

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

135



**FROM:** Riverside County Regional Medical Center (RCRMC)

**SUBMITTAL DATE:**  
January 12, 2004

**SUBJECT:** Mid-year Rate Adjustment at Riverside County Regional Medical Center

**RECOMMENDED MOTION:** Request that a public hearing be set to discuss the implementation of a 5% rate increase at RCRMC and at the close of the hearing, that the Board approve resolution # 2004-082 to increase the current hospital charge structure by 5%; delegate to the Hospital Director authority to implement the rate increase; direct the Auditor Controller to adjust the budget per attachment.

**BACKGROUND:** The Hospital's Charge Description master (CDM) contains the billing codes and retail charges for over 15,000 patient supplies, procedures, daily room rates and clinic rates for services rendered or performed at and billed by the Hospital. The Medi-Cal program provides the majority of RCRMC's income as well as support for indigent care. The federal rules prohibit the Medi-Cal (Medicaid) program from making aggregate payments that may exceed the total charges for these services. In the event that aggregate payments exceed charges, the federal government will recoup the amounts over and above this charge ceiling. A rate increase is recommended to allow RCRMC to participate in any expansions of reimbursement from the Medi-Cal program.

*Douglas D. Bagley*  
\_\_\_\_\_  
Douglas D. Bagley, Hospital Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	NO
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	YES
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2003-04

<b>SOURCE OF FUNDS:</b>	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**  
**APPROVE**

**County Executive Office Signature** *Dan Martinez*

- Dep't Recomm.:  Consent  Policy
- Per Exec. Ofc.:  Consent  Policy

**Prev. Agn. Ref.:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Agenda Number:** \_\_\_\_\_

2.12

FISCAL PROCEDURES APPROVED  
 ROBERT E. BYRD, Auditor-Controller  
 BY *Robert E. Byrd* 2/3/04  
 Deputy  
 Departmental Concurrence

COUNTY OF RIVERSIDE  
 OFFICE OF THE COUNTY EXECUTIVE  
 JAN 13 2004 11:50 AM  
 COUNTY OF RIVERSIDE  
 OFFICE OF THE COUNTY EXECUTIVE

Attachment

Increase Revenue:

40050-4300100000-776310 Private Patients \$350,000

2  
3 RESOLUTION NO. 2004-082

4 A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE  
5 COUNTY OF RIVERSIDE TO INCREASE THE CURRENT RATE  
6 STRUCTURE OF THE RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

7 WHEREAS, The Riverside County Regional Medical Center (hereinafter referred to as the  
8 "Hospital") has a Charge Description Master (CDM) which contains the billing codes and retail charges  
9 for over 15,000 patient supplies and procedures for services rendered or performed at, and bill for by, the  
10 Hospital; and,

11 WHEREAS, the Medi-Cal program provides the majority of the Hospital's income as well as  
12 support for indigent care; and,

13 WHEREAS, Federal rules prohibit the Medi-Cal (Medicaid) program from making aggregate  
14 payments that may exceed the total charges for these services; and,

15 WHEREAS, a rate increase is necessary to allow the Hospital to expand its aggregate  
16 reimbursement from the Medi-Cal program; and,

17 WHEREAS, this rate increase has been the subject of a public hearing; now, therefore,

18 BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Riverside,  
19 State of California, in regular session assembled on \_\_\_\_\_, 2003, that:

- 20 1. The Hospital is authorized to increase the current hospital charge structure by 5%.  
21 2. The Hospital Executive Director is authorized to implement the rate increase.  
22 3. The Hospital Executive Director is authorized to adjust, add or delete rates within the

23 Hospital's rate structure as may be required by Federal and State regulatory or statutory charges.  
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# MEMORANDUM

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RIVERSIDE COUNTY COUNSEL

**CONFIDENTIAL**  
**ATTORNEY-CLIENT PRIVILEGE**

DATE: January 15, 2004

TO: Sherry Gibb, Executive Assistant  
RCRMC Administration

FROM: Robert M. Pepper *RMP*  
Principal Deputy County Counsel

RE: Form 11 & Mid-Year Rate Adjustment at RCRMC

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The above referenced documents have been reviewed by this office and are returned herewith, approved as to form.

If you have any questions, please don't hesitate to call me.

RMP:ay  
Attachments