


**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
Housewide**

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Title: Financial Assistance For Low Income, Uninsured/Underinsured Patients	Effective Date: 05/22/2019	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Care Clinics <input checked="" type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input type="checkbox"/> Departmental	
Approved By:  Jennifer Cruikshank CEO/ Hospital Director		<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Guideline	

1. PURPOSE

- 1.1 The RUHS – Medical Center mission is to improve the health and well-being of our patients and communities through dedication to exceptional and compassionate care, education, and research. Our vision is to lead the transformation of healthcare and inspire wellness, in collaboration with our communities, through an integrated delivery network to bring hope and healing to those we serve. This policy demonstrates the RUHS – Medical Center commitment to our mission and vision by helping to meet the needs of the low income, uninsured patients and the underinsured patients in our community. This policy is not intended to waive or alter any contractual provisions or rates negotiated by and between RUHS – Medical Center and a third party payer, nor is it intended to provide discounts to a non-contracted third party payer or any other entity that is legally responsible for making payment on behalf of a beneficiary, covered person or insured.
- 1.2 This policy is intended to comply with California Health & Safety Code § 127400 et seq. (AB 774), Hospital Fair Pricing Policies, effective January 1, 2007, updated January 1, 2011, and January 1, 2015 (SB 1276), and United States Department of Health and Human Services (“HHS”) Office of Inspector General (“OIG”) guidance regarding financial assistance to uninsured and underinsured patients. Additionally, this policy provides guidelines for identifying and handling patients who may qualify for financial assistance. This policy also establishes the financial screening criteria to determine which patients qualify for Financial Assistance program. The financial screening criteria in this policy are based primarily on the Federal Poverty Level (“FPL”) guidelines updated periodically by HHS in the Federal Register.

2. SCOPE

- 2.1 This policy covers hospital inpatient and outpatient departments. An emergency physician, as defined in 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 High Medical Cost patients who are at or below 350 percent of the FPL. Emergency Room physician fees are covered under a separate policy. All other physician fees are excluded.

3. DEFINITIONS

- 3.1 Bad debt: A bad debt results from services rendered to a patient who is determined by RUHS – Medical Center, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.
- 3.2 Financial assistance patient: A financial assistance patient is a financially eligible Self-Pay patient or a High Medical Cost patient.
- 3.3 Emergent medical condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
- a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part; or
 - b. With respect to a pregnant woman who is having contractions:
 - When there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - The transfer may pose a threat to the health or safety of the woman or the unborn child.
- 3.4 High medical cost patient: A financially eligible High Medical Cost patient is defined as follows:
- a. Not self-pay (has third party coverage)
 - b. Patient's family income at or below 350% of the Federal Poverty Level (FPL)
 - c. Out-of-pocket medical expenses in prior twelve (12) months (whether incurred in or out of any hospital) exceeds 10% of Patient's Family income
- 3.5 Medically necessary service: A medically necessary service or treatment is one that is absolutely necessary to treat or diagnose a patient and could materially adversely affect the patient's condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.
- 3.6 Patient's family: For patients 18 years of age and older, patient's family is defined as their spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not. For persons under 18 years of age, patient's family means a parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.
- 3.7 Reasonable payment plan: Monthly payments that are not more than 10 percent of a Patient's Family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments,

insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

- 3.8 Self-pay patient: A financially eligible self-pay patient is defined as follows:
- a. No third party coverage;
 - b. No Medi-Cal/Medicaid coverage or patients who qualify but who do not receive coverage for all services or for the entire stay;
 - c. No compensable injury for purposes of government programs, workers' compensation, automobile insurance, other insurance, or third party liability as determined and documented by the hospital;
 - d. Patient's Family income is at or below 350% of the Federal Poverty Level (FPL)

4. POLICY

- 4.1 This policy is designed to provide assistance to financially qualified patients who require medically necessary services, are uninsured, ineligible for third party assistance, or have high medical costs. Patients are granted assistance from unfunded financial assistance, State-funded California Healthcare for Indigent Program (CHIP), county programs, or grant programs for some or all of their financial responsibility depending upon their specific circumstances.
- 4.2 Patients with demonstrated financial need may be eligible if they satisfy the definition of a financial assistance patient or high medical cost patient as defined in section 3.8 of this document.
- 4.3 This policy permits non-routine waivers of patients' out-of-pocket medical costs based on an individual determination of financial need in accordance with the criteria set forth below. This policy and the financial screening criteria must be consistently applied to all cases throughout RUHS – Medical Center. If application of this policy conflicts with payer contracting or coverage requirements consult with RUHS – Medical Center legal counsel.
- 4.4 Services that are not medically necessary services or services that are separately-billed physician services are not eligible for Financial Assistance program. Emergency department physician services are covered under a separate policy.
- 4.5 This policy will not apply if the patient/responsible party provides false information regarding financial eligibility or if the patient/responsible party fails to make every reasonable effort to apply for and receive government-sponsored insurance benefits for which they may be eligible.
- 4.6 RUHS Medical Center shall accept, manage, and track medically necessary referrals from the RUHS-CHC equally to all RUHS-CHC patients, regardless of ability to pay. The Medical Center also agrees to provide discounted medical care made available under the RUHS-CHC Sliding Fee Discount Schedule Program, or any discount greater than or equal to the RUHS-CHC Sliding Fee Discount Schedule, to all eligible patients referred to the Medical Center by the RUHS-CHC.

- 4.7 RUHS – Medical Center, 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 - MEDICAL CENTER.
- 4.8 All patients will be provided emergency services in accordance with Emergency Medical Treatment & Active Labor Act (EMTALA) regulations. RUHS - MEDICAL CENTER staff will comply with federal and state laws regarding the conduct of county hospital financial business practices.
- 4.9 The Financial Assistance Program available through RUHS - MEDICAL CENTER 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.
- 4.10 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, are 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.
- 4.11 Eligibility for the Financial Assistance Program 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.
- 4.12 Departmental Responsibilities
- a. The RUHS - MEDICAL CENTER Financial Assistance shall be reviewed and updated to reflect the current Federal Poverty Level Guidelines (Attachment III).
 - b. 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 – Medical Center.
 - c. 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 – Medical Center Financial Assistance Program.
 - d. MISP eligibility staff will apply the following when determining eligibility for Financial Assistance:
 - Patient must meet the Resource limits established for the State of California’s Medi-Cal program.
 - Monetary assets will be considered
 - 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.
 - e. RUHS - MEDICAL CENTER will post and make available

- 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 - MEDICAL CENTER Financial Assistance Program.
- Notice (Attachment II) that provides information about the patient may be eligible for a government-sponsored program or for the RUHS - MEDICAL CENTER Financial Assistance Program. This notice will be posted in areas throughout the hospital.

4.13 Customer Service

- a. 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 – Medical Center to make a determination regarding the patient’s need for financial assistance.
- b. Financial screening provided by MISP Eligibility staff, using eligibility criteria (income, family size), will determine the amount a patient is responsible to pay.
- c. All RUHS – Medical Center staff shall be informed of availability of Financial Assistance Programs.

4.14 Eligibility

- a. Patients with income at or below 100% of the federal poverty level are eligible for RUHS - MEDICAL CENTER Free Care Financial Assistance 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 - MEDICAL CENTER Partial Financial Assistance Program after all other types of assistance have been exhausted.
- b. 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.
- c. 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 - MEDICAL CENTER Financial Assistance Program.
- d. Medi-Cal or Medicare beneficiaries with share of cost, deductible, and/or co-insurance do not constitute being underinsured.
- e. Patients applying for the RUHS - MEDICAL CENTER 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 - MEDICAL CENTER - MISP office to make an appointment with the appeals supervisor.

- f. If determined to be eligible for the RUHS - MEDICAL CENTER Partial Financial Assistance Program by MISP eligibility staff, the patient will be referred to Patient Accounts to arrange payment of the hospital bill(s).
 - g. Documentation of the financial screening process will be retained by MISP according to MISP policy
- 4.15 Documentation Includes:
- a. Date of determination of eligibility or denial for this program
 - b. Level of eligibility per the RUHS - MEDICAL CENTER Financial Assistance program
 - c. Copy of the application form
 - d. Copy of the approval or denial letter
- 4.16 Coverage Restrictions
- a. Outpatient prescriptions and cosmetic surgeries are not covered under the RUHS - MEDICAL CENTER Financial Assistance Program.
- 4.17 Billing
- a. Amounts payable to medical service providers other than RUHS - MEDICAL CENTER are excluded from this policy.
 - b. A Patient qualifying for assistance under the RUHS - MEDICAL CENTER Financial Assistance Policy and cooperating with Patient Accounts will not be referred to a collection agency.
 - c. 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.
 - d. In the event that the cost of medical care received at RUHS - MEDICAL CENTER 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.
 - e. 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.
 - f. If a patient is cooperating and complying with the payments required according to the established responsibility for that patient, RUHS – Medical Center 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.
 - g. 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.
 - h. If it is determined an overpayment by the patient has occurred, RUHS – Medical Center 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.
 - i. RUHS – Medical Center contracted collection agencies; billing services are required to conform to the billing/collection practices outlined in this policy.

5. REFERENCES

- 5.1 2004 CHA Voluntary Principles and Guidelines for Assisting Low Income, Uninsured Patients.
- 5.2 MISP policy number MISP 10
- 5.3 MISP policy number MISP 14
- 5.4 MISP policy number MISP 20
- 5.5 MISP policy number MISP 21

6. ATTACHMENTS

- 6.1 RUHS – Medical Center Financial Assistance Statement
- 6.2 RUHS – Medical Center Financial Assistance Notice
- 6.3 Federal Poverty Guidelines

ATTACHMENT 6.1

RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER FINANCIAL ASSISTANCE PROGRAM

To meet the needs of the uninsured/underinsured patients who have received healthcare services at RUHS – MEDICAL CENTER and are unable to pay for these services, programs have been established to assist RUHS - MEDICAL CENTER 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 - MEDICAL CENTER 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 - MEDICAL CENTER 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 - MEDICAL CENTER Financial Assistance Program
7888 Mission Grove Pkwy, Suite 201
Riverside, Ca 92508
951-486-5375
Espanol 951-486-5400**

Medi-Cal

MISP

Medicare

951-486-5750

1-877-501-5085

1-800-633-4227

ATTACHMENT 6.2

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
FINANCIAL ASSISTANCE PROGRAM**

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These programs include, but are not limited to:

**Medically Indigent Services Program (MISP)
RUHS - MEDICAL CENTER Financial Assistance Program
7888 Mission Grove Pkwy, Suite 201
Riverside, Ca 92508
951-486-5375
Español 951-486-5400**

Medi-Cal

MISP

Medicare

951-486-5750

1-877-501-5085

1-800-633-4227

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
Housewide**

ATTACHMENT 6.3

Annual 2017 Poverty Guidelines for the 48 Contiguous States

Household/ Family Size	25%	50%	75%	100%	125%	150%	175%	185%	200%	225%	250%	275%	300%	325%	350%	375%	400%
1	3,015	6,030	9,045	12,060	15,075	18,090	21,105	22,311	24,120	27,135	30,150	33,165	36,180	39,195	42,210	45,225	48,240
2	4,060	8,120	12,180	16,240	20,300	24,360	28,420	30,044	32,480	36,540	40,600	44,660	48,720	52,780	56,840	60,900	64,960
3	5,105	10,210	15,315	20,420	25,525	30,630	35,735	37,777	40,840	45,945	51,050	56,155	61,260	66,365	71,470	76,575	81,680
4	6,150	12,300	18,450	24,600	30,750	36,900	43,050	45,510	49,200	55,350	61,500	67,650	73,800	79,950	86,100	92,250	98,400
5	7,195	14,390	21,585	28,780	35,975	43,170	50,365	53,243	57,560	64,755	71,950	79,145	86,340	93,535	100,730	107,925	115,120
6	8,240	16,480	24,720	32,960	41,200	49,440	57,680	60,976	65,920	74,160	82,400	90,640	98,880	107,120	115,360	123,600	131,840
7	9,285	18,570	27,855	37,140	46,425	55,710	64,995	68,709	74,280	83,565	92,850	102,135	111,420	120,705	129,990	139,275	148,560
8	10,330	20,660	30,990	41,320	51,650	61,980	72,310	76,442	82,640	92,970	103,300	113,630	123,960	134,290	144,620	154,950	165,280
9	11,375	22,750	34,125	45,500	56,875	68,250	79,625	84,175	91,000	102,375	113,750	125,125	136,500	147,875	159,250	170,625	182,000
10	12,420	24,840	37,260	49,680	62,100	74,520	86,940	91,908	99,360	111,780	124,200	136,620	149,040	161,460	173,880	186,300	198,720
11	13,465	26,930	40,395	53,860	67,325	80,790	94,255	99,641	107,720	121,185	134,650	148,115	161,580	175,045	188,510	201,975	215,440
12	14,510	29,020	43,530	58,040	72,550	87,060	101,570	107,374	116,080	130,590	145,100	159,610	174,120	188,630	203,140	217,650	232,160
13	15,555	31,110	46,665	62,220	77,775	93,330	108,885	115,107	124,440	139,995	155,550	171,105	186,660	202,215	217,770	233,325	248,880
14	16,600	33,200	49,800	66,400	83,000	99,600	116,200	122,840	132,800	149,400	166,000	182,600	199,200	215,800	232,400	249,000	265,600

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
Housewide**

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Date Reviewed	Reviewed By:	Revisions Made Y/N	Revision Description
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11/13/2017	Hospital Executive Committee	N	