

MANUAL: Business Office	Reference # 6002
SUBJECT: Community Care Discount Policy	PAGE: 1 OF 2
DEPARTMENT: Business	EFFECTIVE: 12/17/07
APPROVED BY: Governing Board	REVISED:

**OKEENE MUNICIPAL HOSPITAL
COMMUNITY CARE DISCOUNT CARE**

PURPOSE:

Establish guidelines for granting discounted services to patients with charges for health care, which at any time after study, have been determined to be in excess of the financial ability of the patient and/or responsible party to pay. This would include billed charges, which exceed Medicare, Medicaid, or Insurance payments.

PROCEDURE:

1. Eligibility determination must be made whenever there is an indication that an individual may be unable to pay for services. This information or indication may come from the patient or from anyone acting on his/her behalf, and may be made at any time, from admission thru discharge and after initiation of a collection action.
2. To assist in the determination of the patient's ability to pay, each patient requesting Community Care Discount should complete a Medical/Financial Assistance Application. (Exhibit 1)
3. As a condition to providing free services, OMH requires verification of income/need from at least two of the following sources:
 - a) Recent income tax return
 - b) W-2 withholding forms
 - c) Verification of current earnings thru payroll earnings statement year to date
 - d) A letter from a clergyman or another personal reference (final approval by hospital administrator)
 - e) Copy of recent approval or denial from the Department of Human Services.
 - f) Copy of Eligibility for Food Stamps, WIC, or Free &/or Reduced School Lunches
4. When an application is approved, or partially approved, a written and dated statement must be provided to the applicant. (Exhibit 2)
5. When an application is denied, a written and dated letter giving the reason for that denial must be provided to the applicant.(Exhibit 3)

**OKEENE MUNICIPAL HOSPITAL
COMMUNITY CARE DISCOUNT**

These guidelines are based on federal poverty guidelines effective January 2008. OMH may adjust these figures if the guidelines change.

SIZE FAMILY	100% POVERTY	117% POVERTY	133% POVERTY	150% POVERTY	166% POVERTY	183% POVERTY	200% POVERTY	217% POVERTY	233% POVERTY	250% POVERTY
1	10,830	12,671	14,404	16,245	17,978	19,819	21,660	23,501	25,234	27,075
2	14,570	17,047	19,378	21,855	24,186	26,663	29,140	31,617	33,948	36,425
3	18,310	21,423	24,352	27,465	30,395	33,507	36,620	39,733	42,662	45,775
4	22,050	25,799	29,327	33,075	36,603	40,352	44,100	47,849	51,377	55,125
5	25,790	30,174	34,301	38,685	42,811	47,196	51,580	55,964	60,091	64,475
6	29,530	34,550	39,275	44,295	49,020	54,040	59,060	64,080	68,805	73,825
7	33,270	38,926	44,249	49,905	55,228	60,884	66,540	72,196	77,519	83,175
8	37,010	43,302	49,223	55,515	61,437	67,728	74,020	80,312	86,233	92,525
EA. ADD'L	3,740	4,376	4,974	5,610	6,208	6,844	7,480	8,116	8,714	9,350
% OF DISCOUNT	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%

Accounts accepting Community Care Discount are ineligible for other discounts, such as prompt-pay discounts, hospital employee discounts or promotional discounts. If a patient has insurance, Community Care Discount will only be applied to remaining balances after the account(s) has been fully adjudicated.

Authority to approve applications shall vary with the amount of discount requested. If the total amount of the discount is less than \$1000, the business office manager may approve the application immediately. The business office manager and the hospital administrator must approve any Community Care Discount amount larger than \$1000.

All Medical/Financial Assistance Applications and related documentation, whether approved, approved in part, or rejected, will be kept confidential and in a secure location.

When considering Medical/Financial Assistance Applications, the business office manager and/or administrator may also consider other factors, including:

- Past payment history of accounts other than those applied for
- Abusive or inappropriate conduct by the patient and/or guarantor, whether at the time of service or other periods when interacting with hospital staff in the legitimate course of their job duties
- Misleading statements given to hospital employees in the course of the services, including nurses, physicians and admitting personnel. Examples may include drug-seeking behavior, insurance status, immigration status, marital status, etc.

Such circumstances may result in the application being denied or approved only in part. The table above represents the maximum Community Care Discount that may be applied, not the minimum.

OMH may also exempt some charges from being discounted, including:

- Subcontracted goods and services (such as MRI'S etc.)
- Patient convenience items & services requested by the patient or responsible party (private rooms, copies of x-rays, etc.)

MANUAL: Business Office	Reference # 6003
SUBJECT: Self Pay No Insurance Discount	PAGE: 1 OF
DEPARTMENT: Business	EFFECTIVE: 12/17/07
APPROVED BY: Governing Board	REVISED:

**OKEENE MUNICIPAL HOSPITAL
SELF PAY NO INSURANCE
DISCOUNT POLICY**

PURPOSE:

Establish a discount program for qualified self pay patients with household incomes up to 300% of federal poverty guidelines. (Medicare Reform Act of 2006 HB 2842)

PROCEDURE:

1. This discount program is for patients who are not enrolled in private or public insurance plan and whose income is below 300% of the federal poverty.
2. Self Pay patients must meet the qualifications to be eligible for a discount off the hospital charge.
3. Eligible patients' would receive a discount so that the patient's responsibility would not exceed the greater of the amount Medicare would pay for the same service or the cost of services as determined by multiplying the hospital's whole cost to charge ratio by billed charges.
4. It is the patient's responsibility to establish eligibility for the discount.
5. These provisions do not apply to procedures that are not medically necessary.
6. In a collection action brought by Okeene Municipal Hospital, the patient may assert the provisions as a defense to a collection action by providing eligibility for the discount. The patient would need to provide proof that his income is below 300% of federal poverty guideline and that he is not eligible or enrolled in private or public insurance plans.
7. Okeene Municipal Hospital does have a Community Care Discount Policy for those who have private or public insurance are eligible for discounts based on income.