

RHS - GB - RC Patient Liability Assistance		rPolicies# 619
Riverside Health System (to include System Wide (RHS), RBHC, RDHW, RMG, RPMC, RSMH, RWRH)		
Category Chapter: Governing Body (GB), Revenue Cycle - Customer Call Center	Distribution Group: All RHS Employees	
Policy Approver: AVP Revenue Cycle Patient Accounting	Policy Owner: Thornton, Brandie	
Effective Date: 04/08/2022		Page 1 of 3

Revision Description
04/29/2021 Updates made due to vendor engagement

PURPOSE:

An established policy that gives patients the ability to make installment payments over an extended amount of time.

DEFINITIONS:

None

POLICY:

Riverside Health System understands that health care expenses are often unexpected, and the costs may be more than patients can afford. Riverside Health System is a not-for-profit organization with a mission for providing excellent care without regard for ability to pay for clinically urgent care.

Riverside Health System patient liability assistance policies cover the following: Riverside Medical Group, Riverside Regional Medical Center, Riverside Walter Reed, Riverside Shore Memorial, Doctors Hospital of Williamsburg, Riverside Behavioral Health, a department of Riverside Regional Medical Center, and all locations which operate as a “department of” one of the above listed acute care facilities.

PROCEDURE:

Patients who do not meet the qualifications for Financial Assistance (RHS - RC - Financial Assistance Policy) are eligible to set up an Installment Account.

If a patient has insurance coverage, such insurance will be filed on behalf of the patient. Upon adjudication of insurance claim submissions and/or the establishment of patient liability, patients will receive monthly statements requesting payment.

Patient may contact the Patient Accounting Customer Service department to make arrangements to satisfy the established patient liability. Riverside provides flexible payment plans with convenient monthly payments. Listed below are the payment plan options:

- Up to Twelve (12) months, interest free payment plan. Patients are requested to establish automatic recurring payments from a credit, debit or checking account per system allowance. The account must be paid in full within 12 months. The minimum monthly payment is \$25. See table 1. An extended payment plan greater than twelve (12) months with interest can be administered by a third-party vendor. This will establish a fresh line of credit for payment of medical care costs. A guarantor may combine multiple accounts into one payment plan. The minimum balance owed must be greater than \$25. The monthly installment amount will be 2.5% of the balance or a \$25 minimum payment, whichever is greater.

- In response to Covid-19 Riverside will temporarily allow in-house payment plans up to 36 months. The minimum monthly payment is 25\$. This process will be reviewed every six months.
- Beginning, 06.01.2021 Riverside will no longer offer an extension for payment plans in house due to pandemic.

In House 12 Month Interest Free Installment Plans

Delinquent Monthly Installment

The responsibility of monitoring the in-house missed installments (12 months or less) will be monitored by the Patient Accounting Customer Service Department. A patient will be given the option to move from a 12-month interest free installment to an extended payment plan. Defaulted installment accounts will be sent to collections after 3 consecutive missed payments (policy 7.34 Charge off Conditions).

Combined Accounts

If a patient is already set up on an installment account and wishes to combine another hospital account, the monthly installment amount is recalculated based on the total amount owed. The patient has the option to combine and pay off within the initial 12-month payment plan time period or establish a new payment plan for the combined amount. Only active accounts will be combined. Accounts already in bad debt will not be considered for combination. A patient may not elect to cancel a 12-month payment plan and establish an extended payment plan for the same account. Current installment accounts in good standing can be combined with a new extended interest installment account.

TABLE 1

MINIMUM PAY ARRANGEMENT

ACCOUNT BAL	# OF MONTHS	PAYMENT AMOUNT
\$ XX	Up to 12 months maximum	\$ XX / 12 with a \$25 minimum

Extended Interest Installment Plans

Patients who are unable to finalize their accounts, will be now offered the following terms through vendor with interest installment plans. See table below.

13-24 Months	1.9% APR
25-30 Months	3.9% APR

Delinquent Monthly Installment

Defaulted installment accounts will be returned to Riverside after 3 consecutive missed payments and failure of patient to respond to contact by the vendor. **If special circumstances exist**, the vendor may elect to work with the patient for a short period of time before returning the account to Riverside. Returned accounts for default will be sent to collections (policy # 7.37 Collection Process - Acute).

Combined Accounts

Patient / Guarantor accounts can be combined into the same interest installment plan. These accounts can cross facilities. There will be separate combined accounts for RMG and Acute Care facilities.

Catastrophic Care Liability Assistance

If a patient's aggregate medical bills within a twelve-month period total more than 100% of annual income, the patient will be declared medically indigent and is eligible for 100% charity of patient liable amount, regardless of income.

Services Eligible under this Policy:

The following healthcare services are eligible for financial assistance when eligibility criteria have been met:

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 nonemergency room setting; and
4. Medically necessary services as defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).
5. Patients referred from a Free Health Clinic to the hospital for diagnostics are automatically deemed eligible for charity if not covered by Medicare, Medicaid, or other payment source.

JOB AID(S):

None

RELATED INFORMATION:

<i>Content References</i>	
<i>Related Policies</i>	
<i>Related Forms</i>	

POLICY DATES:

Last Date Reviewed:	04/08/2022
Date Created:	08/01/2003