

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Policies and Procedures

1 of 4

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: 5/31/2015

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 program 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 and comply with AB774 and The Rosenthal Fair Debt Collection Practices Act.
- 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 MISP according to MISP Policy.

Documentation Includes:

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

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

d. **Coverage Restrictions**

1. Outpatient prescriptions and cosmetic surgeries are not a 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 and Health and Safety Code section 127440. 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
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**

**MISP
1-877-501-5085**

**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

MISP

Medicare

951-486-5750

1-877-501-5085

1-800-633-4227

2015 Federal Poverty Level (FPL) **[Effective 4/1/2015 – 3/31/2016]**

Family Unit	48 States Gross Annually			
	100% FPG	138% FPG	250% FPG	350% FPG
1	\$ 11,770.00	\$ 16,242.00	\$ 29,425.00	\$ 41,195.00
2	\$ 15,930.00	\$ 21,983.00	\$ 39,825.00	\$ 55,755.00
3	\$ 20,090.00	\$ 27,724.00	\$ 50,225.00	\$ 70,315.00
4	\$ 24,250.00	\$ 33,465.00	\$ 60,625.00	\$ 84,875.00
5	\$ 28,410.00	\$ 39,206.00	\$ 71,025.00	\$ 99,435.00
6	\$ 32,570.00	\$ 44,947.00	\$ 81,425.00	\$113,995.00
7	\$ 36,730.00	\$ 50,687.00	\$ 91,825.00	\$128,555.00
8	\$ 40,890.00	\$ 56,428.00	\$ 102,225.00	\$143,115.00
9	\$ 45,050.00	\$ 62,169.00	\$ 112,625.00	\$157,675.00
10	\$ 49,210.00	\$ 67,910.00	\$ 123,025.00	\$172,235.00
Each additional person, add	\$ 4,160.00	\$ 5,741.00	\$ 10,400.00	\$ 14,560.00

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Fiscal Policies and Procedures

1 of 4

POLICY NO. 204.3

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: 5/31/2015

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 program 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. MISD 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. MISD 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 MISD 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.

b. 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, and family size) will determine the patient's eligibility for charity care.
3. All RCRMC staff shall be informed of availability of Charity Care.

c. 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

- 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 Charity Care Policy and cooperating with Patient Accounts will not be referred to a collection agency.
3. 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.
4. The cost of services provided will be determined using the most recently filed Medicare cost report.
5. RCRMC contracted Collection Agencies; Billing Services are required to conform to the billing/collection practices outlined in this policy.
6. If it is determined that an overpayment by the patient has occurred, RCRMC will refund any amount owed within 30 days of the determination.
7. If the charity care determination creates a credit balance greater than \$5.00, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440.

ATTACHMENT I

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FINANCIAL ASSISTANCE

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RCRMC Financial Assistance Program
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Moreno Valley CA 92555
951-486-5375
Espanol 951-486-5400**

**Medi-Cal
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**MISP
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**Medicare
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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.

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Espanol 951-486-5400

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2015 Federal Poverty Level (FPL) [Effective 4/1/2015 – 3/31/2016]				
Family Unit	48 States Gross Annually			
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4	\$ 24,250.00	\$ 33,465.00	\$ 60,625.00	\$ 84,875.00
5	\$ 28,410.00	\$ 39,206.00	\$ 71,025.00	\$ 99,435.00
6	\$ 32,570.00	\$ 44,947.00	\$ 81,425.00	\$113,995.00
7	\$ 36,730.00	\$ 50,687.00	\$ 91,825.00	\$128,555.00
8	\$ 40,890.00	\$ 56,428.00	\$ 102,225.00	\$143,115.00
9	\$ 45,050.00	\$ 62,169.00	\$ 112,625.00	\$157,675.00
10	\$ 49,210.00	\$ 67,910.00	\$ 123,025.00	\$172,235.00
Each additional person, add	\$ 4,160.00	\$ 5,741.00	\$ 10,400.00	\$ 14,560.00