



Community Memorial Health System

Where Excellence Begins with Caring

COMMUNITY MEMORIAL HEALTH SYSTEM

Community Benefit Plan for 2012 & 2013

I. Introduction

Community Memorial Health System (CMHS) includes both Community Memorial Hospital (CMH) and Ojai Valley Community Hospital (OVCH). Our community health needs assessment (CHNA) for each hospital was updated in 2013. The 2013 CHNA is attached and available online at <http://www.cmhshealth.org/chna>.

The CHNA presents the goals and strategies that constitute CMH's 2013 Community Benefit Plan. Section II below summarizes the economic value of the plan.

II. Economic Value of Community Benefits Plan

The methodology used for determining the economic value of this community benefits plan is described as follows. The dollar value of the community benefits contained in the plan is based upon an assessment of the net cost of providing those benefits during the years 2012 and 2013. Net cost, as applied to services furnished by the hospital itself, is defined as "the direct cost of labor and supplies, overhead applied (based on the Medicare cost report), and less any revenue received from contributions, fees, and/or reimbursement." Cost of goods or services furnished by another party or donated to a community service organization, is valued at the actual amount paid by CMHS.

CMHS has adopted the VHA guidelines for valuing community benefits. As such, we no longer count Medicare shortfall in the total. However, we now show the Medicare payment shortfall (cost minus reimbursement) as a footnote in the attached analysis to be consistent with both VHA and California (SB 697) guidelines.

The following pages show the actual dollar value of benefits for those items delineated in the plan. The value of the benefits provided in the year 2013 totaled \$9.9 million. The value of the benefits provided in the year 2012 totaled \$8.6 million.

Attachments



Community Memorial Health System
Where Excellence Begins with Caring

COMMUNITY BENEFIT PLAN
Economic Value (Actual Cost)
January 1, 2012 to December 31, 2012
(Not including Medicare - see footnote)

COMMUNITY OUTREACH AND COLLATERAL MATERIAL

Caring Newsletter	\$	106,767.00
Two issues of our outstanding hospital newsletter to over 80,000 Ventura County households. Features, personalities, and community services.		
Community Health Fairs and Public Expos	\$	32,450.00
Participate in various public health fairs, supply information, hand-outs, and collateral education material. Blood pressure and Health Information kiosk at Pacific View Mall.		
Community Education	\$	57,283.00
Provide free education to community via 2010 Seminar Series.		
Community Tours and Handouts	\$	4,603.00
Provide escorted tours to schools and youth groups along with handouts. Provide free band-aids, pill boxes, pencils, etc. to volunteer groups.		
Heart Aware Screening Programs (including support groups)	\$	253,521.00
TOTAL COMMUNITY OUTREACH AND COLLATERAL MATERIAL:	\$	454,624.00

ACCESS TO CARE

Breast Center Services, Free Mammograms, Ultrasounds, & Biopsies	\$	137,892.00
Free mammograms, ultrasounds and biopsies to underserved women in the community.		
Free Prostate Center Tests	\$	990.00
Free prostate testing provided. No health fairs or community events.		
Free Cervical Cancer Screenings	\$	5,987.00
Physician Referral Service	\$	7,990.00
Total Referrals & Related Calls1,338		
Average Time Per Call (Minutes)5		
Total Staff Time (Hours)470		
Centers for Family Health		
Freestanding outpatient community clinics in Oxnard and Ventura		
Outpatient Visits218,859		
Cost of Care in Excess of Payments Received	\$	6,775,281.00
TOTAL ACCESS TO CARE:	\$	6,928,140.00

UNCOMPENSATED & UNDER-FUNDED CARE**Uncompensated Care***Charity Care

Number of Cases	4,978	
Cost of Care		\$ 1,204,066.00

TOTAL UNDER-FUNDED CARE:		\$ 1,204,066.00
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SPONSORSHIP OF COMMUNITY RESOURCES & OTHER NOT-FOR-PROFIT AGENCIES

Donations Made to Community Groups		\$ 47,875.00
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Project Safe Harbor		\$ 3,624.00
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Ventura County Safe Harbor is a multi-disciplinary interview and advocacy center sponsored by the County of Ventura District Attorney to serve child victims of sexual and physical abuse and adult victims of sexual assault. Community Memorial Health System provides housing to the program at a cost of \$1.00 per year.

Community Service Programs		\$ 150.00
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1 Children's Tour (15 children)
3 Tour Guides

Tumor Registry		\$ 138,651.00
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Cancer Center (including support groups)		\$ 172,021.00
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Maternal Child Health Support Groups		\$ 43,496.00
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Breast feeding resource center

TOTAL SPONSORSHIP OF COMMUNITY RESOURCES & OTHER NOT-FOR-PROFIT AGENCIES:		\$ 405,817.00
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TOTAL COMMUNITY SERVICE BENEFITS		\$ 8,992,647.00
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Less Participant Fee (Community Education)		\$ (37,350.00)
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Donations for Year 2012 (Includes both "Gifts-In-Kind", "Stock/Property" and "Grants" to offset the cost of providing community benefits)		\$ (271,650.00)
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NET COMMUNITY SERVICE BENEFIT		\$ 8,683,647.00
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Subsidized Health Services (not included above)Medicare

Outpatient Cases	34,180	
Inpatient Cases	3,337	
Cost of Care in Excess of Payments Received		\$ 10,623,748.00

TOTAL SUBSIDIZED HEALTH SERVICES:		\$ 10,623,748.00
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Community Memorial Health System

Where Excellence Begins with Caring

COMMUNITY BENEFIT PLAN

Economic Value (Actual Cost)

January 1, 2013 to December 31, 2013

(Not including Medicare - see footnote)

COMMUNITY OUTREACH AND COLLATERAL MATERIAL

Caring Newsletter	\$ 62,347.00
Two issues of our outstanding hospital newsletter to over 80,000 Ventura County households. Features, personalities, and community services.	
Community Health Fairs and Public Expos	\$ 32,450.00
Participate in various public health fairs, supply information, hand-outs, and collateral education material. Blood pressure and Health Information kiosk at Pacific View Mall.	
Community Education	\$ 153,378.00
Provide free education to community via 2010 Seminar Series.	
Community Tours and Handouts	\$ 14,054.00
Provide escorted tours to schools and youth groups along with handouts. Provide free band-aids, pill boxes, pencils, etc. to volunteer groups.	
Heart Aware Screening Programs (including support groups)	\$ 297,932.00
TOTAL COMMUNITY OUTREACH AND COLLATERAL MATERIAL:	\$ 560,161.00

ACCESS TO CARE

Breast Center Services, Free Mammograms, Ultrasounds, & Biopsies	\$ 133,681.00
Free mammograms, ultrasounds and biopsies to underserved women in the community.	
Free Prostate Center Tests	\$ 241.00
Free prostate testing provided. No health fairs or community events.	
Free Cervical Cancer Screenings	\$ 4,861.00
Physician Referral Service	\$ 1,700.00
Total Referrals & Related Calls	600
Average Time Per Call (Minutes)	10
Total Staff Time (Hours)	100
Centers for Family Health	
Freestanding outpatient community clinics in Oxnard and Ventura	
Outpatient Visits	220,032
Cost of Care in Excess of Payments Received	\$ 5,991,029.00
TOTAL ACCESS TO CARE:	\$ 6,131,512.00

UNCOMPENSATED & UNDER-FUNDED CARE

Uncompensated Care*

Charity Care

Number of Cases	8,067	
Cost of Care		\$ 3,068,553.00

TOTAL UNDER-FUNDED CARE:		\$ 3,068,553.00
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SPONSORSHIP OF COMMUNITY RESOURCES & OTHER NOT-FOR-PROFIT AGENCIES

Donations Made to Community Groups		\$ 70,315.00
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Project Safe Harbor		\$ 3,778.00
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Ventura County Safe Harbor is a multi-disciplinary interview and advocacy center sponsored by the County of Ventura District Attorney to serve child victims of sexual and physical abuse and adult victims of sexual assault. Community Memorial Health System provides housing to the program at a cost of \$1.00 per year.

Community Service Programs		\$ 150.00
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2 Children's Tour (16 children)

4 Tour Guides

Tumor Registry		\$ 128,744.00
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Cancer Center (including support groups)		\$ 276,793.00
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Maternal Child Health Support Groups		\$ 55,347.00
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Breast feeding resource center

TOTAL SPONSORSHIP OF COMMUNITY RESOURCES & OTHER NOT-FOR-PROFIT AGENCIES:		\$ 535,127.00
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TOTAL COMMUNITY SERVICE BENEFITS		\$ 10,295,353.00
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Less Participant Fee (Community Education)		\$ (126,450.29)
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Donations for Year 2013 (Includes both "Gifts-In-Kind", "Stock/Property" and "Grants" to offset the cost of providing community benefits)		\$ (210,684.00)
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NET COMMUNITY SERVICE BENEFIT		\$ 9,958,218.71
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Subsidized Health Services (not included above)

Medicare

Outpatient Cases	36,992	
Inpatient Cases	3,227	
Cost of Care in Excess of Payments Received		\$ 13,885,661.00

TOTAL SUBSIDIZED HEALTH SERVICES:		\$ 13,885,661.00
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Community Memorial Health System

Where Excellence Begins with Caring

Mission, Values and Vision Statement

- Mission: *To Heal, Comfort and Promote Health for the Communities We Serve.*
- Values: *Integrity, Service, Excellence, Caring and Transparency.*
- Vision: *To be the regional integrated health system of choice for patients, physicians, payers and employees. To be an indispensable community treasure.*

COMMUNITY MEMORIAL HOSPITAL OF SAN BUENAVENTURA

POLICY & PROCEDURES	PAGE 1 OF 16
RE:Financial Assistance/Charity Policy	Effective: 07/25/06
Department File: Business Office Misc.	Prepared by: Terry Ellis Business Office Director
Approved by: Dave Glycer, CPA VP Finance	Approved by: Gary K. Wilde, President & CEO

POLICY

Community Memorial Health System's mission is to provide the best care to every patient every day through integrated clinical practice and education. Community Memorial Health System strives to benefit humanity through work in these areas, while supporting the communities in which we live and work. As part of that commitment, Community Memorial Health System serves, appropriately, patients in difficult financial circumstances. Above all Community Memorial Health System's guiding philosophy is that the needs of the patient come first.

Charity Care, hereafter identified as Financial Assistance, is only one component of Community Memorial Health System's charitable mission. Financial Assistance may consist of full write-off of charges, partial write-off of charges, or offering the patient other payment options.

Patients seeking debt relief from the Financial Assistance Program must be a resident of the Community Memorial Health System's defined service area. Only services provided to patients as urgent or emergent qualify for charity care. Elective services are not eligible for Financial Assistance Program reduction.

The Patient Financial Services Department assumes the responsibility to exercise "sound business practices," and to make a hospital-defined "reasonable effort" to collect its accounts. Any unpaid bill that meets the Financial Assistance Program policy should be written off to the Financial Assistance Program.

Attachments to the policy:

- A- List of Exclusions
- B- Definitions

- C- Qualify Income and Debt Reduction
- D- Financial Assistance Program Application/Cover Letter/Instructions

I. Financial Assistance Program Identification:

A. Patient Access Process

1. Financial Assistance Program brochures explaining the policy will be posted at each point of entry.
2. Signs alerting patients to the availability of Financial Assistance will be prominently displayed.
3. Patient Access staff will be trained in the basics of the program and where to refer patients who have additional questions.
4. An insert regarding Financial Assistance will accompany each summary billing of hospital services statement sent to the patient.

B. Financial Counseling

1. Payment source and patient's ability to pay will be evaluated upon admission.
2. Patient Financial Services staff or a designee of Community Memorial Health System will assist patients with reimbursement from local, state, and federal programs when there is no other source of payment.
3. In the event that no third party payment source is available, patients/guarantors will be provided with information on the Financial Assistance Program.
4. Patient Financial Services staff will assist patients/guarantors to make payment arrangements if no assistance (e.g. local, state, federal or Community Memorial Health System's financial assistance program) is available.

C. External Collection Efforts

1. Collection agencies performing debt collection on behalf of Community Memorial Health System will refer back to the hospital all patients/guarantors with Financial Assistance Program applications when the patient/guarantor expresses difficulty in meeting the payment expectations of the collection agency.

II. Eligibility and processing guidelines:

A. Application Process

1. Application for Financial Assistance may be completed anytime, throughout the revenue cycle process, when a true self-pay is balance due and it is acknowledged (or the patient/applicant has expressed) that there is financial difficulty.
2. An application may be completed prior to receiving services if confirmation is received and the service is true self-pay.
3. Eligibility is contingent upon patient cooperation with the application process.
4. The application process includes completing the financial assistance application and providing verification of documents.
 - a. When an application form cannot be filled out, the Director of Admissions/Patient Financial Services may use discretion in identifying and authorizing the account as Financial

Assistance Program.

- b. Upon receipt of the completed application, Director of Admissions/Patient Financial Services or his/her designate, will complete the Financial Assistance Program allowance worksheet and make a final determination for eligibility.

5. Confirmation of continued eligibility may be updated every 3 months.

B. Qualification Criteria and associated Debt Reduction: The Financial Assistance Application is used to determine the patient/guarantors' eligibility for:

1. Charity Care:

- a. Financial Assistance debt reduction write-offs will be based on a sliding-scale fee schedule (Attachment C) utilizing the current United States Federal Poverty Guidelines.
- b. Information from the applicant's financial application (Attachment D) and supporting documentation will be applied to the list of Exclusions (Attachment A) to determine the amount of the qualified Financial Assistance to be granted.
 1. Verification may include, but not be limited to, the applicant's most current federal tax return and 3 months of recent (including current) pay stubs.
 2. The applicant's net worth and/or assets (means testing) may be also used as a determining factor regarding Financial Assistance approval.

2. Uninsured, Underinsured or Financially needy:

- a. Financial Assistance debt reduction write-offs will be based on a sliding fee schedule (Attachment C) utilizing the current United States Federal Poverty Guidelines.
- b. Information from the applicant's financial application (Attachment D) and supporting documentation will be applied to the list of Exclusions (Attachment A) to determine the amount of the qualified Financial Assistance to be granted.
 1. Verification may include, but not be limited to, the applicant's most current federal tax return and 3 months current pay stubs.
 2. The applicant's net worth and/or assets (means testing) may be also used as a determining factor regarding financial assistance approval.

3. Patients/Guarantors who experience Sudden and Prolonged Loss of Income may qualify for the Financial Assistance Program based upon 3 months of recent (including current) pay stubs and/or documentation from sources such as Social Services, etc. confirming the claim of Loss of Income.

4. Government Assistance: In determining whether an individual qualifies for Financial Assistance, other county or governmental assistance programs should also be considered.

- a. Community Memorial Health System contracts with third party patient advocate to help individuals determine eligibility for governmental or other assistance, as appropriate.
- b. Persons who are eligible for programs (such as Medi-cal) but who were not covered at the time that medical services were granted may be approved for Financial Assistance provided that the patient now applies for government assistance. This may be prudent, especially if the patient requires ongoing services.

III. Other Debt Reduction.

1. A prompt pay discount may be available for patients who do not qualify for Financial Assistance. Such discounts will be considered Financial Assistance and be written off in the Meditech System as AFA (financial assistance adjustment). A prompt pay discount of 40% is allowed within 30 days of the discount being offered.
2. Administrative write offs will not be considered Charity Care.
3. Bad Debts will not be considered Charity Care.
4. Bad Debt accounts returned by third party collection agencies who have determined the patient/guarantor does not have the ability to pay, in accordance to the Financial Assistance Program policy, will be classified as Charity Care.
5. Accounts reduced to a zero balance as the result of the patient/guarantor being deceased with no estate will be considered Charity Care, as evidenced by supporting documentation.
6. Accounts reduced to a zero balance, as the result of bankruptcy will be considered Charity Care.
7. Approval for Financial Assistance and any care provided covered by the Financial Assistance Program does not obligate Community Memorial Health System to provide continuing care.

IV. Debt Reduction Authorizations

Approval Level – All financial assistance applications must be approved according to the following:

From	To	Title
\$0	\$10,000	Senior Patient Account Representative
\$10,001	\$50,000	Assistant Patient Financial Director
\$50,001	\$100,000	Director Patient Services
\$100,001	Over	VP Finance

V. Other Financial Assistance Program considerations:

Approval for Financial Assistance and any care provided covered by the Financial Assistance Program does not obligate Community Memorial Health System to provide continuing care.

Factors Not Considered:

The following factors will not be considered when making a recommendation for Financial Assistance and/or in granting of assistance: Bad Debt; contractual allowances; perceived underpayments for operations; cases paid through a charitable contribution; community service or outreach programs; or employment status. In other words, these

monetary sources have no bearing on the patient's eligibility.

Equal Opportunity:

When making decisions on Financial Assistance, Community Memorial Health System is committed to upholding the multiple 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 classifications protected by federal, state or local laws.

Reasons for Denial:

1. Sufficient income
2. Asset Level
3. Uncooperative despite reasonable efforts to work with the patient
4. Incomplete Financial Assistance Application despite reasonable efforts to work with the patient
5. Withholding insurance payment and/or insurance settlement funds
6. Failure to complete applications for Medi-cal
7. Failure to participate and cooperate with Medi-cal Eligibility Vendor

Coverage period:

Services provided by hospitals and clinics of Community Memorial Health System are covered by the Financial Assistance Program.

Services incurred by the patient/guarantor and future services, not extending beyond 30 days, may be included in the reduction. Patients/guarantors receiving health care services 3 months beyond the initial Financial Assistance Program approval will re-verify their financial income information. Patients/guarantors who incur additional debt greater than \$5,000.00 after the initial Financial Assistance Program approval will re-verify their financial income information.

Entities not covered under the Financial Assistance Program policy:

Long Term Care, Assisted Living Center, HME/DME and any other service not typically provide by the traditional hospital or clinics are not eligible for inclusion in the Financial Assistance Program.

Only services provided to patients as urgent or emergent qualify for charity care. Elective services are not eligible for Financial Assistance Program reduction, unless they have been pre-qualified via the Financial Assistance Program guidelines.

A list of services excluded from the Financial Assistance Program is attached to this policy. (See attachment A)

Financial Assistant Program Exclusions – Attachment A

1. **Abortion:** Services, supplies, care or treatment in connection with an elective abortion.
2. **Acupuncture:** Shiatsu, electrical stimulation to the periosteum, chelation therapy, immunoaugmentive therapy (IAT), thermograph, joint reconstruction therapy, joint sclerotherapy, prothotherapy, or ligamentous injections with sclerosing agents, Osteopathic manipulative treatment, spinal manipulative treatment, and kebiozen.
3. **Complications:** Complications of Non-covered Procedures.
4. **Cosmetic surgery:** Cosmetic surgery or any complications arising from Cosmetic surgery including; laser treatment or ablation of benign skin lesions [except for condyloma acuminatum], dermabrasion, superficial chemical peels, and medium or deep chemical peels not directed at the treatment of pre-cancerous skin lesions. **This exclusion does not apply to:** Cosmetic surgery required for correction of a condition arising from an Accidental Injury, or when rendered to correct a congenital anomaly where the correction restores a functional bodily process.
5. **Custodial care:** Care whose primary purpose is to meet personal rather than medical needs and which can be provided by persons with no special medical skills or training is considered as Custodial Care. Such care includes, but is not limited to: helping a patient walk, get in or out of bed, and take normal self-administered medicine. Domiciliary care and inpatient hospitalization are not covered for the purposes of Custodial Care. Western Health shall determine, based on reasonable medical evidence, whether care is Custodial.
6. **Dental treatment:** Routine dental treatment, unless medically necessary due to a serious medical condition or an accidental injury.
7. **Exercise programs:** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation, occupational or physical therapy.
8. **Experimental or not Medically Necessary:** Care and treatment that is either Experimental/Investigational or not Medically Necessary.
9. **Gastric surgery:** Any services, supplies, or programs involving gastric surgeries for weight loss.
10. **Impotence:** Care, treatment, services, supplies or medication in connection with diagnosis and treatment for impotence.
11. **Infertility:** Care, supplies, services, diagnosis and treatment for infertility, sterility, artificial insemination, embryo transplants and storage, or in-vitro fertilization.
12. **Massage:** Services from a masseur, physical culturist, physical education instructor, or health club attendant.
13. **No Physician recommendation:** Care, treatment, services or supplies not recommended and approved by a

Physician; or treatment, services or supplies when the patient is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment, which is appropriate care for the Injury or Sickness.

14. **Obesity:** Care and treatment of obesity, weight loss or dietary control whether or not it is, in any case, a part of the treatment plan for another Sickness.

15. **Occupational:** Charges for or in connection with an Injury or Illness, which is occupational—that is, arises from work for wage or profit including self-employment. This exclusion applies even though the Participant waives or fails to assert his right under the law, or expenses resulting from wage or profit. One example of this is if the individual is self-employed and experiences an Injury or Illness, which arises out of or in the course of that employment, the charges will not be covered by the FAP if the self-employed individual elected not to participate in a Worker's Compensation program, as consistent with any applicable State or Federal Law.

16. **Private duty nursing:** Charges in connection with care, treatment or services of a private duty nurse.

17. **Surgical sterilization:** Elective surgical sterilization procedures.

18. **Surgical sterilization reversal:** Care and treatment for reversal of surgical sterilization.

19. **Surrogacy:** Any service associated with any type of surrogacy agreement or arrangement, including traditional surrogacy, artificial insemination related to a surrogacy agreement or arrangement, or gestational or invitroferilization surrogacy.

FINANCIAL ASSISTANCE PROGRAM DEFINITIONS – ATTACHMENT B

Bad Debt: Gross charges incurred in providing services to patients who were determined to have the ability to pay for such services, but eventually do not. This determination can be made upon admission, or any time subsequent thereto.

Charity Care: Gross charges incurred in providing services to patients who *were* determined *not to* have the ability to pay for such services and for which Community Memorial Health System ultimately does not expect payment. This determination can be made upon admission or any time subsequent thereto. In addition, **Financial Assistance Program should *also* include:**

Service Area: The service area of the hospital for the purpose of this policy is considered to be a geographical area extending to Western Ventura County.

Sudden and Prolonged Loss of Income: Patients who experience a sudden and prolonged loss of income of at least 90 days due to illness, will complete a Financial Assistance Program application.

Miscellaneous Write-offs: Gross charges incurred in providing services to patients who it was determined had the ability to pay but, based upon litigation's, disputes, etc., an administrative decision was made not to require payment.

Amounts Returned by Collection agencies: After a certain time period has elapsed, the collection agency will return any accounts deemed to be uncollectible. Their returned accounts should be written off as Charity Care provided the professional agency has determined that the patient is unable to pay the bill.

Deceased With No Estate: Outstanding accounts for person, who expires with no estate, should be written off as Charity Care. If partial payment from the estate is received, the remainder of the bill should be considered Charity Care.

Bankruptcy: Outstanding accounts for a person, who declares bankruptcy, should be written off as Charity Care.

Income: Cash equivalent received/earned by household.

Assets: Resources/Possessions other than income. To include but not limited to real property assets, savings, checking, and investment assets.

Net Assets: Assets less debt.

Means Testing: Net assets in excess of 200% of household income will be considered income for the purpose of the Financial Assistance Program.

Episode of Care: Course of treatment prescribed by a physician delivered over a finite period of time.

ATTACHEMENT C

Persons in Family or Household	2006 FPG Gross Income 6 Months	200% of FPG Adjustment	201%-300% of FPG Adjustment	301%-400% of FPG Adjustment	401% of FPG Plus Adjustment
1	10210.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
2	13690.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
3	17170.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
4	20650.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
5	24130.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
6	27610.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
7	31090.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
8	34570.00	100%	50%	Medicare Rates	Refer to Credit and Collection Policy
Each additional	3480.00				

2006 SCHEDULE 1

200% of Poverty Guidelines Equals Charity Write Off No Patient Responsibility

Size of Family Unit	Income Guidelines Three Months	Income Guidelines Six Months	Income Guidelines One Year
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1	\$ 5105	\$ 10,210	\$ 20,420
2	\$ 6,845	\$ 13,690	\$ 27,380
3	\$ 8,585	\$ 17,170	\$ 34,340
4	\$ 10,325	\$ 20,650	\$ 41,300
5	\$ 12,065	\$ 24,130	\$ 48,260
6	\$ 13,805	\$ 27,610	\$ 55,220
7	\$ 15,545	\$ 31,090	\$ 62,180
8	\$ 17,285	\$ 34,570	\$ 69,140

For family units with more than eight (8) members, add \$3480.00 for each additional member.

2006 SCHEDULE 2

300% of Poverty Guidelines Equals a 50% of Medicare Rates or 8.5% of Charges for IP and 6% of Charges for Outpatient

Size of Family	Income Guidelines	Income Guidelines	Income Guidelines
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Unit	Three Months	Six Months	One Year
1	\$ 7,658	\$ 15,315	\$ 30,630
2	\$ 9,900	\$ 20,535	\$ 41,070
3	\$ 12,450	\$ 25,755	\$ 51,510
4	\$ 15,000	\$ 30,975	\$ 61,950
5	\$ 17,550	\$ 36,195	\$ 72,390
6	\$ 20,100	\$ 41,415	\$ 82,830
7	\$ 22,650	\$ 46,635	\$ 93,270
8	\$ 25,200	\$ 51,855	\$ 103,710

For family units with more than eight (8) members, add \$5220.00 for each additional member

2006 SCHEDULE 3	500% of Poverty Guidelines Equals a 100% of Medicare Rates or 17% of Charges for IP and 12.5% Charges for Outpatients
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Size of Family	Income Guidelines	Income Guidelines	Income Guidelines
Unit	Three Months	Six Months	One Year
1	\$ 12,763	\$ 25,525	\$ 51,050
2	\$ 17,113	\$ 34,225	\$ 68,450
3	\$ 21,463	\$ 42,925	\$ 85,850
4	\$ 25,813	\$ 51,625	\$ 103,250
5	\$ 30,163	\$ 60,325	\$ 120,650
6	\$ 34,513	\$ 69,025	\$ 138,050
7	\$ 38,863	\$ 77,725	\$ 155,450
8	\$ 43,213	\$ 86,425	\$ 172,850

For family units with more than eight (8) members, add \$8700.00 for each additional member

2006 SCHEDULE 4	700% of Poverty Guidelines Equals a 125% of Medicare Rates or 21.25% of Charges for IP and 15.5% of Charges for Outpatient
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Size of Family	Income Guidelines	Income Guidelines	Income Guidelines
Unit	Three Months	Six Months	One Year

1	\$	17,868	\$	35,735	\$	71,470
2	\$	23,958	\$	47,915	\$	95,830
3	\$	30,048	\$	60,095	\$	120,190
4	\$	36,138	\$	72,275	\$	144,550
5	\$	42,228	\$	84,455	\$	168,910
6	\$	48,318	\$	96,635	\$	193,270
7	\$	54,408	\$	108,815	\$	217,630
8	\$	60,498	\$	120,995	\$	241,990

For family units with more than eight (8) members, add \$9309.00 for each additional member

Income over 401% of the Federal Poverty Rate will need to be referred to the Credit and Collection Policy.

<p>2006 SCHEDULE 5</p>

If gross income is over 135,450.00 for the year than discount is 50% of Charges

ATTACHMENT D



Community Memorial Health System

Where Excellence Begins with Caring

Community Memorial Health System
147 North Brent Street
Ventura, CA 93003

To apply in person:
2705 Loma Vista Road Suite 202
Ventura, Ca93003

REQUEST FOR FINANCIAL ASSISTANCE UNCOMPENSATED CHARITY CARE APPLICATION

Patient Name _____

Patient Account Number(s) _____

Guarantor Name _____

Date of Birth: _____ SS# _____ - _____ - _____

Phone () _____

Address _____

City, State, Zip _____

Spouse Name _____ SS# _____ - _____ - _____

Are you a U.S. Citizen? ___ Yes ___ No

If not, a resident alien ? ___ Yes ___ No

If not, non-resident alien? ___ Yes ___ No

FAMILY STATUS: List all dependents who you support

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION:

Employer _____ Position: _____

If self employed, name of business _____

Employer
 Address _____

Phone Number _____ How long employed _____

Spouse
 Employer: _____ Position: _____

If self employed, name of
 business _____

Statement of Current Income and Expenditures

Current Monthly Income:	Patient	Spouse
Gross Pay	\$ _____	\$ _____
Income from business (if self employed)	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Income from real estate or personal property	\$ _____	\$ _____
Social Security/Retirement Income	\$ _____	\$ _____
Alimony, support payments	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Current Monthly Expenses:

Rent or House Payment	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Alimony, support payments	\$ _____	\$ _____
Education	\$ _____	\$ _____
Food	\$ _____	\$ _____
Payroll Deductions	\$ _____	\$ _____
Medical, dental and medicines	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	\$ _____
Net Monthly Income after Expenses	\$ _____	\$ _____

By signing this Application, I agree to allow Community Memorial Health System to contact my employer, bank and other sources, as well as request a credit history for the purpose of determining my Charity Care eligibility. I understand that I do not qualify for services under the Charity Care guidelines that I will be personally liable for the charges of the services rendered. I attest that the information provided on this application is true and accurate. If it is determined that any information provided here is false or misleading, I understand that eligibility for Charity Care will be denied.

I also understand that this application is for Community Memorial Health Systems charges only. All physician, radiology professional, Ojai emergency room professional, ambulance, anesthesiology services or pathology services are billed separately from Community Memorial Health Systems are not covered by this application.

(Signature of Patient or Guarantor)

(Date)

(Signature of Co-Applicant)

(Date)



Community Memorial Health System

Where Excellence Begins with Caring

To apply in person please visit:

2705 Loma Vista Road Suite 202
Ventura, CA 93003
Business Hours
Mon. – Fri. 8:00 am – 4:00 pm

REQUEST FOR FINANCIAL ASSISTANCE UNCOMPENSATED CHARITY CARE APPLICATION INSTRUCTIONS

Date: _____

Patient Name: _____

Account Number(s): _____

Total Balance for Consideration: \$_____

In response to your request for financial assistance regarding the above identified account number(s), please submit the following documentation, no later than ten (10) days of the date of this letter.

It is important that the application be complete, and all requested information is provided in order to properly assess your ability to pay all or part of the hospital bill.

- (1) Fully completed charity application (enclosed with this letter)
- (2) Copies of your current period payroll check stubs for the last three months. Note that this also includes public assistance (for example, Social Security, Unemployment, or Disability). If you receive your income in cash, please provide us with a written statement from your employer stating your income.

If you currently are not receiving any income please write a brief paragraph on a separate sheet of paper stating your current financial situation. Be sure to include the date and signature. If you are receiving financial assistance or living with someone, please have him or her write a statement explaining the situation.

(3) Rent or mortgage verification.

(4) Copy of your prior month's bank statement (savings, checking, IRAs, money market accounts, etc...)

(5) Copy of your prior year's tax return (the completed and signed 1040)

Please send copies of these documents because they will not be returned to you.

If you have any questions, please telephone me directly at (805)_____

for assistance.

Patient Account Representative
Community Memorial Health System