

Riverside County Regional Medical Center

Section 1

Discount Payment Policy

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Policies and Procedures

DRAFT

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POLICY NO. 204.2

SUBJECT: FINANCIAL ASSISTANCE PROGRAM - FOR LOW-INCOME, UNINSURED/ UNDERINSURED PATIENTS

REFERENCES: 2004 CHA VOLUNTARY PRINCIPLES AND GUIDELINES FOR ASSISTING LOW-INCOME, UNINSURED PATIENTS”, AND RCRMC POLICY No.102, AND MISP POLICIES No. 10, No. 14, No. 20 and No. 21

REPLACES:

APPROVED BY: _____
Hospital Director

EFFECTIVE: 9/01/06

Revised: 01/01/07

PURPOSE

To better meet the needs of uninsured/underinsured patients who cannot afford the healthcare services provided by Riverside County Regional Medical Center (RCRMC), the following policy establishes principles and procedures to assist RCRMC in the appropriate development of billing and collection practices for uninsured and underinsured patients while they are receiving medical care services at RCRMC.

BACKGROUND

Patients without healthcare insurance are required by RCRMC to apply for Medi-Cal, Medicare, or any other applicable Federal- or State-sponsored financial assistance programs that are available when receiving services from RCRMC. Patients who are not eligible for any of these programs are required to apply for Riverside County Medically Indigent Services Program (MISP).

POLICY

RCRMC, in compliance with its Mission, Vision, and Values, will ensure that patients are made aware of the importance of financial screening and completion of necessary paperwork to gain appropriate healthcare coverage for costs incurred for healthcare services provided at RCRMC. All patients will be provided emergency services. RCRMC staff will comply with Federal and State laws regarding the conduct of County hospital financial business practices, as set forth in RCRMC hospital-wide and Department-specific policies and procedures and the RCRMC Compliance Policy manual, and adhere to the following principles:

- RCRMC will develop and maintain financial assistance policies and procedures that are consistent with the Mission and Values of the hospital. These policies will reflect a commitment to provide assistance for patients who are unable to pay for the medical care they receive. (Refer to RCRMC Policy No. 102, Mission, Vision, Values, Principles, and Hospital Profile, for additional information).
- All patients will be treated fairly, with dignity, compassion, and respect.
- Debt collection policies – by both RCRMC and its external collection agencies – will reflect the Mission and Values of RCRMC and the County of Riverside.
- The Financial Assistance Programs available through RCRMC will not substitute for personal responsibility of the patient. All patients are expected to contribute to the cost of their care based on their individual ability to pay.

PROCEDURES

a. Departmental Responsibilities

1. The RCRMC Financial Assistance shall be reviewed and updated to reflect the current Federal Poverty Level Guidelines.
2. MISP and Patient Accounts managers and staff will ensure that the policies and procedures established for the Financial Assistance Program are applied consistently. Likewise, registration shall provide to all patients the same information concerning services and charges for RCRMC healthcare.
3. MISP Eligibility Unit staff will determine if the patient is required to apply for Federal or State sponsored programs. Patients not linked to SSI/SSDI, Medi-Cal, Medicare, or MISP will be screened for the RCRMC Financial Assistance Program.
4. RCRMC will make available.
 - a.) A statement (**Attachment I**) that indicates that, if the patient meets certain income requirements, the patient may be eligible for a government-sponsored program or for the RCRMC Financial Assistance Program.
 - b.) Notice (**Attachment II**) that provides information about the patient may be eligible for a government-sponsored program or for the RCRMC Financial Assistance Program. This notice will be posted in areas throughout the hospital.

b. **Customer Service**

1. Patients (or their legal representatives) seeking financial assistance will be asked to provide information quarterly concerning their health benefits coverage, financial status, and any other information that is necessary for RCRMC to make a determination regarding the patient's need for financial assistance.

2. Financial screening provided by MISP staff, using eligibility criteria (income, family size) will determine the amount a patient is responsible to pay.

3. All RCRMC staff shall be informed of availability of Financial Assistance.

c. **Eligibility**

1. Patients with income less than 350% of the Federal Poverty Level who are uninsured or underinsured will be eligible to apply for the RCRMC Financial Assistance Program after all other types of assistance have been exhausted.

2. Patients who have demonstrated non-compliance with the conditions of SSI/SSDI, Medi-Cal, Medicare, MISP, or any other referred assistance policy are not eligible for the RCRMC Financial Assistance Program.

3. Medi-Cal, or Medicare beneficiaries with share of cost, deductible, and/or co-insurance do not constitute being underinsured.

4. Patients applying for the RCRMC Financial Assistance Program, who are denied eligibility, have the right to file an appeal within 10 days. A patient has 10 days from the date that the County mailed or provided written Notice of Action (NOA). An appeal may be made by the patient contacting the RCRMC MISP office to make an appointment with the appeals supervisor.

5. If determined to be eligible for the RCRMC Financial Assistance Program by MISP Financial Counselors, the patient will be referred to Patient Accounts to arrange payment of the hospital bill.

6. Documentation of the Financial Screening process will be retained by MISIP according to MISIP Policy.

Documentation Includes:

- Date of determination of eligibility or denial for this Program
- Level of eligibility per the RCRMC Financial Assistance Program

SUBJ: FINANCIAL ASSISTANCE PROGRAM...

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Policy No. 204.2**

- Copy of the application form
- Copy of the approval or denial letter

d. **Coverage Restrictions**

1. Outpatient prescriptions and cosmetic surgeries are not covered under the RCRMC Financial Assistance Program.

e. **Billing**

1. Amounts Payable to medical service providers other than RCRMC (Hospital) are excluded from this policy.

2. A Patient qualifying for assistance under the RCRMC Financial Assistance Policy and cooperating with Patient Accounts, will not be referred to a collection agency.

3. In the event that the cost of medical care received at RCRMC is less than the amount the patient is responsible for, the patient will only be billed for the cost of those services. The cost of services provided will be determined using the most recently filed Medicare cost report.

4. Payment arrangements will be made for any amount owed that exceeds 10% of the monthly income of the patient. Payment plans will not exceed 12 months.

5. If a patient is cooperating and complying with the payments required according to the established responsibility for that patient, RCRMC will not place wage garnishments or liens on primary residencies or other properties as a means of collecting the unpaid hospital UMDAP bills.

6. If a patient fails to comply with their established payment plan for more than 90 days, the payment plan may be declared inoperable and the patient will be responsible for payment of the original balance owed for their Hospital bill(s) in full. Patient Accounts will attempt to contact the patient at the last known address and at the last known phone number of the patient to re-negotiate the payment plan prior to declaring any payment plan inoperable.

7. If it is determined an overpayment by the patient has occurred, RCRMC will refund any amount owed within 30 days of the determination. Interest owed on this overpayment by the hospital to the patient will be paid to the patient according to Civil Procedure Code 685.010. Interest will be accrued beginning on the date payment was received by the hospital. If the amount of interest due to the patient is less than five dollars (\$5.00), the hospital is not required to pay the interest.

8. RCRMC contracted Collection Agencies, Billing Services are required to conform to the billing/collection practices outlined in this policy.

ATTACHMENT I

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINANCIAL ASSISTANCE

To meet the needs of the uninsured/underinsured patients who have received healthcare services at the Hospital and are unable to pay for these services, programs have been established to assist RCRMC patients to gain access to programs that may assist the patient with payment of their Hospital bill along with additional medical services that may be required.

These programs include, but are not limited to:

Medi-Cal
Medicare
Healthy Families
MISP
RCRMC Charity Care Program
RCRMC Financial Assistance – UMDAP Program

Inpatient Services – Patients expressing concern with payment for Hospital services should be referred to the Inpatient MISP Financial Counselors for assistance.

Outpatient/Emergency Room Services – Patients expressing concern with payment for outpatient or emergency room services can be referred to the MISP office to pick up an MISP/RCRMC Charity Care Program/RCRMC Financial Assistance Program application and schedule an appointment to meet with an MISP Financial Counselor.

As part of the interview/screening appointment with the Financial Counselors, the patient requesting assistance will be screened for eligibility for all programs named above.

Medically Indigent Services Program (MISP)
RCRMC Charity Care Program
RCRMC Financial Assistance Program
14375 Nason Street Suite 102
Moreno Valley CA 92555
951-486-5375
Espanol 951-486-5400

Medi-Cal

Healthy Families

MediCare

1-800-880-5305

1-800-633-4227

ATTACHMENT II

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINANCIAL ASSISTANCE

To meet the needs of the uninsured/underinsured patients who have received healthcare services at the Hospital and are unable to pay for these services, programs have been established to assist RCRMC patients to gain access to programs that may assist the patient with payment of their Hospital bill along with additional medical services that may be required.

These programs include, but are not limited to:

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RCRMC Charity Care Program
RCRMC Financial Assistance Program
14375 Nason Street Suite 102
Moreno Valley CA 92555
951-486-5375
Espanol 951-486-5400**

Medi-Cal

Healthy Families

MediCare

1-800-880-5305

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ATTACHMENT I

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINANCIAL ASSISTANCE

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These programs include, but are not limited to:

- Medi-Cal**
- Medicare**
- Healthy Families**
- MISP**
- RCRMC Charity Care Program**
- RCRMC Financial Assistance – UMDAP Program**

Inpatient Services – Patients expressing concern with payment for Hospital services should be referred to the Inpatient MISP Financial Counselors for assistance.

Outpatient/Emergency Room Services – Patients expressing concern with payment for outpatient or emergency room services can be referred to the MISP office to pick up an MISP/RCRMC Charity Care Program/RCRMC Financial Assistance Program application and schedule an appointment to meet with an MISP Financial Counselor.

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RCRMC Financial Assistance Program
14375 Nason Street Suite 102
Moreno Valley CA 92555
951-486-5375
Espanol 951-486-5400

Medi-Cal
951-486-5750

Healthy Families
1-800-880-5305

MediCare
1-800-633-4227

ATTACHMENT II

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINANCIAL ASSISTANCE

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These programs include, but are not limited to:

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RCRMC Charity Care Program
RCRMC Financial Assistance Program
14375 Nason Street Suite 102
Moreno Valley CA 92555
951-486-5375
Espanol 951-486-5400**

Medi-Cal	Healthy Families	MediCare
951-486-5750	1-800-880-5305	1-800-633-4227

Monthly Income From Thru		Household Size						
		1	2	3	4	5	6	7+
0	817							
818	849	6						
850	899	7						
900	949	7						
950	999	8						
1000	1049	9						
1050	1099	10						
1100	1100	12						
1101	1149	12	11					
1150	1199	13	12					
1200	1249	15	13					
1250	1299	17	15					
1300	1349	19	17					
1350	1384	21	19					
1385	1399	21	19	17				
1400	1449	24	22	19				
1450	1499	27	24	22				
1500	1549	31	28	25				
1550	1599	35	31	28				
1600	1634	39	35	32				
1635	1649	39	35	32				
1650	1667	44	40	36				
1668	1699	44	40	36	32			
1700	1749	50	45	41	36			
1750	1799	57	51	46	41			
1800	1849	63	56	51	46			
1850	1899	70	63	56	51			
1900	1949	77	70	63	56			
1950	1950	86	77	69	63			
1951	1999	86	77	69	63	56		
2000	2049	95	86	77	69	63		
2050	2099	106	95	86	77	69		
2100	2149	117	106	95	85	77		
2150	2199	130	117	105	95	85		
2200	2200	145	130	117	105	95		
2201	2234	145	130	117	105	95		
2235	2249	145	130	117	105	95		
2250	2299	160	144	130	117	105	105	
2300	2349	178	160	144	130	117	117	
2350	2399	198	178	160	144	130	130	
2400	2449	219	197	178	160	144	144	
2450	2499	244	219	197	178	160	160	
2500	2517	250	246	221	199	179	179	
2518	2599	250	246	221	199	179	179	
2600	2699	260	261	235	212	190	190	190

NO COST SHARE

2700	2768	270	277	249	225	202	202	202
2769	2799	270	277	249	225	202	202	202
2800	2860	280	280	264	238	214	214	214
2861	2899	NE	280	264	252	226	226	226
2900	2999	NE	290	279	252	226	226	226
3000	3099	NE	300	295	266	239	239	239
3100	3199	NE	310	310	280	252	252	252
3200	3299	NE	320	320	295	265	265	265
3300	3334	NE	330	330	310	279	279	279
3335	3399	NE	330	330	310	298	298	298
3400	3499	NE	340	340	332	319	319	319
3500	3599	NE	350	350	350	340	340	340
3600	3699	NE	360	360	360	361	361	361
3700	3799	NE	370	370	370	384	384	384
3800	3850	NE	380	380	380	384	384	384
3851	3899			380	380	384	384	384
3900	3900	NE		390	390	390	390	390
3901	3999	NE		390	390	390	390	390
4000	4099	NE		400	400	400	400	400
4100	4199	NE		410	410	410	410	410
4200	4299	NE		420	420	420	420	420
4300	4399	NE		430	430	430	430	430
4400	4468	NE		440	440	440	440	440
4469	4499	NE		440	440	440	440	440
4500	4599	NE		450	450	450	450	450
4600	4699	NE		460	460	460	460	460
4700	4799	NE		470	470	470	470	470
4800	4844	NE		480	480	480	480	480
4845	4899			480	480	480	480	480
4900	4999	NE		490	490	490	490	490
5000	5034	NE		500	500	500	500	500
5035	5835	NE		500	500	500	500	500
5836	6825	NE			583	583	583	583
6826	7871	NE				682	682	682
7872	9096	NE						787

Riverside County Regional Medical Center

Section 2

Charity Care Policy

SUBJECT: CHARITY CARE PROGRAM FOR LOW-INCOME, UNINSURED/ UNDERINSURED PATIENTS

REFERENCES: 2004 CHA VOLUNTARY PRINCIPLES AND GUIDELINES FOR ASSISTING LOW-INCOME, UNINSURED PATIENTS”, AND RCRMC POLICY No.102, AND MISP POLICIES No. 10, No. 14, No. 20 and No. 21

REPLACES:

APPROVED BY: _____
Hospital Director

EFFECTIVE: 1/01/07 **Revised:** 12/8/06

PURPOSE

To better meet the needs of uninsured/underinsured patients who cannot afford the healthcare services provided by Riverside County Regional Medical Center (RCRMC), the following policy establishes principles and procedures to assist RCRMC in the appropriate development of billing and collection practices for uninsured and underinsured patients while they are receiving medical care services at RCRMC.

BACKGROUND

Patients without healthcare insurance are required by RCRMC to apply for Medi-Cal, Medicare, or any other applicable Federal- or State-sponsored financial assistance programs that are available when receiving services from RCRMC. Patients who are not eligible for any of these programs are required to apply for Riverside County Medically Indigent Services Program (MISP).

POLICY

RCRMC, in compliance with its Mission, Vision, and Values, will ensure that patients are made aware of the importance of financial screening and completion of necessary paperwork to gain appropriate healthcare coverage for costs incurred for healthcare services provided at RCRMC. All patients will be provided emergency services. RCRMC staff will comply with Federal and State laws regarding the conduct of County hospital financial business practices, as set forth in RCRMC hospital-wide and Department-specific policies and procedures and the RCRMC Compliance Policy manual, and adhere to the following principles:

SUBJ: CHARITY CARE PROGRAM

- RCRMC will develop and maintain financial assistance policies and procedures that are consistent with the Mission and Values of the hospital. These policies will reflect a commitment to provide assistance for patients who are unable to pay for the medical care they receive. (Refer to RCRMC Policy No. 102, Mission, Vision, Values, Principles, and Hospital Profile, for additional information).
- All patients will be treated fairly, with dignity, compassion, and respect.
- Debt collection policies – by both RCRMC and its external collection agencies – will reflect the Mission and Values of RCRMC and the County of Riverside.
- The Financial Assistance Programs available through RCRMC will not substitute for personal responsibility of the patient. All patients are expected to contribute to the cost of their care based on their individual ability to pay.

PROCEDURES

f. Departmental Responsibilities

1. MISP and Patient Accounts managers and staff will ensure that the policies and procedures established for the Charity Care Program are applied consistently. Likewise, registration shall provide to all patients the same information concerning services and charges for RCRMC healthcare.

2. MISP Eligibility Unit staff will determine if the patient is required to apply for Federal or State sponsored programs. Patients not linked to SSI/SSDI, Medi-Cal, Medicare, or MISP will be screened for the RCRMC Charity Care Program.

3. RCRMC will post and make available:

a.) A statement (**Attachment I**) that indicates that, if the patient meets certain income requirements, the patient may be eligible for a government-sponsored program or for the RCRMC Charity Care or Financial Assistance Programs.

b.) Notice (**Attachment II**) that provides information about government-sponsored program or for the RCRMC Charity Care or Financial Assistance Programs. This notice will be posted in areas throughout the hospital.

g. **Customer Service**

1. Patients (or their legal representatives) seeking financial assistance will be asked to provide information semi-annually concerning their health benefits coverage, financial status, and any other information that is necessary for RCRMC to make a determination regarding the patient's need for financial assistance.

2. Financial screening provided by MISP staff, using eligibility criteria (income, assets, family size) will determine the patient's eligibility for charity care.

3. All RCRMC staff shall be informed of availability of Charity Care.

h. **Eligibility**

1. Patients who have income below 100% of the federal poverty level and combined income and assets below 350% of federal poverty level and are uninsured or underinsured will be eligible to apply for the RCRMC Financial Assistance Program after all other types of assistance have been exhausted.

2. Patients who have demonstrated non-compliance with the conditions of SSI/SSDI, Medi-Cal, Medicare, MISP, or any other referred assistance policy are not eligible for the RCRMC Charity Care Program.

3. Medi-Cal, Medicare, or MISP beneficiaries with share of cost, deductible, and/or co-insurance do not constitute being underinsured.

4. Patients applying for the RCRMC Financial Assistance Program, who are denied eligibility, have the right to file an appeal within 10 days. A patient has 10 days from the date that the County mailed or provided written Notice of Action (NOA). An appeal may be made by the patient contacting the RCRMC MISP office to make an appointment with the appeals supervisor.

5. If determined to be eligible for the RCRMC Charity Care Program by MISP Financial Counselors, the patient will be referred to Patient Accounts to arrange write off of the hospital bill.

6. Documentation of the Financial Screening process will be retained by MISP according to MISP Policy.

Documentation Includes:

- Date of determination of eligibility or denial for this Program

SUBJ: CHARITY CARE PROGRAM...

**Page 4 of 4
Policy No. 204.3**

- Copy of the application form
- Copy of the approval or denial letter

i. **Coverage Restrictions**

1. Outpatient prescriptions and cosmetic surgeries are not covered under the RCRMC Financial Assistance Program.

j. **Billing**

1. Amounts Payable to medical service providers other than RCRMC (Hospital) are excluded from this policy.

9. A Patient qualifying for assistance under the RCRMC Charity Care Policy and cooperating with Patient Accounts, will not be referred to a collection agency.

10. A patient that fails to comply with requested financial updates will be responsible for payment of the original balance owed for their Hospital bill(s) in full.

11. The cost of services provided will be determined using the most recently filed MediCare cost report.

12. RCRMC contracted Collection Agencies, Billing Services are required to conform to the billing/collection practices outlined in this policy.

13. If it is determined that an overpayment by the patient has occurred, RCRMC will refund any amount owed within 30 days of the determination.

ATTACHMENT I

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINANCIAL ASSISTANCE

To meet the needs of the uninsured/underinsured patients who have received healthcare services at the Hospital and are unable to pay for these services, programs have been established to assist RCRMC patients to gain access to programs that may assist the patient with payment of their Hospital bill along with additional medical services that may be required.

These programs include, but are not limited to:

- Medi-Cal**
- Medicare**
- Healthy Families**
- MISP**
- RCRMC Charity Care Program**
- RCRMC Financial Assistance – UMDAP Program**

Inpatient Services – Patients expressing concern with payment for Hospital services should be referred to the Inpatient MISP Financial Counselors for assistance.

Outpatient/Emergency Room Services – Patients expressing concern with payment for outpatient or emergency room services can be referred to the MISP office to pick up an MISP/RCRMC Charity Care Program/RCRMC Financial Assistance Program application and schedule an appointment to meet with an MISP Financial Counselor.

As part of the interview/screening appointment with the Financial Counselors, the patient requesting assistance will be screened for eligibility for all programs named above.

Medically Indigent Services Program (MISP)
RCRMC Charity Care Program
RCRMC Financial Assistance Program
14375 Nason Street Suite 102
Moreno Valley CA 92555
951-486-5375
Espanol 951-486-5400

Medi-Cal
951-486-5750

Healthy Families
1-800-880-5305

MediCare
1-800-633-4227

ATTACHMENT II

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINANCIAL ASSISTANCE

To meet the needs of the uninsured/underinsured patients who have received healthcare services at the Hospital and are unable to pay for these services, programs have been established to assist RCRMC patients to gain access to programs that may assist the patient with payment of their Hospital bill along with additional medical services that may be required.

These programs include, but are not limited to:

**Medically Indigent Services Program (MISP)
RCRMC Charity Care Program
RCRMC Financial Assistance Program
14375 Nason Street Suite 102
Moreno Valley CA 92555
951-486-5375
Espanol 951-486-5400**

Medi-Cal	Healthy Families	MediCare
951-486-5750	1-800-880-5305	1-800-633-4227

Riverside County Regional Medical Center

Section 3

Eligibility Procedures
RCRMC Charity Care
RCRMC Financial Assistance

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
FIS/MISP

Policy # 30
Effective Date:

Page 1 of 2

Approved By: Pending

**SUBJECT: RCRMC CHARITY CARE INCOME VERIFICATION
REQUIREMENTS AND CALULATION**

BACKGROUND:

Riverside County Regional Medical Center (RCRMC) Administration has assigned the responsibility of determining eligibility for assistance under Policy Number 204.3 – CHARITY CARE FOR LOW-INCOME, UNINSURE/UNDERINSURED PATIENTS to the MISP Eligibility Department.

PURPOSE:

To establish the required income verifications to determine eligibility for Charity Care as outlined in RCRMC Policy Number 204.3 – CHARITY CARE PROGRAM FOR LOW-INCOME, UNINSURED/ UNDERINSURED PATIENTS

POLICY:

- A. To be eligible for RCRMC Charity Care, an applicant must provide verification of all income received by their family budget unit.

DEFINITIONS:

- A. The family budget unit consists of the applicant, the applicant's spouse, and the applicant's minor children who are 17 years old or younger.
- B. Federal Poverty Level amounts are published as an annual amount by the United States Department of Health and Human Services.
- C. For the purpose of consistency in the determination of eligibility for each of the programs MISP is responsible for, MISP converts the published (FPL) amounts to a monthly amount by dividing the annual amount by 12. The monthly amount is used to determine eligibility for the Charity Care Program.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
FIS/MISP

Policy # 30 Continued

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**SUBJECT: RCRMC CHARITY CARE INCOME VERIFICATION
REQUIREMENTS AND CALULATION**

PROCEDURE:

- A. Patients with income below 100% of the Federal Poverty Level and combined income and assets below 350% of the Federal Poverty Level are eligible to receive assistance from the RCRMC Charity Care Program.
- B. Income from all sources within the family budget unit must be documented.
- C. The following documentation is acceptable as proof of earned income:
 - a. Current Paycheck Stubs
 - b. Previous Year's Tax Return
- D. If income cannot be reasonably verified using one of the items listed in documentation section B, the MISP Eligibility Supervisor/Patient Accounts Manager will determine the required documentation.
- E. Income from all sources is converted to a monthly amount to be used to determine eligibility for MISP based by the following methods:
 - 1) Multiply weekly income by 4.33
 - 2) Multiply bi-weekly income by 2.167
 - 3) Multiply bi-monthly income by 2
 - 4) Monthly income requires no conversion (ie, pay stubs for four consecutive weeks)
 - 5) Divide quarterly income by 3
 - 6) Divide annual income by 12
- F. The income calculation from section E is used to determine if the patient is under the income limit for the RCRMC Charity Care Program.
- G. Income and assets (See MISP Policy Number 31 – RCRMC CHARITY CARE ASSET VERIFICATION REQUIREMENTS AND CALCULATION PROCEDURES) are combined to determine whether a patient is under the asset limit for the RCRMC Charity Care Program.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
FIS/MISP

Policy # 31

Page 1 of 2

Effective Date:

Approved By: Pending

**SUBJECT: RCRMC CHARITY CARE ASSET VERIFICATION
REQUIREMENTS AND CALULATION**

BACKGROUND:

Riverside County Regional Medical Center (RCRMC) Administration has assigned the responsibility of determining eligibility for assistance under Policy Number 204.3 – CHARITY CARE FOR LOW-INCOME, UNINSURE/UNDERINSURED PATIENTS to the MISP Eligibility Department.

PURPOSE:

To establish the required asset verifications to determine eligibility for Charity Care as outlined in RCRMC Policy Number 204.3 – CHARITY CARE PROGRAM FOR LOW-INCOME, UNINSURED/ UNDERINSURED PATIENTS

POLICY:

- A. To be eligible for RCRMC Charity Care, an applicant must provide verification of all assets owned by their family budget unit.

DEFINITIONS:

- A. The family budget unit consists of the applicant, the applicant's spouse, and the applicant's minor children who are 17 years old or younger.
- B. Federal Poverty Level amounts are published as an annual amount by the United States Department of Health and Human Services.
- C. For the purpose of consistency in the determination of eligibility for each of the programs MISP is responsible for, MISP converts the published (FPL) amounts to a monthly amount by dividing the annual amount by 12. The monthly amount is used to determine eligibility for the Charity Care Program.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
FIS/MISP

Policy # 31 Continued

Page 2 of 2

SUBJECT: **RCRMC CHARITY CARE ASSET VERIFICATION
REQUIREMENTS AND CALCULATION**

PROCEDURE:

- A. Patients with income below 100% of the Federal Poverty Level and combined income and assets below 350% of the Federal Poverty Level are eligible to receive assistance from the RCRMC Charity Care Program.
- B. Monetary assets owned by all members within the family budget unit must be documented. The following monetary assets are exempt from calculation and will not be verified:
 - a. Individual Retirement Accounts
 - b. 401 K Accounts
 - c. Any account established for the purpose of retirement.
- C. The following documentation is acceptable as proof of asset value:
 - a. Cash must be documented on the completed MISP Application.
 - b. All bank accounts must be documented by one of the following:
 - 1. Bank statement issued within the last 30 days that includes the current balance and transaction history. OR
 - 2. Closing statement if account has been closed.
 - 2) Stocks, Bonds and Mutual Funds must be documented by a statement issued within the last 90 days that includes the current value of the account.
- D. Assets are converted to a monthly amount following these steps.
 - a. Add together the total value listed on each statement.
 - b. Divide the total arrived at in Step 1 by 2 to reduce countable assets by 50%
 - c. Divide the remaining total arrived at in Step 2 to convert the total assets into a monthly amount.
- E. Income (See MISP Policy Number 30- RCRMC CHARITY CARE ASSET VERIFICATION REQUIRMENTS AND CALCULATION) and assets are combined to determine whether a patient is under the asset limit for the RCRMC Charity Care Program.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
FIS/MISP

Policy # 32

Page 1 of 2

Effective Date:

Approved By: Pending

**SUBJECT: RCRMC FINANCIAL ASSISTANCE PROGRAM INCOME
VERIFICATION REQUIREMENTS AND CALULATION**

BACKGROUND:

Riverside County Regional Medical Center (RCRMC) Administration has assigned the responsibility of determining eligibility for assistance under Policy Number 204.2 – FINANCIAL ASSISTANCE FOR LOW-INCOME, UNINSURE/UNDERINSURED PATIENTS to the MISP Eligibility Department.

PURPOSE:

To establish the required income verifications to determine eligibility for Charity Care as outlined in RCRMC Policy Number 204.2 – FINANCIAL ASSISTANCE PROGRAM FOR LOW-INCOME, UNINSURED/ UNDERINSURED PATIENTS

POLICY:

- A. To be eligible for RCRMC Financial Assistance, an applicant must provide verification of all income received by their family budget unit.

DEFINITIONS:

- A. The family budget unit consists of the applicant, the applicant's spouse, and the applicant's minor children who are 17 years old or younger.
- B. Federal Poverty Level amounts are published as an annual amount by the United States Department of Health and Human Services.
- C. For the purpose of consistency in the determination of eligibility for each of the programs MISP is responsible for, MISP converts the published (FPL) amounts to a monthly amount by dividing the annual amount by 12. The monthly amount is used to determine eligibility for the Charity Care Program.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
FIS/MISP

Policy # 32 Continued

Page 2 of 2

**SUBJECT: RCRMC CHARITY CARE INCOME VERIFICATION
REQUIREMENTS AND CALULATION**

PROCEDURE:

- A. Patients with income below 350% of the Federal Poverty Level are eligible to receive assistance from the RCRMC Financial Assistance Program.
- B. Income from all sources within the family budget unit must be documented.
- C. The following documentation is acceptable as proof of earned income:
 - a. Current Paycheck Stubs
 - b. Previous Year's Tax Return
- D. If income cannot be reasonably verified using one of the items listed in documentation section B, the MISP Eligibility Supervisor/Patient Accounts Manager will determine the required documentation.
- E. Income from all sources is converted to a monthly amount to be used to determine eligibility for MISP based by the following methods:
 - a. Multiply weekly income by 4.33
 - b. Multiply bi-weekly income by 2.167
 - c. Multiply bi-monthly income by 2
 - d. Monthly income requires no conversion (ie, pay stubs for four consecutive weeks)
 - e. Divide quarterly income by 3
 - f. Divide annual income by 12
- F. The income calculation from section E is used to determine if the patient is under the income limit for the RCRMC Financial Assistance Program.

Riverside County Regional Medical Center

Section 4

Review Process

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
FIS/MISP

Policy # 33
Effective Date:

Page 1 of 2

Approved By: Pending

**SUBJECT: RCRMC CHARITY CARE AND FINANCIAL ASSISTANCE
PROGRAM REVIEW PROCESS**

BACKGROUND:

Riverside County Regional Medical Center (RCRMC) Administration has assigned the responsibility of determining eligibility for assistance under Policy Number 204.2 – FINANCIAL ASSISTANCE FOR LOW-INCOME, UNINSURE/UNDERINSURED PATIENTS to the MISP Eligibility Department.

PURPOSE:

To establish an appeal process for Charity Care and Financial Assistance as outlined in RCRMC Policy Number 204.2 – FINANCIAL ASSISTANCE PROGRAM FOR LOW-INCOME, UNINSURED/ UNDERINSURED PATIENTS and RCRMC Policy Number 204.3 – CHARITY CARE PROGRAM FOR LOW-INCOME, UNINSURED/ UNDERINSURED PATIENTS.

POLICY

- A. Patients who apply for assistance under the RCRMC Charity Care and/or Financial Assistance Programs and are denied eligibility for either program have the right to request a review of the findings.

PROCEDURE:

- A. Patients who are denied eligibility for RCRMC Charity Care and/or Financial Assistance by an MISP Eligibility Worker can request a review by contacting the MISP Main Office at 951-486-5375 (or 951-486-5400 for Spanish Speaking Patients) to schedule a first level appeal or by mailing a written request to MISP at PO Box 9610, Moreno Valley, CA 92552.

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**SUBJECT: RCRMC CHARITY CARE AND FINANCIAL ASSISTANCE
PROGRAM REVIEW PROCESS**

- B. Patients who are denied eligibility for RCRMC Charity Care and/or Financial Assistance by an MISP Supervisor can request a review by contacting the MISP Lead Supervisor at 951-486-5422 to schedule a second level appeal or by mailing a written request to MISP, Attention MISP Lead Supervisor at PO Box 9610, Moreno Valley, CA 92552.
- C. Patients who are denied eligibility for RCRMC Charity Care and/or Financial Assistance by the MISP Lead Supervisor can request a review by by mailing a written request to RCRMC Patient Accounts, Attention Patient Accounts Manager at 26520 Cactus Avenue, Moreno Valley, CA 92555.
- D. Patients who are denied eligibility for RCRMC Charity Care and/or Financial Assistance by the Patient Accounts Manger can request a review by by mailing a written request to RCRMC Administration, 26520 Cactus Avenue, Moreno Valley, CA 92555
- E. Patients will be informed at each level of their right to appeal the decision and given instructions on how and where to request a review.