RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE
CHARITY CARE & DISCOUNT PAYMENT POLICY

PURPOSE:
The purpose of this policy is to define the criteria which will be used by Riverside Center for Behavioral Medicine to comply with the requirements of the California Hospital Fair Pricing Policies Act.

POLICY:
It is the policy of Riverside Center for Behavioral Medicine, in compliance with California State Law AB774 to provide discounts from standard billed charges for all self pay and high medical cost patients as defined below.

DEFINITIONS:

The following classes of patients who are in need of psychiatric inpatient or psychiatric out patient care is financially eligible for discount or charity:
SELF PAY PATIENTS: Any patient with all of the following:

- No third party insurance
- No Medicare benefits
- Family Income at or below 350% of the Federal Poverty Level as defined by the United States Department of Health and Human Services.

HIGH MEDICAL COST PATIENT: Any patient with health insurance or Medicare coverage with all of the following:

- Family income at or below 350% of the Federal Poverty Level.
- Out of pocket medical costs that exceed 10% of the family income within the prior 12 months.

PROCEDURE:

Qualifications for charity or discount care shall be determined directly by the patient's and/or patient family representative's ability to pay. Riverside Center for Behavioral Medicine retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualifications for charity or discount care.

RCBM will provide direct assistance during registration to patients or the family representative to facilitate completion of the Charity/Discount Care Application. Completion of the Charity/Discount Care Application and submission of any or all required supplemental information may be required for establishing qualifications. Instructions for submission of supporting documents will be provided at the time the Charity/Discount Care Application is distributed. The Charity/Discount Care Application and required supplemental documents are submitted to the admissions department at Riverside Center for Behavioral Medicine. The location and contact person shall be clearly identified on the application instructions. Application reviews will be completed in a timely manner.

Factors considered when determining whether an applicant meets criteria may include:

1. No insurance coverage under any government program or third party insurance.
2. Family income based upon federal income tax returns and recent pay stubs.
3. Family size.

Patients at or below 350% of the Federal poverty Level will not pay more than Medicare would typically pay for a similar episode of service.

Charity and Discount Payment Care-Income Qualification Levels:

1. Self pay patients:

a. All self pay patients with income level between 251% and 350% of the Federal poverty Level will have their stay discounted to no higher than the amount Medicare would pay for the stay.

b. All self pay patients with income levels between 101% and 250% of the Federal Poverty level will have their stay discounted to no higher than 50% of the amount Medicare would pay for the stay.

c. Charity: All self pay patients with income levels at or below 100% of the Federal Poverty Level and monetary assets less than $10,000 qualify for charity and their stay will be discounted 100%. Self pay patients with income level at or below 100% of the Federal Poverty Level and monetary assets greater than $10,000 may qualify for charity care or discount care at the discretion of the hospital. In no case will the out of pocket costs expected from the patient exceed the portion of the patient's monetary assets greater than $10,000.

2. Patients with High Medical Costs:

a. All patients who qualify as High Medical Cost patients will be billed for deductibles and coinsurance only to the extent that third party payments received plus amounts billed to the patient do not exceed the higher of the payment that would be received from Medicare.

Patient Notification

Once the eligibility has been determined, a letter indicating approval, denial, or pending will be sent to the patient or guarantor. The approval will indicate the application has been approved and will indicate to what level (either discount or charity) and any owed portion that will be the patient's responsibility. The denial will include the reasons for the denial and any monies owed by the patient. The pending notification will be sent in the event that the application is incomplete. The incomplete information will be identified.

Payment Plans

If the patient is approved for discount care, the payment plan option will be offered. No interest will be charged to qualify patient accounts for the duration of any payment plan

arranged under the provisions of the policy. Any payments that become 90 days delinquent will constitute a payment plan default. It is the patient or guarantor's responsibility to contact RCBM to notify of any circumstance in which payments will not be made. At this point the patient will have the opportunity to renegotiate the payment plan. RCBM will make all efforts to contact the patient or guarantor by telephone or mail. The patient will have 14 days from the date of the written notice to renegotiate the payment plan. In the event that the patient fails to renegotiate, the account will be subject to collection.

Charity/Discount Care Notice

RCBM will post notices regarding the California Hospital Fair Pricing Policy. These notices will hung in areas visible to the public including, but not limited to the billing office, admissions office, and other patient settings.