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Applicability Riverside Medical
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Charity and Financial Assistance Policy

Policy:

Riverside Medical Center's mission is to provide a remarkable healthcare experience. We do this for each person, regardless of their personal or economic circumstance. Riverside is committed to provide charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. The following guidelines are used when determining if financial assistance is appropriate or needed. These guidelines are intended for the use of the hospital and its collection agencies. The guidelines may be used by other entities of Riverside Healthcare; however, each entity will determine their own specific policies related to charity care. Under no circumstances does this policy delay or prevent the treatment of emergency medical care. Riverside Medical Center provides care for emergency medical conditions to individuals regardless of their eligibility under the financial assistance policy.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial charity) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will publicize the policy within the community served by the hospital
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for Medicare patients. Patients eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts

generally billed (AGB) to individuals who have insurance covering such care. Riverside calculates AGB using the Prospective Method as described by the Internal Revenue Service. Under this method, AGB is determined by using the same billing and coding processes Riverside would use if the individual were a Medicare beneficiary and setting the AGB at the amount Medicare would allow for the care, which would include both the amount reimbursed by Medicare and any personally responsible amount owed by the patient in the form of co-payments, co-insurance and deductibles.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Riverside Medical Center's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. Patients may be asked to provide, if applicable:

- A copy of the family's most recent tax return;
- Current bank statements (checking and savings);
- Proof of income for the patient and spouse, if married: 2 most recent pay stubs; social security statements; or unemployment stubs;
- Current Medicaid or LINK card; and
- Patients indicating they have no income must provide information as to how they are currently supporting themselves.

Patients requesting the **Uninsured** Discount will only be asked to provide **one** of the following (as required by Public Act 095-0965, the Hospital Uninsured Patient Discount Act):

- A copy of the most recent tax return
- Copies of the 2 most recent pay stubs

In order to manage its resources responsibly and to allow Riverside Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

Definitions

For this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do **not** count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Procedure:

- A. **Services Eligible Under this Policy.** for purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Riverside Medical Center without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:
 1. Emergency medical services provided in an emergency room setting;
 2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
 3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 4. Medically necessary services, evaluated on a case-by-case basis at Riverside Medical Center's discretion.
- B. **Services Excluded from this Policy** include but are not limited to:
 1. Special pricing for the delivery of a baby;
 2. Special pricing for procedures commonly not covered by insurance, such as bariatric;
 3. Self-referred services such as dietary consults, cardiac rehab phase 3 or 4, heart scoring, etc.

4. Other specially priced services requiring payment in full prior to services being rendered.
- C. **Eligibility for Charity.** Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Riverside Medical Center offers the following options for patients who are unable to pay their out-of-pocket expense in full:
1. Reasonable payment plans
 - a. Available to all patients.
 - b. Assists patients in meeting their financial obligation by way of reasonable payment arrangements.
 2. Self-pay discount for patients without insurance
 - a. Offers an automatic 73.38% discount off gross charges. No application needed.
 3. Financial Assistance
 - a. Available to all patients
 - b. Assists patients in meeting their financial obligation by way of free care or discounted rates based on family size and income. Application and income verification required. (Exception - see presumptive, described later in this Policy.)

D. **Method by Which Patients May Apply for Charity Care.**

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - c. Include reasonable efforts by Riverside Medical Center to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - d. Take into account the patient's available assets, and all other financial resources available to the patient; and
 - e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. It is preferred but not required that a request for charity and a determination of

financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known. **(Note to uninsured patients in need of high-cost implantable devices or high-cost drugs: Riverside will make every attempt to have these high-cost items provided at no cost by the vendor. This will require eligibility determination prior to service.)**

3. Riverside Medical Center's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and Riverside Medical Center shall notify the patient or patient's agent in writing within 30 days of receipt of a completed application.
4. Discounts will be applied to all open self-pay balances, regardless of the age of the account. Previously paid bills will not be considered for charity, nor will patient payments be refunded unless required by regulation. Partial discounts or denials of financial assistance will require the patient to pay the remaining balance in full or contact the hospital to establish a reasonable payment plan.
5. Incomplete applications will be denied. A letter indicating what information is missing will be sent to the patient. Upon receipt of the missing information, the application will be reconsidered.
6. Patients may appeal denials for financial assistance, in writing. Patients should include any additional information that was not submitted with the original application to help support their reason for appealing the decision. Appeals will be reviewed and responded to within 45 business days. Appeals are reviewed by designated staff in the Patient Financial Services Department of Riverside Medical Center.
7. In the event the patient does not initially qualify for financial assistance after providing the requested information and documentation, patients may re-apply if there is a change in their income, assets or family size responsibility. Applications will be reviewed and decisions of eligibility will be determined as follows:
 - a. The Financial Counselor will be responsible to determine eligibility.
 - b. The Customer Service Manager will approve financial assistance up to \$1,000.
 - c. The Director of Patient Financial Services will approve financial assistance for amounts greater than \$1,000. The Director of Revenue Integrity may approve in his or her absence.
 - d. the Vice President of Finance or the Chief Financial Officer will co-sign and approve financial assistance amounts greater than \$5,000.

E. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with

charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Riverside Medical Center may use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State of Illinois Veteran's Home determination of indigence, known as Aid and Attendance;
2. Illinois LINK card eligibility (food stamps);
3. Patients receiving free care from a community clinic and the community clinic refers the patient to Riverside Medical Center for services the clinic is unable to provide;
4. State-funded prescription programs;
5. Homeless or received care from a homeless clinic;
6. Participation in Women, Infants and Children programs (WIC);
7. Eligible for Illinois Healthy Women's program;
8. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down; CHIPS and DMH);
9. Patients that are mentally or physically incapacitated and have no agent acting on their behalf;
10. Patients that file bankruptcy;
11. Patients that have been determined to have no assets by our collection agency partner;
12. Low income/subsidized housing is provided as a valid address; and
13. Patient is deceased with no known estate.

F. Eligibility Criteria and Amounts Charged to Uninsured and underinsured Patients. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. To be considered for a discount under Riverside's charity policy, a person must cooperate with the hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his/her health care, such as Medicare, Medicaid, AllKids, third-party liability, etc. Patients must cooperate with their insurance carrier and provide any requested information (i.e. coordination of benefits information; student verification; etc.) Riverside's obligations toward an individual patient will cease if the patient unreasonably fails or refuses to provide Riverside with information or documentation requested or if the patient fails to apply for coverage under public programs within 30 days of Riverside's request. Once a patient has been determined by Riverside Medical Center to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Riverside Medical Center will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Using a sliding scale, a partial discount may be offered based on the individual's

family income and, for those without insurance, in accordance with the State of Illinois Public Act 095-0965, the Hospital Uninsured Patient Discount Act.

3. Patients may be eligible to receive discount rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Riverside Medical Center, however, the discounted rates shall not be greater than the amounts generally billed (AGB) to (received by the hospital for) Medicare patients.
 4. Uninsured patients may be eligible for a maximum collectible amount of 20% of the patient's family income, if they are found to be eligible for financial assistance and if they do not own assets having a value in excess of 600% of the FPL. The 20% maximum is for a 12-month period beginning with the date the patient becomes eligible under the hospital's charity care policy. Excluded from the excess assets are the patient's primary residence, personal property exempt from judgment under Section 12-001 of the Code of Civil Procedure; or any amounts held in a pension or retirement plan. (Distributions from a retirement plan are considered income and are not exempt.)
 5. An uninsured patient must inform the hospital, in writing, before or after each subsequent visit in the 12-month period that they are eligible for the maximum collectible cap. The maximum collectible may be granted to patients with insurance on a case-by-case basis. Additional details may be found in the Hospital Uninsured patient Discount Act policy RMC-PT ACCT 910-03-0598.
 6. Each situation will be reviewed independently, and allowances may be made for extenuating circumstances based on good faith efforts and mitigating factors.
 7. Patients receiving special pricing for the delivery of a baby, bariatric surgery, dietary consults, cardiac rehabilitation Phases 3 and 4 or other special priced services requiring payment in full prior to service being provided are not eligible for further discounting.
 - a. The hospital's use of the federal poverty guidelines (FPL) will be updated annually in conjunction with the FPL updates published by the United States Department of Health and Human Services. Annual adjustments to discounts will also be based on the calculations of the State of Illinois' Hospital Uninsured Patient Discount Act.
 - b. Riverside Medical Center will require that the patient certify that all the information provided in the application is true. If any of the information is untrue, any discount granted to the patient is forfeited.
- G. Communication of the Charity Program to Patients and Within the Community.** Notification about charity available from Riverside Medical Center which shall include a contact number, shall be disseminated by Riverside Medical Center by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in various patient care areas, in the Patient Handbook, Admitting and Registration departments, hospital cashier offices, and at other public places as Riverside Medical Center may elect. Riverside Medical Center also shall publish a summary of this charity care policy on the facility website, in brochures available in patient access sites and at other places within the community served by the hospital as Riverside Medical Center may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Riverside

Medical Center. Referral of patients for charity may be made by any member of the Riverside Medical Center staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

- H. **Relationship to Collection Policies.** Riverside Medical Center management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Riverside Medical Center, and a patient's good faith effort to comply with his or her payment agreements with Riverside Medical Center. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Riverside Medical Center may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts against those cooperating patients. Riverside Medical Center will not impose extraordinary collection actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:
1. Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
 2. Documentation that Riverside Medical Center has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
 3. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.
 - a. Riverside Medical Center's external collection agencies will also identify patients that may qualify for charity care and will assist in communicating Riverside's financial assistance policy and mail applications to patients requesting assistance.
 - b. Legal action, including the garnishment of wages, may be taken by Riverside Medical Center to enforce the terms of the charity payment plan. Such measures would only take place when there is evidence that the charity care patients or responsible party has sufficient income and/or assets to meet his/her obligation. The hospital will not place a lien on a charity care patient's primary residence and will not execute a lien by forcing the sale or foreclosure of a charity care patient's primary residence to pay for an outstanding medical bill. Riverside Medical Center will not use body attachments to require the charity care patient or responsible party to appear in court; however, the hospital recognized that the court system may take this action independently.
- I. **Regulatory Requirements.** In implementing this Policy, Riverside Medical Center management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.
- J. **Other Providers.** As a patient of Riverside Medical Center, you may receive care from multiple providers, some of which may or may not be directly employed by Riverside. If you receive

services from any of the providers or entities, please keep in mind that they may not participate in Riverside's Financial Assistance Program. A listing of those providers who do and do not participate in Riverside's financial assistance programs can be found online at <https://www.riversidehealthcare.org/patients-and-visitors/for-patients/billing-and-insurance/accepted-insurance/provider-listing>. You may also obtain a copy by contacting Customer Service by telephone at (815) 935-7539 or via email at CustomerService@RiversideHealthcare.net. We encourage you to work directly with those providers regarding any available financial assistance. If you have been approved for Riverside's financial assistance program, please share the approval notice received from Riverside with these providers.

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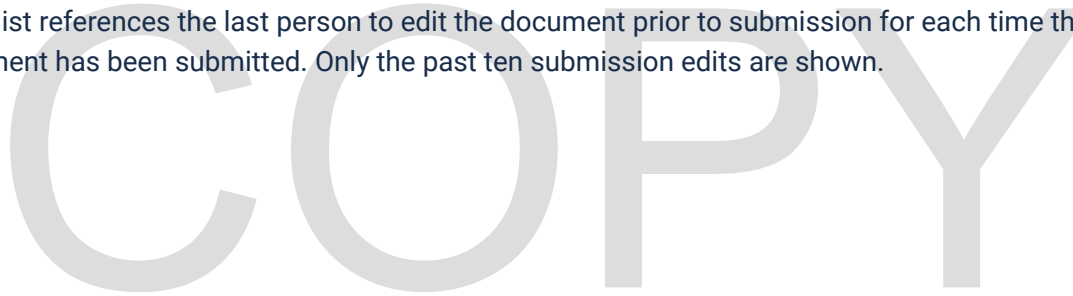
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Riverside Healthcare | Policies

Standards

No standards are associated with this document

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