


RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER

Housewide

		Document No: 200	Page 1 of 10
Title: Financial Assistance for Low Income, Uninsured/Underinsured Patients	Effective Date: 7/10/2025	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input type="checkbox"/> RUHS – Hospital Based 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 type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input checked="" 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, January 1, 2015 and January 01, 2025 (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/Charity Care. This policy also establishes the financial screening criteria to determine which patients qualify for Financial Assistance program.
- 1.3 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:** Discount payment any charge for care that is reduced but not free. A financially eligible Self-Pay patient or a High Medical Cost patient.
- 3.3 **Charity Care:** Free health services provided to eligible patients as outlined in hospital's Charity Care program. Charity care does to include bad debt defined as uncollectable charges that the hospital recorded as revenue but wrote off due to a patient's failure to pay.
- 3.4 **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.
 - i. Serious impairment to bodily functions; or
 - ii. Serious dysfunction of any bodily organ or part; or
 - b. With respect to a pregnant woman who is having contractions:
 - i. When there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - ii. The transfer may pose a threat to the health or safety of the woman or the unborn child.

3.5 High medical cost patient; that exceed 10% of their family income in the prior 12 months. Out-of-pocket costs include expenses for medical care not reimbursed by insurance or health coverage programs, such as Medicare copays or Medi-Cal cost-sharing. Annual out-of-pocket expenses that exceed 10% of their family income, if they provide documentation of medical expenses paid by the patient or their family in the prior 12 months. This also refers to expenses not covered by insurance or other health coverage

- a. Have a family income at or below 400% of the Federal Poverty Level (FPL).
- b. Not be already receiving a discounted rate as a result of their insurance coverage. This means that even if a patient has insurance, if that insurance doesn't provide a significant discount, they may still qualify based on their income and medical expenses
- c. Not self-pay (has third party coverage)

3.6 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,

3.7 Patient's family: For all patients, regardless of age: Includes all dependent children, irrespective of their age. For non-minor patients who are dependent children: Includes the parents of the patient.
For dependent children under 21 years of age: Includes dependent children under the age of 21 years, whether living at home or not.
For patients under 18 years of age: Includes the patient's parent, caretaker relatives (as defined below), and other children under 21 years of age of the parent or caretaker relative.

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

3.9 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 400% of the Federal Poverty Level (FPL)

A. 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 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 3.9 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.
- 4.4 Throughout RUHS - Medical Center. If application of this policy conflicts with payer contracting or coverage requirements consult with RUHS - Medical Center legal counsel.
- 4.5 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.
- 4.6 This policy will not apply if the patient/responsible party provides false information regarding financial eligibility.
- 4.7 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. Discounted medical care made available under the RUHS-CHC Sliding Fee Discount Schedule Program will be provided to patients referred from RUHS-CHC to the Medical Center.
- 4.8 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.

- 4.9 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.
- 4.10 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.
- 4.11 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.
- 4.12 Eligibility for the Financial Assistance Program/Charity Care 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.
- 4.13 Departmental Responsibilities
- a. The RUHS - MEDICAL CENTER Financial Assistance shall be reviewed and updated to reflect the current Federal Poverty Level Guidelines (Attachment 6.3).
 - 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/Charity Care Program.
 - d. MISP eligibility staff will apply the following when determining eligibility for Financial Assistance:
 - i. If patient failed to provide information that is necessary to determine eligibility, it may be considered failure to comply and ineligible for Financial Assistance/Charity Care program.

- ii. Monetary assets will no longer be considered in determining eligibility for Charity care or discount payments.
 - iii. Individuals with household incomes exceeding 400% of the Federal Poverty Level (FPL) are ineligible for Financial Assistance.
- e. RUHS - MEDICAL CENTER will post and make available income requirements, the patient may be eligible for a government- sponsored program or for the RUHS - MEDICAL CENTER Financial Assistance Program.
 - i. Notice (Attachment 6.2) 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.

4.14 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

4.15 Eligibility

- a. Patients with income at or below 100% of the federal poverty level are eligible for RUHS - MEDICAL CENTER Free Charity Care Program. Patients with combined income at or below 400% of federal poverty level and are uninsured or underinsured will be eligible to apply for the RUHS - MEDICAL CENTER (discount payment) Financial Assistance Program
- b. Determination of Eligibility requirements
 - i. Application for Financial Assistance/Charity Care
 - ii. Copy of picture identification
 - iii. Proof of Family income (recent paystubs or income tax returns)

- iv. Statement of support if there is no income
- v. Patient may apply for Financial Assistance/Charity Care at any time.
- c. Commercial Insurance deductible, Hospital may waive or reduce Medi-Cal and Medicare cost sharing amounts as part of its Charity Care Program or discount payment program.
- d. Co-Insurance does 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 877-501-5085 to make an appointment with the appeals supervisor or Assistant Director.
- 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.

4.16 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

4.17 Coverage Restrictions

- a. Outpatient prescriptions are not covered under the RUHS- MEDICAL CENTER Financial Assistance Program. Elective or cosmetic Surgery must be deemed medically necessary to be covered under this policy.

4.18 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. For patients qualifying for discounted payments (household income at or below 400% FPL), the expected payment will not exceed the greater of the expected Medicare or Medi-Cal reimbursement. If no such rate exists for a service, an appropriate discounted payment will be applied. Eligible patients are not required to participate in independent dispute resolution.
- d. The hospital will provide an extended payment plan to patients who qualify for discounted payments or charity care, allowing for the payment of the discounted price over time. The terms of the payment plan will be negotiated between the hospital and the patient or their legal representative, considering the patient's family income and essential living expenses. If the hospital and the patient cannot agree on the payment plan terms, the hospital will apply a reasonable payment plan based on the formula defined in California Health and Safety Code Section 127400(i). California Code, Health and Safety Code
- e. 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.
- f. If a patient or guarantor fails to make all consecutive payments as required by their established extended payment plan for a period exceeding 90 days, the extended payment plan may be declared inoperable. Before declaring the plan inoperable, the hospital or its representative must try to contact the patient by phone to discuss missed payments and offer to renegotiate the plan. A written notice must also be sent at least 60 days after the first missed payment, informing the patient the plan may become inoperative and offering renegotiation. This notice must give the patient at least 30 days to make a payment. If these attempts are unsuccessful and the plan is declared inoperative, the patient's responsibility is limited to the previously determined discounted amount, and they receive credit for payments made. Adverse credit reporting or civil action cannot begin until after the plan is declared inoperative.

- g. If it is determine 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.
- h. RUHS - Medical Center contracted collection agencies; billing services are required to conform to the billing/collection practices outlined in this policy.

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
- 5.6 RUHS - CHC 112 Sliding Fee Discount Policy

ATTACHMENTS

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

Document History:

Prior Release Dates: 11/13/2017, 5/22/2019, 4/1/2022, 1/17/2023, 9/11/2024, 01/01/2025		Retire Date: N/A	
Document Owner: MISP		Replaces Policy: MISP Policies No. 204.2 and 204.3	
Date Reviewed	Reviewed By:	Revisions Made Y/N	Revision Description
1/1/2025	Policy Approval Committee	N	<p>4.12 Added i. f patient failed to provide information that is necessary to determine eligibility, it may may be considered failure to comply and ineligible for Financial Assistance/Charity Care</p> <p>4.14 Removed 4.14 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</p> <p>Added b. Determination of Eligibility requirements</p> <p>Application for Financial Assistance/Charity Care</p> <p>I. copy of picture identification</p> <p>II. Proof of Family income (recent paystubs or income tax returns),</p> <p>III. Statement of support if there is no income</p> <p>IV. Patient may apply for Financial Assistance/Charity Care at any time.</p> <p>f. Added: Phone # 877-501-5085 Added: Assistant Director contact</p>
8/1/2025	Minor typo/corrections		

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
26600 Cactus Ave 1st M1047
Moreno Valley CA, 92555
877-501-5085

Medi-Cal	MISP	Medicare
877-410-8827	1-877-501-5085	1-800-633-4227

ATTACHMENT 6.2
**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:

**Medically Indigent Services
Program
(MISP) RUHS - MEDICAL CENTER Financial Assistance
Program**

877-501-5085

Medi-Cal

877-410-8827

MISP

1-877-501-5085

Medicare

1-800-633-4227

ATTACHMENT 6.3

Annual 25/26 Poverty Guidelines

Household/Family Size	100%	138%	200%	322%	400%
1	\$15,650	\$21,597	\$31,300	\$50,393	\$62,600
2	\$21,150	\$29,187	\$42,300	\$68,103	\$84,600
3	\$26,650	\$36,777	\$53,300	\$85,813	\$106,600
4	\$32,150	\$44,367	\$64,300	\$103,523	\$128,600
5	\$37,650	\$51,957	\$75,300	\$121,233	\$150,600
6	\$43,150	\$59,547	\$86,300	\$138,943	\$172,600
7	\$48,650	\$67,137	\$97,300	\$156,653	\$194,600
8	\$54,150	\$74,727	\$108,300	\$174,363	\$216,600
Each Additional Person Add	\$5,500	\$7,590	\$11,000	\$17,710	\$22,000