

REDLANDS COMMUNITY HOSPITAL

ADMINISTRATIVE POLICY

Policy No. A.F2

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SUBJECT: FINANCIAL (PATIENT) POLICIES

REFERENCE: California Administrative Code, Title 22,
Section 707179(a)

ATTACHMENTS: A. Self-Pay and Charity Care Discounts
B. Endowment Funds for Charity Care
C. OB Cost Saver Package Plan
D. Community Based (Outreach) Programs and Services

PURPOSE

To define Redlands Community Hospital's ("RCH's") philosophy and rules governing charitable care, special payment arrangements and general hospital business practices regarding patient financial responsibilities.

POLICY

1. RCH recognizes to the extent that it is financially able, a responsibility to provide quality health care services to persons regardless of their source of payment.
2. It is RCH's philosophy that the need for charitable care or for special payment arrangements should be determined prior to the delivery of that care whenever possible. Early and deliberate efforts of RCH staff to contact the patient, resolve problems, discuss, counsel and make arrangements for payment are encouraged.
3. The cost of accounts not paid must be borne by the paying patient. Proper business practices blended with the compassion in a charitable institution into patient financial policies will enable RCH to fulfill its responsibilities to those patients and third parties who pay in full for services rendered.
4. Hospital business practices regarding patient financial responsibilities shall be defined as follows:
 - I. General Guidelines for All Patients

The billing of private insurance is considered a courtesy to the patient; however, the patient/guarantor remains responsible for the balance.

- A. RCH will bill secondary and supplemental carriers as a courtesy; however,

the patient/guarantor remains responsible for the balance.

- B. New patients are to be pre-registered and receive financial counseling regarding insurance verification and co-payments, coinsurance, and/or deductibles due prior to services being rendered. Description of services and estimated costs of services are to be available to all outpatients from the departments.
- C. Extended Terms - Patients with an outstanding balance post discharge will be referred to the Business Office for counseling.

Payment arrangements without interest can be extended to all Self-Pay patients by the department staff not to exceed 6 months from the date of service. Upon a supervisor's review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

RCH will not revoke a patient's eligibility for extended payment terms unless the patient has failed to make all consecutive payments due in a 90-day period. Before revoking eligibility for extended payment terms, RCH, or any collection agency or other assignee of the patient's account, will make a reasonable attempt to contact the patient by phone and give notice by writing that the extended payment plan may be revoked and the patient has the opportunity to renegotiate the extended payment plan. RCH, the collection agency or other assignee will attempt to renegotiate the extended payment plan if requested by the patient. Adverse information shall not be reported to a consumer credit reporting agency and civil action shall not be commenced against the patient or other responsible party prior to the time the extended payment plan is revoked.

In the event that the patient has a pending appeal for coverage of services, so long as the patient makes a reasonable effort to communicate with the hospital about the progress of the pending appeal, the 90-day nonpayment period described above shall be extended until a final determination of the appeal is made. "Pending appeal" includes the following:

- 1) A grievance against a contracting health care service plan, as described in Chapter 2.2 of Division 2 of the Insurance Code, or against an insurer, as described in Chapter 1 of Part 2 of Division 2 of the Insurance Code;
- 2) An independent medical review, as described in Section 10145.3 or 10169 of the Insurance Code;

3) A fair hearing for review of a Medi-Cal claim pursuant to Section 10950 of the Welfare and Institutions Code;

4) An appeal regarding Medicare coverage consistent with federal law and regulations.

II. Inpatient Practice

RCH will accept insurance benefits as follows:

- A. Medicare - with proper eligibility.
- B. Medi-Cal - with proper eligibility. Share of cost payments must be made by the patient along with the hospital billing Medi-Cal.
- C. Commercial Insurance - with verified coverage, assignable benefits and deductibles met.
- D. Private Insurance - with verified coverage, assignable benefits and deductibles met.
- E. Workers' Compensation - with verified coverage.
- F. HMO/PPO/Capitation - with verified coverage.

III. Outpatient Practice

- A. Same Day Surgery
- B. MRI
- C. Lab
- D. X-ray
- E. Therapy Services
- F. Emergency Department
- G. All other ancillary departments

Insurance Coverage

RCH will accept insurance benefits as follows:

- 1) Medicare - with proper eligibility.
- 2) Medi-Cal - with proper eligibility.
- 3) Commercial Insurance - with an insurance card.
- 4) Private Insurance - with verified coverage, assignable benefits and deductibles met.
- 5) Workers' Compensation - with verified coverage.
- 6) HMO/PPO/Capitation - with verified coverage.

All insurance coverage will be verified prior, and authorization obtained where necessary prior, to the provision of services. Co-pays and deductibles will be collected prior to services being rendered.

IV. Bad Debt/Collection Policy

When required insurance coverage documentation and/or patient balance payments per agreement are not provided, RCH will transfer the account to a Bad Debt file and the reserve for Bad Debt will be charged. Bad Debt accounts may be referred to a collection agency at the discretion of the Collection Supervisor and Director of Patient Financial Services.

A. RCH will recognize any account as a Bad Debt when the account is older than 120 days except as follows:

- 1) The account is pending insurance payment for a known reason.
- 2) Extended payment terms have been authorized. Payment arrangements can be extended to all Self-Pay patients by department staff not to exceed 6 months from the date of service. Upon a supervisors review approval these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.
- 3) The Director of Patient Financial Services or Collection Supervisor has documented a good reason for maintaining the account.
- 4) The account has been recognized and documented as "high risk" and a prior determination made by the Director of Patient Financial

Services or Collection Supervisor that the account should be aggressively followed by an outside agency.

- B. RCH and its assignees of any patient Bad Debt, including collection agencies, will not report adverse information to any consumer credit reporting agency prior to 150 days from initial billing.
- C. RCH will require all assignees of any patient Bad Debt, including collection agencies, to agree to comply with the AB 774 and the SB 350 requirements regarding all collection activity. A written agreement requiring compliance with AB 774 and SB 350, and RCH's standards and scope of practice will be required on all collection agency agreements.
- D. RCH and its assignees of any patient Bad Debt, including collection agencies, will not use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills for patients whose income is below 350% of the Federal Poverty Level.
- E. A collection agency, or other assignee that is not an affiliate or subsidiary of RCH, shall not use sale of the patient's primary residences as a means of collecting unpaid hospital bills of patients whose income is below 350% of the Federal Poverty Level unless both the patient and his or her spouse have died, no child of the patient is a minor and no adult child of the patient who is unable to take care of himself or herself is residing in the house as his or her primary residence.
- F. Bad Debt approval thresholds:

Account Balances between 0.01 – 999.99	Patient Account Rep.
Account Balances between 1,000.00 – 9,999.99	Supervisor
Account Balances between 10,000.00 – 19,999.99	Manager
Account Balances between 20,000.00 – 49,999.99	Director of P.A.
Account Balances over \$50,000.00 per account:	Vice President/ Chief Financial

Officer

or President/CEO
- G. Prior to commencing collection activities against a patient, RCH and its assignees of any patient Bad Debt, including collection agencies, shall provide the patient with a clear and conspicuous notice containing both of the following:

- 1) A plain language summary of the patient's rights pursuant to AB 774 and SB 350, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act of Chapter 41 of Title 15 of the United States Code, and a statement that the Federal Trade Commission enforces the federal act.
- 2) A statement that nonprofit credit counseling may be available.

V. Endowment

Application of Endowment Funds for Charity Care, see **Attachment B**.

VI. Charity Care, AB 774, SB 350 and Prop 99

Application for Self-Pay/Charity Care/Prop 99 Funds, see **Attachment A**.

VII. Employment Courtesy Allowances

No courtesy allowances for RCH employees or their dependents are allowed except as provided for under **Attachments A, B or C**, or as described under Section I above.

VIII. RCH Medical Staff Courtesy Allowances

No courtesy allowances for staff physicians or their dependents are allowed except as provided for under **Attachments A, B or C**, or as described under Section I above.

IX. Other Courtesy / Administrative Allowances

- A. From time to time it is necessary to adjust patient accounts on case by case based on a patient's financial ability, physical ability, mental capability or other related circumstances to make payment, as a courtesy. Approvals are as follows:

Allowance amount	0.01 – 499.99	Patient Accounting Rep.
Allowance amount	500.00 – 1,499.99	Supervisor
Allowance amount	1,500.00 – 4,999.99	Business Office Manager
Allowance amount	5,000 – 9,999.99	Director of P.A.
Allowance amount	=> 10,000.00	Vice President/ Chief Financial Officer or President/CEO

- B. Small balance allowances of \$14.99 and under that have been billed at least once may be written off by the Business Office.

- C. OB Cost-Saver Package Plan, see **Attachment C**.
- D. Self-Pay and Charity Care Discounts, see **Attachment A**.
- E. Community Based (Outreach) Programs and Services, see **Attachment D**.
- X. Overpayment on Patient Accounts
 - A. Insurance Overpayments

RCH will refund insurance overpayments in a reasonable manner, after review and a determination that refund is appropriate. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the verified credit balance.
 - B. Patient Overpayment

RCH will refund overpayments of \$5.00 or more to the responsible party after determining that no accounts for which the party is responsible have an outstanding balance. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the patients payment that created a credit balance. For patients retroactively presenting valid Medi-Cal cards, patient payments may be refunded after all retroactive documentation has been approved by the Department of Health Services. RCH reserves the right not to accept retroactive Medi-Cal.
 - C. Deviations from Policy

The President/CEO, Vice President/CFO or designee may authorize a deviation from any of the above policies.

Responsibility for review and maintenance of this policy is assigned to: Vice President/Chief Financial Officer.

APPROVED:

James R. Holmes, President/CEO

EFFECTIVE: 09/01/80
REVIEWED: 09/23/82, 01/30/86, 05/01/88, 01/21/92, 10/15/93
REVISED: 02/24/95, 11/21/97, 12/20/00, 02/13/04, 02/20/07, 02/15/08
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ATTACHMENT A

SELF-PAY AND CHARITY CARE DISCOUNTS

The Self-Pay and Charity Care Discount policies provided herein is intended to comply with California Assembly Bill 774 (Health and Safety Code § 127400 *et seq.*) and California Senate Bill 350 (Chapter 347, Statutes of 2007) effective January 1, 2008.

DEFINED TERMS

1. “*Bad Debt*” means an account of a patient who demonstrates an ability to pay but who refuses to pay after repeated requests for payment.
2. “*Charity Care*” means any medically necessary inpatient or outpatient hospital service provided to a patient whose responsible party has an income below 350% of the “*Federal Poverty Level*” or “*FPL*” (as defined below).
3. “*Federal Poverty Level*” or “*FPL*” means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.
4. “*Financially Qualified Patient*” means a patient who is: (1) a “*Self-Pay Patient*” (as defined below) or a patient with “*High Medical Costs*” (as defined below), and (2) a patient who has a family income that does not exceed 350% FPL.
5. “*Patient’s Family*” for the purpose of determining family income and size, means, for persons 18 years of age or older: spouse, domestic partner and dependent children under 21 years of age; and for persons under the age of 18: parent or caretaker and other children under 21 years of age.
6. “*Patient with High Medical Costs*” means a patient whose family income does not exceed 350% FPL if that person does not receive a discounted rate from the hospital as a result of the patient’s third- party coverage. For the purpose of this policy, “*High Medical Costs*” means: (1) annual out of pocket costs incurred by the individual at RCH exceed 10% of the patient’s family income for the prior 12 months, or (2) annual out of pocket expenses that exceed 10% of the 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.
7. “*RCH*” means Redlands Community Hospital.
8. “*Self-Pay Patient*” means a patient who does not have third-party coverage from a private health insurer or government entity.
9. “*Self-Pay Discount*” means a discount applied by RCH for any medically necessary inpatient or outpatient hospital service provided to a Patient with High Medical Costs who is uninsured or underinsured, requires assistance in paying their hospital bill, but whose documented income exceeds 350% FPL.

POLICY

All Self-Pay patients who do have an ability to pay and whose income exceeds 350% FPL will receive the standard Self-Pay Discount. All Self-Pay patients whose documented income falls below the 350% FPL threshold will be considered for Charity Care. All Self-Pay Patients will be screened for linkage to any appropriate form of assistance, including but not limited to Medi-Cal, Healthy Family’s, San Bernardino Medically Indigent Adult program, Section 1011 or, any

3rd party liability insurance (Automobile Insurance, Workers' Compensation, Home Owners Insurance, etc.). If linkage to any payor source is found, the patient must pursue this linkage first to receive eligibility for the Charity Care. Any such linkage that is not pursued by the patient or if the patient is denied eligibility for failure to comply may result in the patient not being eligible for RCH's Charity Care / Self-Pay Discount programs. RCH reserves the right to review these instances on a case by case basis.

STANDARD SELF-PAY DISCOUNT

For qualifying Self-Pay Patients who receive medical procedures (excluding implants and high cost drugs, which are billed at cost plus 5%) a 66% discount will be applied to charges at the time of final billing. Self-Pay Discounts offered by RCH may be offered based on financial ability, mental capability, physical ability, or other related reasons (see Eligibility below). An additional prompt-pay discount of 10% may also be offered if full payment is made promptly. Any Self-Pay Discounts that exceed the standard Self-Pay Discount and prompt-pay discount must be approved by the Business Services management team.

Payment arrangements without interest can be extended to Self-Pay Patients by the department staff, typically not to exceed 6 months from the date of service. Upon a supervisor's review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

CHARITY CARE / PROP 99

RCH is committed to providing appropriate medical care to patients in its service area to ensure that a patient in need of non-elective care will not be refused treatment because of his or her inability to pay. Therefore, it is the policy of RCH to provide charity care for those who demonstrate an inability to pay.

CHARITY CARE

Services Eligible under this Policy: For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Redlands Community Hospital 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 RCH.

Eligibility Criteria for charity: will be considered for those individuals who are true "Self-Pay", underinsured; as defined as "Patient with High Medical Costs," and ineligible for any

government health care benefit program 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.

All patients who receive a discount who are HMO, PPO, Medi-Cal, Medicare, and Third Party, are exempt from the program.

In determining eligibility for Charity Care, RCH may consider income and monetary assets of the patient and/or family. The assets include bank accounts and assets readily convertible to cash including stocks. Monetary assets shall not include retirement or deferred compensation plans. The first \$10,000 for patient monetary assets shall not be counted in determining eligibility, nor shall 50% of the patient's monetary assets exceeding the first \$10,000. Waivers or releases from the patient and/or the patient's family authorizing RCH to obtain account information from financial institutions or other entities that hold monetary assets may be required. Information obtained shall not be used in collection activities.

Method by Which Patients May Apply for Charity

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 reasonable efforts by RCH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - c. 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);
 - d. Take into account the patient's and/or families 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. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 6 months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
3. RCH may deny Charity Care on the grounds of failure to provide required requested information. In the event the patient or the representatives provide the requested information at a later date, RCH may choose to reopen their applications. Patient who have had their Charity Care Application denied have the right to appeal the denial and can do so by submitting their appeal in writing to the attention of the Director of Patient Accounting or the Business Office Manager at RCH at anytime.
4. RCH 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 RCH shall notify the patient or applicant in writing once the application has been approved or denied.

5. The emergency physician, who provides emergency medical care in a hospital, is also required by California law to provide discounts to uninsured patients or patients with high medical costs whom are at or below the 350% federal poverty level. The processing, determination and application of discounts for emergency physician services is the sole responsibility of the providing emergency physician and shall not be construed to impose any additional responsibilities upon the hospital.

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, RCH reserves the right to use outside agencies in determining estimated income amounts as the basis of determining charity care eligibility and potential discount amounts.

Examples of Intended Beneficiaries

1. The following are examples of patients intended to benefit from RCH's Charity Care policy:
 - A. Uninsured patients who do not have ability to pay and have income at 350% or lower of the FPL based on means-testing according to RCH's Charity Care policy.
 - B. Insured patients whose coverage is inadequate to cover a catastrophic situation, provided that the patient does not otherwise receive a discount as a result of third party coverage (HMO, PPO, Medicare discounts). These High Medical Cost patients could include the following:

Annual out of pocket costs incurred by the individual at RCH that exceed 10% of the patient's family income in the prior 12 months.

Annual out of pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patients family in the prior 12 months to other non-RCH health care providers.
 - C. Patients who qualify for the Medically Indigent Adult program through the State of California or the County of San Bernardino.
 - D. Patients who have applied to the Medi-Cal program and have been denied for reasons other than failure to comply or non compliance with requested information.

- E. Patients who have been referred to outside collection agencies and who are later determined to be unable to pay according to RCH's charity care eligibility guidelines.
 - F. Patients who are undocumented aliens from other countries who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information.
 - G. Patients who have a green card or other Immigration Department issued Identification ("ID") Card allowing them to be in this country legally but who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information, provided that the patient complies with all Section 1011 requirements and applications.
 - H. Patients who are homeless.
 - I. Patients who, due to their condition, are unable or unwilling to provide adequate demographic information for billing.
 - J. Patients who are able to pay a portion but not all of their outstanding balance due to financial constraints.
2. Proposition 99 (Prop 99) Charity
- A. Prop 99 Charity includes items A through I above but excludes J (patients whose accounts have been partially paid by other insurance or partially paid by the patient). The State of California requires the following information for filing Prop 99 funds:
 - (1) Name, Address, Social Security Number, Sex, Age, Race, and diagnosis for both inpatients and outpatients.
 - B. A log will be kept on all Prop 99 and non-Prop 99 charity write-offs by the Business Office.
 - C. Prop 99 accounts will be reviewed for approval by either the Director of Business Office or the Vice President of Finance.

ADMINISTRATIVE MATTERS

1. Administrative or courtesy write-offs are the sole discretion of RCH and are not included in this policy.
2. Accounts which develop a credit balance due to a Charity Care or a Self-Pay Discount write-off and a subsequent payment from any source must have the Charity Care or Self-Pay Discount write-off reversed before any refunds are disbursed.

3. When RCH bills a patient that has not provided proof of coverage by a third-party at the time care is provided or upon discharge, as a part of that billing, RCH will provide the patient with a written notice, which shall include the following:
 - A. A statement of charges for services rendered by RCH.
 - B. A request that the patient inform RCH if the patient has health insurance coverage.
 - C. A statement that if the patient does not have health insurance coverage the patient may be eligible for Medicare, Healthy Families, Medi-Cal, Charity Care or Self-Pay discount.
 - D. A statement indicating how a patient may obtain an application for Healthy Families or Medi-Cal from RCH and who to contact for assistance.
 - E. Eligibility information for RCH's Self-Pay Discount and Charity Care programs and who to contact for assistance.

Such written notice shall be provided in both English and Spanish.

4. RCH will provide posted written notice of its Charity Care / Self-Pay Discount policy in all areas that are visible to the public including:
 - A. The ER department.
 - B. The Admissions department.
 - C. The Cashier and Business Office.
 - D. Other outpatient settings.
5. RCH will provide all required written correspondence to patients related to the Self-Pay Discount and Charity Care programs in English or Spanish, depending on the language spoken by the patient. Required written correspondence includes: requests for information to determine eligibility for the Self-Pay Discount, Charity Care, or insurance programs; information concerning potential eligibility for the Self-Pay Discount, Charity Care, and public insurance programs and how to apply for such programs; statements of estimated or actual charges; notice of expiration of an extended payment plan; notice of intent to commence collection activities; and notice of collection policies.

CHARITY CARE / SELF PAY DISCOUNT METHODOLOGY

1. Documented income for all Charity Care / Self-Pay Discount must be at or below 350% of the FPL.
2. Discounted amounts will be based on the highest government fee schedule between Medicare, Medi-Cal and Healthy Families. At no time will a patient with documented income below 350% of the FPL be charged for any amounts in excess of the highest government fee schedule.

3. Reimbursement to be applied is as follows:

FEDERAL POVERTY LEVELS

Family Size	100%		200%		300%		350%	
1	\$11,670	A	\$23,340	A	\$35,010	B	\$40,845	C
2	\$15,730	A	\$31,460	A	\$47,190	B	\$55,055	C
3	\$19,790	A	\$39,580	A	\$59,370	B	\$69,265	C
4	\$23,850	A	\$47,700	A	\$71,550	B	\$83,475	C
5	\$27,910	A	\$55,820	A	\$83,730	B	\$97,685	C
6	\$31,970	A	\$63,940	A	\$95,910	B	\$111,895	C
7	\$36,030	A	\$72,060	A	\$108,090	B	\$126,105	C
8	\$40,090	A	\$80,180	A	\$120,270	B	\$140,315	C

add \$4,060 for family units with more than 8 members.

Income must be equal to or below the amount in each column.

Family Size is defined as:

For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

REIMBURSEMENT MATRIX

INCOME INDICATOR	REIMBURSEMENT
A	Free Care - Charity Care
B	50% of Highest Government Fee Schedules
C	100% of Highest Government Fee Schedules

Government fee schedules include Medicare, Medi-Cal & Healthy Families.

ATTACHMENT B

APPLICATION OF ENDOWMENT FUNDS FOR CHARITY CARE

POLICY

Redlands Community Hospital (“RCH”) has funds available, through bequests as well as from Board Designated Assets, to be used to pay for the care of the deserving patients. This policy is to outline the procedure for applying these funds to a patient’s account.

PROCEDURE

I. RCH Endowment Funds

These are monies that are held by RCH. The use of these funds is restricted as follows:

- A. AID Fund - Established in 1951, the Board of Directors of RCH set aside these funds. The interest of the AID Fund is to be used for patients unable to pay their bills.
- B. Edith Bates Fund - In 1961, the estate of Edith Bates established this fund to pay the hospital expenses of worthy persons who do not have and cannot obtain money to pay for their care.
- C. Anna Throop Memorial Fund - Funds were given to RCH to be used solely for the use and care of “crippled children” in the Pediatrics Department of the hospital.

II. Procedure for Applying Endowment Funds

- A. At the end of the fiscal year, an amount not to exceed the Endowment Fund prior years earnings will be established for the provision of care to needy patients. This amount shall be established by President/CEO or Vice President/CFO of RCH.
- B. Prospective patients will be screened by personnel from the Admitting or Business Office Departments. Financial screening will be based upon the financial criteria that is discussed in RCH’s Charity Care policy.
- C. After the appropriate signatures of approval have been obtained, the Business Office will prepare a check request for each patient account utilizing the patient account number and the fund accounting number.
- D. The Accounting Department will process a check for the individual patient account and deliver to the Cashier Department for posting of the payment to the patient account.

ATTACHMENT C
REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

OB COST-SAVER PACKAGE PLAN

REQUIREMENTS FOR ELIGIBILITY:

The entire cost must be paid on or before discharge. Please be advised that prices will apply to the date of admission, not the date of payment. The Cost-Saver Package Plan applies to patients having normal vaginal deliveries or Cesarean section patients, with no complications. Should either the mother or baby become ill, regardless of whether payment has been made or not, the discount will be nullified and the patient's financial class reverts to self pay. Patients covered under insurance plans with **NORMAL MATERNITY COVERAGE** are **not eligible** for the OB Cost-Saver Package Plan. No itemized billing will be provided.

Charges incurred for conditions unrelated to the maternity visit are not included in the original OB Cost-Saver Package Plan, *i.e.*, Tubal Ligations.

SUMMARY OF ELIGIBILITY REQUIREMENTS:

- A. Payment in full on or before discharge. (Cash, Check, Cashier's Check, Money Order, Visa, MasterCard or American Express).
- B. Normal delivery and a well baby, or Cesarean section and a well baby.
- C. No insurance involved.

CASH PAYMENT SCHEDULES (Mother and baby charges combined):

		<u>Mom & Baby</u>	<u>Mom & Baby with Tubal Ligation</u>
1 Day	Normal Delivery	\$2,300	\$3,325
2 Days	Normal Delivery	\$3,250	\$4,225
3 Days	Normal Delivery	\$4,250	\$5,125
2 Days	Cesarean Section	\$4,500 + \$1,000 for each additional day. For each additional baby per day \$500	
3 Days	Cesarean Section	\$5,500 + \$1,000 for each additional day. For each additional baby per day \$500	

NOTE: Patients who elect to have tubal ligation must pay for this service on or before discharge along with the OB Cost-Saver Package Plan discount.

Any payment made by check written to Redlands Community Hospital and returned unpaid by the bank will void the OB Cost-Saver Package Plan discount.

Prices are subject to change without notice. If you have any questions, please call (909) 335-6414.

ATTACHMENT D

REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

COMMUNITY BASED (OUTREACH) PROGRAMS AND SERVICES

The aforementioned financial policy on charity care and self-pay discount practices does not apply to the Perinatal Services program, Redlands Family Clinic, Yucaipa Family Clinic or Center for Surgical and Specialty Care. This attachment outlines how discounts (if applied) and/or fee schedules are administered for each of these three programs.

PERINATAL SERVICES:

Lactation services are provided and billed using a fee-for service flat rate fee schedule. No self-pay discount is available for the professional fees for lactation services. Diabetes education and comprehensive perinatal education is provided using a hospital approved fee schedule. Qualifying self-pay patients for diabetes education may receive a 50% self-pay discount. Comprehensive perinatal services are provided for Medi-Cal patients only, and therefore do not qualify for a self-pay discount. When supplies are purchased as a self-pay/cash-pay, a 50% self-pay discount may apply.

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

CENTER FOR SURGICAL AND SPECIALTY CARE:

Services are provided and billed using a hospital approved fee schedule by the Hospital for the exam room (facility) fee and other associated fees incurred as a result of the patient's visits. The hospital does not establish the professional fees and therefore no discount from the hospital is applied. Qualifying self-pay patients may receive a 50% self-pay discount off of the hospital related charges. An individual would not qualify for the self-pay discount if insurance and/or a government sponsored health program is being billed for the hospital related charges. In order to receive a discount, the patient is required to make the *full* payment, minus the self-pay discount, *prior* to service being rendered. This will require the staff to advise the patient of the anticipated charges in advance of services.

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

REDLANDS FAMILY CLINIC & YUCAIPA FAMILY CLINIC:

As community-based clinics, a discount may be applied for self-pay/cash paying patients based on family income and family size according to the sliding-scale discount matrix below. The self-pay discount is applied when payment is made in *full*, on the same date that service is rendered. Services that are rendered and billed to State funded programs such as Medi-Cal, CDP or Family Pact are **not eligible** for a

discount. Only self-pay patients are eligible for a discount. Services rendered not covered by a State funded program or other insurance may be discounted when the patients is paying cash for the non-covered services. No itemized billing will be provided. Some services and/or supplies may not be discounted and include: a) the cost for external laboratory testing services, b) vaccines, c) immunizations, and d) tuberculosis screening and testing.

FAMILY CLINIC DISCOUNT MATRIX FOR SELF-PAY/CASH-PAYING PATIENTS:

Documented income must be at or below 350% of the most current Federal Poverty Guideline (maintained at the clinic) to qualify for a self-pay discount. A patient with reported and/or verified income higher than 350% of the guideline would not qualify for a discount.

SLIDING-SCALE DISCOUNT MATRIX

% of Poverty	100%		200%		300%		350%	
Family Size								
1	1		1		1		2	
2	1		1		2		2	
3	1		1		2		2	
4	1		2		2		3	
5	1		2		3		3	
6	1		2		3		3	
7	1		3		3		3	
8	1		3		3		3	

Income must be equal to or below the amount in each column.

Family Size is defined as:

For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

Family Income is defined as:

Income for all family members included in the family size (per above definitions).

DISCOUNT MATRIX – PERCENTAGE DISCOUNT LEVELS

Apply the appropriate discount percentage based on the patient's income and family size using the sliding-scale discount matrix above.

Discount Level	
1	Eighty Percent (80%) Discount Applied
2	Seventy Percent (70%) Discount Applied
3	Sixty Percent (60%) Discount Applied

VERIFICATION OF ELIGIBILITY:

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered at the Family Clinic. Pay stubs and income tax returns, or

other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.