# Fremont-Rideout Community Benefit Report

**Fiscal Year 2010-2011**

Fremont-Rideout Health Group  
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Fremont-Rideout Health Group
Community Benefits Plan and Assessment Update

Fremont-Rideout Health Group (FRHG) is pleased to submit its annual community benefits report to the California Office of Statewide Health Planning and Development (OSHPD). The report includes activity conducted during the 2010-11 fiscal year.

FRHG has been in operation since 1983, when Fremont Medical Center in Yuba City and Rideout Memorial Hospital in Marysville merged to form a private, not-for-profit health system. FRHG’s Board of Directors have defined a vision to provide high quality, comprehensive health care to all residents of the Yuba-Sutter community, regardless of the ability to pay, while persistently working toward improvements to, and expansion of, health services and programs.

Values
We fairly and accurately represent our capabilities and ourselves.
We will not misrepresent our capabilities to the public.
We will provide services to meet the identified needs of our patients and will constantly seek to avoid the provision of those services that are unnecessary or non-efficacious.
We will adhere to a uniform standard of care throughout the organization.

Mission Statement
To provide compassionate and superior healthcare to everyone in our community and region.

Vision Statement
A regional medical center offering advanced medicine and a full continuum of healthcare services.

Fremont-Rideout Health Group
Summary: The service area of Fremont-Rideout Health Group is primarily comprised of the Northern California counties of Yuba and Sutter, with a combined population of approximately 167,000. Income in both counties is below the statewide average, and the poverty rate is higher than the statewide average, according to the following income and poverty statistics from the U.S. Census Bureau: The 2009 median per capita income for Sutter County was $22,830; for Yuba County $20,278. The statewide median per capita income was $29,020. The 2009 median household income for Sutter County was $48,073; for Yuba County $40,947. The statewide median household income was $58,925. The 2009 poverty rate in Yuba County was 19.5 percent, and in Sutter County 14.8 percent, both above the statewide poverty rate of 14.2 percent. High unemployment is chronic in Yuba and Sutter counties. In October of 2011, according to the United States Bureau of Labor Statistics, Yuba and Sutter counties’ combined unemployment rate of 16.7 percent was the third highest among the 370 Metropolitan Statistical Areas defined in the United States. The percentage of residents without health insurance is higher in Yuba and Sutter counties than the national average, according to the U.S. Census Bureau’s Small Area Health Insurance Estimates. According to the Census Bureau, 21.5 percent of Sutter County residents and 19.1 percent of Yuba County residents were without health insurance for all 12 months of 2009, compared to the California uninsured rate of 20.1 percent, and the national uninsured rate of 16.3 percent. Fremont-Rideout Health Group provides community benefits to the communities we serve - demonstrating our commitment to the health of residents in our service area. We create access to health care in our region for individuals and families who struggle against poverty, disability and isolation.

FRHG owns or manages:
Rideout Memorial Hospital (RMH), a 149-licensed-bed, acute-care facility, which includes a Level III Emergency Department.
Fremont Medical Center (FMC), a 132-licensed bed, acute-care facility, which includes Perinatal and Labor/Delivery, Women's Imaging Services and Radiology.
Rideout Emergency Department, located inside Rideout Memorial Hospital, is the only emergency room between Southern Butte County and Sacramento. It is a Level III Trauma Center and Stemi-receiving center.
The Fountains Skilled Nursing & Rehabilitation Center, a 145-bed skilled nursing facility, which includes a 24-bed Rehabilitation unit.
The Courtyard Assisted Living, a 54-unit residence for seniors.
The Gardens, a 25-unit facility staffed with skilled and professional caregivers for Dementia and Alzheimer’s patients, which also offers an adult day care support center including six additional deluxe units.
Fremont-Rideout Cancer Center, an affiliation between FRHG and UC-Davis Health System, is an 18,000 square foot, outpatient cancer treatment center.
The Heart Center at Rideout, a cardiac surgery and coronary intervention program, which offers complete cardiac care and surgical services.

Feather River Surgery Center, a free-standing outpatient surgery center. Feather River Pain Management and Fremont-Rideout Urology are housed in the Surgery Center.

Sierra Health Care Center, a durable medical equipment and oxygen business. Fremont-Rideout Hospice and Fremont-Rideout Home Health are housed in the Sierra Health Care Center.

Fremont-Rideout Occupational Health, a comprehensive occupational health clinic, is housed inside the Urgent Care Center.

Fremont-Rideout Specialty Care Clinic serves patients in Penn Valley, California.

Other Services or Programs Include:
- FRHG’s Community Health Education Program provides a variety of classes, seminars, support groups and events to help the residents of the Yuba-Sutter Communities to improve and maintain their health and lifestyle.
- Fremont-Rideout Cancer Center Clinical Trials
- Cancer Care Network
- Community Hospital Cancer Program
- Social Services
- Fremont-Rideout Cardiac Rehabilitation
- Fremont-Rideout Occupational Health, an occupational health clinic
- Fremont-Rideout Draw Stations, outpatient laboratory services
- Fremont-Rideout Outpatient Nutrition Program
- Sweet Success Diabetes in Pregnancy
- Fremont-Rideout Outpatient Rehabilitation Clinic
- Home Care Services, which includes Fremont-Rideout Home Health and Fremont-Rideout Hospice
- Imaging Services
- Respiratory Care Services
- Surgical Services
- Hospitalist / Intensivist Program
- The Heart Center at Rideout: Cardiac Surgery, Cath Lab, Cardiology Services
- Fremont-Rideout Neurosurgery Center
- Fremont-Rideout Urgent Care Center

Community Benefits
In FY2010-2011 FRHG contributed the following:

Charity Care and Unreimbursed Care
FRHG provided $21,156,000 in charity care and unreimbursed hospital care to patients at Fremont Medical Center and Rideout Memorial Hospital

Medicare Payment Shortfalls
The total of government program costs provided was $14,211,470

Community Benefits
FRHG provided $103,173 in community benefits and services

On Call Physician Program
FRHG provided $2,601,297 for the On-Call Physician Program and $2,792,115 for the Intensivist/Hospitalist Program. These programs provide physicians (inpatient) care for Emergency Room patients who have no physician and are indigent or on Medi-Cal.

Community Benefits provided to the community by FRHG include:
- Charity care and unreimbursed medical care
- Financial and human resource assistance to a variety of local community organizations
- Donations of equipment and supplies
- Membership and volunteer involvement in local chamber of commerce, civic and service organizations
- Cancer awareness programs and support groups
- Heart Health Awareness programs and a free Bless Your Heart Fair and heart health screenings
- Diabetes education through Free Community Health Education Classes
- Maternity education thru Free Community Health Education Classes
- Maternity care for non-insured or Medi-Cal patients
- Hospice
- Hospice Volunteer Training program
- Community Health Education program
- Support group facilitation
Assessing Community Needs

Improving community health involves much more than simply providing health care services to the underserved populations. It requires commitment to, and community involvement with the community at all levels. FRHG strives to maintain that leadership role.

In addition, FRHG’s Hospital Wide Performance Committee (HPIC), a cross-section of clinical and non-clinical hospital staff, review health care needs of the community. Participants are asked for suggestions on new classes, programs and services. And FRHG representatives are active in community groups and collaboratives, including United Way, American Cancer Society, American Red Cross Northeastern, and Sutter and Yuba County public health, Cancer Care Network and UC Davis Health System.

These committees and programs, along with the Board of Directors, set the pace for assessing the communities' needs in regard to health care.

Community Health Benefits Plan

Creation of the Plan

FRHG has a long history of providing substantial benefits to the community. FRHG has assumed a leadership position in the community and provides future solutions for health care needs for the residents of the Yuba-Sutter communities.

The Community Action Committee (CAC) was formed in 1995 from members of the FRHG Board of Directors, Foundation Board of Directors, FRHG administration and staff, and community members (including representation from physicians, educators, migrant farming and business). It's charged with assessing the needs of the community and developing a plan of action to prioritize and meet those needs. The Committee gathers information and facts from a variety of sources within FRHG, community members, government and community agencies to develop the overall plan.

FY 2010-2011 Community Health Benefits Plan

Every three years, the CAC conducts a Community Needs Assessment to guide our Community Benefit Program. In formulating the FY 2010/2011 Community Health Benefits Plan, the Community Action Committee reviewed and used as a guide the Healthy Living 2009 Cancer Program Annual Report – Fremont-Rideout Cancer Center and health statistics from both Yuba and Sutter County Health and Human Services. In addition, the Community Action Committee set additional priorities that are not included in the reports. The communities identified in formulating the plan include the Yuba-Sutter communities and surrounding region.

Needs were identified through the following areas:

- Healthy Living – Community Health Needs Assessment 2009.
- 2009 Economic & Demographic Profile Series for Sutter and Yuba Counties.
- Participation in United Way, including leadership in the needs assessment process and citizen's review committee.
- Meetings with Sutter County Healthy Families, Rideout Emergency Disaster Preparedness, FREED (Helping individuals with Disabilities) Sutter County Safer Communities, Yuba County Safer Communities, Yuba County Chronic Disease Committee, and periodic projects with the Yuba and Sutter Health Departments
- Meetings with community groups, members and organizations; and government agencies in Yuba and Sutter counties
- Focus groups comprised of Yuba-Sutter residents
- Meetings with the UC Davis Athletics Dept.

The identified needs in addition to those in the Needs Assessment Survey are:

- Critical nursing and clinical technicians shortage
- Expand Cancer Treatment services and facility
- Expand the Rideout Emergency Department
- Perinatal Services and Education
- Cancer Research – Yuba County
Critical Nursing and Clinical Technician Shortage

Summary: FRHG continues to face challenges in regard to recruiting nursing and other clinical technical personnel to the Yuba Sutter area. Although the current economic downturn has led to an easing of the national shortage of registered nurses, regional factors as well as specific challenges faced by FRHG during the last fiscal year have led to the need for continued diligence as it relates to our recruitment efforts.

The national demand for healthcare professionals will continue to increase over the next 10-20 years despite the current economic downturn. According to the latest projections from the U.S. Bureau of Labor Statistics published in December 2010 Occupational Employment Projections to 2018, there will be a 22 percent increase in the number of registered nurse jobs by 2018. The number of nurses ages 40 and over has continued to increase and nurses 50 years of age or older represent a staggering 45 percent of the registered nurse workforce, according to the 2008 National Sample Survey of Registered Nurses published by the Department of Health and Human Services. Furthermore, the number of registered nurses younger than 40 is only 29.5 percent of all registered nurses. As nurses in older age groups begin to leave the workforce, the nation will struggle to educate and train enough nurses to keep up with demand. Latest projections in the American Hospital Association's Trend Watch Chart book of 2010 predict a shortage of 1 million nurses by 2020.

FRHG has been faced with many challenges due to the current recession and other regulatory changes. It is our desire to remain vigilant in our efforts to remain viable and to continue to provide superior healthcare to the community we serve. The consolidation of most of our acute care services into one campus occurred over one year ago. An unfortunate by-product of those decisions called for a reduction in workforce affecting approximately 200 employees. Although the downsizing did not decrease the number of positions available in clinical shortage areas, we did see an overall increase in turnover as a result of the culture of uncertainty. Although the uncertainty has somewhat stabilized, FRHG continues to implement many new recruitment and retention strategies.

Recruitment efforts as it relates to typical shortages are demonstrated below:

- Lab – FRHG has experienced shortage in certain areas of the lab and continues to enhance recruitment efforts to attract knowledgeable and professional candidates
- Radiology – FRHG has no staff shortages in this area
- Respiratory Therapy – FRHG has no staff shortages in this area
- Pharmacy – FRHG has experienced shortage in this area and continues to enhance recruitment efforts to attract knowledgeable and professional candidates
- Physical Therapists – FRHG has experienced shortage in this area and continues to enhance recruitment efforts to attract knowledgeable and professional candidates. The need for Physical Therapy Assistants has increased and become a challenge for FRHG as well.
- Occupational Therapists – FRHG has experienced shortage in this area and continues to enhance recruitment efforts to attract knowledgeable and professional candidates
- Registered Nursing areas – FRHG continues to experience shortages in Critical Care nursing. We continue to aggressively tackle the difficult challenge of finding and recruiting experienced nurses. We have been successful in recruiting and training new grad nurses, but are limited in the numbers we can train in a given time period. We will continue to enhance recruitment and training strategies to combat the shortages in this area

FRHG continues to address the challenge of the nursing shortage in the future and employs new and continued methods to create incentives for recruiting:

- Offer competitive salaries and benefits, education loan repayment program, as well as relocation assistance to new hires. FRHG continues to provide an in-house registry program, free continuing education units and relocation assistance
- FRHG provides assistance to employees through an education loan repayment plan and tuition reimbursement plan
- The Fremont-Rideout Foundation loaned $16,250 to employees enrolled in a nursing program or other hard to fill health professions, the loan is forgiven if the employee remains an employee for a period of two-years (full-time equivalent) in the position they are going to school for. In addition six $1,000 scholarships were awarded to area high school seniors and college students pursuing a career in healthcare, two $3,000 scholarships were awarded to
employees furthering their education to obtain a nursing leadership role and a total of $6,000 was awarded to Teen Leadership Council Alumni, furthering their education in healthcare.

Recruitment strategies and programs:
• FRHG maintains 2 full-time recruiters on staff who have focused on improving relationships with the local nursing schools. This has led to hiring approximately 70-80% of the graduating classes
• FRHG hosts in-house job interview fairs in hard-to-fill areas and was successful in hiring many nurses to FRHG
• FRHG participates in job fairs in the greater No. Calif. area and several in other areas of the nation to enhance the pool of candidates considering employment
• FRHG has been able to recruit some of the most talented nurse travelers to permanent FRHG opportunities – many into critical care areas
• Dedicated program to recruit and train new graduate nurses in both Med/Surg and Critical Care areas
• Enhanced advertising efforts regionally and nationally to increase candidate pool and raise awareness of opportunities
• Educated and trained new and interim managers in the recruitment and hiring process to enhance the quality and expertise of new employees selected
• Our new and improved www.frhg.org site is a key marketing tool that shows FRHG as an excellent place to work
• FRHG offers successful preceptor programs to new graduates
• FRHG implemented an expanded training program for new graduate registered nurses joining our organization
• FRHG provided clinical training for several nursing programs to include precepting
• Through our Education Department, FRHG continues to offer specialized training in the Critical Care, Emergency and Perinatal areas

Retention Strategies:
Ongoing communication enhancement efforts to include:
• Enhanced intranet service provides an electronic communication tool through both regular email communication and an employee portal of new and archived information
• Regular employee forums provide ongoing face-to-face communication from our senior management team to employees throughout the organization
• Ongoing Leadership Development educational sessions hosted by Human Resources

2011 Employee Engagement emphasis. Highlights include:
• Developing an Employee Value Proposition that will detail our commitment to proper and fair communication and dealings within our organization. This will enable us to recruit and retain employees so long as leadership at all levels is committed to these values (Anticipated completion by March 31, 2012)
• Salary Market Survey – market analysis conducted and recommendations for wage adjustments implemented
• Developed and implemented a complete nursing restructure that has driven many quality initiatives and enhances the work environment at FRHG. Through this effort, we have been successful in mentoring current employees and also developing and training new employees in the organization, CEO Updates and “Appreciation Days”

Fremont-Rideout Health Group Appointments From July 1, 2010 to June 30, 2011
Fremont-Rideout Health Group added the following physicians to its medical staff from July 1, 2010-June 30, 2011.

Allen, Evan D., MD, Teleneurology
Binder, Christian, MD, Teleradiology
Chhibar, Ruchika S., MD, Internal Medicine
Doma, Anamika K., DO, Emergency Medicine
Farahmand, Mahnaz, MD, Gastroenterology
Foster, Lionel, MD, Urology
Jain, Shelly, MD, Teleradiology
Kenyherz, Gregory E., MD, Teleradiology
Linn, Heather M., MD, Teleneurology
Lloyd, Carla R., MD, Teleradiology
Momir, Jasmin S., MD, Nephrology
Montella, Marc, MD, Teleradiology
Nagaraju, Sivakumar, MD, Pulmonary Disease
Prasad, Praveen, MD, Neurosurgery
Ravuri, Sreenivasa, MD, Internal Medicine
Raychev, Radoslav I., MD, Teleneurology
Sanei-fard, Babak, MD, Cardiovascular Disease
In an effort to always strive towards FRHG’s mission to provide superior healthcare to everyone in our community, FRHG continues to recruit physicians in areas of great need. Some areas of focus have included Critical Care, Primary Care and Gastroenterology. Additional medical practices allow health care access to all patients including those patients with Medi-Cal or without insurance. Remote services for Teleneurology and Teleradiology were successfully added in the previous year and continue to ensure 24/7/365 coverage.

Access and Affordable Health Care
Summary: Identified difficulty with accessibility and affordability of health care. Yuba and Sutter counties share a high unemployment rate and low median family income. Children under the age of 18 – 16.5% in Sutter County and 24.3% Yuba County – live below the poverty level according to the US Census Bureau, Small Area Income and Poverty Estimates reported in the 2007 Yuba County Health Status Profiles. 50.7 percent of the counties public school students received free and/or reduced price meals in 2006/07. According to the 2010 Sutter County Nutrition and Food Insecurity profile 48% of the county public school students received free and/or reduced priced meals. The percentage of elderly, 65 and older, living below the poverty level in Yuba and Sutter counties closely mirrors the statewide figure at 7.8 percent and 7.7 percent, respectively.

- FRHG continues to screen infants born at Fremont Medical Center for possible hearing loss, regardless if insurance covers the procedure
- The physicians who choose to practice at Fremont Medical Center in such specialties as family practice, pediatrics, obstetrics/gynecology, and internal medicine meet the needs of the underserved in the community. These medical practices have increased health care access to all patients on Medi-Cal and without insurance
- FRHG funds the Community Health Education Program, which provides four free classes each month on health-related topics. Information is also given regarding access to health care. Class topics are determined by the results of a survey that participants are asked to complete on what classes they are interested in hearing about in the future and include smoking cessation and childbirth classes
- A specialty clinic in Penn Valley (Nevada County), The Fremont-Rideout Specialty Care Center brings specialty healthcare services, such as cardiology, urology, vascular and infectious disease, to the Penn Valley area
- Participation in the Ampla Health Fair: Provided prenatal education and resource information in Spanish
- Host of the Annual Fremont-Rideout Bless Your Heart Fair and Heart Walk, each February, provides screenings and heart education and information for the Yuba-Sutter community

Cancer Needs of the Communities
Summary: Before opening the Fremont-Rideout Cancer Center with UC Davis Cancer Center, in Sept. 2000, FRHG identified that more than 600 patients traveled outside the Yuba-Sutter area each year to seek outpatient cancer treatment. In addition, Yuba County has an extremely high rate of all cancer deaths that exceeds both the state and Healthy People 2010 national objective. Sutter County’s rates, while not as high as Yuba County, exceed both California and Healthy People 2010 national objective.

Fy 2010-2011
- Virtual Tumor Boards
- The UC Davis Cancer Care Network
- Coping with Cancer, and Cancer and Fatigue lectures for patients and family
- High Press Ganey Scores for Patient Satisfaction
- Senior Health Fair
- Healing Environment Donor Recognition slideshow presentation & artwork in front lobby through donations made to Fremont-Rideout Foundation.
- Cancer Center Expansion blueprint design and EIR 2010
- Oncologist, Nguyen, MD honored as Physician of the Year for Fremont-Rideout Health Group
- Second Annual Cancer Survivor Reception, June 4, 2010
- Peer Navigator Program
- Established Relay for Life Teams, a benefit for the American Cancer Society
• Home Run for Health & Cancer Survivor Celebration at Yuba-Sutter GoldSox, July 31, 2010
• Developed and implemented the Patient & Family Advisory Council
• Skin Cancer Awareness Campaign – sunscreen and educational brochures handed out to patients
• Planning underway for 10th Anniversary Open House – September 16, 2010
• Cancer Center Expansion Final Changes presented to the City of Marysville for approval

2011
• Construction of the expansion of the Fremont-Rideout Cancer Center started January 2011.

Ongoing 2011:
• Medical License Social Worker (2011)
• Patient Discretionary Fund (2011)
• Public Resource Library (2011)
• Cancer Support Group (2011)
• Quarterly presentation, “Nutrition for Persons with Cancer”
• Skin Cancer Awareness Campaign (May 2011)
• “Fairway to Health” Golf Fundraising Event (May 2011)
• Cancer Survivor Reception, our third annual event to honor Cancer survivors and their families. (June 4, 2011)
• Support for American Cancer Society’s Blossom Ball (May 2011)
• Publish Annual Report 2009/2010
• Monthly Tumor Conferences. (2011)
• Virtual Tumor Boards, daily Monday – Thursday (2011)
• Quarterly Cancer Network Newsletter (2011)
• Patient & Family Advisory Council, meets quarterly. (2011)

New 2011:
• Colorectal Cancer Information in FRCC Lobby (March 2011)
• Live Oak Unified School District Health Fair (March 16, 2011)
• Amgen Bike Tour – Distributed FRCC information at Wheatland High School (May 16, 2011)
• Cancer Center Information distributed at the Yuba County Senior Health Fair. (May 26, 2011)
• Multi-Cultural Health Fair, Richland Housing (August 2011)

Unified in Patient Focused Cancer Care
The UC Davis Cancer Care Network is a collaboration of hospital-based cancer centers in Northern and Central California dedicated to providing first-rate care to patients close to home. Through the network, the expertise of a National Cancer Institute-designed cancer center is linked with the unique insights of the hospital-based community cancer centers. Oncology teams at participating sites are committed to working together to provide the latest diagnostic techniques and treatment approaches to their patients.

Cancer Care Network facilities interactions across network sites through “virtual tumor boards.” Using state-of-the-art telemedicine technology, teams of specialists in different locations meet via real-time videoconferencing, share medical information and agree on treatment plans. Patients then receive care in their own communities and from their own physicians. Virtual tumor boards also provide opportunities to assess patients’ needs for novel treatments available through clinical trials and for appropriate referrals to UC Davis for specialty care.

Key goals of the network
• Provide first-rate community-based medical care to cancer patients
• Broaden access to new treatments available through clinical trials
• Ensure ongoing interactions among medical teams at multiple locations who are involved in-patient care
• Increase the availability of the specialty and subspecialty cancer care available only at UC Davis
• FRHG hosted a booth at the annual Punjabi Festival in order to reach the East Indian population and to educate them about breast cancer awareness
• Monthly Tumor Conferences are offered to the physicians in the community for CME credit.
• The Fremont-Rideout Cancer Center has developed the “Cancer Network” newsletter for patients and family members in our community. This newsletter educates patients on the latest cancer treatments, nutrition and community resources
• The Fremont-Rideout Cancer Center hosts monthly programs of interest to all persons with cancer and their family, friends and/or caregivers
• The Fremont-Rideout Cancer Center offers space and support for the following Support Groups
  Crossroads: Breast Cancer Support Group; Man to Man Prostate Support Group; Caregivers Support Group.
• Coping with Cancer and Cancer and Fatigue lectures were held for patients and family
• Participation in the American Cancer Society Blossom Ball, May 2011
• Hosted the Second Annual Cancer Survivor Reception, June 4, 2011
• Participated with a team and information booth at Relay for Life
• Participated with Planning Committee to host “Home Run for Healthcare & Cancer Survivor Celebration” at Gold Sox Baseball (to be held July 2010)
• Participated with Planning Committee to host the “Cancer Center 10th Anniversary Celebration” (Sept. 2010)
• Developed and implemented the Patient & Family Advisory Council
• Skin Cancer Awareness Campaign - sunscreen and educational brochures handed out to patients
• Cancer Center Expansion Final Changes & to City of Marysville for approval. (Sept. 2010 - Estimated start of construction - January 2011)
• Created, published and distributed the Cancer Center 2009/2010 Annual Report

Mental Health – Substance Abuse Services
Summary: Identified the need for education about substance abuse, including alcohol and tobacco as well as support for victims of trauma.
• FRHG provides sponsor funds to host Safe & Sober events for Yuba and Sutter county high school graduations
• FRHG’s Emergency Department at Rideout Memorial Hospital, continued to be involved in the annual “Every 15 minutes”, a mock event educating high school students about the dangers of drinking and driving
• FRHG participates monthly in the Yuba County Tobacco Coalition
• FRHG sponsors free Tobacco Cessation classes monthly for the public (January thru November)
• FRHG continues to support the local Trauma Intervention Program (TIP), where trained citizens offer emotional and practical support to victims, their family members, friends and bystanders at 911 emergency calls
• FRHG continues to provide assistance to the Yuba-Sutter Sexual Assault Response Team (SART) for equipment and training to help women and children of assault crimes
• FRHG Hospice staff continue their participation in Camp HUG, a camp for children who have lost a loved one. Held at Eagle Lake Ronald McDonald Camp, children learn how to deal with their grief in healthy ways. This camp is free for children ages 8-18 who have had a close friend or family member die within the last two years. Children have an opportunity to stay in cabins, make crafts, swim, play games, learn archery and hike.

Senior Services
Summary: Identified need for seniors to access medical information and screenings, transportation, adult day care and home health
• FRHG established a licensed, affordable ($50-1/2 day, $60-full day) Adult Day Care Center for adults who need medical supervision during the workday
• FRHG continues its Lifeline service, a telephone health monitoring system
• FRHG offers free community health education classes on senior health and other health topics to help seniors live a healthy and productive lifestyle
• FRHG supports the Y-S Legal Center for Seniors annual fundraiser. The Y-S Legal Center for Seniors provides legal aid and education to persons 60 and over. Program priorities are income maintenance, elder abuse, debtor-creditor issues and more
• FRHG continues to support the Vial of Life Program
• FRHG participates in local Senior Health Fairs and provides free health screenings and healthcare information wherever and whenever possible
• FRHG provides a “Community Resources for Seniors” handbook to senior citizens
• FRHG completed an extensive expansion in Dec. 10 of The Fountains, Skilled Nursing & Rehabilitation facility – 20,000 SF expansion including patient care, administrative offices and kitchen upgrade, from 99 to 145 bed – and the Garden’s, Alzheimer’s and Dementia facility – 8,000 SF expansion that includes additional living quarters and a full service kitchen

Perinatal Services
Summary: Identified the need for perinatal outreach education and services for all pregnant women in our community
• FRHG offers free perinatal classes, which include:
  - Childbirth Preparation: Signs of labor what to expect at the hospital, labor variations, comfort measures, breast feeding, pain relief options and cesarean birth
  - Lifesaver Baby: Parents are instructed in infant CPR and choking
  - Maternity Tours: Tours of the Perinatal Department
  - Breastfeeding: Education on how to, and why it is important
• The Sweet Success program began in February 2007 at Fremont Medical Center. Sweet Success is a diabetes-in-pregnancy program that is run by our own staff, but is supported and evaluated by the Department of Health Services. There are typically 45-50 women enrolled in the program annually and the numbers continue to increase.

**Outreach and Information/Education**

Summary: The Community Action Committee identified a need to continually provide information on what health care services are available locally, how to access them and education on basic health care.

- **FRHG supports the Trauma Intervention Program to train local volunteers working with traumatized victims**
- **FRHG continues to support help with identifying students in the school setting who may need to be evaluated for Marfan Syndrome and other clinical disorders**
- **FRHG continues to support the annual translation and printing cost of the Sutter County Children and Families Commission No Cost/Low Cost People Services, a free publication of health care and community listings that are published in English, Spanish, Punjabi and Hmong**
- **FRHG continues to provide translation of vital written material into Spanish, Punjabi and Hmong languages, including drug-testing consent, home care consent, information for women on caring for their newborn, breast self exams and mammography**
- **FRHG hosts Bless Your Heart Fair/Walk each February**
- **FRHG plans DASH for Diabetes, An educational event to encourage exercise and good health for Diabetics. The event is planned for Nov. 2011**
- **FRHG’s Teen Leadership Council (TLC): Thirty area high school students from six surrounding High Schools are recruited to attend the TLC designed to engage young adults who have demonstrated outstanding leadership skills and a strong desire to make a difference in our community and healthcare. Members attend monthly meetings, participate in seasonal activities, act as Foundation liaisons for their schools, job-shadow healthcare professionals, participate in philanthropic activities and health care events**

**Community Health Education**

FRHG participates in community events and offers healthcare educational materials, free health screenings and healthcare professionals to answer questions based on their area of expertise. Participation included activities at the many local community events, speaking engagements, featuring health care professionals at the local Rotary clubs, Senior Citizens clubs and organizations (DOLS, SIRS), Soroptimist, Chamber of Commerce Business Connection, Home Health and Leisure Expo at the Yuba-Sutter Mall, Senior Fairs and as guests on local radio talk shows throughout FY 2010/11.

**FY 2010/2011 Community Health Education Classes (free to the community):**

- Heart Walk/Heart Fair – Free screenings and Heart Health information
- Childbirth Preparation
- Maternity Dept. Tours
- Lifesaver Baby
- Clean Break – Smoking Cessation
- Breastfeeding, How to and Why to
- WeCare Peer Navigator Program – Fremont-Rideout Cancer Center
- Colon Rectal Cancer – Free Screening Kits, tests
- You Can Survive Alone – Designed to assist a surviving spouse/partner
- Cancer Survivor Party – Highlights and celebrates local cancer survivors
- Wellness Classes designed for individuals with, or recovering from, cancer
- Aortic Stent Grafts – Dr. Andrew Macbeth
- Peripheral Artery Disease – Dr. Andrew Macbeth
- Impotence – Dr. Lionel Foster
- Cholesterol: Fact or Fiction – Dr. George Broder
- Prescription Drugs: To Heal or Kill: Sponsored by FRHG and the Sutter County Juvenile Justice Commission
- Universal Message about Anger Control – Veer Bhupinder Singh Ji (offered in Punjabi)
- Women’s Health – Dr. Jeetinder Sohal
- Vertroblastly with Dr. Robert Wankmuller
- Understanding Memory Loss

• FRHG offers free (CHE) perinatal classes, which include Childbirth Preparation: Signs of labor, what to expect at the hospital, labor variations, comfort measures, breast feeding, pain relief options and cesarean birth; Early Pregnancy: Normal discomforts of pregnancy, comfort measures, body changes and nutrition; Lifesaver Baby: Parents instructed in infant CPR and choking; and Maternity Tours: Bi-monthly tours of the Perinatal Department
FRHG offers the following (CHE) outreach classes and support groups:

— Tobacco Cessation Classes: A free four-session series entitled Clean Break is offered monthly for tobacco users to learn behavior modification tools to effectively maintain a tobacco-free lifestyle

— Outpatient Cardiac Rehabilitation: A three-month monitored exercise and formal education program for a patient's recovery from coronary illness

— Support groups: FRHG provides meeting rooms for the following support groups: Grief Support Groups sponsored by Fremont-Rideout Hospice; Yuba-Sutter Children's Type 1 Diabetes Support Group and Cancer Support Groups; TOPs (Take Pounds Off)

— Service Organizations: FRHG provides meeting rooms for the following service organizations and educators: Kiwanis, United Way, Yuba Community College, American Cancer Society, American Red Cross, Yuba Sutter Chamber of Commerce, Family Soup, LEAD Yuba-Sutter, Valley Quilt Guild, Fremont Medical Center and Rideout Memorial Hospital Auxiliary meetings

— FRHG co-sponsors the low-cost, no-cost people services publication, printed in Spanish and English

Disaster Preparedness

2010-2011 was an action packed year for Fremont Rideout Health Group (FRHG). FRHG started February off with maximum capacity inpatient census levels. This influx of patients was not due to a specific event, but rather a gradual rise in the number of patients seen during the winter months. On February 14th, the census reached a critical high and a Level Black was initiated which activated the Hospital Command Center and tested our preparedness capabilities. The after action report for this event stressed the need for further improvements and training in our communication and notification procedures.

In April, several staff braved Tornado Alley to train at the Center for Domestic Preparedness. Staff participated in the invaluable Framework for Disasters class in Anniston, Alabama. “FRAME is a four-day, 32-hour course which provides healthcare personnel with basic training in healthcare emergency management. The course includes lectures on standards, regulations, organizations affecting healthcare entities, the integration of government agencies and stakeholders, disaster preparedness planning, staffing and personnel, emergency management issues for healthcare, PPE and decontamination, evacuation, isolation and quarantine, ethical issues, financial issues, public affairs, drills and exercises, and training. Small exercises are conducted in hazard vulnerability assessment, and managing medical surge.”

In May, FRHG participated in the BiCounty community exercise. The exercise was conducted at BiCounty Ambulance, and at the Fountains Skilled Nursing Facility. The exercise simulated a gas leak at the Fountains, which required evacuation of The Fountains, and of The Courtyard Assisted Living, and The Gardens, dementia care facility. Rideout assisted in this drill to determine patient destinations, and request extra resources from the County Department of Public Health. The exercise tested the abilities of The Fountains staff to evacuate patients safely and with little or no warning. As most of the patients in The Fountains have special needs, this was an eye-opening experience, but the staff performed beautifully.

FRHG also performed a communications drill with the State Department of Public Health during the Golden Guardian Statewide Exercise on May 17th. The communications exercise showed us that we have the proper communication tools in place; however, we need to continue to train on notification procedures within the hospital.

In June, FRHG had the pleasure of hosting two courses at FRHG which were taught by the Texas Engineering Extension Service, a member of the National Domestic Preparedness Consortium. The first class, Medical Management of CBRNE (Chemical, Biological, Radiological, Nuclear and Explosives) Events, is designed to help staff learn how to treat victims of CBRNE events. Using lectures and Human Patient Simulators, and critical thinking breakout sessions, staff learned to properly identify various agents and treatments for each. The second course Operational Level Response to Hazmat/WMD Incidents was taught by TEEX as well. At the end of this course, staff participated in the National Pro-Board Testing for Hazmat Operations Level Responders. There are now 13 staff members at FRHG who are Nationally Certified Pro-Board Responders!

Comprehensive Benefits for the Community

As a leader in providing and identifying health services for the community, FRHG’s work extends throughout the Yuba-Sutter communities, in some cases corroboratively, to ensure accessible, affordable, quality health care.

Charity Care and Unreimbursed Care, fiscal 2010-2011
FRHG provided $21,156,000 in charity care and unreimbursed hospital care to patients at Fremont Medical Center and Rideout Memorial Hospital.

Medicare Payment Shortfalls
The total of government program costs provided was $14,211,470

Community Benefits
FRHG provided $103,173 in community benefits and services

Other Benefits for Under Served Populations

— Health and Community Services Directory
— FRHG co-sponsored the Y-S Medical Directory, which was published in the local Appeal-Democrat newspaper. Copies distributed were 28,000 +
— FRHG funded the translation and printing of the Yuba-Sutter No Cost/Low Cost People Services, an annual health and community services directory that lists 200 organizations, agencies and government departments serving the local community. Fifty thousand copies are printed and distributed in the bi-county area in three languages: English, Spanish and Punjabi
— Translations: FRHG provided translation services for vital written material into Spanish, Punjabi and Hmong languages, including drug-testing consent, home care consent, caring for newborns, breast self exams and mammography
— FRHG provided $2,601,297 for the On-Call Physician Program and $2,792,115 for the Intensivist Hospitalist Program. These programs provide physicians (inpatient) care for Emergency Room patients who have no physician and are indigent or on Medi-Cal

Other Benefits for the Greater Community

SART Program
FRHG provides assistance to the Yuba-Sutter Sexual Assault Response Team (SART) for equipment and training to help women and children of assault crimes. FRHG collaborated with law enforcement and Women’s Advocacy Groups to establish in May 1996 the Yuba Sutter Sexual Assault Response Team.

TIP Program
FRHG provided support to train volunteers for a Trauma Intervention Program (TIP). This program has more than 25 local citizens who provide comfort and support to those in distress.

Community Health Education
FRHG funded $38,156 for a comprehensive Community Health Education Program, providing health care related classes free to the public.

Community Organizations
FRHG provided $31,509 in financial support and additional in-kind support to other organizations dedicated to improving the health of the community. Some of the organizations are listed as follows:

Community Support FY 2010/2011 includes:
- Sutter Buttes Sunrise Rotary
- Pink October, Harley Ride
- Beale Liaison Group, BMLC Tournament
- Live Oak Festival, Scholarship Sponsor
- Calif. State Pipe Trades Foundation
- Marysville Kiwanis, Hogs & Hulas
- Marysville Kiwanis, Youth Fishing Derby
- Yuba-Sutter Squad Club, Don Bakken Tournament
- Pink October, Scramble Fore A Cure
- Beale Liaison Group, Golf Tournament
- Sutter Medical Foundation, Golf Tournament
- Beale Liaison Group, Tournament Raffle
- Chamber of Commerce, Chamberopoly
- TIP of Yuba, Sutter, Butte, Sponsor
- YCHS Volleyball Club, Sponsor
- Beale Family Quality of Life, 9th RW WSA Golf Tournament, Sponsor
- Friends of Packard Library of Yuba County, Emily 180
- Friends of YC Parks & Rec, Sponsor, UnPlugged
- Appeal Democrat, Red Apple Sponsor, NIE
- Rotary Club of Yuba City, WWWOB, Sponsor
- Girl Scouts, Awards and Health Fair
- Pink October, Bowling for Breasts
- Pink October, Fashion Show, Sponsor
- Jim Whitteaker, Silent Auction Sponsor
- Covillaud School, Christmas Program, Sponsor

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Education and Training

Medical Staff Education
Fremont-Rideout Health Group challenges itself to be a catalyst, advocate for, and a provider of education that promotes change, development and improvement.

Our CME program sees its purpose as providing high quality, evidence-based educational opportunities that are designed to advance physician competence, enhance practice performance, promote patient safety and wherever possible, improve patient outcomes in the populations served by our physicians and healthcare providers.

We seek to serve not only the educational needs of healthcare professionals with privileges at Fremont-Rideout Health Group but the needs of other local and regional providers as well.

As an acute-care facility, our educational activities include department-specific and specialty-specific conferences and symposia. These events take the form of live courses and live regularly scheduled series. The educational design, instructional method and learning format for each event is chosen to best serve the educational needs and learning objectives of the planned educational activity. Methods for each activity will depend upon the identified need. They will include but not be limited to didactic lectures, workshops and panel discussions which include attendee interaction and case presentations.

Included among our educational offerings are updates in clinical medicine and basic scientific research and reviews of current or best practice recommendations for clinical care.

We expect improved application in our approach to clinical problems and newly acquired strategies, effective use of targeted skills with improvement or a favorable impact on patient outcomes.

2010, July through December:
July 13 - Mehrdad Abedi, MD, UC Davis Cancer Center – Multiple Myeloma
July 21 – Perinatal Conference - William Gilbert, MD – Intrauterine Growth Retardation
August 3 – Jeffrey Yee, MD – Hospice Care – Philosophical and Practical Aspects
August 10 - Jasbir S. Kang, MD – In the Patient’s Best Interest – Hospitalist Care
August 12 – Mary Hoppa, MD, Greeley Institute – Core Privileging
August 18 – Perinatal Conference - William Gilbert, MD – Update on Preterm Labor
September 14 – Larry Ozeran, MD – E.H.R. Incentive Update: How to get your share of $34 Billion
October 12 – Ted Muller, MD – Physician Wellness
October 20 – Stephen Butler, MD, Ph.D., - NICU Body Cooling Program for Neurological Protection
November 2 - Chris Gresens, MD, Vice President and Medical Director, Blood Source – HLA Type Platelets and Blood Use in Obstetrical Emergencies

2010, June through December
November 9 - Jon Marsh, DO – Colitis
November 19 – C. Kannan, MD, G. Prakasham, MD, Elliott Eisenbud, MD - Third Annual Diabetes Symposium: Role of Incretin Mimetics for Treating Diabetes, Is there hope for the prevention and treatment of obesity?, Managing Diabetes in a Pregnant Patient, Role of CGM (Continuous Glucose Monitor) and Insulin Pump in Managing Type I Diabetes, HbA1c Controversies, Role of Bariatric Surgery in the Treatment of Type 2 Diabetes and New DM Rx’s Coming
December 14 - Daniel Brink, MD – Case Study of Fever with Unknown Origin – Wegener’s Granulomatosis

2011, January through June
January 4 - Robert Achtel, MD – Practitioner’s Role in Preventing Sudden Cardiac Death in Children and Young Adults (with ADHD)
January 11 – Roopinder S. Poonia, MD, Nephrologist – Acute Renal Failure
February 1- Karanbir S. Grewal, MD – Evaluation and Management of PAD
February 8 - Pranav A. Amin, MD – Advances in Treatment of Eye Diseases
March 16 - Perinatal Conference – William Gilbert, MD – Perinatologist, Sutter Memorial Hospital – Postpartum Hemorrhage
March 31 – Richard Bold, MD, Professor of Surgery, Division Chief of Surgical Oncology, UC Davis Cancer Center – Cancer Staging
April 5 – Karanbir S. Grewal, MD – Cardiac Arrhythmias – Educational objectives: Discuss when to treat, when not to treat and treatment options (requested by the CME Committee)
April 12 - Nidhi Jain, MD – Cervical Cytology
May 3 – Susannah Mourtoun, MBChB. M.S., Assistant Professor, Division of Gynecologic Oncology, UC Davis Medical Center – GYN Oncology Update
May 13 – Mary Hoppa, MD, Greeley Institute – Physical Leadership Training
May 18 – Perinatal Conference - William Gilbert, MD – Shoulder Dystocia and Birth Trauma
June 7 – Eric Kurzrock, MD, F.A.A.P., Chief, Pediatric Urology, UC Davis Children's Hospital and School of Medicine, Introduction to Pediatric Urology
June 25 – Daniel J. Brink, MD, Jon Marsh, DO, Robert E. Burky, Jr., MD, Christopher Marsh, DO, Thomas Merry, MD, Mark L, Griswold, DO, William M. Dunn, MD - Primary Care Update
June 29 – Emily Fonda, MD – (E.H.R.) Executive Health Resources

In addition to the above noted speaker conferences, from July, 2010 through June, 2011 the RSS (Regular Scheduled Series) included 13 Tumor Conferences, (Hoa P. Nguyen, MD, physician facilitator) 10 Neuro Conferences (Robert T. Wankmuller, Jr., MD, physician facilitator) and 13 Ortho Xray Conferences (Robert Burky, Jr., MD, physician facilitator).

Staff Education
FRHG provides ongoing training for its nursing and clinical staff to upgrade and provide current education for better patient care. FRHG pays for travel and training in the nursing departments, in-service education and Continuing Education Units Program.

Non-Quantifiable Benefits
FRHG Auxiliary provided more than 38,000 hours of volunteer service at Fremont Medical Center and Rideout Memorial Hospital in Fiscal Year 2010-2011 and can expect the same level of volunteerism next fiscal year. Both auxiliaries are dedicated to rendering service to the hospitals, patients and families. Since 1959, the Fremont Medical Center Auxiliary members have served more than 575,000 volunteer hours, and the Rideout Memorial Hospital Auxiliary members have served more than 732,000 volunteer hours since 1958. The Auxiliary’s various fundraising efforts throughout the year enable them to fund scholarship awards and grant wishes to several FRHG departments for equipment and projects.

- FRHG provides leadership representation to the following organizations:
  — American Cancer Society
FRHG participates in the Marysville Joint Unified School District's Senior/Mentoring Project. This participation allows high school students to talk to and shadow hospital staff, as an introduction to health care careers.

FRHG also participates in the Tri-County Regional Occupational Program in Health Care for high school students, allowing students work-site experience.

A variety of FRHG employees function as volunteers at local schools, as well as participate as guest speakers or lecturers at local schools about health topics and career opportunities.

FRHG provides speakers in the GAIN Program, the Job Training and Partnership Act and the Tri-County Regional Occupational Program in Health Care to stimulate business and economic development.

The Fremont-Rideout Teen Leadership Council began in March 2009. More than 30 High School students from eight local High Schools participate in the program where they job shadow, learn about health care, participate in philanthropic events and more.

FRHG hosts a tour for the Sutter County Business Workforce Program, Services for individuals with disabilities. 8th Grade Students from Central Gaither School learn about careers in housekeeping, materials management and nutritional services.
Department: Patient Financial Services  
Effective Date: July 1, 1991  
Subject/Title: Financial Assistance (Charity Care) / PFS 002  
Approved By and Title: Wayne Mills, CFO, Lisa Stark, Director of Patient Financial Services  
Date of Review/Revision: 02/00, 03/02, 02/04, 03/05, 01/06, 01/07, 04/09

PURPOSE

The purpose of this policy is to define patient eligibility for Financial Assistance, and to provide administrative guidelines for the identification and classification of patient accounts as Financial Assistance.

This policy identifies circumstances under which Fremont-Rideout Health Group will extend assistance to patients whose financial status makes it impractical or impossible to pay for necessary and/or catastrophic costs of medical services. Non-elective services and procedures offered by the Hospital will be eligible for Financial Assistance consideration. Evaluation of the necessity for medical treatment of any patient will be based upon the clinical judgment of the patient's personal physician or the Emergency Department staff physician. Where an emergency medical condition exists, the Hospital will address financial requirements only after urgent medical evaluation, treatment and stabilization have been rendered. In any event, stabilization treatment will not be delayed when requesting financial information from the patient.

Confidentiality of information and individual dignity will be maintained for all that seek charitable services. The handling of personal health information will meet all HIPAA requirements.

Definition:

Financial Assistance is defined as: Healthcare services provided at no charge or at a reduced charge to patients who do not have or cannot obtain adequate financial resources to pay for their services. A patient requiring Financial Assistance is a patient who demonstrates through financial screening and financial means testing, an inability to pay for hospital services versus a patient who demonstrates the ability to pay but is not willing to pay.

PROCEDURES

At the time of service all uninsured or underinsured patients will be provided with a statement of the Hospital’s discounting and Financial Assistance Policies. They will also be provided, upon request, with a copy of a Medi-Cal/CMSP, Healthy Families, and any other applications for third party coverage. As a last resort, a patient should be financially screened for the Financial Assistance Program.

Financial Counselors, Credit & Collection Representatives, and/or external collection agency employees will perform Financial Assistance screening and means testing. A patient may be granted either: full, partial, or no financial relief depending upon their financial situation and account balance.

Credit & Collection Representatives will screen patients who are covered by private insurance, Medi-Cal or Medicare after the time of service if the patient reports that he/she is unable to pay the account balance resulting from deductibles, co-pays, or non-covered services.

At the time the patient is provided with an application for Financial Assistance (FA Application), it is important to advise them of the additional attachments required (Pay stub(s), Tax Return, Medi-Cal/CMSP denial, etc.) (FA Required Info Letter)

All potentially eligible patients, whose balance exceeds $5,000, will be required to apply for assistance through State, County and other programs prior to application of Financial Assistance discounts. Other accounts may require proof of denial at the discretion of Fremont-Rideout Health Group.

Patients should be informed that it is their responsibility to properly complete all applications and return them to the appropriate agency and/or department for follow-up. Medi-Cal/CMSP eligibility packets may be mailed directly to the County office.

Enter that the information was provided to the patient into the Hospital Information System, then: “Financial Assistance application forwarded to Patient Financial Services for date(s) of service.

If information is incomplete, the patient will be sent a letter (FA Missing Info Letter).

Once the application is completed, the Credit & Collections staff prepares the Financial Assistance worksheet (FA Worksheet/Matrix) and will forward to the appropriate level of management for review and approval as noted on the Write-Off Matrix. (See text box on following page)

If an application is approved, the Patient Financial Services Supervisor will obtain authorization for account adjustment from the Director of Patient Financial Services. Adjustments that exceed $10,000 must be approved by the Chief Financial Officer. The financial screening and means test will be valid for up to three full calendar months beginning the first day of the month following approval.

Patients are required to report any change in their financial information within 10 days of the change. A copy of the approved application will be filed and kept on file.

Only a Family Unit’s gross income and 50% of any monetary assets over $10,000, excluding retirement funds, will be considered when qualifying patients for Financial Assistance. In addition, any person(s) under the age of 21 may be considered a minor under Fremont-Rideout Health Group’s Financial Assistance Policy.

For the purposes of Financial Assistance, once a patient has qualified by the above means testing, payment will be limited to no greater than the expected amount from Medicare (including outliers) for all Inpatient services. Furthermore, no patient attempting to qualify for Financial Assistance will not have collection activity reported on their credit report prior to 150 days from initial billing or while the patient is still in an actively qualifying period. All Bad Debt referrals will commence on the authority of the Director of Patient Financial Services or the Chief Financial Officer.

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The hospital's signature will certify that information contained in the documents is accurate and complete. The hospital may halt the application process at any time that the patient and/or family becomes uncooperative, refuses to supply essential documents, or fraudulent activity is suspected.

If an application is approved for full or partial Financial Assistance, a letter of notification (FA Approval Letter) will be sent to the patient. Approvals will be documented in the Hospital Information System and the appropriate adjustment performed. A copy of the application will be filed and kept on file. **The hospital reserves the right to negotiate extended payment terms with patients, interest free, depending on the balance of the account and length of the repayment period.

If an application is denied, a letter of denial (FA Denial Letter) will be sent to the patient. Denied applications will be documented in the Hospital Information System. A copy of the denied application will be filed and kept on file.

If any patient wishes to dispute the outcome of their Financial Assistance screening, they may do so in writing within 30 calendar days of their written notification. All disputes will be reviewed by the Patient Financial Services Supervisor and/or the Director of Patient Financial Services.

All written requests may be submitted to: Fremont-Rideout Health Group – Patient Financial Services, Financial Assistance Reconsideration, 319 G Street, Marysville, CA 95901

Collection activity will be deferred for patients regardless of the number of days outstanding on the account as long as the patient continues to cooperate in the completion of documentation of Financial Assistance eligibility or the application for government programs. However, many patients eligible for Financial Assistance or government programs show no interest in completing the process. Therefore, once patient cooperation ceases, collection activity within existing billing and collection policies and procedures will commence at the discretion of the hospital.

Collection activity will cease when a patient is declared eligible for Financial Assistance or qualifies for government programs and the Hospital is within timely filing guidelines as determined by the payor.

All outside agencies used by the hospital comply with State regulations, such as AB774, regarding collection activity.

The Financial Assistance Policy will be communicated to hospital patients through posted signs in the hospital Admitting and Patient Financial Services Departments as well as through billing statement messages and Financial Counseling brochures provided to patients.

Amounts previously paid to the Hospital by the patient, guarantor, or from any payor will not be refunded in the event of subsequent approval for Financial Assistance.

If a patient's hospitalization spans more than one calendar month and Medi-Cal or CMSP was granted for one of those months, and the other month is denied due to non-retroactive coverage; then the denied month's charges should be treated as Financial Assistance since the patient met the guidelines for Medi-Cal or CMSP. No formal application will be required.

There is a category of patients who qualify for Medi-Cal, but do not receive payment for their entire stay. Under the Financial Assistance Policy definition, these patients are eligible for Financial Assistance write-off. In addition, the hospital specifically includes as Financial Assistance the charges related to denied stays, denied days of care and non-covered services. These Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal patients are to be classified as Financial Assistance. These patients are receiving services for which they have no ability to pay.

Patients with Medicare as a primary payor, and with Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal does not make payment, and Medicare does not ultimately provide bad debt reimbursement will also be included as Financial Assistance. These medically indigent patients are receiving services for which a portion of the resulting bill is not being reimbursed.

If a patient can be adequately documented as 'homeless' or as 'transient', then further financial screening and income verification is not necessary. Patients without a payment source may be classified as Financial Assistance if they do not have a mailing address, residence or insurance. Consideration must also be given to classifying emergency room only patients who do not provide adequate information as to their financial status.

If a patient can be adequately documented as unemployed (unemployment verified by patient), bankrupt, or deceased and without assets, the account will be determined to qualify for Financial Assistance.

Patients who are sent to an outside collection agency and are then found to have no resources, no current and correct contact information, or are otherwise deemed uncollectible shall be written off as Financial Assistance for up to one prior year by the Director of Patient Financial Services or the appropriate Administrative representative or their designee without a formal Financial Assistance application.

Financial Assistance discounts may also be granted for patients who receive either Federal or State assistance who cannot pay for share of cost amounts in extenuating circumstances or in instances of catastrophic allowance. For the purpose of this policy, “catastrophic allowance” will be defined as: When any account or combination of account balances, exceed more than one (1) month's family gross income. Catastrophic allowances will require validation by prior year's tax return or the three (3) most recent pay stubs and will be discounted on a tiered basis based on the number of months' gross income that the account balance(s) exceed (See Financial Assistance Matrix).

Fremont-Rideout Health Group uses the federal poverty level ceilings, and will consider up to 350% of those poverty levels on a tiered basis for eligibility determination (See Financial Assistance Matrix). Prompt pay discounts or extended payment terms for those patients receiving partial assistance may be offered at the discretion of the hospital.

Accounts being written off either in whole or in part as Financial Assistance require complete documentation of the circumstances, including all necessary forms and copies of required documents. In addition the appropriate Hospital employee, determined by approval level, must approve all Financial Assistance.