 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 to the patient 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 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 earlier 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, due to 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 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 is satisfied if Rush provides a copy of its financial assistance 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 financial assistance 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 financial assistance 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 financial assistance 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 12 months are available for individuals with outstanding patient balances. 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 12 months, Rush partners with an external vendor to offer interest-free payment plans lasting up to 48 months. Rush payment plans can be set up directly in [MyChart](#). If preferred, individuals may work with Rush financial counselors or customer service representatives to determine an appropriate monthly payment plan.

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, Spanish, Chinese-Mandarin, and Polish.
- 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 in the emergency room, hospital admission, or registration areas.

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 416

Outpatient Radiology – Professional Building, Room 461

Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital)

Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)

Completed Applications should be returned or mailed to:

Rush University Medical Center

1653 W. Congress Pkwy

415 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

(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm

Or email us at billing_info@rush.edu



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Rush Oak Park Hospital

Mailing Address: Healthcare Finance, 1700 W Van Buren, Suite 161

City, State, Zip: Chicago, IL 60612

Reporting Period: July 1, 2022 through June 30, 2023

Taxpayer Number: 36-2183812

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
 - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 511
 - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 2204
 - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 341
 - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 99
 - E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care: e) \$ 3,340,283

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic EMR is used to receive/track/result charity care applications and store FPL data obtained from Experian.

Charity care eligible services are automatically adjusted in Epic

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Experian: FPL data is obtained by Experian and stored in Epic.

Epic: If eligibility criteria is met, charity care adjustments are automatically posted in Epic.

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): Patricia Steeves O'Neil SVP, Chief Financial Officer

Signature: Patricia Steeves O'Neil

Date:

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Patricia Steeves O'Neil SVP, Chief Financial Officer

Signature: Patricia Steeves O'Neil

Date:

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Patricia Steeves O'Neil SVP, Chief Financial Officer

Signature: Patricia Steeves O'Neil

Date:

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the documentation, please provide a letter of explanation.

- Fully completed and signed Application for Financial Assistance
- Valid Photo ID (Driver's license, Passport, State-issued ID or Valid government issued ID)
- Proof of Illinois Residency (*Provide **at least one** of the following if a valid IL Driver's License or IL State issued ID is not available*)
 - Rent receipt or lease
 - Recent utility bill with Illinois address
 - Mail from a government or other credible source
 - Letter from a homeless shelter
 - Voter registration card
- Tax Documents (*Provide the following*)
 - Most recent federal tax return (including all schedules)
 - AND** most recent W-2 and 1099 forms
- Proof of Family Income (*Provide the following for the patient/guarantor and for each member of the patient/guarantor's household including spouse or partner*)
 - Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
 - Written income verification if paid in cash
- Proof of Assets (*Provide all applicable documents for the assets listed below*)
 - Checking/Savings Account(s)
 - Stocks
 - Certificates of Deposit
 - Mutual Funds
 - Health Savings/Flexible Spending Account(s)
 - Credit Union Account(s)

Supplemental/Other:

- Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.
- Primary Residency? Own Rent Other _____
- Secondary Residency? Own Rent None Other _____

If the patient's current or former spouse or partner is the guarantor for the patient, or if a parent or guardian is guarantor for a minor patient, please provide the following:

Guarantor Name: _____

Guarantor Address: _____

Guarantor Phone Number: () _____

Was the patient an Illinois resident when care was rendered by the hospital? Yes No

Was the patient involved in an alleged accident? Yes No

Was the patient a victim of an alleged crime? Yes No

Additional Information (Optional)

This section is a requirement of the State of Illinois. Responses or nonresponse will not have any impact on the outcome of your application. Please check appropriate responses below.

SEX (Legal):

Male:

Female:

Non-binary:

Other: _____

Prefer not to say:

ETHNICITY:

Hispanic or Latino:

Not Hispanic or Latino:

Prefer not to say:

RACE:

American Indian or Alaska Native:

Asian:

Black or African American:

Native Hawaiian or Other Pacific Islander:

White:

Other: _____

Prefer not to say:

PREFERRED LANGUAGE:

English:

Spanish:

Other: _____

Prefer not to say:

2) Family Information

Number of persons in the patient's family or household. _____

Number of persons who are dependents of the patient.* _____

(*Number of individuals for whom the patient is financially responsible)

Ages of the patient's dependents: _____, _____, _____, _____, _____, _____, _____

3) Family Employment and Income Information

Is the patient, patient's spouse or partner, or (in the case of a minor patient) the patient's parents or guardians currently employed? Yes No

If yes, name of employer: _____ Phone () _____

Name of second employer: _____ Phone () _____

Name of third employer: _____ Phone () _____

4) Gross monthly family income:

Please enclose your most recent federal tax return. In addition, please include the most recent documentation of family income, such as 2 months of paycheck stubs, benefits statements, award letters, court orders, or other documentation. *Family income* includes patient, spouse or partner income, or (in the case of a minor patient) income earned by the patient's parents or guardians from the following sources:

Estimated Monthly Income

- Wages Earned..... _____
- Self-employment _____
- Unemployment Compensation _____
- Social Security _____
- Social Security disability _____
- Veterans' pension _____
- Veterans' disability _____
- Private disability _____
- Workers' Compensation _____
- Temporary Assistance for Needy Families (TANF) _____
- Retirement income _____
- Child support, alimony or other spousal support..... _____
- Other income..... _____

5) Asset and estimated asset value information

Asset Value

- Checking Account..... _____
- Savings _____
- Stocks _____
- Certificates of Deposit _____
- Mutual Funds _____
- Credit Union Account..... _____
- Health savings/Flexible Spending Account..... _____

6) Insurance / benefit information:

Is the patient covered under any insurance plan? Yes No

If yes, check plan:

- Medicare Medicare Part D Medicare Supplement
- Medicaid Veterans' benefits
- Health insurance: Name of plan: _____

7) Certificate Statement:

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. 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 Attorney General via <https://illinoisattorneygeneral.gov/consumers/hcform.pdf> or by calling 1-877-305-5145.

Applicant Name (Printed)

Patient or Applicant Signature

____/____/_____
Date

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Effective Date: 06/01/2022

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.

Financial assistance, as noted below, may cover a patient’s deductibles and coinsurances remaining after insurance. Patient’s copayments are not eligible for financial assistance. Similarly, Financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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 collection actions, reporting to consumer credit reporting agencies, and potentially deferring non-emergent or urgent care; 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 and clinical 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. Any exceptions to this policy may only be made in extraordinary circumstances and with the approval of the Vice President of Revenue Cycle or designee.

- ❖ **Presumptive Charity Care** – Hospital bill and professional 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 and professional bill is reduced by 100%, on an episodic basis, 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 and coinsurances only. Insurance copayments are not eligible for this discount.
 - Family income is equal to or less than 300% of the Federal Poverty Guidelines
 - Charity Care is initially approved 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 and professional bill is reduced by 75%, on an episodic basis 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 and coinsurances only. Insurance copayments are not eligible for this discount.
 - Family income is 301 – 400% of the Federal Poverty Guidelines
 - Limited Income Discount is initially approved 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
- ❖ **Ultra Rare Disease** - Patients enrolled in a clinical trial through Rush that is focused on an ultra-rare disease, as defined by the National Institutes of Health, are not required to show proof of Illinois residency, but must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Limited Income programs.

Overview of the Financial Assistance Application Process

- ❖ **Patient Responsibilities** – To be eligible for financial assistance, an individual must:
 - a. Exhaust all efforts to reduce your self-pay balance by...
 - i. Applying for any state, federal or local assistance for which the individual may be eligible
 - ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)
 - iii. Applying all proceeds for medical care fundraising campaigns
 - b. Provide all required documentation;
 - c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
 - d. Complete the required application form truthfully;
 - e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
 - f. 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;

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 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 at the address and number 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. If a patient is approved for charity care, prior hospital payments will be refunded if the application was approved within 240 days of the initial statement billing date.

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 20% of family income, looking across a twelve-month collection period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period. Rush utilizes the look back method which analyzes a recent 12-month period of allowed claims to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed

charges. 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. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also 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
 - Infertility
 - Orthodontic Care
 - Robotic Assisted Surgical Techniques, if there is other conventional treatment available
- Other exclusions:
 - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non-medically necessary services.
 - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient’s insurance company.
 - Services or procedures for which an insurer denies payment for lack of medical necessity.

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 50% 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.*

- ❖ Illinois residents and qualifying Indiana counties
 - 68% discount where family income is 201 – 600% of the Federal Poverty Guidelines
 - 50% discount where family income is above 600% of the Federal Poverty Guidelines
- ❖ Non-Illinois residents
 - 50% discount at all levels of family income

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.

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or not medically necessary services for which package pricing is not available, patients may be eligible for up to a 50% discount off charges. This discount as well as any package pricing would apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided.

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 12 months are available 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 12 months, Rush partners with an external vendor to offer interest-free payment plans lasting up to 48 months. Rush payment plans can be set up directly in [MyChart](#). If preferred, individuals can also work with financial counselors or customer service representatives to determine an appropriate monthly payment plan.

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, Spanish, Chinese-Mandarin, and Polish.
- ❖ 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 in the emergency room, hospital admission, or registration areas.

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 416

Outpatient Radiology – Professional Building, Room 461

Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital)

Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)

Completed Applications should be returned or mailed to:

Rush University Medical Center

1653 W. Congress Pkwy

415 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

(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm

Or email us at billing_info@rush.edu

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Effective Date: 01/01/2023

Purpose

The provisions of this policy apply to 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 describes those circumstances under which Rush may provide care without charge or at a discount based on a patient’s financial and clinical need, collectively referred to as Rush’s ‘Financial Assistance Programs’. 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.

Financial assistance, as noted below, may cover a patient’s deductibles and coinsurance remaining after insurance. Patient’s copayments are not eligible for financial assistance. Similarly, Financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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 collection actions, reporting to consumer credit reporting agencies, and potentially deferring non-emergent or urgent care; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

A patient may be required to complete an application and provide supporting documentation as outlined below to determine eligibility. For the Presumptive Charity Care and Uninsured Patient Discount programs, Rush in its sole discretion may not require supporting documentation, provided Rush is able to verify eligibility through the use of a third-party service. If a patient qualifies for more than one program, the program that provides the greatest benefit to the patient will govern.

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.

Exceptions to this policy will only be made in extraordinary circumstances and with the prior approval of the Vice President of Revenue Cycle or designee.

Financial Assistance Programs

Except as noted below, **proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of the programs described in this policy.**

Rush's financial assistance programs are as follows:

1. **Presumptive Charity Care** – Hospital bill and professional 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 practicable after receiving health care services from Rush and before Rush issues any bills for said services.

2. **Charity Care** – Hospital bill and professional bill is reduced by 100%, on an episodic basis, subject to submission of all required documentation (as described below) for patients who are uninsured or insured and whose family income is equal to or below 400% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.

Required Documentation: Proof of tax documentation, family income and non-retirement financial assets: (i.e., Checking/Savings Accounts, Stocks, 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.

3. **Uninsured Patient Discount** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A patient is not required to complete a financial assistance application if Rush is able to substantiate through other means that the patient meets these qualifications.
4. **Ultra-Rare Disease** – Only patients enrolled in a clinical trial through Rush for an ultra-rare disease, as defined by the National Institutes of Health, need not submit proof of Illinois residency, but still must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Uninsured Patient Discount.
5. **Catastrophic Balance Program** – Hospital and professional bill is reduced up to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period, subject to submission of all required documentation.

Overview of the Financial Assistance Application Process

Patient Responsibilities – To be eligible for financial assistance, an individual must:

- a. Exhaust all efforts to reduce your self-pay balance by:
 - i. Applying for any state, federal or local assistance for which the individual may be eligible
 - ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)
 - iii. Applying all proceeds for medical care fundraising campaigns
- b. Provide all required documentation;
- c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
- d. Complete the required application form truthfully;
- e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
- f. 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.

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. 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 bill.

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.

Upon receiving a completed application form, Rush will make best efforts to communicate with the patient within 30 days the status of the patient's application and eligibility determination. If a patient is approved for charity care, prior hospital payments will be refunded if the application was approved within 240 days of the initial statement billing date. If Rush receives an incomplete application, Rush will provide the patient or his or her legal representative with a list of the 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 may commence collection actions as described below.

Patient has the right to appeal an eligibility determination by contacting a Financial Counselor in Rush's Patient Access Department at the address and telephone number listed below. The patient will receive written notice of the outcome of this appeal.

Calculating Amounts Charged to Patients

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 balance 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 may collect from uninsured patients is 20% of family income, during a twelve-month period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed charges. 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. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the telephone 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
 - Infertility
 - Orthodontic Care
 - Robotic Assisted Surgical Techniques, if there is other conventional treatment available
- Other exclusions:
 - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non-medically necessary services.
 - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient’s insurance company.
 - Services or procedures for which an insurer denies payment for lack of medical necessity.

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

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

Other Discounts

All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency. *International patients are subject to a separate discount rate not defined in this policy.*

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or non medically necessary services for which package pricing is not available, patients may be eligible for up to a 50% discount off charges. This discount as well as any package pricing apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided.

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

Rush has the right to pursue collections for unpaid and past due balances directly or through a third-party collection agency. If the Financial Assistance Application Form is not timely completed and submitted, Rush may pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to seek to attach liens to insurance benefits/proceeds (auto, liability, life and health) in connection with its collection process to the extent third party liability insurance exists. No other personal judgments or liens will be sought or filed against financial assistance 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 to the patient 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 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 earlier 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, due to 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 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 is satisfied if Rush provides a copy of its financial assistance 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 financial assistance 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 financial assistance 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 financial assistance 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 12 months are available for individuals with outstanding patient balances. 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 12 months, Rush partners with an external vendor to offer interest-free payment plans lasting up to 48 months. Rush payment plans can be set up directly in [MyChart](#). If preferred, individuals may work with Rush financial counselors or customer service representatives to determine an appropriate monthly payment plan.

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, Spanish, Chinese-Mandarin, and Polish.
- 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 in the emergency room, hospital admission, or registration areas.

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 416

Outpatient Radiology – Professional Building, Room 461

Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital)

Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)

Completed Applications should be returned or mailed to:

Rush University Medical Center

1653 W. Congress Pkwy

415 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

(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm

Or email us at billing_info@rush.edu

Rush System for Health

Consolidated Financial Statements as of and for the
Years Ended June 30, 2023 and 2022,
Supplemental Consolidating Schedules as of and
for the Year Ended June 30, 2023, and
Independent Auditor's Report



RUSH SYSTEM FOR HEALTH

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of Rush System for Health:
1725 W. Harrison Street, Suite 364
Chicago, IL 60612

Opinion

We have audited the consolidated financial statements of Rush System for Health and subsidiaries (the "System"), which comprise the consolidated balance sheets as of June 30, 2023 and 2022, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System as of June 30, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material

if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

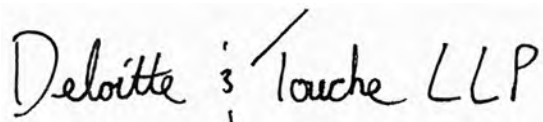
In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Supplemental Consolidating Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidating schedules listed in the table of contents on pages 43-45 are presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and are not a required part of the consolidated financial statements. These schedules are the responsibility of the System's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, such schedules are fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Deloitte Touche LLP". The signature is written in a cursive, flowing style. The word "Deloitte" is on the left, followed by a vertical line with a small horizontal tick at the top and bottom, and then "Touche LLP" on the right.

October 27, 2023

RUSH SYSTEM FOR HEALTH
CONSOLIDATED BALANCE SHEETS
(Dollars in thousands)

	<u>As of June 30,</u>	
	<u>2023</u>	<u>2022</u>
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 439,952	\$ 519,998
Accounts receivable for patient services	407,284	370,352
Other accounts receivable	62,664	60,906
Self-insurance trust—current portion	57,209	41,257
Other current assets	<u>151,168</u>	<u>129,500</u>
Total current assets	<u>1,118,277</u>	<u>1,122,013</u>
ASSETS LIMITED AS TO USE AND INVESTMENTS:		
Investments	1,375,233	1,357,270
Limited as to use by donor or time restriction or other	759,914	700,219
Self-insurance trust—less current portion	<u>121,836</u>	<u>126,857</u>
Total assets limited as to use and investments	<u>2,256,983</u>	<u>2,184,346</u>
PROPERTY AND EQUIPMENT—NET	1,880,229	1,692,868
OPERATING LEASE RIGHT-OF-USE ASSETS	100,237	106,929
POSTRETIREMENT AND PENSION BENEFIT ASSETS	7,195	45,582
OTHER NONCURRENT ASSETS	<u>131,315</u>	<u>92,978</u>
TOTAL ASSETS	<u>\$5,494,236</u>	<u>\$5,244,716</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 101,119	\$ 75,470
Accrued expenses	406,405	437,689
Postretirement and pension benefit liabilities	2,811	2,044
Estimated third-party settlements payable and advances payable	286,348	285,026
Current portion of accrued liability under self-insurance programs	69,229	58,941
Current portion of long-term debt	13,510	12,703
Short-term operating lease liability	<u>26,128</u>	<u>24,630</u>
Total current liabilities	<u>905,550</u>	<u>896,503</u>
LONG-TERM LIABILITIES:		
Accrued liability under self-insurance programs—less current portion	313,019	272,616
Postretirement and pension benefit liabilities	2,082	96,716
Long-term debt—less current portion	888,512	905,559
Obligations under financing leases and other financing arrangements	41,899	1,509
Long-term operating lease liabilities	78,471	86,025
Other long-term liabilities	<u>85,227</u>	<u>75,858</u>
Total long-term liabilities	<u>1,409,210</u>	<u>1,438,283</u>
Total liabilities	<u>2,314,760</u>	<u>2,334,786</u>
NET ASSETS:		
Without donor restrictions	2,118,371	1,930,783
With donor restrictions	<u>1,061,105</u>	<u>979,147</u>
Total net assets	<u>3,179,476</u>	<u>2,909,930</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$5,494,236</u>	<u>\$5,244,716</u>

See notes to the consolidated financial statements.

RUSH SYSTEM FOR HEALTH
CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
(Dollars in thousands)

	For the Years Ended June 30,	
	2023	2022
REVENUE:		
Patient service revenue	\$ 2,916,374	\$ 2,702,767
Tuition and educational programs revenue	95,356	91,240
Research revenue and net assets released from restriction and used for research and other operations	194,507	170,304
Other revenue	<u>154,244</u>	<u>204,121</u>
Total revenue	<u>3,360,481</u>	<u>3,168,432</u>
EXPENSES:		
Salaries, wages and employee benefits	1,727,199	1,603,325
Supplies, utilities and other	1,091,348	974,480
Insurance	73,518	57,703
Purchased services	273,045	258,523
Depreciation and amortization	143,248	148,188
Interest and fees	<u>26,964</u>	<u>30,609</u>
Total expenses	<u>3,335,322</u>	<u>3,072,828</u>
OPERATING INCOME	<u>25,159</u>	<u>95,604</u>
NON-OPERATING INCOME (LOSS)		
Investment income (loss) and other—net	93,465	(138,592)
Contributions without donor restrictions	2,556	3,533
Fundraising expenses	(12,437)	(9,343)
Change in fair value of interest rate swaps	<u>3,017</u>	<u>7,228</u>
Total non-operating income (loss)	<u>86,601</u>	<u>(137,174)</u>
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	<u>\$ 111,760</u>	<u>\$ (41,570)</u>

(Continued)

RUSH SYSTEM FOR HEALTH
CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
(Dollars in thousands)

	For the Years Ended June 30,	
	2023	2022
NET ASSETS WITHOUT DONOR RESTRICTIONS:		
Excess (deficit) of revenues over expenses	\$ 111,760	\$ (41,570)
Net assets released from restrictions used for the purchase of property and equipment	11,218	14,141
Postretirement related changes other than net periodic postretirement cost	56,408	(40,342)
Other	<u>8,200</u>	<u>17,947</u>
Increase/(Decrease) in net assets without donor restrictions	<u>187,586</u>	<u>(49,824)</u>
NET ASSETS WITH DONOR RESTRICTIONS:		
Pledges, contributions and grants	117,498	187,570
Net assets released from restrictions	(111,460)	(176,675)
Net realized and unrealized gains (losses) on investments	<u>75,922</u>	<u>(47,206)</u>
Increase/(Decrease) in net assets with donor restrictions	<u>81,960</u>	<u>(36,311)</u>
INCREASE/(DECREASE) IN NET ASSETS	269,546	(86,135)
NET ASSETS—Beginning of period	<u>2,909,930</u>	<u>2,996,065</u>
NET ASSETS—End of period	<u>\$3,179,476</u>	<u>\$2,909,930</u>
See notes to the consolidated financial statements.		(Concluded)

RUSH SYSTEM FOR HEALTH
CONSOLIDATED STATEMENTS OF CASH FLOWS
(Dollars in thousands)

	For the Years Ended June 30,	
	2023	2022
OPERATING ACTIVITIES:		
Increase (Decrease) in net assets	\$ 269,546	\$ (86,135)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	143,248	148,188
Non-cash operating lease expense	11	618
Postretirement related changes other than net periodic postretirement cost	(56,408)	40,342
Change in fair value of interest rate swaps	(3,017)	(7,228)
Net unrealized and realized (gains) losses on investments	(160,938)	207,695
Restricted contributions and investment income received	(26,717)	(27,137)
Investment (gains) losses on trustee held investments	(1,813)	6,010
(Gain) loss on sale of property and equipment	(48)	5,533
Changes in operating assets and liabilities:		
Accounts receivable for patient services	(36,932)	(6,041)
Accounts payable and accrued expenses	(1,369)	(12,234)
Estimated third-party settlements payable	1,322	(108,884)
Pension and postretirement costs	928	(16,686)
Accrued liability under self-insurance programs	50,692	29,355
Other changes in assets and liabilities	(53,319)	(119,775)
Net cash provided by operating activities	<u>125,186</u>	<u>53,621</u>
INVESTING ACTIVITIES:		
Additions to property and equipment	(333,564)	(211,682)
Purchase of investments	(1,124,899)	(2,834,598)
Sale of investments	<u>1,199,064</u>	<u>3,057,953</u>
Net cash (used in) provided by investing activities	<u>(259,399)</u>	<u>11,673</u>
FINANCING ACTIVITIES:		
Proceeds from restricted contributions and investment income	26,717	27,137
Payment of long-term debt	(12,703)	(12,181)
Payment of obligations on finance lease liabilities	(1,245)	(862)
Proceeds (payments) on other financing arrangements	<u>41,398</u>	<u>(1,042)</u>
Net cash provided by (used in) provided by financing activities	<u>54,167</u>	<u>13,052</u>
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(80,046)	78,346
CASH AND CASH EQUIVALENTS—Beginning of period	<u>519,998</u>	<u>441,652</u>
CASH AND CASH EQUIVALENTS—End of period	<u>\$ 439,952</u>	<u>\$ 519,998</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Right of use assets obtained in exchange for new operating lease liabilities	<u>\$ 21,052</u>	<u>\$ 2,760</u>
Cash paid for interest	<u>\$ 31,988</u>	<u>\$ 33,371</u>
Noncash additions to property and equipment	<u>\$ 3,999</u>	<u>\$ 6,998</u>

See notes to consolidated financial statements.

RUSH SYSTEM FOR HEALTH
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED JUNE 30, 2023 AND 2022
(Dollars in thousands)

1. ORGANIZATION AND BASIS OF CONSOLIDATION

Rush System for Health (“RUSH”) is a multihospital health system with operations that consist of several diverse activities with a shared mission of patient care, education, research, and community service. RUSH consists of an academic medical center, Rush University Medical Center (“RUMC”), two community hospitals, Rush Copley Medical Center (“RCMC”) and Rush Oak Park Hospital (“ROPH”), that each serve distinct markets in the Chicago, Illinois, metropolitan area and Rush Health, a physician hospital organization and clinically integrated network. RUMC, RCMC, and ROPH are all Illinois not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Effective March 1, 2017, RUMC and RCMC reorganized their operations under a common corporate parent, Rush System for Health, d/b/a Rush University System for Health (the “System Parent”), an Illinois not-for-profit corporation, which is exempt from federal income taxes under Section 501(c)(3) of the Code. The System Parent, RUMC, RCMC and certain of its subsidiaries, and ROPH comprise the RUSH Obligated Group (the “RUSH Obligated Group” or the “Obligated Group”) pursuant to the Master Trust Indenture, dated as of May 29, 2020, as amended and as entered into by each member of the Obligated Group. The members of the RUSH Obligated Group are jointly and severally liable for all debt issued under the Master Trust Indenture.

Rush University Medical Center

RUMC, the largest member of RUSH, is an academic medical center comprising Rush University Hospital (“RUH”) and Rush University, located in Chicago, Illinois, and ROPH, located in Oak Park, Illinois.

RUH—A 738-licensed bed acute care, rehabilitation, and psychiatric hospital in Chicago, Illinois. RUH also includes a faculty practice plan, Rush University Medical Group, which employed 774 physicians as of June 30, 2023.

Rush University—A graduate health sciences university that educates students in health-related fields. This includes over 2,800 students in Rush Medical College, the College of Nursing, the College of Health Sciences, and the Graduate College. Rush University also includes a research operation with \$240,430 and \$213,860 in annual research expenditures during fiscal years 2023 and 2022, respectively.

ROPH—A 185-licensed bed acute care hospital located in Oak Park, Illinois, eight miles west of RUH. ROPH includes an employed medical group, Rush Oak Park Physicians Group (ROPPG), which employed 79 physicians as of June 30, 2023. RUMC is the sole corporate member of ROPH.

Rush Copley Medical Center

RCMC is the sole corporate member of Copley Memorial Hospital, Inc. (“CMH”), Rush Copley Medical Group NFP (“RCMG”), Copley Ventures, Inc. (“Ventures”), and Rush Copley Foundation, Inc. (“Foundation”).

CMH—A 210-licensed bed hospital located in Aurora, Illinois. CMH provides inpatient, outpatient, and emergency care services for residents of Aurora and surrounding communities in the far western suburbs of Chicago, Illinois.

RCMG—Established to own, operate, control, and otherwise coordinate the activities of physician practice health and medical services and to provide certain physician billing and administrative services. As of June 30, 2023, RCMG employed 85 physicians.

Ventures—Holds title to property for rental purposes and holds ownership of the Rush Copley Healthplex, a health and fitness center.

Foundation—Solicits contributions to support health care activities in the market area, including, but not limited to, those of CMH.

Rush Health

Rush Health is RUSH's physician hospital organization and clinically integrated network that is comprised of both RUSH related and owned entities, which includes RUMC, ROPH, RCMC, and non-related independent providers such as Riverside Healthcare in Kankakee. Non-related independent providers comprise 10% of the organization's membership. Rush Health has approximately 2,539 affiliated providers. Effective August 12, 2019, the System Parent became the sole corporate member of Rush Health, an Illinois-not-for-profit taxable corporation that provides payor and employer contracting, data aggregation and analysis, care coordination, and quality and process improvement services to its members. Prior to this, Rush Health was treated as a joint venture and any income was recorded using the equity method of accounting. Rush Health and Riverside Health System are not members of the Obligated Group.

COVID-19 Pandemic Update

In March 2020, the World Health Organization declared the novel coronavirus disease 2019 ("COVID-19") outbreak a global pandemic. RUSH has experienced surges of COVID-19 patients in its hospitals throughout the pandemic. COVID-19 has materially impacted the hospitals and operations that comprise the system for which RUSH serves and has impacted the business and financial condition of RUSH. In May 2023, the WHO declared an end to the global Public Health emergency.

Throughout the pandemic, RUSH has been provided some relief based on payments made to hospitals as a result of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act, the American Rescue Plan Act ("ARPA"), Illinois General Assembly Public Act 102-115 Hospital Pandemic Recovery Stabilization Payment ("Stabilization") and Federal Emergency Management Agency ("FEMA") funds. These various payments of \$21.7 and \$84.5 million were recorded as other revenue in the consolidated statements of operations and changes in net assets during the years ended June 30, 2023 and 2022, respectively.

Additionally, in fiscal year 2020, RUSH also received advanced payments from Medicare of \$231.7 million which were recorded within estimated third-party settlements and advances payable in the consolidated balance sheets. RUSH paid back all of the advanced payments from Medicare in these years: fiscal year 2021 - \$39.2 million, fiscal year 2022 - \$158.6 million and fiscal year 23 - \$33.9 million.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying consolidated financial statements have been presented in conformity with accounting principles generally accepted in the United States of America (GAAP).

Basis of Consolidation

Included in RUSH's consolidated financial statements are all of its wholly owned or controlled subsidiaries. All intercompany transactions have been eliminated in consolidation.

The supplemental consolidating balance sheet and consolidating statement of operations and changes in net asset as of and for the year ended June 30, 2023, are presented for the purpose of additional analysis of RUSH's fiscal year 2023 consolidated financial statements taken as a whole.

Use of Estimates

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Accounting Pronouncements

In June 2016, the FASB issued ASU No. 2016-13, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments* which requires the application of a current expected credit loss (“CECL”) impairment model to financial assets measured at amortized cost (including trade accounts receivable), net investments in leases, and certain off-balance-sheet credit exposures. Under the CECL model, lifetime expected credit losses on such financial assets are measured and recognized at each reporting date based on historical, current, and forecasted information. Furthermore, the CECL model requires financial assets with similar risk characteristics to be analyzed on a collective basis. ASU No. 2016-13 was originally effective on July 1, 2021. However, ASU No. 2019-10, *Financial Instruments—Credit Losses (Topic 326), Derivatives and Hedging (Topic 815), and Leases (Topic 842)*, delayed the effective date of this new standard for RUSH to July 1, 2023. RUSH is currently reviewing the requirements of the standard and evaluating the impact on the consolidated financial statements.

Cash and Cash Equivalents

Cash and investments having an original maturity of 90 days or less when purchased are considered to be cash and cash equivalents. These securities are so near maturity that they present insignificant risk of changes in value.

Patient Service Revenue and Patient Accounts Receivable

Patient service revenue is reported at the amount that reflects the consideration to which RUSH expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and governmental programs), and others, and includes variable consideration for retroactive revenue adjustments due to settlement of audits, review, and other investigations. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by RUSH. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected charges. RUSH believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients at RUSH receiving inpatient acute care services. For outpatient services, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed. In the case of these outpatient services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. RUSH measures the performance obligation from inpatient admission, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. RUSH also sells certain goods to patients and customers in a retail setting. The performance obligation is satisfied at a point in time, and revenue is generally recognized when goods are provided to the customer. Any unsatisfied or partially unsatisfied performance obligations at the end of the period are primarily related to inpatient acute care services provided at the end of the reporting period. The performance obligations for these contracts are completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period. Amounts related to health care services provided to patients which have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. Contract asset balances consist primarily of health care services provided to patients who are still receiving inpatient care at RUSH at the end of the year. Such amounts totaled \$23,268 and \$16,271 on June 30, 2023 and 2022, respectively, and are included within other current assets in the accompanying consolidated balance sheets.

Consistent with RUSH's mission, care is provided to patients regardless of their ability to pay. RUSH provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Such amounts determined to qualify as charity care are not reported as revenue.

RUSH determines the transaction price based on standard charges for goods and services provided, reduced by explicit price concessions which consist of contractual adjustments provided to third-party payors and discounts provided to uninsured patients in accordance with RUSH's policy as well as implicit price concessions provided to patients. RUSH determines its estimates of contractual adjustments and discounts based on contractual agreements, published rates, its discount policies and historical experience. RUSH determines its estimate of implicit price concessions based on its historical collection experience. Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. RUSH determines its estimate of implicit price concessions for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions. RUSH has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts RUSH expects to collect based on its collection history with those patients. For the years ended June 30, 2023 and 2022, implicit price concessions totaled approximately \$67,303 and \$72,029, respectively.

RUSH uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient revenue and major payor classes and types of services provided for outpatient revenue. Based on historical collection trends and other analysis, RUSH believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

Inventory

Medical supplies, pharmaceuticals, and other inventories are stated at the lower of cost or net realizable value and are included in other current assets in the accompanying consolidated balance sheets.

Fair Value of Financial Instruments

Financial instruments consist of cash and cash equivalents, investments, derivative instruments, accounts receivable, accounts payable, accrued expenses, estimated third-party settlements, and debt. The fair value of cash and cash equivalents, accounts receivable, accounts payable, accrued expenses, and estimated third-party settlements approximated their financial statement carrying amount as of June 30, 2023 and 2022 because of their short-term maturity.

Assets Limited as to Use and Investments

Assets limited as to use consist primarily of investments limited as to use by donors, assets held by trustees under debt or other agreements and for self-insurance, and board designated assets set aside for a specified future use. Investments in equity and debt securities with readily determinable fair values are measured at fair value using quoted market prices or model-driven valuations.

Alternative investments consist of limited partnerships that invest primarily in funds, private equity and private debt. Alternative investments are reported at net asset value (NAV) which approximates fair value. Transactions are recorded based on trade date except for those transactions that have not settled yet and shows as pending. They are reported within the investment balance and fair value table at the pending purchase and sale amount.

Investment income or loss (including interest, dividends, realized and unrealized gains and losses, and changes in cost-based valuations) is reported within non-operating income (loss) within the accompanying consolidated statements of

operations and changes in net assets, net of investment related expenses, unless the income or loss is restricted by donor or interpretation of law. Investment gains and losses on RUSH's endowment and trustee-held funds are recognized within net assets with donor restrictions. Income earned on tax-exempt borrowings for specific construction projects is offset against interest expense capitalized for such projects.

Derivative Instruments

Derivative instruments, specifically interest rate swaps, are recorded in the consolidated balance sheets as either assets or liabilities at their respective fair values. The change in the fair value of derivative instruments is reflected in non-operating income (loss) in the accompanying consolidated statements of operations and changes in net assets. Net cash settlements and payments, representing the realized changes in the fair value of the interest rate swaps, are included in interest expense in the accompanying consolidated statements of operations and changes in net assets and as operating cash flows in the accompanying consolidated statements of cash flows.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at fair value at the date of receipt. Expenditures that substantially increase the useful life of existing property and equipment are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation expense, including amortization of finance lease assets, is recognized over the estimated useful lives of the assets using the straight-line method. Buildings and building service equipment assets have an estimated useful life of 10 to 80 years, moveable equipment assets have an estimated useful life of 5 to 10 years, and computer software and hardware assets have an estimated useful life of 3 to 15 years.

Assets derived from finance leases are included in property and equipment with the related liability classified in either other current liabilities or other long-term liabilities in the consolidated balance sheets according to the expected timing of lease payments.

Operating Lease Right of Use Assets and Lease Liabilities

RUSH determines if an arrangement is a lease or contains a lease at inception through review of the underlying agreement and determination of whether an identifiable asset exists that RUSH has the right to control. Leases result in the recognition of Right-of-Use (ROU) assets and lease liabilities in the consolidated balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. RUSH determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. RUSH has made a policy election to use a risk-free rate using a period comparable with the lease term for the initial and subsequent measurement of all lease liabilities. RUSH has also elected a policy to combine lease and non-lease components in its measurement of ROU assets and lease liabilities.

The lease term will include options to extend or to terminate the lease only if RUSH is reasonably certain to exercise the option. Lease expense is generally recognized on a straight-line basis over the lease term.

RUSH has elected not to record leases with an initial term of twelve months or less in the consolidated balance sheets. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Asset Retirement Obligations

RUSH recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which it is incurred if a reasonable estimate of the fair value of the obligation can be made. When the liability is initially recorded, RUSH capitalizes the cost of the asset retirement obligation by increasing the carrying amount of the related

long-lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle an asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets. Asset retirement obligations are reported in other long-term liabilities in the accompanying consolidated balance sheets and amounted to \$26,813 and \$25,739 as of June 30, 2023 and 2022, respectively.

Ownership Interests in Other Health-Related Entities

RUSH has a majority ownership interest in a number of subsidiaries, which provide outpatient surgical services. An ownership interest of more than 50% in another health-related entity in which RUSH has a controlling interest is consolidated. As of June 30, 2023 and 2022, noncontrolling interests in consolidated subsidiaries amounted to \$12,449 and \$4,144, respectively. The amounts related to noncontrolling interests are recorded in net assets without donor restrictions, and as the amounts are not material, they are not separately presented in the accompanying consolidated financial statements. RUSH also has affiliations with and interests in other organizations that are not consolidated. These organizations primarily provide outpatient health care and managed care contracting services. An ownership interest in another health-related entity of at least 20%, but not more than 50%, in which RUSH has the ability to exercise significant influence over the operating and financial decisions of the investee, is accounted for on the equity basis, and the income (loss) is reflected in other revenue. An ownership interest in a health-related entity of less than 20%, in which RUSH does not have the ability to exercise significant influence over the operating and financial decisions of the investee, is carried at cost or estimated net realizable value and reported within other assets, which is not material to the consolidated financial statements.

Debt Issuance Costs

Debt issuance costs, net of amortization, are computed using the effective interest method over the life of the related debt and is reported within long-term debt in the consolidated balance sheets. Unamortized debt issuance costs amounted to \$5,989 and \$6,704 as of June 30, 2023 and 2022, respectively.

Other Noncurrent Assets

Other assets include investments in joint ventures accounted for on the equity basis, unconditional promises to contribute, goodwill, insurance recoveries, and other intangible assets. RUSH continually evaluates the recoverability of the carrying value of long-lived assets, such as goodwill, by assessing assets for impairment.

Other Long-Term Liabilities

Other long-term liabilities include asset retirement obligations, employee benefit plan liabilities for certain defined contribution and supplemental retirement plans other than defined benefit pension plans, liabilities for derivative instruments, and other long-term obligations.

Net Assets

Net assets are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions—Net assets without donor restrictions are resources available to support operations. The only limits on the use of these assets are the broad limits resulting from the nature of the organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of business. The net assets without donor restrictions of RUSH are primarily derived from annual excess of revenue over expenses and net assets released from donor restrictions for operations. Voluntary resolutions by the Board to designate a portion of its net assets without donor restrictions for specific purposes are presented as

board-designated. Because these designations are voluntary and may be reversed by the Board at any time, board-designated net assets are included under the caption “without donor restriction.”

Net Assets With Donor Restrictions—Net assets with donor restrictions are resources that are restricted by a donor for use for a particular purpose or in a particular future period. Some donor-imposed restrictions are temporary in nature, and the restriction will expire when the resources are used in accordance with the donor’s instructions or when the stipulated time has passed. Other donor-imposed restrictions are perpetual in nature, whereby the organization must continue to use the resources in accordance with the donor’s instructions.

Contributions

Unconditional contributions and promises to contribute cash and other assets (pledge receivable) are reported at fair value at the date the promise is received. Fair value is estimated as the net present value of the estimated future cash flows of such awards. Estimated future cash flows due after one year are discounted using interest rates commensurate with the time value of money concept. Net unconditional promises to contribute are reported in current assets and other noncurrent assets in the accompanying consolidated balance sheets and amounted to \$12,450 and \$10,711 and \$33,585 and \$31,393 as of June 30, 2023 and 2022, respectively.

Conditional contributions are recorded as revenue when the conditions are met. Contributions are conditional when there are barriers that RUSH must overcome to be entitled to the funds. RUSH has received approximately \$179,343 and \$180,996 of conditional contributions whose conditions have not been met as of June 30, 2023 and 2022, respectively. Of the fiscal 2023 amount, approximately \$133,921 relates to federal, state, and local grant awards where RUSH expects to meet the condition of incurring allowable expenditures under the various grants within the next twelve months. Another \$45,422 is related to awards from foundations and other not-for-profit organizations where RUSH expects to recognize the contribution once the conditions have been met.

Unconditional contributions and conditional contributions whose conditions have been met are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, the restricted net assets are released as net assets without restrictions and reported in the consolidated statements of operations as other revenue (if time restricted or restricted for operating purposes) or reported in the consolidated statements of changes in net assets as net assets released from restrictions used for purchase of property and equipment (if restricted for capital acquisitions). Donor-restricted contributions for operating purposes whose restrictions are met within the same year as either received or the same year as the condition is met are reported as other revenue in the accompanying consolidated statements of operations and changes in net assets.

RUSH is the beneficiary of several split-interest agreements, primarily perpetual trusts held by others, which are recorded in assets limited as to use within the accompanying consolidated balance sheets. RUSH recognizes its interest in these trusts based on either RUSH’s percentage of the fair value of the trust assets or the present value of expected future cash flows to be received from the trusts, as appropriate, based on each trust arrangement.

Excess (Deficit) of Revenues over Expenses

The consolidated statements of operations and changes in net assets include excess (deficit) of revenues over expenses as a performance indicator. Excess (deficit) of revenues over expenses includes all changes in net assets without donor restrictions, net of investment related expenses, except for contributions of (and assets released from donor restrictions related to) long-lived assets, and other items that are required by GAAP to be reported separately (such as postretirement-related changes other than net periodic postretirement costs, and the cumulative effect of changes in accounting principle).

Non-Operating Income (Loss)

Non-operating income (loss) includes items not directly associated with patient care or other core operations of RUSH. Non-operating income (loss) consists primarily of investment returns without donor restrictions, endowment investment income appropriated for use, the difference between total investment return and amount allocated to operations for investments designated for self-insurance programs, investment income or loss (including interest, dividends, and realized and unrealized gains and losses), net of investment related expenses, on all other investments unless restricted by donor or interpretation of law, changes in the fair value of interest rate swaps, gains and losses on derivative contracts, pension settlement expenses, contributions without donor restrictions, and fundraising expenses.

Consideration of Events Subsequent to the Consolidated Balance Sheet Date

RUSH has evaluated events occurring subsequent to the consolidated balance sheet date through October 27, 2023, the date the consolidated financial statements were issued. There were no significant subsequent events through this date, with the exception of the item below.

In August 2023, a new Clinical Decision Unit was opened at Rush Copley Medical Center to provide specialized care for patients needing observation. The 15,000-square-foot unit's total cost is \$21,000 with \$7,300 funded by a grant from the State of Illinois' Capital Development Board.

3. PATIENT SERVICE REVENUE

The mix of patient service revenue recognized during the years ended June 30, 2023 and 2022, by major payor source and by lines of business, was as follows:

	June 30, 2023				
	Hospitals	Physician Groups	Clinical Joint Ventures &	Total	%
Medicare	\$ 484,740	\$ 60,887	\$ 6,381	\$ 552,008	18.9 %
Medicare Managed Care	209,310	32,811	30,727	272,848	9.4
Medicaid	66,277	6,714	2,488	75,479	2.6
Medicaid Managed Care	346,542	41,366	32,704	420,612	14.5
Managed Care	343,082	68,630	32,992	444,704	15.2
Blue Cross	712,330	106,095	16,197	834,622	28.6
Commercial, Self-Pay, and Other	<u>259,888</u>	<u>47,722</u>	<u>8,491</u>	<u>316,101</u>	<u>10.8</u>
Total Patient Service Revenue	<u>\$ 2,422,169</u>	<u>\$ 364,225</u>	<u>\$ 129,980</u>	<u>\$ 2,916,374</u>	<u>100.0 %</u>
	June 30, 2022				
	Hospitals	Physician Groups	Clinical Joint Ventures &	Total	%
Medicare	\$ 458,213	\$ 57,407	\$ 17,540	\$ 533,160	19.7%
Medicare Managed Care	173,271	24,980	-	198,251	7.3
Medicaid	54,379	3,431	1,539	59,349	2.2
Medicaid Managed Care	325,905	36,624	25,186	387,715	14.4
Managed Care	357,723	61,926	43,192	462,841	17.1
Blue Cross	680,460	94,444	16,368	791,272	29.3
Commercial, Self-Pay, and Other	<u>230,816</u>	<u>31,192</u>	<u>8,171</u>	<u>270,179</u>	<u>10.0</u>
Total Patient Service Revenue	<u>\$ 2,280,767</u>	<u>\$ 310,004</u>	<u>\$ 111,996</u>	<u>\$ 2,702,767</u>	<u>100.0 %</u>

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare and Medicare Managed Care: Certain inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic, and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates.

Medicaid and Medicaid Managed Care: Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of service.

Blue Cross, Managed Care, Commercial, and Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity continues with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues from patient services. Management believes that RUSH is in substantial compliance with current laws and regulations.

Laws and regulations governing payment programs are complex and subject to interpretation. Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely outcome method. These settlements are estimated based on the terms of the payment agreements with the payor, correspondence from the payor and historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as new information becomes available or as years are settled or are no longer subject to such audits, reviews and investigations. As a result, there is a reasonable possibility that recorded estimated third-party settlements could change by a material amount.

RUSH has filed formal appeals relating to the settlement of certain prior year Medicare cost reports. The outcome of such appeals cannot be determined at this time. Any resulting gains will be recognized in the consolidated statements of operations and changes in net assets when realized.

4. CHARITY CARE

RUSH has an established charity care policy and maintains records to identify and monitor the level of charity care it provides.

RUMC patients with a family income between 201% and 400% of the current federal poverty level are eligible to apply for charity care and receive a discount of 100% or 75%. Additionally, uninsured patients with family income between 201% and 600% of the current federal poverty level automatically receive an 80% discount while uninsured patients with a family income above 600% of the current federal poverty level receive a 50% discount. RUMC also provides free care to all uninsured patients whose family income is 200% or less of the current federal poverty level.

RCMC provides free care to all patients who apply and provide documents supporting income and asset levels of less than 300% of the current-year federal poverty level, a 30% discount to all uninsured patients regardless of ability to pay, and discounts balances to patients under 600% of the poverty level. Interest-free payment plans are also provided.

Charity care includes the estimated cost of unreimbursed services provided and supplies furnished under its charity care policy and the excess of cost over reimbursement for Medicaid patients. The estimated cost of charity care provided is determined using a ratio of cost to gross charges and multiplying that ratio by the gross unreimbursed charges associated with providing care to charity patients.

The following table presents the level of charity care and unreimbursed Medicaid services provided for the years ended June 30, 2023 and 2022:

	2023	2022
Excess of allocated cost over reimbursement for services provided to hospital Medicaid patients—net of net benefit under the Program	\$ 186,247	\$ 134,386
Estimated costs and expenses incurred to provide charity care in the hospitals	<u>28,704</u>	<u>29,473</u>
Total	<u>\$ 214,951</u>	<u>\$ 163,859</u>

Beyond the cost to provide charity care and unreimbursed services to hospital Medicaid patients, RUSH also provides substantial additional benefits to the community, including educating future health care providers, supporting research into new treatments for disease, and providing subsidized medical services in response to community and health care needs, as well as other volunteer services. These community services are provided free of charge or at a fee below the cost of providing them.

In December 2008, the Centers for Medicare and Medicaid Services approved the Illinois Hospital Assessment Program (the “Program”) to improve Medicaid reimbursement for Illinois hospitals. This Program increased net patient service revenue in the form of additional Medicaid payments and increased expense through a tax assessment from the State of Illinois. The net benefit to RUSH from the Program was \$86,733 and \$89,914 during the years ended June 30, 2023 and 2022, respectively. For the years ended June 30, 2023 and 2022, the Medicaid payment of \$168,660 and \$156,292 was included in patient service revenue, representing 5.8% of the patient service revenue for fiscal years 2023 and 2022, respectively, and the tax assessment of \$81,927 and \$66,378, respectively, was included in supplies, utilities, and other expenses within the consolidated statements of operations and changes in net assets.

5. ASSETS LIMITED AS TO USE AND INVESTMENTS

Assets limited as to use and investments consist primarily of equity and debt securities, which are held in investment pools to satisfy the investment objectives for which the assets are held or to satisfy donor restrictions. RUSH also holds certain investments in alternative investments consisting of hedge funds, private equity, and private debt.

Following is a summary of the composition of assets limited as to use and investments as of June 30, 2023 and 2022:

	2023	2022
Marketable securities and short-term investments	\$ 28,857	\$ 160,782
Fixed income securities	471,143	453,963
Public equity securities	475,685	406,401
Mutual funds	606,959	887,931
Alternative investments	695,454	363,835
Other	<u>3,307</u>	<u>(78,283)</u>
 Total investments	 2,281,405	 2,194,629
 Beneficial interest in trusts	 <u>32,787</u>	 <u>30,974</u>
 Total assets limited as to use and investments	 2,314,192	 2,225,603
 Less : amount reported as current assets	 <u>(57,209)</u>	 <u>(41,257)</u>
 Assets limited as to use and investments—noncurrent	 <u>\$ 2,256,983</u>	 <u>\$ 2,184,346</u>

It is RUMC's intent to maintain a long-term investment portfolio to support its self-insurance program. Accordingly, the total return on investments restricted for the self-insurance program is reported in the consolidated statements of operations and changes in net assets in three separate line items. The investment return allocated to operations, reported in other revenue, is determined by a formula designed to provide a consistent stream of investment earnings to support the self-insurance provision reported in insurance expense in the accompanying consolidated statements of operations and changes in net assets. This allocated return, 4.5% for the years ended June 30, 2023 and 2022, approximates the real return that RUSH expects to earn on its investments over the long term and totaled \$7,612 and \$7,927 for the years ended June 30, 2023 and 2022, respectively. The difference between the total investment return and the amount allocated to operations is reported in nonoperating income (loss) and totaled \$4,813 and \$(23,724) for the years ended June 30, 2023 and 2022, respectively. There is no guarantee that the investment return expected by management will be approximately 7.2% and -8.9%, respectively.

The composition and presentation of investment income and the realized and unrealized gains and losses on all investments, net of investment related expenses, for the years ended June 30, 2023 and 2022, are as follows:

	2023	2022
Interest and dividends	\$ 41,832	\$ 45,160
Net realized gains on sales of securities	5,020	69,121
Unrealized gains (losses)—without donor restrictions	77,189	(190,705)
Unrealized gains (losses)—with donor restrictions	<u>54,201</u>	<u>(101,300)</u>
	<u>\$ 178,242</u>	<u>\$ (177,724)</u>
 Reported as:		
Other revenue	\$ 8,855	\$ 8,074
Nonoperating income	93,465	(138,592)
Net assets with donor restrictions—net realized and unrealized gains (losses) on investments	<u>75,922</u>	<u>(47,206)</u>
	<u>\$ 178,242</u>	<u>\$ (177,724)</u>

6. FAIR VALUE MEASUREMENTS

As of June 30, 2023 and 2022, RUSH held certain assets and liabilities that are required to be measured at fair value on a recurring basis, including marketable securities and short-term investments, certain restricted, trustee and other investments, derivative instruments, and beneficial interests in trusts.

Valuation Principles

Under FASB Accounting Standard Codification 820, *Fair Value Measurement*, fair value is defined as an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The valuation techniques used to measure fair value are based upon observable and unobservable inputs. Observable inputs generally reflect market data from independent sources and are supported by market activity, while unobservable inputs are generally unsupported by market activity. The three-level valuation hierarchy, which prioritizes the inputs used in measuring fair value of an asset or liability at the measurement date, includes:

Level 1 Inputs—Quoted prices (unadjusted) for identical assets or liabilities in active markets. Securities typically priced using Level 1 inputs include listed equities and exchange-traded mutual funds.

Level 2 Inputs—Quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in nonactive markets, and model-driven valuations whose inputs are observable for the asset or liability, either directly or indirectly. Securities typically priced using Level 2 inputs include government bonds (including US treasuries and agencies), corporate and municipal bonds, collateralized obligations, interest rate swaps, commercial paper, currency options, and pending transactions.

Level 3 Inputs—Unobservable inputs for which there is little or no market data available are based on the reporting entity's own judgment or estimation of the assumptions that market participants would use in pricing the asset or liability. The fair values for securities typically priced using Level 3 inputs are determined using model-driven techniques, which include option-pricing models, discounted cash flow models, and similar methods. The Level 3 classification includes beneficial interests in trusts.

Marketable Securities and Short-Term Investments—Marketable securities and short-term investments classified as NAV are invested in a short-term collective fund that serves as an investment vehicle for cash reserves. Fair value was determined using the calculated NAV as of the valuation date, based on a constant price. These funds are invested in high quality and short-term money market instruments with daily liquidity.

Fixed Income Securities: Fixed income securities consist primarily of U.S. government and agency securities, corporate bonds, and asset-backed securities, all of which are classified as Level 2. The fair value of investments in U.S. government and agency securities and corporate bonds was primarily determined using techniques consistent with the market approach, including matrix pricing and significant observable inputs of institutional bids, trade data, broker and dealer quotes, discount rates, issues spreads, and benchmark yield curves. The asset-backed securities encompass collateralized bond obligations, collateralized loan and mortgage obligations any other asset-backed securities. The fair value of these securities was determined using techniques consistent with market and income approach, such as discount cash flows and matrix pricing. Repurchase agreements are valued using a market-based approach and are carried at amortized cost, which approximates fair value.

Public equity securities: Public equity securities consists of common and preferred stock. The fair values of common and preferred stock are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs). Other preferred stocks are valued based on recent bid prices or average of recent bid and asked prices when available (Level 2 inputs), and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs). The fair values of the mutual fund investments that are based on their net asset values, as reported by the managers and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date (Level 2 inputs). Investments in the collective trust fund can be redeemed immediately at net assets value per share.

Alternative Investments: Investments within this category consist primarily of hedge fund of funds, private equity partnerships, and private debt. The hedge fund of funds consists of diversified investments including equity long/short, credit long/short, event-drive, relative value, global opportunities, and other multistrategy funds. Hedge fund of funds investments are valued based on RUSH's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Private equity and private debt partnerships are valued based on the estimated fair values of the nonmarketable private equity and private debt partnerships in which it invests, which is an equivalent of NAV.

Fair Value Measurements at the Consolidated Balance Sheet Date

The following tables present RUSH's fair value hierarchy for its financial assets and liabilities measured at fair value or NAV, which approximates fair value, on a recurring basis as of June 30, 2023 and 2022:

Fair Value Measurements as of June 30, 2023	Level 1	Level 2	Level 3	Total Fair Value
Assets				
Marketable securities and short-term investments	\$ 29,055	\$ -	\$ -	\$ 29,055
Fixed Income Securities:				
U.S. Government and Agency securities	-	306,766	-	306,766
Corporate Bonds	107	62,118	-	62,225
Asset backed securities and other	-	91,620	6,157	97,777
Public Equity Securities	472,326	3,359	-	475,685
Mutual Funds	557,411	7,837	-	565,248
Other assets	-	-	35,608	35,608
Total assets at fair value	<u>\$ 1,058,899</u>	<u>\$ 471,700</u>	<u>\$ 41,765</u>	\$ 1,572,364
Investments Valued at NAV				\$ 741,540
Pending Trades				<u>(9,876)</u>
Total assets				<u>\$ 2,304,028</u>
Liabilities				
Obligations under interest rate swap agreements	\$ -	\$ (3,764)	\$ -	\$ (3,764)
Derivative liabilities	194	(509)	-	(315)
Total liabilities at fair value	<u>\$ 194</u>	<u>\$ (4,273)</u>	<u>\$ -</u>	<u>\$ (4,079)</u>

Fair Value Measurements as of June 30, 2022	Level 1	Level 2	Level 3	Total Fair Value
Assets				
Marketable securities and short-term investments	\$ 127,568	\$ 33,214	\$ -	\$ 160,782
Fixed Income Securities:				
U.S. Government and Agency securities	-	349,772	-	349,772
Corporate Bonds	-	86,448	-	86,448
Asset backed securities and other	-	17,743	6,022	23,765
Public Equity Securities	406,401	-	-	406,401
Mutual Funds	528,148	-	-	528,148
Other assets	-	(387)	30,974	30,587
Total assets at fair value	<u>\$ 1,062,117</u>	<u>\$ 486,790</u>	<u>\$ 36,996</u>	\$ 1,585,903
Investments Valued at NAV				\$ 717,596
Pending Trades				<u>(91,885)</u>
Total assets				<u>\$ 2,211,614</u>
Liabilities				
Obligations under interest rate swap agreements	\$ -	\$ (6,782)	\$ -	\$ (6,782)
Total liabilities at fair value	<u>\$ -</u>	<u>\$ (6,782)</u>	<u>\$ -</u>	<u>\$ (6,782)</u>

The 2022 table was updated to reflect the 2023 presentation which simplifies the composition of investments.

Level 3 Rollforward

A rollforward of the amounts in the consolidated balance sheets for financial instruments classified by RUSH within Level 3 of the fair value hierarchy is as follows:

	Total
Fair value—June 30, 2021	\$ 42,617
Actual return on investments—Realized and unrealized (losses) and gains	(6,121)
Purchases	500
Sales	<u>-</u>
Fair value—June 30, 2022	36,996
Actual return on investments—Realized and unrealized gains and (losses)	1,904
Purchases	2,865
Sales	<u>-</u>
Fair value—June 30, 2023	<u>\$ 41,765</u>

During the fiscal year 2023 and 2022, there were no transfers in Level 3 investments.

Investments in Entities that Report Fair Value Using NAV

Included within the fair value table above are investments in certain entities that report fair value using a calculated NAV or its equivalent. These investments consist of common collective trusts, hedge funds, private equity, and private debt. The NAV instruments listed in the fair value measurement tables use the following valuation techniques and inputs as of the valuation date:

Common Collective Trusts—Commingled funds formed from the pooling of investments under common management. Unlike a mutual fund, these investments are not registered investment companies and therefore are exempt from registering with the Securities and Exchange Commission. Underlying investments within this category consist of public

equity securities. The fair value of common collective trusts classified at NAV are primarily determined using the calculated NAV at the valuation date under a market approach.

Alternative Investments—Investments within this category consist primarily of hedge funds, private equity and private debt. Hedge fund investments are valued based on RUSH’s ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Private equity and private debt partnerships are valued based on the estimated fair values of the nonmarketable private equity and private debt partnerships in which it invests, which is an equivalent of NAV.

The following table summarizes RUSH’s investments and unfunded commitments that report fair value using NAV as of June 30, 2023:

Entities that Report Fair Value Using NAV	Fair Value at June 30, 2023	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Collective Trusts	\$392,041	None	Daily/Monthly	1-15 days
Alternative Investments:				
Hedge Funds	71,385	None	Quarterly	65-95 days
Private Equity	<u>278,114</u>	<u>107,593</u>	Not currently redeemable	N/A
Total	<u>\$741,540</u>	<u>\$107,593</u>		

Entities that Report Fair Value Using NAV	Fair Value at June 30, 2022	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Collective Trusts	\$322,072	None	Daily/Monthly	1-15 days
Alternative Investments:				
Hedge Funds	106,621	None	Quarterly	65-95 days
Private Equity	<u>288,903</u>	<u>96,045</u>	Not currently redeemable	N/A
Total	<u>\$717,596</u>	<u>\$ 96,045</u>		

7. ENDOWMENT FUNDS

RUSH’s endowment consists of more than 500 individual funds, which are established for a variety of purposes. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

RUSH has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring preservation of the original value of the gift as of the gift date absent explicit donor stipulations to the contrary. As a result of this interpretation, RUSH classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of any subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable gift instrument at the time the accumulation is added to the fund. In accordance with UPMIFA, RUSH considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

- a. The duration and preservation of the fund
- b. The purposes of the organization and the donor-restricted endowment fund

- c. General economic conditions
- d. The possible effect of inflation and deflation
- e. The expected total return from income and the appreciation of investments
- f. Other resources of the organization
- g. The investment policies of the organization

Endowment Investment and Spending Policies

RUSH has adopted endowment investment and spending policies to preserve purchasing power over the long term and provide stable annual support to the programs supported by the endowment, including professorships, research and education, free care, student financial aid, scholarships, and fellowships. Approximately 16% of RUSH’s endowment is available for general purposes for the years ended June 30, 2023 and 2022.

RUMC has an Investment Committee with the authority discharged from the RUMC Board of Trustees to oversee its investment portfolio and approve the investment policy for RUMC and ROPH. RCMC has a Finance Committee with the authority to oversee its investment portfolio and approve its investment policy. The System Parent Board of Trustees, as a whole, maintains ultimate oversight and control over the investment policies and practices of its subsidiaries, through the discharge of its reserved powers over RUMC, RCMC, and ROPH.

The asset allocation policy reflects the objective with allocations structured for capital growth and inflation protection over the long term. The current asset allocation targets and ranges as well as the asset allocation as of June 30, 2023 and 2022, are as follows:

Asset Class	Target Allocation and Range	Percentage of Endowment Assets	
		2023	2022
Public Equity	60% (+/- 10%)	63 %	56 %
Fixed Income	15% (+/- 10%)	7	7
U.S. Treasuries	10% (+/- 10%)	10	8
Private Equity	15% (+/- 10%)	20	21
Cash	-	-	8

To achieve its long-term rate of return objectives, RUSH relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current income (interest and dividends). The expected long-term rate of return target of the endowment given its current asset allocation structure is approximately 7.0%. Actual returns in any given year may vary from this amount. RUSH has established market-related benchmarks to evaluate the endowment fund’s performance on an ongoing basis.

The System Parent Board of Trustees approves the annual spending policy for program support. In establishing the annual spending policy, RUSH’s main objectives are to provide for intergenerational equity over the long term, the concept that future beneficiaries will receive the same level of support as current beneficiaries on an inflation-adjusted basis, and to maximize annual support to the programs supported by the endowment. The spending rate was 4.5% and 4.0% for the fiscal years ended June 30, 2023 and 2022, and income from the endowment fund provided \$27,138 and \$23,940 of support for RUSH’s programs during the fiscal years ended June 30, 2023 and 2022, respectively.

Composition of Endowment Fund and Reconciliation

The endowment net asset composition by type of fund as of June 30, 2023, consisted of the following:

	Without Restrictions	With Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 826,129	\$ 826,129
Board-designated endowment funds	<u>8,933</u>	<u>-</u>	<u>8,933</u>
Total funds	<u>\$ 8,933</u>	<u>\$ 826,129</u>	<u>\$ 835,062</u>

Changes in endowment net assets for the fiscal year ended June 30, 2023, consisted of the following:

	Without Restrictions	With Restrictions	Total
Endowment net assets—June 30, 2022	<u>\$ 13,605</u>	<u>\$ 774,181</u>	<u>\$ 787,786</u>
Contributions	\$ -	8,472	8,472
Net investment return	594	75,855	76,449
Transfer of endowment/appreciation	<u>(5,266)</u>	<u>(32,379)</u>	<u>(37,645)</u>
Endowment net assets—June 30, 2023	<u>\$ 8,933</u>	<u>\$ 826,129</u>	<u>\$ 835,062</u>

The endowment net asset composition by type of fund as of June 30, 2022, consisted of the following:

	Without Restrictions	With Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 774,181	\$ 774,181
Board-designated endowment funds	<u>13,605</u>	<u>-</u>	<u>13,605</u>
Total funds	<u>\$ 13,605</u>	<u>\$ 774,181</u>	<u>\$ 787,786</u>

Changes in endowment net assets for the fiscal year ended June 30, 2022, consisted of the following:

	Without Restrictions	With Restrictions	Total
Endowment net assets—June 30, 2021	<u>\$ 14,074</u>	<u>\$ 827,939</u>	<u>\$ 842,013</u>
Contributions	-	18,108	18,108
Net investment return	(383)	(47,742)	(48,125)
Transfer of endowment appreciation	<u>(86)</u>	<u>(24,124)</u>	<u>(24,210)</u>
Endowment net assets—June 30, 2022	<u>\$ 13,605</u>	<u>\$ 774,181</u>	<u>\$ 787,786</u>

Fund Deficiencies

RUSH monitors the accumulated losses on investments within net assets with donor restriction to be maintained in perpetuity to determine whether the endowment corpus has been impaired. The endowment funds are invested in an investment pool, which also includes investments with net assets restricted by donors for a specific time period or purpose and investments within net assets without donor restrictions. Endowments were not impaired for the fiscal year ended June 30, 2023 and 2022.

8. PROPERTY AND EQUIPMENT—NET

Property and equipment—net as of June 30, 2023 and 2022 consisted of the following:

	2023	2022
Land and buildings	\$ 2,697,915	\$ 2,277,272
Equipment	1,037,451	976,650
Construction in progress	<u>162,383</u>	<u>359,863</u>
Total	3,897,749	3,613,785
Less accumulated depreciation	<u>(2,017,520)</u>	<u>(1,920,917)</u>
Property and equipment—net	<u>\$ 1,880,229</u>	<u>\$ 1,692,868</u>

Property and equipment—net includes financing leases of \$5,041 and \$4,891 in equipment as of June 30, 2023 and 2022, respectively. Accumulated depreciation on leased equipment amounted to \$2,131 and \$2,542 as of June 30, 2023 and 2022, respectively.

RUSH continues to make campus improvements and has a number of construction projects planned with a Master Facility Plan that began in fiscal year 2017. As of June 30, 2023 and 2022, RUSH had construction commitments outstanding of \$121,848 and \$186,412, respectively.

The Joan and Paul Rubschlager Building (“Rubschlager Building”) opened in February 2023. This building houses RUSH Neurosciences, RUSH Digestive Diseases and procedural care, diagnostic imaging, radiation therapy, infusion therapy, supportive oncology, expanded clinical trials, plastic surgery and the Lung Center. The 10-floor outpatient care center was designed to provide personalized and convenient care for patients with enhanced features that elevate the health care experience. Cost of the project to date is \$430,000.

9. LONG-TERM DEBT AND CREDIT ARRANGEMENTS

RUSH’s long-term debt is issued under a Master Trust Indenture, which established the Obligated Group composed of RUMC, RCMC, and the System Parent. The Obligated Group is jointly and severally liable for the obligations issued under the Master Trust Indenture. Each Obligated Group member is expected to pay its allocated share of the debt issued on its behalf. As of June 30, 2023 and 2022, such issuances are secured by a pledge of gross receipts, as defined, of the Obligated Group members.

A summary of RUSH's long-term debt as of June 30, 2023 and 2022, is as follows:

Illinois Finance Authority Revenue Bonds	Interest Rates	Final Maturity Date	Amount Outstanding at June 30,	
			2023	2022
Fixed-rate revenue bonds: Series 2015 A/B	5.00%	November 15, 2039	<u>\$ 417,705</u>	<u>\$ 428,195</u>
Variable-rate revenue bonds: Average of 3.83% and 1.12% Series 2016	in FY2023 and FY2022, respectively	November 1, 2045	<u>50,000</u>	<u>50,000</u>
Total tax-exempt debt			<u>467,705</u>	<u>478,195</u>
Other debt:				
2020 Taxable Bonds	3.92%	November 15, 2029	330,000	330,000
ROBOC	4.75%	March 5, 2026	36,575	37,820
Series 2019	1.78%	September 1, 2049	<u>33,899</u>	<u>34,867</u>
Total par value of debt			868,179	880,882
Less current portion of long-term debt			(13,510)	(12,703)
Debt issuance costs			(5,989)	(6,704)
Less unamortized premium			<u>39,832</u>	<u>44,084</u>
Long-term debt			<u>\$ 888,512</u>	<u>\$ 905,559</u>

Under its various indebtedness agreements, the Obligated Group is subject to certain financial covenants, including maintaining a minimum historical debt service coverage and maximum annual debt service coverage ratios; maintaining minimum levels of days cash on hand; limitations on selling, leasing, or otherwise disposing of Obligated Group property; and certain other nonfinancial covenants. Management believes the Obligated Group was in compliance with its financial covenants as of June 30, 2023 and 2022.

Annual maturities of outstanding long-term debt are as follows:

Years Ending June 30	
2024	\$ 13,510
2025	14,143
2026	20,866
2027	22,054
2028	23,131
Thereafter	<u>774,475</u>
Total	<u>\$ 868,179</u>

Lines of Credit Arrangements

During fiscal year 2022, RUSH renegotiated and amended the existing three-year line by increasing the limit to \$100,000 and extending the maturity date to December 2024. As of June 30, 2023, no amounts were drawn or outstanding on this line of credit and the full amount of the line of credit was available for use. The line of credit fee for the year ending June 30, 2023 was \$134 and recorded to interest and fees on the statement of operations.

10. DERIVATIVES

Derivatives Policy

The Obligated Group uses derivative instruments, specifically interest rate swaps, to manage its exposure to changes in interest rates on variable rate borrowings. The use of derivative instruments exposes the Obligated Group to additional risks related to the derivative instrument, including market, credit, and termination, as described below, and the Obligated Group has defined risk management practices to mitigate these risks.

Market risk represents the potential adverse effect on the fair value and cash flow of a derivative instrument due to changes in interest rates or rate spreads. Market risk is managed through ongoing monitoring of interest rate exposure based on set parameters regarding the type and degree of market risk that the Obligated Group will accept. Credit risk is the risk that the counterparty on a derivative instrument may be unable to perform its obligations during the term of the contract. When the fair value of a derivative contract is positive (an asset to the Obligated Group), the counterparty owes the Obligated Group, which creates credit risk. Credit risk is managed by setting stringent requirements for qualified counterparties at the date of execution of a derivative transaction and requiring counterparties to post collateral in the event of a credit rating downgrade or if the fair value of the derivative contract exceeds a negotiated threshold. Termination risk represents the risk that the Obligated Group may be required to make a significant payment to the counterparty if the derivative contract is terminated early. Termination risk is assessed at onset by performing a statistical analysis of the potential for a significant termination payment under various scenarios designed to encompass expected interest rate changes over the life of the proposed contract. The test measures the ability to make a termination payment without a significant impairment to the Obligated Group's ability to meet its debt or liquidity covenants.

Board approval is required to enter or modify any derivative transaction. Management periodically reviews existing derivative positions as its risk tolerance and cost of capital changes over time.

Interest Rate Swap Agreements

The Obligated Group has two interest rate swap agreements (the "Swap Agreements"), which were designed to synthetically fix the interest payments on its Series 2006A Bonds. Under the Swap Agreements, the Obligated Group makes fixed-rate payments equal to 3.945% to the swap counterparties and receives variable-rate payments equal to 68% of London InterBank Offered Rate (3.548% and 1.215% as of June 30, 2023 and 2022, respectively) from the swap counterparties, each calculated on the notional amount of the Swap Agreements. As of June 30, 2023 and 2022, the Swap Agreements had a notional amount of \$58,850 and \$63,200, respectively, (\$29,425 and \$31,600 in notional amount with each counterparty, respectively). Following the refinancing of the Series 2006A Bonds into the Series 2016 Bonds, the Obligated Group used \$50,000 in notional amount of the Swap Agreements to synthetically fix the interest on the Series 2016 Bonds. The Swap Agreements each expire on November 1, 2035 and amortize annually commencing in November 2012. The Swap Agreements are secured by obligations issued under the Master Trust Indenture.

The Swap Agreements also require either party to post collateral in the form of cash and certain cash equivalents to secure potential termination payments. The amount of collateral that is required to be posted is based on the relevant party's long-term credit rating. Based on its current rating, the Obligated Group is required to post collateral with the swap counterparties in the event that the market value of the Swap Agreements exceeds \$(30,000) or \$(15,000) for each Swap Agreement. As of June 30, 2023 and 2022, the Obligated Group had no collateral posted under Swap Agreements.

The fair value of the Swap Agreements as of June 30, 2023 and 2022, was as follows:

	Reported As	June 30	
		2023	2022
Obligations under Swap Agreements	Other long-term liabilities	\$ (3,764)	\$ (6,781)

The fair value of the Swap Agreements reported in RUSH's consolidated balance sheets in other long-term liabilities as of June 30, 2023 and 2022, includes an adjustment for the Obligated Group's credit risk and may not be indicative of the termination value that RUSH would be required to pay upon early termination of the Swap Agreements.

Management has not designated the Swap Agreements as hedging instruments. Amounts recorded in the accompanying consolidated statements of operations and changes in net assets for the Swap Agreements allocated to RUSH for the fiscal years ended June 30, 2023 and 2022, were as follows:

	Reported As	Fiscal Years Ended June 30	
		2023	2022
Change in fair value of interest rate swaps	Non-operating income (loss)	\$ 3,017	\$ 7,228
Net cash payments on interest rate swaps	Interest expense	748	2,405

11. LEASES AND OTHER FINANCING ARRANGEMENTS

RUSH has entered into the following lease arrangements:

Finance Leases

RUMC is party to certain financing leases and long-term financing arrangements relating to medical and office equipment and buildings. Expiration of leases ranges from 2023 to 2030. Assets acquired under financing lease arrangements are included in property and equipment—net in the accompanying consolidated balance sheets. Termination of leases generally is prohibited unless there is a violation under the lease agreement.

Total financing lease assets and liabilities in the consolidated balance sheets were \$3,702 and \$2,289 on June 30, 2023 and 2022, respectively.

Operating Leases

RUSH leases office space and medical space that expire in various years through 2033. These leases generally contain renewal options for periods ranging from 5 to 10 years and require RUSH to pay all executory costs (property taxes, maintenance, and insurance). Lease payments generally have an escalating fee schedule, which range from a 1.0% to 3.0% increase each year and are recognized within supplies, utilities and other in the accompanying statement of operations and changes in net assets. Termination of these leases is generally prohibited unless there is a violation under the lease agreement. A portion of the leased space is subleased under leases expiring over the next five years.

Short-Term Leases

RUSH leases certain equipment, medical space, and office space with a lease term of less than twelve months. Short-term lease expense is not material to RUSH and is recognized when paid within supplies, utilities, and other in the accompanying statements of operations and changes in net assets.

All Leases

RUSH's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

As of June 30, 2023, RUSH has not entered into any additional operating and finance leases for equipment, office space or medical space that have not yet commenced.

Lease cost and other required information related to operating leases for the year ended June 30, 2023 are as follows:

	2023	2022
Lease cost:		
Operating lease cost	\$ 29,521	\$ 29,738
Short-term and variable lease cost	<u>20,519</u>	<u>18,187</u>
 Total operating, short-term, and variable lease cost	 <u>\$ 50,040</u>	 <u>\$ 47,925</u>
Other information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ (29,366)	\$ (29,206)
 Right-of-use assets obtained in exchange for new operating lease liabilities	 21,052	 2,760
Operating leases		
Weighted-average remaining lease term - years	5.12	5.70
Weighted-average discount rate	2.25 %	1.90 %

Annual maturities of operating lease liabilities on June 30, 2023, are as follows:

	Operating Leases
2024	\$ 26,128
2025	23,633
2026	18,533
2027	16,835
2028	10,230
Thereafter	<u>15,364</u>
 Total future undiscounted lease payments	 110,723
 Less interest	 <u>6,124</u>
 Lease liabilities	 <u>\$ 104,599</u>

Other Financing Arrangements

In November 2022, RSH Property Ventures, LLC, a 50/50 real estate joint venture with Select Illinois Holdings, Inc (“Select”), closed on a \$75.0 million financing with Wintrust Bank, N.A. The financing consists of a 5-year construction and term loan, fully guaranteed by the RUSH Obligated Group until certain conditions are met. Amount of the note payable is \$39.6 million and included in obligations under financing leases and other financing arrangements in the consolidated balance sheets.

12. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS

RUMC maintains a defined benefit pension plan, defined contribution plans, and other postretirement benefit plans that together cover substantially all of RUMC's employees.

Prior to January 1, 2012, RUMC had two defined benefit pension plans, the Retirement Plan and the Pension Plan (collectively, the "Defined Benefit Pension Plans"), covering substantially all of its employees. Benefits are based on the years of service and the employee's final average earnings, as defined. Plan assets and obligations are measured as of June 30 (the "Measurement Date") each year.

Effective as of the close of business on December 31, 2011, the Pension Plan, representing certain union employees, was amended to freeze benefit accruals for all participants. No additional benefits will accrue, and no additional individuals will become plan participants in the Pension Plan as of January 1, 2012. Also, effective December 31, 2011, the Pension Plan was merged into the Retirement Plan with all accrued benefits of the Pension Plan participants preserved as part of the merger. Effective January 1, 2012, the Retirement Plan was amended to include eligible union members previously covered by the Pension Plan.

Effective January 1, 2015 (the "effective date"), a new defined benefit plan was established. This new plan (the "Pre-2015 Separations Plan" or the "Pre-2015 Plan") is a spin-off of the current Retirement Plan. The Retirement Plan's benefit obligation and assets attributable to participants who terminated employment prior to January 1, 2015, with a vested benefit were transferred to the Pre-2015 Plan as of the effective date.

Effective at the close of business December 31, 2022, the Rush Retirement Plan merged into the Pre-2015 Separations Plan and all participants in the Retirement Plan become participants in the Pre-2015 Separations Plan on January 1, 2023. The Pre-2015 Separations Plan was renamed the RUSH Retirement Plan and all participation and benefit accruals continue under the Plan. As a result of the merger, pension assets and liabilities were remeasured at the merger date and the net pension benefit cost was updated for the period January 1, 2023 through June 30, 2023.

In addition to the pension programs, RUMC also provides postretirement health care benefits for certain employees (the "Postretirement Healthcare Plans"). Further benefits under the Postretirement Healthcare Plans have been curtailed since 2010.

Obligations and Funded Status

For the RUSH Retirement Plan, the funded status of the qualified pension plan increased by \$52,000 between June 30, 2022 and June 30, 2023. Accumulated other comprehensive income changed from (\$263,600) at June 30, 2022 to (\$207,500) at June 30, 2023. The contributing factors to the change include: the Plans' assets earned a return of \$39,800, against the expected return of \$50,000. An increase in the prescribed Code Section 417(e) lump sum segment rates and mortality resulted in an increase in benefit obligation of \$2,100. The discount rate increased by 80 basis points from 4.9% to 5.7% resulting in a decrease in benefit obligation of \$62,500. The plan incorporated new census data in the valuation which increased the benefit obligation of \$6,900.

During the year ended June 30, 2022, RUMC underwent an experience analysis and updated the following assumptions which details can be found in the Retirement Plan Data, Assumptions, Methods and Provisions as of January 1, 2022, dated August 2022: Withdrawal rates were updated resulting in an increase in the benefit obligation of \$4,200. Retirement rates were updated resulting in a decrease in the benefit obligation of \$5,200. The form of payment for active and terminated vested participants was updated which resulted in an increase in the benefit obligation of \$3,600. The benefit commencement age for active and terminated vested participants with a cash balance benefit was updated from age 65 to age 50 resulting in a decrease in the benefit obligation of \$13,300.

The tables below set forth the accumulated benefit obligation, the change in the projected benefit obligation, and the change in the plan assets of the Defined Benefit Pension (post the plans merger) and Postretirement Healthcare Plans (collectively, the “Plans”). The tables also reflect the funded status of the Plans as of the Measurement Date and amounts recognized in the consolidated balance sheets as of June 30, 2023 and 2022.

Obligations and Funded Status Year ended June 30, 2023	Defined Benefit Pension Plans			
	RUSH Retirement Plan			Postretirement Healthcare Plan
	Retirement Pension Plan	Supplemental Pension Plan	(f/k/a Retirement Plan Pre 2015)	
Actuarial present value of benefit obligations—accumulated benefit obligation	\$ -	\$ 1,679	\$ 846,580	\$ 4,113
Change in projected benefit obligations:				
Projected benefit obligation—beginning of measurement period	\$ 562,496	\$ 3,827	\$ 350,839	\$ 4,896
Service costs	12,167	-	11,540	135
Interest costs	13,599	136	31,929	235
Employee contributions	-	-	-	62
Special termination benefits	-	-	-	-
Plan settlements	-	(2,040)	-	-
Plan combinations	(542,297)	-	542,297	-
Actuarial gain (loss)	(33,445)	(244)	(20,034)	(821)
Benefits paid	(12,520)	-	(36,758)	(394)
Projected benefit obligation—end of measurement period	\$ -	\$ 1,679	\$ 879,813	\$ 4,113
Change in plan assets:				
Fair value of plan assets—beginning of measurement period	\$ 472,105	\$ -	\$ 396,421	\$ -
Actual return on plan assets	(2,803)	-	42,563	-
Employer contributions	13,980	2,040	14,020	332
Plan participant contributions	-	-	-	62
Plan settlements	-	(2,040)	-	-
Plan combinations	(470,762)	-	470,762	-
Benefits paid	(12,520)	-	(36,758)	(394)
Fair value of plan assets—end of measurement period	\$ -	\$ -	\$ 887,008	\$ -
Accrued benefit liability (asset)	\$ -	\$ 1,679	\$ (7,195)	\$ 4,113
Obligations and Funded Status Year ended June 30, 2022	Defined Benefit Pension Plans			
	Retirement Pension Plan	Supplemental Pension Plan	Retirement Plan Pre 2015	Postretirement Healthcare Plan
Actuarial present value of benefit obligations—accumulated benefit obligation	\$ 530,483	\$ 3,827	\$ 350,839	\$ -
Change in projected benefit obligations:				
Projected benefit obligation—beginning of measurement period	\$ 647,250	\$ 4,440	\$ 431,733	\$ 6,145
Service costs	30,912	-	-	247
Interest costs	20,520	102	12,328	193
Employee contributions	-	-	-	77
Special termination benefits	-	-	-	-
Plan settlements	-	(190)	-	-
Actuarial gain (loss)	(111,590)	(525)	(68,771)	(1,297)
Benefits paid	(24,596)	-	(24,452)	(468)
Projected benefit obligation—end of measurement period	\$ 562,496	\$ 3,827	\$ 350,838	\$ 4,897
Change in plan assets:				
Fair value of plan assets—beginning of measurement period	\$ 562,149	\$ -	\$ 497,427	\$ -
Actual return on plan assets	(93,948)	-	(76,555)	-
Employer contributions	28,500	190	-	391
Plan participant contributions	-	-	-	77
Plan settlements	-	(190)	-	-
Benefits paid	(24,596)	-	(24,452)	(468)
Fair value of plan assets—end of measurement period	\$ 472,105	\$ -	\$ 396,420	\$ -
Accrued benefit liability (asset)	\$ 90,391	\$ 3,827	\$ (45,582)	\$ 4,897

The actuarial cost method used to compute the Defined Benefit Pension Plans liabilities and expenses is the projected unit credit method.

The components of net periodic pension cost for the Plans were as follows:

Components of Net Periodic Pension Cost Year Ended June 30, 2023	Defined Benefit Pension Plans			
	Retirement Pension Plan	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Net periodic pension cost comprised of the following:				
Service cost	\$ 12,167	\$ -	\$ 11,540	\$ 135
Interest cost on projected benefit obligation	13,599	136	31,929	235
Expected return on plan assets	(14,722)	-	(35,235)	-
Amortization of prior service cost and other actuarial amounts	-	-	-	-
Recognized actuarial loss (gain)	3,140	-	9,737	(548)
Special termination benefit recognized	-	-	-	-
Recognized settlement loss	-	5	-	-
Net periodic pension cost (credit)	<u>\$ 14,184</u>	<u>\$ 141</u>	<u>\$ 17,971</u>	<u>\$ (178)</u>

Components of Net Periodic Pension Cost Year Ended June 30, 2022	Defined Benefit Pension Plans			
	Retirement Pension Plan	Supplemental Pension Plan	Retirement Plan Pre 2015	Postretirement Healthcare Plan
Net periodic pension cost comprised of the following:				
Service cost	\$ 30,912	\$ -	\$ -	\$ 247
Interest cost on projected benefit obligation	20,520	102	12,327	193
Expected return on plan assets	(36,018)	-	(21,036)	-
Amortization of prior service cost and other actuarial amounts	(598)	-	-	-
Recognized actuarial loss (gain)	3,994	148	2,774	(272)
Special termination benefit recognized	-	-	-	-
Recognized settlement loss	-	12	-	-
Net periodic pension cost (credit)	<u>\$ 18,810</u>	<u>\$ 262</u>	<u>\$ (5,935)</u>	<u>\$ 168</u>

The tables below set forth the change in the accrued benefit liability of the Plans:

Accrued Benefit Liability As of June 30, 2023	Defined Benefit Pension Plans			
	Retirement Pension Plan	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Accrued benefit liability—beginning of measurement period	\$ 90,392	\$ 3,827	\$ (45,582)	\$ 4,896
Fiscal year activity:				
Net periodic pension cost	14,184	141	17,971	(178)
Employer contributions	(13,980)	(2,040)	(14,020)	(332)
Postretirement-related changes and other net periodic postretirement costs:				
Actuarial gain (loss)	(15,920)	(244)	(27,362)	(821)
Reclassification adjustment for losses reflected in periodic expense	(3,141)	-	(9,737)	548
Settlement (gain) / loss recognized	-	(5)	-	-
Plan combinations	<u>(71,535)</u>	<u>-</u>	<u>71,535</u>	<u>-</u>
Accrued benefit liability (asset)—end of measurement period	<u>\$ -</u>	<u>\$ 1,679</u>	<u>\$ (7,195)</u>	<u>\$ 4,113</u>
Recognized in the consolidated balance sheets as follows:				
Noncurrent assets	\$ -	\$ -	\$ (7,195)	\$ -
Current liabilities	-	1,277	-	327
Noncurrent liabilities	-	402	-	3,786
Total	<u>\$ -</u>	<u>\$ 1,679</u>	<u>\$ (7,195)</u>	<u>\$ 4,113</u>

Accrued Benefit Liability As of June 30, 2022	Defined Benefit Pension Plans			Postretirement Healthcare Plan
	Retirement Pension Plan	Supplemental Pension Plan	Retirement Plan Pre 2015	
Accrued benefit liability—beginning of measurement period	\$ 85,101	\$ 4,440	\$ (65,694)	\$ 6,145
Fiscal year activity:				
Net periodic pension cost	18,810	262	(5,935)	168
Employer contributions	(28,500)	(190)	-	(391)
Postretirement-related changes and other net periodic postretirement costs:				
Actuarial gain (loss)	18,376	(525)	28,821	(1,297)
Reclassification adjustment for losses reflected in periodic expense	(3,395)	(148)	(2,774)	271
Settlement (gain) / loss recognized	-	(12)	-	-
Accrued benefit liability (asset)—end of measurement period	<u>\$ 90,392</u>	<u>\$ 3,827</u>	<u>\$ (45,582)</u>	<u>\$ 4,896</u>
Recognized in the consolidated balance sheets as follows:				
Noncurrent assets	\$ -	\$ -	\$ (45,582)	\$ -
Current liabilities	-	2,044	-	355
Noncurrent liabilities	<u>90,392</u>	<u>1,783</u>	<u>-</u>	<u>4,541</u>
Total	<u>\$ 90,392</u>	<u>\$ 3,827</u>	<u>\$ (45,582)</u>	<u>\$ 4,896</u>

In accordance with FASB guidance regarding accounting for defined benefit pension and other postretirement plans, all previously unrecognized actuarial losses and prior service costs are reflected in the consolidated balance sheets. The postretirement-related charges other than net periodic benefit cost related to the Defined Benefit Pension Plans and Postretirement Healthcare Plans are included as a separate increase (decrease) to net assets without donor restrictions and total \$56,408 and \$(40,342) for fiscal years 2023 and 2022, respectively. For fiscal year 2023, this amount includes actuarial losses arising during fiscal year 2022 of \$44,346 and a reclassification adjustment for gains reflected in periodic expense in fiscal year 2023 of \$12,330. For fiscal year 2022, this amount includes actuarial losses arising during fiscal year 2021 of \$45,375 and a reclassification adjustment for losses reflected in periodic expense in fiscal year 2022 of \$6,046.

The Defined Benefit Pension Plans and Postretirement Healthcare Plans items not yet recognized as a component of periodic pension and postretirement medical plan expense, but included within net assets without donor restrictions as of and for the years ended June 30, 2023 and 2022, are as follows:

Year ended June 30, 2023	Defined Benefit Pension Plans			Postretirement Healthcare Plan
	Retirement Pension Plan	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	
Unrecognized prior service credit	\$ -	\$ -	\$ -	\$ -
Unrecognized net actuarial (loss) gain	-	(4)	(207,461)	1,645
Total	<u>\$ -</u>	<u>\$ (4)</u>	<u>\$ (207,461)</u>	<u>\$ 1,645</u>

Year ended June 30, 2022	Defined Benefit Pension Plans			Postretirement Healthcare Plan
	Retirement Pension Plan	Supplemental Pension Plan	Retirement Plan Pre 2015	
Unrecognized prior service credit	\$ -	\$ -	\$ -	\$ -
Unrecognized net actuarial (loss) gain	(117,929)	(252)	(145,691)	1,372
Total	<u>\$ (117,929)</u>	<u>\$ (252)</u>	<u>\$ (145,691)</u>	<u>\$ 1,372</u>

Assumptions

The actuarial assumptions used to determine benefit obligations at the measurement date and net periodic benefit cost for the Plans are as follows:

Assumptions Used to Determine Benefit Obligations and Net Periodic Benefit Cost

As of June 30, 2023	Defined Benefit Pension Plans			
	Retirement Pension Plan	Supplemental Pension Plan	RUSH Retirement	Postretirement Healthcare Plan
			(f/k/a Retirement Pre 2015)	
Discount rate—benefit obligation	N/A	5.65 %	5.65 %	5.65 %
Discount rate—pension expense	4.85 %	4.85	4.85 / 5.55	4.85
Rate of increase in compensation levels	5.57	N/A	5.57	N/A
Expected long-term rate of return on plan assets	6.40	N/A	4.35 / 6.50	N/A
Health care cost trend rate (initial)	-	-	-	6.50 / 6.00
Health care cost trend rate (ultimate)	-	-	-	4.00 / 4.00
Year the rate reaches ultimate trend rate	-	-	-	2046

Assumptions Used to Determine Benefit Obligations and Net Periodic Benefit Cost

As of June 30, 2022	Defined Benefit Pension Plans			Postretirement Healthcare Plan
	Retirement Pension	Supplemental Pension Plan	Retirement Plan Pre 2015	
	Discount rate—benefit obligation	4.85 %	4.85 %	
Discount rate—pension expense	3.10	3.10	2.95	3.10
Rate of increase in compensation levels	5.57	-	-	-
Expected long-term rate of return on plan assets	6.40	-	4.35	-
Health care cost trend rate (initial)	-	-	-	5.60
Health care cost trend rate (ultimate)	-	-	-	4.00
Year the rate reaches ultimate trend rate	-	-	-	2045

The discount rate used is based on a spot interest rate yield curve based on a broad group of corporate bonds rated AA or better as of the Measurement Date. RUMC uses this yield curve and the estimated payouts of the Plans to develop an aggregate discount rate. The estimated payouts are the sum of the payouts under the Defined Benefit Pension Plans and the Postretirement Healthcare Plans. For fiscal years 2023 and 2022, the discount rate was estimated under a bond model approach, which is based on a hypothetical bond portfolio whose cash flow from coupons and maturities match the year-by-year Plans' cash flows using bonds rated AA or better.

For the years ended June 30, 2023 and 2022, the actual rate of return on plan assets was 5.24% and -16.05%, respectively.

Plan Assets

RUMC's investment objective for its Defined Benefit Pension Plans is to achieve a total return on plan assets that meets or exceeds the return on the plan's liability over a full market cycle with consideration of the plan's current funded status. Investment risk is effectively managed through diversification of assets for a mix of capital growth and capital protection across various investment styles. The asset allocation policy reflects this objective with allocations to return generating assets (e.g., public equity securities and private equity and interest rate hedging assets (e.g., fixed-income securities)).

All of the plan's assets are measured at fair value. Fair value methodologies used to assign plan assets to levels of FASB's valuation hierarchy are consistent with the inputs described in Note 6. Fair value methodologies used to value interests in common collective trusts and private equity limited partnerships are based on RUMC's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. RUMC routinely monitors and assesses methodologies and assumptions used in valuing these interests.

The fair value of the Defined Benefit Pension Plan assets as of June 30, 2023 and 2022, is as follows:

Fair Value Measurements as of June 30, 2023	Level 1	Level 2	Level 3	Total Fair Value
Assets				
Marketable securities and short-term investments	\$ 7,353	\$ 45,544	\$ -	\$ 52,897
Fixed Income Securities:				
U.S. Government and Agency securities	-	157,218	-	157,218
Corporate Bonds	-	278,103	-	278,103
Asset Backed Securities and Other	-	62,264	-	62,264
Public Equity Securities	64,945	1,589	187	66,721
Mutual Funds	9,086	85,466	-	94,552
Other assets	-	11,632	-	11,632
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total assets at fair value	<u>\$ 81,384</u>	<u>\$ 641,816</u>	<u>\$ 187</u>	<u>\$ 723,387</u>
Investments Valued at NAV				191,030
Pending trades				<u>(20,784)</u>
Total assets				<u>\$ 893,633</u>
Liabilities				
Derivative liabilities	<u>\$ -</u>	<u>\$ (11,745)</u>	<u>\$ -</u>	<u>\$ (11,745)</u>
Total liabilities at fair value	<u>\$ -</u>	<u>\$ (11,745)</u>	<u>\$ -</u>	<u>\$ (11,745)</u>
Fair Value Measurements as of June 30, 2022	Level 1	Level 2	Level 3	Total Fair Value
Assets				
Marketable securities and short-term investments	\$ 20,670	\$ 43,266	\$ -	\$ 63,936
Fixed Income Securities:				
U.S. Government and Agency securities	-	167,410	-	167,410
Corporate Bonds	-	283,354	-	283,354
Asset Backed Securities and Other	-	56,676	-	56,676
Public Equity Securities	62,365	1,240	-	63,605
Mutual Funds Investments	10,000	52,424	-	62,424
Other Assets	-	10,530	-	10,530
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total Assets at Fair Value	<u>\$ 93,035</u>	<u>\$ 614,900</u>	<u>\$ -</u>	<u>\$ 707,935</u>
Investments Valued at NAV				\$ 208,847
Pending Trades				(48,569)
Total Assets				<u>\$ 868,213</u>
Liabilities				
Derivative Liabilities	<u>(140)</u>	<u>(4,315)</u>	<u>-</u>	<u>(4,455)</u>
Total liabilities at Fair Value	<u>\$ (140)</u>	<u>\$ (4,315)</u>	<u>\$ -</u>	<u>\$ (4,455)</u>

The 2022 table was updated to reflect the 2023 presentation which simplifies the composition of investments.

As of June 30, 2023 and 2022, the defined benefit pension plan's commitments for additional contributions to alternative investments totaled \$5,028 and \$5,026, respectively.

Entities that Report Fair Value Using NAV	Fair Value at June 30, 2023	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Collective Trusts	\$ 180,244	None	Daily/Monthly	1-15 days
Alternative Investments: Private Equity	<u>10,786</u>	<u>5,028</u>	Not currently redeemable	N/A
Total	<u>\$ 191,030</u>	<u>\$ 5,028</u>		

Entities that Report Fair Value Using NAV	Fair Value at June 30, 2022	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Collective Trusts	\$ 194,845	None	Daily/Monthly	1-15 days
Alternative Investments: Private Equity	<u>14,002</u>	<u>5,026</u>	Not currently redeemable	N/A
Total	<u>\$ 208,847</u>	<u>\$ 5,026</u>		

Cash Flows

RUMC expects to make estimated contributions to and benefit payments from its Defined Benefit Pension Plans and Postretirement Healthcare Plans for the years ending June 30 as follows:

	Defined Benefit Pension Plans	Postretirement Healthcare Plans
Expected contributions in 2024	<u>\$ 25,277</u>	<u>\$ 327</u>
Estimated Benefit Payments		
2024	\$ 90,826	\$ 327
2025	72,210	377
2026	73,358	416
2027	74,017	439
2028	74,645	461
2029 through 2033	<u>379,704</u>	<u>2,151</u>
Total	<u>\$ 764,760</u>	<u>\$ 4,171</u>

Other Postretirement Benefit Plans

Both RUMC and RCMC maintain a voluntary tax-deferred retirement savings plan. Under these defined contribution plans, employees may elect to contribute a percentage of their salary, which may be matched in accordance with the provisions of the plans. Other provisions of the plans may provide for employer contributions to the plans based on eligible earnings, regardless of whether the employee elects to contribute to the plan. Maximum annual contributions

are limited by federal regulations. Employer contributions to these Plans were \$33,371 and \$29,614 for the years ended June 30, 2023 and 2022, respectively.

RUMC also sponsors a noncontributory defined contribution plan covering selected employees (“457(b) Plan”). Contributions to the 457(b) Plan are based on a percentage of qualifying compensation up to certain limits as defined by the provisions of the 457(b) Plan. The 457(b) Plan assets and liabilities totaled \$40,350 and \$35,081 as of June 30, 2023 and 2022, respectively, and are included in investments—less current portion and other long-term liabilities in the accompanying consolidated balance sheets. The assets of the 457(b) Plan are subject to the claims of the general creditors of RUMC.

Both RUMC and RCMC also sponsor supplemental retirement plans for certain management employees (the “Plans”). The RUMC plans include a supplemental plan, which was frozen as of December 31, 2014, and replaced with the Executive Retirement Plan. The Plans are noncontributory and annual benefits are credited to each participant’s account based on a percentage of qualifying compensation, as defined by the provisions of the plan. Assets set aside to fund the supplemental plans amounted to \$9,263 and \$8,420 as of June 30, 2023 and 2022, respectively, and are included in investments—less current portion in the accompanying consolidated balance sheets. These supplemental retirement plans are currently funded at 81% of benefits accrued.

RUMC also maintains a frozen nonqualified supplemental defined benefit retirement plan for certain management employees, which is unfunded. Benefits under the supplemental defined benefit plan, which were curtailed as of December 31, 2004, are paid when incurred from operating funds.

It is RUSH’s policy to meet the requirement of the Employee Retirement Income Security Act of 1974 and the RUMC’s policy to meet the requirements of the Pension Protection Act of 2006.

13. CONCENTRATION OF CREDIT RISK

RUSH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of patient accounts receivable from patients and third-party payors as of June 30, 2023 and 2022, was as follows:

	2023	2022
Medicare	15 %	17 %
Medicare Managed Care	11	8
Medicaid	2	3
Medicaid Managed Care	13	14
Managed Care	23	23
Blue Cross	31	31
Commercial	3	3
Self-pay	2	1
	<u>100 %</u>	<u>100 %</u>
Total		

14. COMMITMENTS AND CONTINGENCIES

Professional Liability

RUSH maintains insurance programs, including both self-insured and purchased insurance arrangements, for certain professional liability claims. Self-insured risks are retained in varying amounts according to policy year and entity. For fiscal years from 2022 to 2023, RUMC maintained a general liability self-insurance risk of \$5,000 each and every claim and a professional liability self-insurance risk of \$10,000 each and every claim, with a \$15,000 annual aggregate buffer, excess of the \$10,000. For the fiscal year ending June 30, 2023, self-insured retentions are now uniform across RUSH,

with RCMC paying its own self-insured retention as part of this overall self-insured retention. RUSH also maintains excess liability insurance coverage with combined reinsured limits of \$130,000 per occurrence and in the aggregate for general liability, professional liability, and other lines of liability coverage. RUMC has an established irrevocable trust fund to pay claims and related costs, which is recorded within the self-insurance trust in the accompanying consolidated balance sheets.

Starting on January 1, 2010, RCMC implemented a self-insurance program for professional and general liability claims. RCMC self-insured risks are retained at \$2,000 per claim and \$10,000 annual aggregate with a \$1,000 per claim and \$1,000 aggregate buffer. RCMC also maintains excess liability insurance coverage utilizing the RUMC self-insurance risk of \$10,000 each and every claim, with a \$15,000 annual aggregate buffer, excess the \$10,000. Amounts above these specified self-insured limits are insured through the RUSH excess liability insurance coverage with combined reinsured limits of \$130,000 per occurrence and in the aggregate.

RUSH has employed an independent actuary to estimate the ultimate costs of claim settlements. Self-insured liabilities are based on the actuarial estimate of losses using RUSH's actual payout patterns and various other assumptions. RUSH's self-insured liabilities of \$382,248 and \$331,557 as of June 30, 2023 and 2022, respectively, are recorded as noncurrent and current liabilities in the accompanying consolidated balance sheets, as appropriate, and based on the estimated present value of self-insured claims that will be settled in the future. If the present value method was not used, RUSH's liability for self-insured claims would be approximately \$27,473 and \$44,676 higher than the amounts recorded in the consolidated balance sheets as of June 30, 2023 and 2022, respectively. The discount rates used in calculating the present value by RUSH was 4.0% for fiscal years ended June 30, 2023 and 2022. Insurance recoveries are presented separately within noncurrent and current assets in the accompanying consolidated balance sheets, as appropriate. As of June 30, 2023 and 2022, no insurance recoveries were recorded.

Senate Bill 72 was signed and passed into law imposing a prejudgment interest on all personal injury and wrongful death cases in Illinois, effective July 1, 2021 at a rate of 6% per year. RUSH's financial statements include professional liability reserves of \$15,888 and \$15,921 for fiscal year ended June 30, 2023 and 2022, respectively.

RUSH is subject to various other regulatory investigations, legal proceedings, and claims that are incidental to its normal business activities. In the opinion of management, the amount of ultimate liability with respect to professional liability matters and other actions will not have a material adverse effect on the consolidated financial position or results of operations of RUSH.

15. UNCONDITIONAL PROMISES TO CONTRIBUTE

Included in other current assets and other noncurrent assets are the following unconditional promises to contribute as of June 30, 2023 and 2022:

	2023	2022
Unconditional promises to contribute before unamortized discount and allowance for uncollectibles	\$ 55,138	\$ 48,559
Less unamortized discount	(3,129)	(702)
Less allowance for uncollectibles	<u>(5,974)</u>	<u>(6,456)</u>
Net unconditional promises to contribute	<u>\$ 46,035</u>	<u>\$ 41,401</u>
Amounts due in:		
Less than one year	\$ 20,112	\$ 18,974
One to five years	33,342	29,265
More than five years	<u>1,684</u>	<u>320</u>
Total unconditional promises to contribute	<u>\$ 55,138</u>	<u>\$ 48,559</u>

16. NET ASSETS

Net assets without donor restrictions as of June 30, 2023 and 2022, consist of the following:

Net Assets Without Donor Restrictions	2023	2022
Non-Board designated	\$ 2,109,438	\$ 1,917,178
Board designated	<u>8,933</u>	<u>13,605</u>
Total net assets without donor restrictions	<u>\$ 2,118,371</u>	<u>\$ 1,930,783</u>

Net assets with donor restrictions as of June 30, 2023 and 2022, were available for the following purposes:

Net Assets With Donor Restrictions	2023	2022
Restricted for specified purpose:		
Construction and purchase of equipment	\$ 10,940	\$ 10,217
Health education	21,546	21,288
Research, charity and other	615,723	546,180
Unappropriated endowment appreciation available for operations	<u>76,628</u>	<u>75,415</u>
Total funds designated for specified purpose	<u>\$ 724,837</u>	<u>\$ 653,100</u>
Endowments, perpetual in nature, the income from which is expendable for the following specified purposes:		
Health education	\$ 202,130	\$ 197,536
Research, charity and other	93,745	88,670
Operations	<u>40,393</u>	<u>39,841</u>
Total endowment net assets	<u>336,268</u>	<u>326,047</u>
Total net assets with donor restrictions	<u>\$ 1,061,105</u>	<u>\$ 979,147</u>

During fiscal years 2023 and 2022, net assets were released from donor restrictions for purchasing property and equipment of \$11,218 and \$14,141, respectively, and incurring expenses of \$98,715 and \$160,804, respectively, both of which satisfied the restricted purposes of the donors. Net assets released from restriction used in operations are included in other revenue in the accompanying consolidated statements of operations and changes in net assets.

17. JOINT VENTURES AND OTHER AFFILIATIONS

Investments in unconsolidated joint ventures, accounted for using the equity method, totaled \$12,068 and \$12,665 as of June 30, 2023 and 2022, respectively, and are included in other noncurrent assets in the accompanying consolidated balance sheets. Income recognized from these joint ventures, reported in other revenue, was \$5,947 and \$7,442 during the years ended June 30, 2023 and 2022, respectively.

18. FUNCTIONAL EXPENSES

The consolidated financial statements present certain expenses that are attributed to more than one program or supporting function. Operating expenses directly attributable to a specific functional area are reported as expenses of those functional areas. Certain expenses are attributable to more than one functional area and are therefore allocated on a reasonable basis that is consistently applied. Employee benefits are allocated based on factors of either salary expenses or hours worked. General and administrative expenses primarily include legal, finance, and human resources activities. Overhead costs that include items such as professional services, office expenses, information technology,

interest, insurance, occupancy and other similar expenses are allocated on a variety of factors, including relative costs, square footage, full-time equivalents, and direct labor costs among others.

The expenses reported in the consolidated statement of operations for the year ended June 30, 2023, supported the following programs and functions:

	Healthcare Services	Academic & Research Activity	General & Administrative Support	Total
Salaries, Wages & Employee Benefits	\$ 1,366,175	\$ 198,867	\$ 162,157	\$ 1,727,199
Supplies, Utilities & Other	915,958	124,028	51,362	1,091,348
Insurance	70,413	-	3,105	73,518
Purchased Services	201,594	22,588	48,863	273,045
Depreciation and Amortization	141,683	-	1,565	143,248
Interest	<u>25,117</u>	<u>-</u>	<u>1,847</u>	<u>26,964</u>
Total	<u>\$ 2,720,940</u>	<u>\$ 345,483</u>	<u>\$ 268,899</u>	<u>\$ 3,335,322</u>

The expenses reported in the consolidated statement of operations for the year ended June 30, 2022, supported the following programs and functions:

	Healthcare Services	Academic & Research Activity	General & Administrative Support	Total
Salaries, Wages & Employee Benefits	\$ 1,259,915	\$ 188,666	\$ 154,744	\$ 1,603,325
Supplies, Utilities & Other	813,471	101,194	59,815	974,480
Insurance	54,761	-	2,942	57,703
Purchased Services	178,671	24,781	55,071	258,523
Depreciation and Amortization	147,748	-	440	148,188
Interest	<u>30,609</u>	<u>-</u>	<u>-</u>	<u>30,609</u>
Total	<u>\$ 2,485,175</u>	<u>\$ 314,641</u>	<u>\$ 273,012</u>	<u>\$ 3,072,828</u>

19. GOODWILL

The changes in the carrying amount of goodwill, included in other assets in the consolidated balance sheets, for the years ended June 30, 2023 and 2022, were as follows:

	2023	2022
Beginning balance	\$ 19,835	\$ 19,835
Acquisition of goodwill	-	-
Impairment charge	<u>-</u>	<u>-</u>
Ending balance	<u>\$ 19,835</u>	<u>\$ 19,835</u>

There was no goodwill impairment change during the years ended June 30, 2023 and 2022.

20. LIQUIDITY

RUSH's financial assets available within one year of the consolidated balance sheet date for general expenditures are as follows:

	2023	2022
Financial assets at June 30:		
Cash and cash equivalents	\$ 439,952	\$ 519,998
Accounts receivable for patient services	407,284	370,352
Other accounts receivable	62,664	60,906
Self-insurance trust—current portion	57,209	41,257
Other current assets	151,168	129,500
Investments	1,375,233	1,357,270
Limited as to use by donor or time restriction or other	759,914	700,219
Self-insurance trust—less current portion	<u>121,836</u>	<u>126,857</u>
 Total financial assets	 <u>3,375,260</u>	 <u>3,306,359</u>
 Less amounts not available for general expenditures within one year:		
Contributions receivable due in more than one year or restricted by donor with time or purpose restrictions	107,256	109,918
Grant and Loan receivables	30,217	32,062
Employee Retirement Plans	62,284	56,379
Self-insurance (current and non-current)	179,045	168,114
Donor restricted funds, net of appropriation for the following fiscal year	158,499	440,559
Limited as to use by donor or time restriction or other	<u>759,914</u>	<u>700,219</u>
 Total financial assets not available to meet general expenditures within one year	 <u>1,297,215</u>	 <u>1,507,251</u>
 Total financial assets available to meet general expenditures within one year	 <u>\$ 2,078,045</u>	 <u>\$ 1,799,108</u>

The 2022 table was updated to reflect the 2023 presentation which simplifies the composition of RUSH's liquidity.

RUSH has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Certain other current assets within the accompanying consolidated balance sheets have been excluded from the liquidity table above due to the inability to either liquidate those assets or use them for general expenditures and other obligations, such as prepaid assets, grant related receivables, and tuition loan receivables. As described in Note 7, RUSH's endowment consists of donor restricted funds established for a variety of purposes, with income from endowments being restricted for specific purposes. The Finance Committee of the Board of Trustees for RUMC and ROPH and the Finance Committee for RCMC approves the annual endowment spending rate to be used for general purposes for each entity, respectively. As described in Note 9, RUSH also has a \$100,000 line of credit available for working capital.

21. INFORMATION USED IN DETERMINING DEPARTMENT OF EDUCATION'S FINANCIAL RESPONSIBILITY COMPOSITE SCORE

Section 498(c) of the Higher Education Act of 1965, as amended, requires for-profit and non-profit institutions to annually submit audited financial statements to the Department of Education (ED) to demonstrate they are maintaining the standards of financial responsibility necessary to participate in the Title IV programs. One of many

standards which ED utilizes to gauge the financial responsibility of an institution is a composite of three ratios derived from an institution's audited financial statements.

The financial information below provides the correspondence between certain values presented in RUSH's consolidated financial statements and the values as they are included in the determination of the ratios used by ED to gauge RUSH's financial responsibility:

	2023 Total
Land, building and equipment, net	
Net book value of assets in service before June 30, 2019 (Pre-implementation):	
Land/Bldg	\$ 896,355
Equipment	<u>40,896</u>
Total	<u>\$ 937,251</u>
Net book value of assets in service after June 30, 2019 (Post-implementation):	
Land/Bldg	\$ 562,337
Equipment	<u>218,258</u>
Total	<u>\$ 780,595</u>
Construction in Progress	<u>\$ 162,383</u>
Land, Building and equipment, net	<u>\$ 1,880,229</u>
Intangible Assets as of June 30, 2023	<u>\$ 416</u>
Unsecured related party receivables as of June 30, 2023	<u>\$ 2,013</u>

SUPPLEMENTAL CONSOLIDATING SCHEDULES

**RUSH SYSTEM FOR HEALTH
CONSOLIDATING BALANCE SHEET
AS OF JUNE 30, 2023
(Dollars in thousands)**

	RUMC	RCMC	Rush System for Health Parent	Eliminations	Obligated Group Consolidated	Rush Health	Eliminations	Rush System for Health Consolidated
ASSETS								
CURRENT ASSETS:								
Cash and cash equivalents	\$ 395,608	\$ 28,717	\$ -	\$ -	\$ 424,325	\$15,627	\$ -	\$ 439,952
Accounts receivable for patient services	332,845	74,439	-	-	407,284	-	-	407,284
Other accounts receivable	87,540	-	(22,074)	(6,448)	59,018	3,646	-	62,664
Self-insurance trust—current portion	57,209	-	-	-	57,209	-	-	57,209
Other current assets	114,654	14,435	20,846	-	149,935	1,233	-	151,168
Total current assets	<u>987,856</u>	<u>117,591</u>	<u>(1,228)</u>	<u>(6,448)</u>	<u>1,097,771</u>	<u>20,506</u>	<u>-</u>	<u>1,118,277</u>
ASSETS LIMITED AS TO USE AND INVESTMENTS:								
Investments	1,034,707	340,526	-	-	1,375,233	-	-	1,375,233
Limited as to use by donor or time restriction or other	736,054	23,860	-	-	759,914	-	-	759,914
Self-insurance trust—less current portion	121,836	-	-	-	121,836	-	-	121,836
Total assets limited as to use and investments	<u>1,892,597</u>	<u>364,386</u>	<u>-</u>	<u>-</u>	<u>2,256,983</u>	<u>-</u>	<u>-</u>	<u>2,256,983</u>
PROPERTY AND EQUIPMENT—NET	1,638,818	241,087	-	-	1,879,905	324	-	1,880,229
OPERATING LEASE RIGHT-OF-USE ASSETS	73,000	27,237	-	-	100,237	-	-	100,237
POSTRETIREMENT AND PENSION BENEFIT ASSETS	7,195	-	-	-	7,195	-	-	7,195
OTHER NONCURRENT ASSETS	131,090	25,861	-	(22,194)	134,757	786	(4,228)	131,315
TOTAL ASSETS	<u>\$4,730,556</u>	<u>\$776,162</u>	<u>\$ (1,228)</u>	<u>\$(28,642)</u>	<u>\$5,476,848</u>	<u>\$21,616</u>	<u>\$(4,228)</u>	<u>\$5,494,236</u>
LIABILITIES AND NET ASSETS								
CURRENT LIABILITIES:								
Accounts payable	\$ 62,630	\$ 44,819	\$ -	\$ (6,448)	\$ 101,001	\$ 118	\$ -	\$ 101,119
Accrued expenses	360,818	29,345	433	-	390,596	15,809	-	406,405
Postretirement and pension benefit liabilities	2,811	-	-	-	2,811	-	-	2,811
Estimated third-party settlements and advances payable	247,069	39,279	-	-	286,348	-	-	286,348
Current portion of accrued liability under self-insurance programs	63,015	6,214	-	-	69,229	-	-	69,229
Current portion of long-term debt	10,630	2,880	-	-	13,510	-	-	13,510
Short-term operating lease liability	19,898	6,230	-	-	26,128	-	-	26,128
Total current liabilities	<u>766,871</u>	<u>128,767</u>	<u>433</u>	<u>(6,448)</u>	<u>889,623</u>	<u>15,927</u>	<u>-</u>	<u>905,550</u>
LONG-TERM LIABILITIES:								
Accrued liability under self-insurance programs—less current portion	297,378	15,641	-	-	313,019	-	-	313,019
Postretirement and pension benefit liabilities	2,082	-	-	-	2,082	-	-	2,082
Long-term debt- less current portion	771,899	116,613	-	-	888,512	-	-	888,512
Obligations under financing leases and other financing arrangements	41,899	-	-	-	41,899	-	-	41,899
Long-term operating lease liabilities	56,648	21,823	-	-	78,471	-	-	78,471
Other long-term liabilities	79,993	4,454	-	(3,027)	81,420	3,807	-	85,227
Total long-term liabilities	<u>1,249,899</u>	<u>158,531</u>	<u>-</u>	<u>(3,027)</u>	<u>1,405,403</u>	<u>3,807</u>	<u>-</u>	<u>1,409,210</u>
Total liabilities	<u>2,016,770</u>	<u>287,298</u>	<u>433</u>	<u>(9,475)</u>	<u>2,295,026</u>	<u>19,734</u>	<u>-</u>	<u>2,314,760</u>
NET ASSETS:								
Without donor restrictions	1,675,167	466,378	(1,661)	(19,167)	2,120,717	1,882	(4,228)	2,118,371
With donor restrictions	1,038,619	22,486	-	-	1,061,105	-	-	1,061,105
Total net assets	<u>2,713,786</u>	<u>488,864</u>	<u>(1,661)</u>	<u>(19,167)</u>	<u>3,181,822</u>	<u>1,882</u>	<u>(4,228)</u>	<u>3,179,476</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$4,730,556</u>	<u>\$776,162</u>	<u>\$ (1,228)</u>	<u>\$(28,642)</u>	<u>\$5,476,848</u>	<u>\$21,616</u>	<u>\$(4,228)</u>	<u>\$5,494,236</u>

**RUSH SYSTEM FOR HEALTH
CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2023
(Dollars in thousands)**

	RUMC	RCMC	Rush System for Health Parent	Eliminations	Obligated Group Consolidated	Rush Health	Eliminations	Rush System for Health Consolidated
REVENUE:								
Patient service revenue	\$2,475,544	\$440,830	\$ -	\$ -	\$2,916,374	\$ -	\$ -	\$2,916,374
Tuition and educational programs revenue	95,356	-	-	-	95,356	-	-	95,356
Research revenue and net assets released from restriction and used for research and other operations	194,507	-	-	-	194,507	-	-	194,507
Other revenue	<u>135,422</u>	<u>14,758</u>	<u>109,981</u>	<u>(112,566)</u>	<u>147,595</u>	<u>6,649</u>	<u>-</u>	<u>154,244</u>
Total revenue	<u>2,900,829</u>	<u>455,588</u>	<u>109,981</u>	<u>(112,566)</u>	<u>3,353,832</u>	<u>6,649</u>	<u>-</u>	<u>3,360,481</u>
EXPENSES:								
Salaries, wages and employee benefits	1,470,532	245,811	49,123	(49,122)	1,716,344	10,855	-	1,727,199
Supplies, utilities and other	971,089	118,063	48,370	(50,955)	1,086,567	4,781	-	1,091,348
Insurance	68,294	5,084	-	-	73,378	140	-	73,518
Purchased services	210,977	59,472	14,232	(12,489)	272,192	853	-	273,045
Depreciation and amortization	121,256	21,572	-	-	142,829	419	-	143,248
Interest and fees	<u>23,285</u>	<u>3,679</u>	<u>-</u>	<u>-</u>	<u>26,964</u>	<u>-</u>	<u>-</u>	<u>26,964</u>
Total expenses	<u>2,865,433</u>	<u>453,682</u>	<u>111,725</u>	<u>(112,566)</u>	<u>3,318,274</u>	<u>17,048</u>	<u>-</u>	<u>3,335,322</u>
OPERATING INCOME (LOSS)	<u>35,396</u>	<u>1,906</u>	<u>(1,744)</u>	<u>-</u>	<u>35,558</u>	<u>(10,399)</u>	<u>-</u>	<u>25,159</u>
NON-OPERATING INCOME								
Investment income and other—net	58,451	34,531	-	-	92,982	483	-	93,465
Contributions without donor restrictions	2,556	-	-	-	2,556	-	-	2,556
Fundraising expenses	(12,437)	-	-	-	(12,437)	-	-	(12,437)
Change in fair value of interest rate swaps	<u>1,254</u>	<u>1,763</u>	<u>-</u>	<u>-</u>	<u>3,017</u>	<u>-</u>	<u>-</u>	<u>3,017</u>
Total non-operating income	<u>49,824</u>	<u>36,294</u>	<u>-</u>	<u>-</u>	<u>86,118</u>	<u>483</u>	<u>-</u>	<u>86,601</u>
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	<u>\$ 85,220</u>	<u>\$ 38,200</u>	<u>\$ (1,744)</u>	<u>\$ -</u>	<u>\$ 121,676</u>	<u>\$ (9,916)</u>	<u>\$ -</u>	<u>\$ 111,760</u>

**RUSH SYSTEM FOR HEALTH
CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2023**

(Dollars in thousands)

	RUMC	RCMC	Rush System for Health Parent	Eliminations	Obligated Group Consolidated	Rush Health	Eliminations	Rush System for Health Consolidated
NET ASSETS WITHOUT DONOR RESTRICTIONS								
Excess (deficit) of revenues over expenses	\$ 85,220	\$ 38,200	\$(1,744)	\$ -	\$ 121,676	\$(9,916)	\$ -	\$ 111,760
Net assets released from restrictions used for the purchase of property and equipment	11,218	-	-	-	11,218	-	-	11,218
Postretirement related changes other than net periodic postretirement cost	56,408	-	-	-	56,408	-	-	56,408
Other	<u>8,072</u>	<u>(1)</u>	<u>-</u>	<u>-</u>	<u>8,071</u>	<u>(1)</u>	<u>130</u>	<u>8,200</u>
Increase (decrease) in net assets without donor restrictions	<u>160,918</u>	<u>38,199</u>	<u>(1,744)</u>	<u>-</u>	<u>197,373</u>	<u>(9,917)</u>	<u>130</u>	<u>187,586</u>
NET ASSETS WITH DONOR RESTRICTIONS								
Pledges, contributions and grants	110,921	6,577	-	-	117,498	-	-	117,498
Net assets released from restrictions	(109,932)	(1,528)	-	-	(111,460)	-	-	(111,460)
Net realized and unrealized gains on investments	<u>74,228</u>	<u>1,694</u>	<u>-</u>	<u>-</u>	<u>75,922</u>	<u>-</u>	<u>-</u>	<u>75,922</u>
Increase in net assets with donor restrictions	<u>75,217</u>	<u>6,743</u>	<u>-</u>	<u>-</u>	<u>81,960</u>	<u>-</u>	<u>-</u>	<u>81,960</u>
INCREASE/(DECREASE) IN NET ASSETS	236,135	44,942	(1,744)	-	279,333	(9,917)	130	269,546
NET ASSETS—Beginning of year	<u>2,477,651</u>	<u>443,922</u>	<u>83</u>	<u>(19,167)</u>	<u>2,902,489</u>	<u>11,799</u>	<u>(4,358)</u>	<u>2,909,930</u>
NET ASSETS—End of year	<u>\$2,713,786</u>	<u>\$488,864</u>	<u>\$(1,661)</u>	<u>\$(19,167)</u>	<u>\$3,181,822</u>	<u>\$ 1,882</u>	<u>\$(4,228)</u>	<u>\$3,179,476</u>