Name of Policy: Rate Setting

Policy Number: 3364-146-01

Approving Officer: Chief Financial Officer

Responsible Agent: Admin Director, Finance and

Reimbursement

Effective date: 6/2025

Original effective date: 06/01/2009

Scope: University of Toledo Medical Center

Key words: Charge Description Master (C	CDM), Rate, Acquisition	Cost, Policy, Revenue Code
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New policy proposal	<u>X</u>	Minor/technical revision of existing policy
Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

Charge Description Master (CDM) rates will be established in a compliant manner and will be consistently applied and maintained throughout the University of Toledo Medical Center.

(B) Purpose of policy

To ensure rates are consistently and uniformly established and maintained.

(C) Procedure

(1) Chargeable Supply Threshold is per table below built in EPIC:

	Lower Limit Cost	Upper Limit Cost	Markup %	Add'l Fee	Min Charge
1	0.00	2.00	0.00		
2	2.01	4.00	0.00		
3	4.01	6.00	0.00		
4	6.01	20.00	0.00		
5	20.01	100.00	150.00		
6	100.01	1000.00	150.00		
7	1000.01	5000.00	250.00		
8	5000.01	10000.00	250.00		
9	10000.01		310.00		
10					

Charge is calculated in EPIC based on imported cost and Markup %.

(2) Annual Rate Increases will be determined by evaluating competitive market positioning, financial objectives, and defensibility. This approach ensures consistent pricing across departments, aligns with regulatory requirements, and enhances patient satisfaction.

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Policies Superseded by This Policy: N/A Approved by: $/_{\rm S}/$ Initial effective date: 06/01/2009 Troy Holmes Chief Financial Officer All Review/Revision Dates: 03/14/2014 6/10/2025 05/01/2017 03/01/2020 Date 6/2025 Next review date: 6/2028 Review/Revision Completed by: Admin Director, Finance and Reimbursement