



<b>Dept.:</b>	<b>HPP (Healthsystem Policy/Procedure)</b>
<b>Number:</b>	<b>HPP.153</b>
<b>Effective:</b>	<b>10/03/2016</b>
<b>Replaces:</b>	<b>January 2016</b>

**Title:**  
**Patient Financial Assistance Program**

<b>Approvers:</b> Greg Murray (Chairperson-Board of Trustees), Seth Warren (Chief Executive Officer) 10/03/2016	
<b>Reviewed By:</b> Board of Trustees, Personnel and Finance, Chief Financial Officer, Director-Patient Financial Services, Director-RHP Finance, VP RHP, Joint Conference Committee	<b>Writer:</b> Patient Financial Services
<b>Frequency:</b> Triennial	<b>Audience:</b> Riverview Health Staff

**Purpose:**

1. Riverview Health is committed to extending financial assistance to those residents of Hamilton County and the geographic area served by Riverview Health (“GSA”) who require health care services as patients of Riverview Health and who demonstrate sufficient financial need.

**Policy:**

1. Riverview Health shall inform the residents of Hamilton County and the GSA about the Patient Financial Assistance Program ("Program").
  - a. Riverview Health shall provide information regarding the availability of the Program to patients and residents of Hamilton County and the GSA through various means in order to achieve community/patient awareness.
2. Riverview Health shall implement an application procedure that is based upon specific criteria to determine patient eligibility and, as appropriate, to approve financial assistance from the Program in a timely manner.
3. All determinations of financial need and patient eligibility to receive financial assistance from the Program shall be documented and re-evaluated on a regular basis or whenever their financial situation changes significantly. At Riverview Health’s discretion, the patient and/or guarantor may be asked to reapply at any point in time.
4. Financial assistance will be provided by assessing the patient’s household or family unit for their ability to pay. The income basis used for determining ability to pay will be the Federal HHS Poverty Guidelines (“FPG”) as published annually in the Federal Register.

5. Retirement funds, the principal residence and ordinary automobiles are excluded from consideration when evaluating the patient's income and ability to pay unless they are determined to be extraordinary assets. Extraordinary assets are defined as those items over and above the basic needs of housing and transportation required for self-sufficiency. Examples of an extraordinary asset include but are not limited to the following: large savings accounts, motorcycle (in addition to automobile), boat, four-wheeler, second home or additional land that is not used as part of a business or to provide income.
6. Exception:
  - a. This Policy does not apply to or otherwise limit Riverview Health the ability to furnish health care services to residents of Hamilton County and the GSA in accordance with the terms and conditions of certain specifically funded programs, including, without limitation, those listed below:
    - i. Women's Center Mammography Fund or patients brought in by Law Enforcement Agencies.
7. Types of Financial Assistance Available
  - a. Riverview Health has established several different ways to extend financial assistance to Persons who are eligible to participate in the Program, including but not limited to the following:
    - i. A reduction or waiver of part or all of certain charges, fees, co-payments or other coinsurance incurred by the Person as a result of health care services provided by Riverview Health;
    - ii. An extended payment plan under which Riverview Health would collect any charges, fees, copayments, deductibles and other coinsurance that remain the Person's financial responsibility as a result of health care services provided by Riverview Health, to be conducted over an extended time period in accordance with the Riverview Health's PFS.003 [Billing and Collection](#) policy; or
    - iii. A combination of "i" and "ii" above.
8. Criteria
  - a. In determining whether a patient has sufficient financial need and is eligible to receive financial assistance from the Program, Riverview Health requires sufficient evidence that:
    - i. The patient has access to no other health benefit plan, other third party source, or access to any other financial assistance program including but not limited the Indiana Medicaid program, Medicaid disability, Social Security disability, a local welfare agency, a court administered program, or other Federal, State or local healthcare programs. The patient must complete the application process and receive a denial before being eligible for part or all of Riverview Health's charges or fees incurred;
    - ii. The patient's total gross income when compared to Federal Poverty Guidelines (FPG), does not exceed Two Hundred Percent (200%) for full reduction or up to 400% FPG for a sliding fee scale reduction and qualifies the patient for a certain percent reduction of the charges, fees, co-payments

or other coinsurance incurred by the Person as a result of health care services provided by Riverview Health; and

- iii. The patient is a resident of Hamilton County or the GSA.
  - b. Patients who meet the criteria of income between 250% and less than or equal to 400% of the Federal Poverty Guidelines will be eligible for a discount of total charges. They will also have a cap on their total patient liability for a single visit at 10% of their gross annual (calculated or anticipated) income. Income is based on the total available or anticipated gross income for the household, regardless of the relationship between household members.
  - c. Patients who have access to insurance through their employer or association who have chosen NOT to enroll in that insurance will be given individual consideration. The amount of charity provided may be adjusted by the estimated annual insurance expense of \$2,400 for an individual or \$3,600 for a family. If this situation exists the individual or family would be held responsible for a minimum of the above amounts for their hospital services in any given calendar year.
  - d. Patients who opt out of billing their existing health insurance or third party liability coverage for specific services will not be eligible for financial assistance for those services.
  - e. All uninsured patients will be given a standard Uninsured Discount to be applied immediately before 1<sup>st</sup> statement is sent to patient. If patient then applies for and is awarded financial assistance, the financial assistance discount is applied to the remaining balance AFTER the Uninsured Discount has been applied. The standard Uninsured Discount will be based on the type of practice and setting in which the uninsured patient receives services. For all hospital services, including services provided at Riverview Health (RVH) main campus and off-site hospital based service location, a standard 35% discount will be applied. For services received at all ambulatory Riverview Health Physicians (RHP) locations, a standard discount of 25% will be applied for services from a non-specialty provider location, including but not limited to Primary Care, Pediatrics and Internal Medicine. Any services provided at other RHP specialty locations (e.g. Orthopedic, OB/GYN, Diabetes and Endocrinology, General Surgery, Pain Management) will receive a standard 45% discount.
9. For specific application of the Program see Patient Financial Services, Financial Assistance Procedure.