



Financial Assistance Program Policy

Policy

In keeping with the philosophy and mission of Ridgecrest Regional Hospital ("RRH"), it is the policy of RRH to offer financial assistance to patients who are unable to pay their hospital bills due to difficult financial situations. A RRH Financial Counselor or Business Office Representative will review individual cases and make a determination of financial assistance that may be offered prior to, during, or after services are provided. Upon verifying eligibility for financial assistance, RRH shall offer hospital inpatients and outpatients Charity Care (i.e., free care) or Discounted Care in accordance with this policy and other applicable policies for Medically Necessary Services.

Purpose

To establish policies and procedures to ensure consistent identification, accountability, recording and follow-up of patient's potentially eligible for Charity Care or Discounted Care in compliance with all applicable laws, including the Hospital Fair Pricing Law and Section 501(r) of the Internal Revenue Code, which was added by the 2010 Affordable Care Act and which imposes specific requirements on tax-exempt hospitals with respect to community benefit obligations.

Definitions

"Charity Care" refers to full financial assistance such that the patient does not have any financial obligation for Medically Necessary Services.

"Discounted Care" refers to financial assistance such that the patient is relieved of a portion of their financial obligation for Medically Necessary Services.

"Federal poverty level" means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services (HHS).

"Financial Assistance Program" is the provision of Charity Care or Discounted Care to individuals who cannot afford to pay and who qualify in accordance with this policy. The Financial Assistance Program does not refer to or include insurance policy discounts, administrative adjustments, contractual adjustments, and is not available for elective procedures.

"High Medical Costs" are defined as:

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

"Income" is broadly defined and includes: (i) earnings, wages, salaries, tips, etc., (ii) unemployment compensation, (iii) workers' compensation, (iv) Social Security benefits, (v) public assistance, (vi) Veterans' benefits, (vii) survivor benefits, (viii) pension/annuities or retirement income, (ix) IRA distributions, (x) interest, (xi) capital gains, (xii) dividends, (xiii) taxable refunds, (xiv) alimony, (xv) rental income, (xvi) farm income, (xvii) income received from royalties, estates, trusts, S Corporations, and partnerships, (xviii) educational assistance, (xix) child support, (xx) business income, and (xxi) any other type of monetary

assistance or other source of income.

“Medically Necessary Services” shall be defined, for purposes of this policy, as

- emergency medical services provided in the emergency department;
- non-elective services provided in response to life-threatening circumstances in a non-emergency room setting;
- services that the hospital determines, in its discretion, qualify as medically necessary such as services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual; and
- shall not include elective procedures.

“Patient’s family” is defined as:

1. For patients 18 years of age and older, patient’s family includes spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.
2. For patients under 18 years of age, patient’s family includes parent, caretaker and other children under 21 years of age of the parent or caretaker.

“Self-Pay Patient” is a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal/Medicaid, and whose injury/treatment is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital.

Procedures

Ridgecrest Regional Hospital determines the need for financial assistance by reviewing the particular services requested or received, insurance coverage or other sources of payment, a person’s historical financial profile and current financial situation. This method allows for a fair and accurate method to assist patients who are experiencing financial hardship. Partial and/or full financial assistance may be granted based on the criteria set forth in this policy.

RRH may determine eligibility for financial assistance before or after Medically Necessary Services are provided, as well as before or after discharge. All eligibility determinations related to emergency services shall be conducted in accordance with applicable EMTALA policies.

Eligibility Determination

Patients that may be eligible for Charity Care or Discounted Care in accordance with this policy include:

1. Uninsured, Self-Pay Patients with incomes at or below 300% of the federal poverty level.
2. Insured patients with High Medical Costs and incomes at or below 300% of the federal poverty level, provided that patient does not receive a discounted rate from the hospital as a result of his or her third-party coverage. Effective as of January 1, 2015, patients that receive a discounted rate from the hospital as a result of his or her third-party coverage are eligible.

As a rural healthcare provider, RRH has determined that 300% of the federal poverty level is appropriate to maintain the hospital’s financial and operational integrity. (H & S Code § 127405(a)((2).)

To be considered for eligibility to participate in the Financial Assistance Program the patient must complete the Financial Assistance Application form set forth in Appendix A. If the patient is unable to complete the Application or to provide the information required, the Business Office or Registration staff may complete the application with information received through interviews with those who know the patient’s financial status. For insured patients with High Medical Costs, the patient will be required to cooperate with any insurance claim submissions.

The Financial Assistance Program eligibility documentation may be initiated by Patient Access/Admitting, Business Office, or a Financial Counselor. Applications received will be evaluated and approved or denied within thirty days of receipt of a completed application (including all supporting documentation). A letter of determination will be mailed to the patient within two weeks of determination. Re-evaluation of eligibility for discounts/charity care will be performed by the Business Office or Financial Counselor every 6 months.

In instances where a Self-Pay patient is able to pay a portion of his/her account at time of admission, the patient may none-the-less be eligible for financial assistance in accordance with this policy. In such cases, the patient will be provided with the Financial Assistance Application form and, upon a determination of eligibility, will be reclassified in the Business Office records system as a Financial Assistance patient.

Financial Assistance Program Applications for accounts with balances below \$5,000 shall be reviewed and may be approved by the Business Office Manager; balances between \$5,000 and \$25,000 by the CFO; and balances over \$25,000 by the CEO.

Alternative Eligibility Determination Method

In the event that eligibility cannot be determined based upon the completion of the Financial Assistance Application, RRH may elect to make the eligibility determination via the use of alternative processes.

RRH understands that certain patients may be unable to complete a Financial Assistance Application, comply with requests for documentation, or are otherwise non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for financial assistance may be determined by RRH via an alternative process, including utilization of other sources of information to make an individual assessment of financial need. This information will enable RRH to make an informed decision on the financial need of patients utilizing the best estimates available in the absence of information provided directly by the patient.

RRH may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized electronic predictive model ("Predictive Model") that is based on public record databases. This Predictive Model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The Predictive Model is designed to assess each patient to the same standards and is calibrated against historical approvals for RRH financial assistance under the standard Financial Assistance Application process.

The Predictive Model will be used by RRH prior to bad debt assignment and after all other eligibility and payment sources have been exhausted. This allows RRH to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data generated via the Predictive Model will constitute adequate documentation of financial need under this policy.

When the Predictive Model is used as the basis for a determination of eligibility, the highest discount of full free care, Charity Care, will be granted for eligible services for retrospective dates of service only. A determination of eligibility for Discounted Care will not be made via the Predictive Model method.

Patient accounts granted eligibility via the Predictive Model process will be reclassified under the financial assistance policy as Charity Care. They will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the hospital's bad debt expense.

Basis for Calculating Eligibility

Income Calculation: RRH requires patients to provide their family's yearly Net Income ("Family Income") and provide supporting documentation. In accordance with the Hospital Fair Pricing Law, the documentation of

Income for purposes of determining eligibility for Discounted Care is limited to recent pay stubs and/or tax returns. (H & S Code § 127405(e)(1).) The Income calculated shall be compared to the federal poverty guidelines set forth in Appendix F.

- a. For patients 18 years and older: the term “yearly Income” on the application means the sum of the total yearly net income of the patient and the patient’s spouse or domestic partner, and dependent children under 21 years of age, whether living at home or not.
- b. For patient’s under 18 years old: the term “yearly Income” means the Income from the patient, the patient’s mother/father and/or legal guardian or caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Additional Procedures:

RRH may require waivers or releases from the patient or the patient’s family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets, to verify their value.

Information obtained pursuant to the above paragraphs regarding income verification and assets shall not be used for collection activities. This paragraph does not prohibit the use of information obtained by the hospital, collection agency, or assignee independently of the eligibility process for the Financial Assistance Program.

The guidelines for determining eligibility for the Financial Assistance Program will be calculated in accordance with this policy and based upon the information provided in the Financial Assistance Application, and RRH shall provide Charity Care or Discounted Care in accordance with the sliding scale set forth in Appendix C.

Acceptance into the RRH Financial Assistance Program for care that was previously provided does not obligate RRH to provide future health care services as Discounted Care or Charity Care. A patient may be required to re-apply and re-qualify for financial assistance for subsequent episodes of care (whether as an outpatient or inpatient).

Discounted Care Payments

For Discounted Care, the hospital shall limit the expected payment for Medically Necessary Services it provides to a patient eligible for a discount under this policy to the amount of payment the hospital would expect, in good faith, to receive for providing services under Medicare (the “Medicare Reimbursement Rate”, see Appendix D). If the hospital provides a service for which there is no established payment by Medicare, the hospital shall establish an appropriate discounted charge for the service.

Patients offered a Discounted Care payment plan under this policy shall not be charged interest in accordance with the Hospital Fair Pricing Law. (H & S Code § 127425(g).) The hospital and the patient may negotiate the terms of the payment plan. Effective January 1, 2015, in the event the hospital and the patient cannot agree upon the terms of the payment plan, the payment shall not exceed 10% of the patient’s family income for a month, excluding deductions for essential living expenses (including rent/house payment and maintenance, food/household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses (insurance, gas, repairs), installment payments, laundry and cleaning and other extraordinary expenses. (H & S Code § 127400(i).)

The Discounted Care payment plan may be declared no longer operative after the patient’s failure to make all consecutive payments due during a 90 day period. Before declaring the hospital extended payment plan no longer operative, the hospital, collection agency, or assignee shall make a reasonable attempt to contact the patient by telephone and, give notice in writing that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. The hospital or any representative thereof, including a collection agency or assignee, shall not report adverse information to a consumer credit reporting agency or

commence a civil action against the patient or responsible party for nonpayment prior to the time the extended payment plan is declared to be no longer operative. The notice and telephone call to the patient described above may be made to the last known telephone number and address of the patient. If the patient fails to make all consecutive payments for 90 days and fails to renegotiate a payment plan, the patient/guarantor is obligated to make payments on his or her obligation to the hospital from the date the extended payment plan is declared no longer operative.

Collection Procedure

The collections actions Ridgecrest Regional Hospital may take if a financial assistance application and/or payment is not received are described in more detail a separate policy. In brief, Ridgecrest Regional Hospital will make reasonable efforts to provide patients with information about our financial assistance policy before we or our agency representatives take extraordinary actions to collect your bill.

RRH shall provide collection agencies with this policy and shall obtain written agreement that the agency shall comply with this policy.

The hospital shall not knowingly assign an account to a collection agency if the patient has a pending application for a County, State, or Federal health assistance program.

For a patient who lacks insurance coverage or a patient who provides information that he or she may be a patient with High Medical Costs, neither RRH, nor any assignee of the hospital or other owner of the patient debt, including a collection agency, shall report adverse information to a credit reporting bureau or engage in extraordinary debt collection activities ("ECA") at any time prior to 150 days after the first billing, and only after providing a thirty day notice of the ECA that will be commenced.

For more information on the steps Ridgecrest Regional Hospital will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Ridgecrest Regional Hospital's Patient Business Policies. You can request a free copy of this full policy in person or by mailing a request to Ridgecrest Regional Hospital, 1081 N. China Lake Blvd., Ridgecrest, CA 93555, or by calling us at (760) 499-3000.

Refund of Charges

Patients qualified under this policy shall receive a refund of any payments made above what is owed in accordance with this policy. (H & S Code § 127440). When such a refund is owed, the hospital shall reimburse the patient any amount actually paid in excess of the amount due, including interest. Interest owed by the hospital to the patient shall accrue at the rate set forth by law, beginning on the date payment by the patient is received by the hospital. However, hospital shall not reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). The hospital shall give the patient a credit for the amount due for at least 60 days from the date the amount is due. (H & S Code § 127440).

Reasons for Denial or Revocation

RRH may deny or revoke a request for financial assistance for a variety of reasons including but not limited to:

- Sufficient income
- Patient is uncooperative or unresponsive to requests for information
- Incomplete application or missing supportive documentation
- Pending insurance or liability claim
- Withholding insurance information or personal injury information

RRH reserves the right to reverse financial assistance adjustments made to a patient's account upon verification of information that the patient was not eligible to participate in the Financial Assistance Program and to henceforth pursue appropriate reimbursement or collections.

Emergency Services

RRH will provide emergency care to patients regardless of their ability to pay. In accordance with EMTALA, following evaluation and stabilizing treatment (if necessary), non-emergent patients requesting financial assistance should complete a Financial Assistance Application, which should be reviewed by the Business Office and approved before additional services are provided.

An emergency physician, as defined in Health & Safety Code Section 127450(c), who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to patients who are at or below 350 percent of the federal poverty level and are uninsured patients or patients with High Medical Costs. This statement shall not be construed to impose any additional responsibilities upon the hospital. The emergency physicians are solely responsible for compliance with the provisions of Hospital Fair Pricing Law applicable to emergency physicians.

Alternative Assistance

RRH staff will provide the potential Financial Assistance Program patient with a listing of other potential payment programs, including Medicare, Medi-Cal and Covered California insurance plans. In addition, RRH staff may assist patients with applying for such coverage. Many potential Financial Assistance Program patients are not aware they may be eligible for public health insurance programs or have not pursued application for such programs. Notwithstanding the foregoing, the Financial Assistance Program shall be available to any patient that completes the Financial Assistance Program Application and meets the eligibility requirements.

Discretionary Discounts

Nothing contained herein shall prohibit the hospital from providing discretionary discounts (including free care) to patients that do not meet the requirements for Charity Care or Discounted Care as forth in this policy. The hospital may require such patients to complete the Financial Assistance Application. The discount shall be made from the hospital's undiscounted charges. The discount may differ for inpatient and outpatient services and, in general, the discount will usually be no greater than the hospital's current average commercial fee-for-service discounts with managed care payers. However, greater discounts may be provided upon approval of the CEO and CFO. Every effort shall be made to afford administrative discounts in a uniform manner.

Equal Opportunity

RRH is committed to upholding all applicable federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

Confidentiality

RRH staff will uphold the confidentiality and individual dignity of each and every patient. RRH will meet all HIPAA requirements for handling personal health information.

Notices

As required by the Hospital Fair Pricing Law, signs are located at the facility in areas visible to the public, including but not limited to, the Emergency Department, Admissions Department, Outpatient areas and clinics, as well as the Business Office. These signs inform patients that financially qualified patients may be eligible for Charity Care or Discounted Care. This information is also available on the rrh.org website.

As required by the Hospital Fair Pricing Law, when the hospital bills a patient that has not provided evidence of third-party coverage, the bill shall include a statement of the charges for services; a request that the patient inform the hospital if the patient has health insurance coverage (Medicare, Medi-Cal/Medicaid, or other coverage); notice that if the patient does not have health insurance coverage, that the patient may be eligible for Medicare, Medi-Cal, coverage through the California Health Benefit Exchange or other state- or county-funded

health coverage programs and indicate that the hospital will provide such applications and inform the patient how to obtain the applications for such programs; and information of the availability of the Financial Assistance Program, including a statement that if the patient meets certain low-income requirements, that patient may qualify for the hospital's Financial Assistance Program. The notice shall include the name and phone number of a hospital employee or office from whom the patient may obtain more information. (H & S Code § § 127410(a) and 127420(b)(5)(B).)

In addition to the above notices, during the intake/admission process and/or the discharge process, patients shall be offered a plain language summary of this policy. RRH shall make paper copies available upon request from the Admissions Department and the Emergency Department, as well as other appropriate areas, and shall post this policy, a plain language summary of this policy, and the Financial Assistance Application on its website. Upon a request for a paper copy, RRH can offer to send the documents electronically and, upon approval of the patient, such electronic copies can serve to satisfy the provision of paper copies, including the provision of the plain language summary during intake or discharge. All of these actions are measures to widely publicize the policy within the community being served by the hospital in accordance with the Affordable Care Act. This policy and the Financial Application form shall be sent to the Office of Statewide Health Planning and Development every two (2) years or upon any significant changes.

Languages

All notices/communications provided under this policy shall be available in the primary language(s) of the hospital's service area and in a manner consistent with all applicable federal and state laws and regulations.

Scope

The Hospital Financial Assistance Program set forth in this policy is intended to comply with California's Hospital Fair Pricing Law requirements, as well as the IRS requirements for non-profit hospitals set forth in I.R.C. Section 501(r).

Under this Financial Assistance Policy, financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within RRH's hospital facilities are provided by RRH employees and therefore may not be covered under this policy.

The providers covered by this policy, if any, are set forth in Appendix F. The Rural Health Clinic, Southern Sierra Medical Clinic, and Skilled Nursing Facility and other hospital-owned departments and clinics may separately offer charity care, discounted care or other financial assistance programs. In accordance with IRS and Treasury Department laws and regulations, such care may be classified as charity care.

Medicare Reimbursement Rate files

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSchd/index.html>

Laboratory Fee Schedules

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSchd/index.html>

Poverty Guidelines

[Poverty Guidelines | ASPE \(hhs.gov\)](#)

References

California Hospital Association Hospital Charity Guidelines.

California Health & Safety Code Section 127400 et. seq. (i.e., A.B. 774, California Hospital Fair Pricing Law, including as amended by CA S.B. 1276, Sept. 28, 2014, effective Jan. 1, 2015).

Patient Protection and Affordable Care Act, Public Law 111–148 (124 Stat. 119) (2010) Section 9007 (Federal

Exemption Standards).

I.R.S. Code Section 501(r), including IRS Final Regulations, 79 Fed Reg 78954 (Dec. 31, 2014).

Appendix

Appendix A – Application & Cover Letter & Plain Lang Summary

Appendix B – Application & Cover Letter & Plain Lang – Spanish

Appendix C –Sliding Scale

Appendix D –Medicare Reimbursement Rate

Appendix E – Federal Poverty Guidelines

Appendix F – Provider List

Appendix A



Ridgecrest Regional Hospital has a Patient Financial Assistance program that may be of assistance to you in paying your bill. Enclosed you will find a Financial Assistance Application for you to complete.

Please fill out the Financial Assistance Application form completely and return it with your proof of income, for everyone in your household. For proof of income you will need to provide at least one of the following:

- Two recent pay stubs
- A copy of your most current W-2
- Or a recent bank statement (if you have direct deposit)

If you have no income you will need to provide a statement as to how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.

Please note, you must return the Financial Assistance Application form with appropriate proof of income in order to be considered for this program. Acceptance into this program is decided based on the Federal Poverty Guidelines. We have provided you with a self-addressed stamped envelope in which to return the Financial Assistance Application form and all necessary documentation.

Should you have any questions please feel free to contact me at the number listed below. I'm in the office from 7:30 to 4:00 Monday thru Friday.

Sincerely,

Patricia Townsley
Personal Pay Patient Representative
Ridgecrest Regional Hospital
901 Heritage blvd
Ridgecrest, CA 93555
760-499-3010

RIDGECREST REGIONAL HOSPITAL
Financial Assistance Application

1081 N. China Lake Blvd, Ridgecrest, Ca 93555

Account # _____

All information must be complete for consideration for financial assistance

Patient Information

Parent/Spouse/Guarantor Information

Name: _____ Name: _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Monthly Net Income _____ Monthly Net Income _____

Number of Dependents _____

List all other income: \$ _____ Source _____ \$ _____ Source _____

If unemployed, what is your source of income? _____

(This must be answered if source of income is zero)

Optional: Do you have a _____ Checking account Current balance \$ _____
_____ Savings account Current balance \$ _____

You must provide a current bank statement or pay stub or income tax form.

I declare that the above statements are true and correct to the best of my knowledge. I understand that withholding of information or the giving of false information will make the patient and/or responsible party liable for all charges for services.

Signature: _____ Date: _____

revised 3/2001

All lines must be filled out. If not applicable please indicate.

Amount of discount is determined based on income level and Federal Poverty Guidelines.
Please refer to the Financial Assistance Program policy available on our website for a complete listing of services covered. Not all Physician professional fees are covered under the Financial Assistance Policy.

Questions: Call 760-499-3010



Plain Language Summary of Hospital Financial Assistance Policy

In keeping with the philosophy and mission of Ridgecrest Regional Hospital ("RRH"), it is the policy of RRH to offer financial assistance to patients who are unable to pay their hospital bills due to difficult financial situations. A RRH Financial Counselor or Business Office Representative will review individual cases and make a determination of financial assistance that may be offered prior to, during, or after services are provided. Upon verifying eligibility for financial assistance, RRH shall offer hospital inpatients and outpatients Charity Care (i.e., free care) or Discounted Care in accordance with the RRH Financial Assistance Policy and other applicable policies for Medically Necessary Services.

Financial Assistance Guidelines

- Financial Assistance is only available for emergency medical care and medically necessary care provided by Ridgecrest Regional Hospital (see the RRH Financial Assistance Policy for the definition of medically necessary and covered and non-covered providers).
- Eligibility is determined after reviewing an applicant's financial circumstances as discussed below.
- All alternative payer resources, including governmental payers (i.e. Medicare, Medi-Cal, etc.) must be exhausted prior to applying for RRH financial assistance under the RRH Financial Assistance Policy.

Required Documentation

To be considered complete, a submitted application must include the following:

- Completed and signed Financial Assistance application
- Two recent pay stubs, or
- A copy of your most current W2

If an individual has no source of income, a letter stating as to how you financially meet your daily needs. If someone is financially assisting you with your daily needs, please have them write a statement stating that they are providing this assistance and how they are doing so.

Program Qualifications

- Financial assistance will be given to an individual or a family whose yearly gross income does not exceed 300% of the federal poverty level (see the Financial Assistance Policy for a definition of yearly gross income).
- An individual or family whose yearly gross income is 100% of the federal poverty level or less qualifies for 100% financial assistance.
- An individual who qualifies for financial assistance will not be required to pay more than amounts indicated within the Financial Assistance Policy.

Accessing/Applying for Financial Assistance

- Copies of the Financial Assistance Policy and application are available on line at <http://rrh.org/info-resources/#tab-1415596352-2-94>
- Copies of these documents are also available at all of Ridgecrest Regional Hospital registration sites.
- All documents are provided free of charge.
- To obtain copies of these documents in person or by mail, ask questions, receive assistance with completing a financial assistance application, or submit a completed financial assistance application, contact Ridgecrest Regional Hospital's business office through the following methods:
 - Phone: 760-499-3010
 - Mail or in person: 1081 N. China Lake Blvd., Ridgecrest, CA 93555

Languages

All notices/communications provided under this policy shall be available in the primary language(s) of the hospital's service area in a manner consistent with all applicable federal and state laws and regulations.

Appendix B



El Ridgecrest Regional Hospital cuenta con un Programa de Asistencia Financiera para pacientes, que podría ayudarlo a pagar su factura. Encontrará adjunta una Solicitud de asistencia financiera para que la complete.

Complete el formulario de Solicitud de asistencia financiera en su totalidad y envíelo junto con su prueba de ingresos, de todos los miembros de su familia. Para la prueba de ingresos, necesitará proporcionar al menos uno de los siguientes:

- dos recibos de nómina recientes;
- una copia de su formulario W-2 más actual;
- un estado de cuenta bancaria reciente (si tiene depósito directo).

Si no tiene ingresos, deberá proporcionar una declaración que indique cómo satisface sus necesidades diarias, desde el punto de vista económico. Si recibe asistencia financiera de alguien para satisfacer sus necesidades diarias, pídale a esa persona que escriba una declaración en la que indique que le proporciona asistencia y la forma en la que lo hace.

Tenga en cuenta que, para que lo consideren para este programa, debe enviar el formulario de Solicitud de asistencia financiera con la prueba de ingresos correspondiente. La aceptación en este programa se decide según las pautas federales de pobreza. Le hemos proporcionado un sobre con franqueo pagado y autodirigido en el que deberá enviar el formulario de Solicitud de asistencia financiera y toda la documentación necesaria.

Si tiene alguna pregunta, no dude en comunicarse conmigo llamando al número que figura más abajo. Estoy en la oficina de 7:30 a 4:00, de lunes a viernes.

Atentamente.

Patricia Townsley
Personal Pay Patient Representative
Ridgecrest Regional Hospital
901 Heritage blvd
Ridgecrest, CA 93555
760-499-3010

RIDGECREST REGIONAL HOSPITAL
Solicitud de asistencia financiera

1081 N. China Lake Blvd, Ridgecrest, Ca 93555

Cuenta n.º _____

Para ser considerado para la asistencia financiera, debe proporcionar información completa.

***Información del paciente
padre/madre/cónyuge/garante***

Información del

Nombre: _____

Nombre: _____

Dirección: _____

Dirección: _____

Ciudad/Estado/Código postal: _____

Ciudad/Estado/Código postal: _____

Ingresos netos mensuales: _____

Ingresos netos mensuales: _____

Cantidad de dependientes: _____

Incluya todos los demás ingresos: \$ _____ Fuente: _____ \$ _____ Fuente: _____

Si está desempleado, ¿cuál es su fuente de ingresos? _____

(Esta pregunta debe responderse si la fuente de ingresos es cero)

Opcional: Tiene una _____ cuenta de cheques Saldo actual \$ _____
_____ cuenta de ahorros Saldo actual \$ _____

Debe proporcionar un estado de cuenta bancaria, un recibo de nómina o una declaración de impuestos sobre la renta actuales.

Afirmo que las declaraciones anteriores son verdaderas y correctas a mi leal saber y entender. Comprendo que si se oculta información o se proporciona información falsa, el paciente o la parte responsable deberán hacerse cargo del pago de todos los cargos por servicios.

Firma: _____

Fecha: _____

revisado en 3/2001

Se deben completar todas las líneas. Si no corresponde, indíquelo.

El monto de descuento se determina según el nivel de ingresos y las pautas federales de pobreza.
Consulte la política del Programa de Asistencia Financiera, disponible en nuestro sitio web, para obtener un listado completo de los servicios cubiertos. Algunos honorarios profesionales de médicos no están cubiertos en virtud de esta política.

Si tiene alguna pregunta, llame al 760-499-3010



Resumen en lenguaje sencillo de la Política de asistencia financiera del hospital

De conformidad con la filosofía y la misión del Ridgecrest Regional Hospital ("RRH"), es la política del RRH ofrecer asistencia financiera a pacientes que no pueden pagar sus facturas hospitalarias debido a situaciones económicas difíciles. Un asesor financiero o un representante de la Oficina comercial del RRH revisarán cada caso y tomarán una determinación sobre la asistencia financiera, la cual podría ofrecerse antes, durante o después de la prestación de servicios. Luego de la verificación de la elegibilidad para recibir asistencia financiera, el RRH les ofrecerá atención caritativa (es decir, atención gratuita) o atención con descuento a los pacientes hospitalizados y ambulatorios del hospital, de acuerdo con la Política de asistencia financiera del RRH u otras políticas aplicables para los servicios necesarios desde el punto de vista médico.

Pautas de la asistencia financiera

- La asistencia financiera solo está disponible para la atención médica de emergencia y la atención necesaria desde el punto de vista médico proporcionadas por el Ridgecrest Regional Hospital (consulte la Política de asistencia financiera del RRH para obtener la definición de "necesario desde el punto de vista médico" y "proveedores cubiertos y no cubiertos").
- Según se describe a continuación, la elegibilidad se determina después de la revisión de las circunstancias financieras del solicitante.
- Antes de solicitar la asistencia financiera del RRH de acuerdo con su Política de asistencia financiera, deben agotarse todos los recursos de pagadores alternativos, incluidos los pagadores gubernamentales (es decir, Medicare, Medi-Cal, etc.).

Documentación obligatoria

Para que una solicitud presentada se considere completa, debe incluir lo siguiente:

- Solicitud de asistencia financiera completada y firmada;
- dos recibos de nómina recientes;
- una copia de su formulario W2 más actual.

Si no tiene ninguna fuente de ingresos, debe incluir una carta donde indique cómo satisface sus necesidades diarias, desde el punto de vista económico. Si recibe asistencia financiera de alguien para satisfacer sus necesidades diarias, pídale a esa persona que escriba una declaración en la que indique que le proporciona asistencia y la forma en la que lo hace.

Calificaciones del programa

- La asistencia financiera se les proporcionará a una persona o a una familia cuyos ingresos brutos anuales no superen el 300 % del nivel federal de pobreza (consulte la Política de asistencia financiera para obtener la definición de "ingresos brutos anuales").
- Una persona o una familia cuyos ingresos brutos anuales correspondan al 100 % o menos del nivel federal de pobreza calificarán para recibir el 100 % de la asistencia financiera.
- Una persona que califique para recibir asistencia financiera no deberá pagar montos que superen los indicados en la Política de asistencia financiera.

Cómo acceder a la asistencia financiera o cómo solicitarla

- Las copias de la Política y la Solicitud de asistencia financiera están disponibles en línea en <http://rrh.org/info-resources/#tab-1415596352-2-94>.
- También podrá conseguir copias de estos documentos en todos los centros de registro del Ridgecrest Regional Hospital.
- Todos los documentos se proporcionan sin cargo.
- Para obtener copias de estos documentos en persona o por correo postal, hacer preguntas, recibir asistencia para completar una solicitud de asistencia financiera o presentar una solicitud de asistencia financiera completada, comuníquese con la oficina comercial del Ridgecrest Regional Hospital a través de los siguientes métodos:
 - Por teléfono: 760-499-3010
 - Por correo postal o en persona: 1081 N. China Lake Blvd., Ridgecrest, CA 93555

Idiomas

Todos los avisos/comunicaciones proporcionados en virtud de esta política estarán disponibles en los idiomas principales del área de servicio del hospital, de conformidad con todas las leyes y reglamentaciones estatales y federales correspondientes.

Appendix C

Sliding Scale

Federal Poverty Guideline	Discount Off of Medicare Reimbursement Rate*	Patient Responsibility (Percent of Medicare Reimbursement Rate*)
At or below 100%	100% discount	0%
100.1% - 150%	80% discount	20%
150.1% - 200%	60% discount	40%
200.1% - 250%	40% discount	60%
250.1% - 300%	20% discount	80%

* See Appendix D for Medicare Reimbursement Rate

Appendix D

Medicare Reimbursement Rate

Because the hospital is paid by Medicare on a cost reimbursement basis, the gross charges need to be reduced to reflect the expected rate of payment from Medicare. This rate needs to be re-calculated each year based upon the most recent Medicare cost report.

Medicare Reimbursement Rate (Payment Expected Based Upon Most Recent Cost Report)	
Inpatients	\$4,238 per day is the inpatient per diem payment rate to be used for purposes of this policy
Outpatients	24% Reimbursement Discount Gross outpatient Charges by 76%

Appendix E

2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	Poverty guideline
1	\$13,590
2	18,310
3	23,030
4	27,750
5	32,470
6	37,190
7	41,910
8	46,630

# in Household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL
1	\$13,590	\$18,754	\$20,385	\$27,180	\$33,975	\$40,770
2	\$18,310	\$25,268	\$27,465	\$36,620	\$45,775	\$54,930
3	\$23,030	\$31,781	\$34,545	\$46,060	\$57,575	\$69,090
4	\$27,750	\$38,295	\$41,625	\$55,500	\$69,375	\$83,250
5	\$32,470	\$44,809	\$48,705	\$64,940	\$81,175	\$97,410
6	\$37,190	\$51,322	\$55,785	\$74,380	\$92,975	\$111,570
7	\$41,910	\$57,836	\$62,865	\$83,820	\$104,775	\$125,730
8	\$46,630	\$64,349	\$69,945	\$93,260	\$116,575	\$139,890

Appendix F

Providers Covered by the RRH Financial Assistance Program Policy

It is the intent of RRH to ensure that the entire hospital bill for all Medically Necessary Services rendered to a patient by the hospital are appropriately discounted for eligible patients in accordance with the Financial Assistance Program Policy (“FAP Policy”).

Professional services provided by Hospitalists and Certified Registered Nurse Anesthetist, are covered by the FAP Policy and are billed along with other hospital charges on the hospital’s bill and will contain the appropriate discount as provided for under the FAP.

However, most physician professional services are not subject to the FAP and patients may receive separate bills from the physician for the physician’s professional services.^{FN1} Those physician services include:

- Anesthesiology
- Gastroenterology
- Maternity/OB
- Pathology
- Radiology
- Surgery
- Urology
- General attending physician services
- Specialty attending physician services

Although a physician may elect to provide discounted or free care, the patient will need to contact the physician to inquire into the physician’s policies.

However, in accordance with California law, Emergency Department physician services are subject to the provisions of Health & Safety Code Section 127450, and therefore, the RRH Emergency Department physicians administer a separate charity care and discounted care policy that is in compliance with the laws applicable to Emergency Department physicians.

The following hospital departments and clinics may separately offer charity care, discounted care or other financial assistance programs but are not required under the California Hospital Fair Practices Act to follow the FAP Policy.

- Bella Sera/TCRU
- RRH Visiting Nurses & Hospice
- Southern Sierra Medical Clinics
 - Southern Sierra Medical Clinic
 - Southern Sierra Surgical Clinic
 - China Lake Gastroenterology
 - Healthy Bone & Joint Center
 - Sydnor Specialty Center
 - Desert Oasis Clinic
- Stemmer Clinic
- Ridgecrest Rural Health Clinic
- Ridgecrest Urgent Care Clinic
- Trona Rural Health Clinic
- Ridgecrest Regional Hospital Cancer Center
- Ridgecrest Obstetrics Clinic

This document can be obtained both online and in paper form in the same manner as the Financial Assistance Program Policy. This document is available in the primary language(s) of the hospital’s service area.

Date Created: Dec. 23, 2015

Most Recent Revision Date: March 22, 2021

FN1: “A hospital may specify providers by reference to a department or type of service.” (IRS Bulletin 2015-28, July 13, 2015, Notice: 2015-46.)