

**Fiscal Policies and Procedures****PAGE 1 of 9****POLICY NO. 204.4**

**SUBJECT: FINANCIAL ASSISTANCE AND CHARITY CARE PROGRAMS FOR LOW INCOME, UNINSURED/ UNDERINSURED PATIENTS**

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

**REPLACES:** Policy No. 204.2 and 204.3

**APPROVED BY:** \_\_\_\_\_  
Hospital Director

**EFFECTIVE:** 9/01/06

Revised: 6/30/2016

**PURPOSE**

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

**BACKGROUND**

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

**POLICY**

RUHS, 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 RUHS. All patients will be provided emergency services in accordance with Emergency Medical Treatment & Active Labor Act (EMTALA) regulations. RUHS staff will comply with Federal and State laws regarding the conduct of County hospital financial business practices, as set forth in RUHS hospital-wide and Department-specific policies and procedures and the RUHS Compliance Policy manual, and adhere to the following principles:

- RUHS 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 RUHS 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 RUHS and its external collection agencies – will reflect the Mission and Values of RUHS and the County of Riverside and comply with California Fair Pricing Law AB 774 and The Rosenthal Fair Debt Collection Practices Act.
- The Financial Assistance Programs available through RUHS 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.
- Emergency Physicians, as defined in AB 1503, Stats. 2010, Ch. 445.) Section 127450, who provides emergency medical services in a hospital that provides emergency care, is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350% of the Federal Poverty Level. This statement shall not be construed to impose any responsibilities upon the hospital.

## **PROCEDURES**

Eligibility for Financial Assistance will be consider for those individuals who are uninsured, underinsured, ineligible for any government health care benefits program and unable to pay for their care based upon a determination of financial need. Patients who are denied eligibility to government programs for failing to cooperate with the eligibility process will not be eligible for Financial Assistance.

### **a. Departmental Responsibilities**

1. The RUHS Financial Assistance shall be reviewed and updated to reflect the current Federal Poverty Level Guidelines (**Attachment III**).
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 RUHS healthcare.
3. MISP Eligibility 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 RUHS Financial Assistance Program.
4. MISP Eligibility staff will apply the following when determining eligibility for Financial Assistance: monetary assets will be considered, patient must meet the Resource limits established for the State of California's Medi-Cal program. The first \$10,000 of monetary asset is exempt, 50% of all assets in excess of \$10,000 are also exempt. All remaining assets will be compared to the Medi-Cal resource limit. Individuals who exceed this limit will not qualify for assistance. Retirement accounts, deferred compensation plans qualified under Internal Revenue code, or nonqualified deferred compensation plans are not included in the determination of monetary assets.

5. RUHS 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 RUHS Financial Assistance Program.

b.) Notice (**Attachment II**) that provides information about the patient may be eligible for a government-sponsored program or for the RUHS 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 RUHS to make a determination regarding the patient's need for financial assistance.

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

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

c. **Eligibility**

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

2. Patient with high medical costs" means an insured patient with high medical costs (co-payment, deductible, coinsurance and/or reached a lifetime limit, non-covered relating to services not medically necessary), with income at or below 350% of the Federal poverty level and not already receiving a discounted rate as a result of insurance coverage, then the patient may qualify for a discount from usual charges in accordance to the following guidelines herein, including but not limited to the California Fair Pricing Law. High medical costs" means (1) annual out-of-pocket costs incurred by the individual at the hospital that exceed 10 percent of the patient's family income in the prior 12 months, or (2) annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.

3. 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 RUHS Charity Care and Financial Assistance Program.

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

5. Patients applying for the RUHS Charity Care and 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 RUHS - MISP office to make an appointment with the Appeals Supervisor.

6. If determined to be eligible for the RUHS Financial Assistance Program by MISP Eligibility staff, the patient will be referred to Patient Accounts to arrange payment of the hospital bill(s).

7. 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 RUHS 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 covered under the RUHS Charity Care and Financial Assistance Program.

e. **Billing**

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

2. A Patient qualifying for assistance under the RUHS Financial Assistance 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. In the event that the cost of medical care received at RUHS 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.

5. 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.

6. If a patient is cooperating and complying with the payments required according to the established responsibility for that patient, RUHS will not place wage garnishments or liens on primary residencies or other properties as a means of collecting the unpaid hospital UMDAP (Uniform Method of Determining Ability to Pay) bills.

7. 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.

8. If it is determined an overpayment by the patient has occurred, RUHS 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 at the statutory rate (10% per annum) 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.

9. RUHS contracted Collection Agencies; Billing Services are required to conform to the billing/collection practices outlined in this policy.

**ATTACHMENT I**

**RIVERSIDE UNIVERSITY HEALTH SYSTEM  
FINANCIAL ASSISTANCE**

To meet the needs of the uninsured/underinsured patients who have received healthcare services at RUHS Hospital and are unable to pay for these services, programs have been established to assist RUHS 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  
RUHS Charity Care Program  
RUHS Financial Assistance – UMDAP**

Inpatient Services – Patients expressing concern with payment for Hospital services should be referred to the Inpatient MISP Eligibility staff 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/RUHS Charity Care Program/RUHS Financial Assistance Program application and schedule an appointment to meet with an MISP Eligibility staff.

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

**Medically Indigent Services Program (MISP)  
RUHS Charity Care Program  
RUHS 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 UNIVERSITY HEALTH SYSTEM**

**FINANCIAL ASSISTANCE**

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These programs include, but are not limited to:

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

<b>Medi-Cal</b>	<b>MISP</b>	<b>Medicare</b>
<b>951-486-5750</b>	<b>1-877-501-5085</b>	<b>1-800-633-4227</b>

## ATTACHMENT III

# 2016 Federal Poverty Level (FPL) (Effective 4/1/2016 – 3/31/2017)

Family Unit	48 States Gross Annually			
	100% FPG	138% FPG	250% FPG	350% FPG
1	\$ 11,880.00	\$ 16,394.00	\$ 29,700.00	\$ 41,580.00
2	\$ 16,020.00	\$ 22,108.00	\$ 40,050.00	\$ 56,070.00
3	\$ 20,160.00	\$ 27,820.00	\$ 50,400.00	\$ 70,560.00
4	\$ 24,300.00	\$ 33,534.00	\$ 60,750.00	\$ 85,050.00
5	\$ 28,440.00	\$ 39,247.00	\$ 71,100.00	\$ 99,540.00
6	\$ 32,580.00	\$ 44,960.00	\$ 81,450.00	\$114,030.00
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



**Abbreviation:**

**RUHS** – Riverside University Health System  
**MISP** – Medically Indigent Services Program  
**UMDAP** – Uniform Method of Determining Ability to Pay  
**SSI** – Supplemental Security Income  
**SSDI** – Social Security Disability Income  
**FPL** – Federal Poverty Level  
**FPG** – Federal Poverty Guidelines  
**NOA** – Notice of Action  
**EMTALA** – Emergency Medical Treatment & Active Labor Act