RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
House wide

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Title: Financial Assistance for Low Income, Uninsured/Underinsured Patients	**Effective Date:** 01/01/2024	☐ **RUHS – Behavioral Health** ☐ **RUHS – Care Clinics** ☒ **RUHS – Medical Center** ☐ **RUHS – Public Health**
Approved By: Sarah A Acosta Executive Director Sarah Acosta		☒ **Policy** ☐ **Procedure** ☐ **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 400% 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 disturbance 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 affect 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: 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 400% 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 Patients 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, patients’ 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, 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 purpose of government programs, worker's compensation, automobile insurance, other insurance, or third-party liability as determined and documented by the hospital;

3.9 Deceased patient: If a patient does not qualify for a government assistance program or has any third – party payor coverage or Guarantor, should be deemed automatically eligible for full Charity Care. Reference to Patient Accounts Policy #703.

3.10 Homeless Patient: patient indicates being homeless. Residing in a shelter, motel, transitional housing or place not meant for human habitation. Shall be deem eligible for full Charity Care. Reference to Patient Accounts Policy #704.

4. DEFINITIONS

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 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 needs 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 Regardless of ability to pay, RUHS Medical Center shall accept, manage and track medically necessary referrals received from RUHS Community Health Centers for all patients. Sliding Fee Discount Program is only used for certain hospital-based programs when referred by a CHC provider to the Medical Center. The services that are currently covered by SFDP are -Lab, Radiology, Mammogram Screening (when patient does not qualify for EWC) eye pressure checks, occupational therapy, Speech Therapy, and Physical Therapy.

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 400% 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 considered for those individuals who are uninsured, under-insured, 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 Department 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
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.
    - Application may be completed any time prior to or within one year after discharge
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 be 400% 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, co-insurance and /or reached a lifetime limit, non-covered relating to services not medically necessary), with income at or below 400% 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” (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. Commercial Insurance, Medi-Cal or Medicare beneficiaries with share of cost, 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 owned 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. Payments 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 the 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 the 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 910

5.3 MISP policy number MISP 912

5.4 MISP policy number MISP 914

5.5 MISP policy number MISP 915

Attachment 6.0

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.

Medically Indigent Services Program (MISP)
RUHS – MEDICAL CENTER Financial Assistance Program
26600 Cactus Ave 1st Floor #14
Moreno Valley, CA 92555
877-501-5085

Medi-Cal	**MISP**	**Medicare**
877-410-8827	**877-501-5085**	**800-633-4227**

ATTACHMENT 6.2

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These programs include, but are not limited to:

Medically Indigent Services Program (MISP)
RUHS – MEDICAL CENTER Financial Assistance Program
877-501-5085

Medi-Cal	MISP	Medicare
877-410-8827	877-501-5085	800-633-4227

ATTACHMENT 6.3

Annual 2024 – 2025 Poverty Guidelines

Household/Family Size	100%	138%	200%	322%	400%
1	$15,060	$20,783	$30,120	$48,494	$60,240
2	$20,400	$28,208	$40,880	$65,817	$81,760
3	$25,80	$35,632	$51,640	$83,141	$103,280
4	$32,200	$43,056	$62,400	$100,464	$124,800
5	$36,580	$50,481	$73,160	$117,788	$146,320
6	$41,960	$57,905	$83,920	$135,112	$167,840
7	$47,340	$65,330	$94,680	$152,435	$189,360
8	$52,720	$72,754	$105,440	$169,759	$210,880
Each Additional Person Add	**$5,380**	**$7,425**	**$10,760**	**$17,324**	**$21,520**

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7/25/2019	**MISP**	**Y**	**FPL table updated for 2019/2020**
4/1/2022	**MISP**	**Y**	**FPL 22/23 Updated**
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