

# OKEENE MUNICIPAL HOSPITAL POLICIES AND PROCEDURES MANUAL

**Policy: Community Care Discount Policy**

**Effective Date: 12/17/07**

**Replaces Policy Number: #6003**

**Effective Date: 12/14/17**

**Departments/Areas Primarily Affected: Hospital and Clinic Business Offices**

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**Date Reviewed:**

**Policy Number: #6002**

## OKEENE MUNICIPAL HOSPITAL COMMUNITY CARE DISCOUNT POLICY

### PURPOSE:

Establish guidelines for providing essential medical services regardless of the patient's and/or responsible party's ability to pay. Discounts are offered based upon family/household size and annual income. This includes billed charges which exceed Medicare, Medicaid, or Insurance payments.

### PROCEDURE:

1. Patients who present to the Okeene Hospital or Okeene Hospital Medical Clinic shall be offered a Medical/Financial Assistance Application (Exhibit 1) to complete when there is an indication that an individual may be unable to pay for medical services. The application and other forms of verification of income/need will be used to assist in the determination of the patient's ability to pay. 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. OMH requires verification of income/need from at least one of the following sources to be eligible for discounted medical services:
  - 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 Supplemental Nutrition Assistance Program, WIC, or Free &/or Reduced School Lunches
3. A sliding fee schedule is used to calculate the basic discount percentage and is updated each year using the Federal Poverty Guidelines. This discounted program is for patients whose income is at or below 250% of the Federal Poverty Guidelines. (Medicare Reform Act of 2006 HB 2842)
4. Staff will document the date and patient information of all applications given on the Self Pay Sliding Fee Scale Application in the Financial Assistance Folder located on the Hospital Z Drive. (Exhibit 4)
5. When an application is approved, or partially approved, a written and dated letter must be provided to the applicant and the percentage documented on the Z Drive. (Exhibit 2)
6. When an application is denied, a written and dated letter giving the reason for that denial must be provided to the applicant and documented on the Z Drive.(Exhibit 3)

## **OKEENE MUNICIPAL HOSPITAL COMMUNITY CARE DISCOUNT POLICY**

Patients accepting Community Care Discounts are ineligible for other discounts, such as prompt-pay discounts or promotional discounts. If a patient has insurance the 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.

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

- Procedures that aren't medically necessary
- 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.)

(References if applicable)

Okeene Municipal Hospital's medical staff and management believe in providing individualized patient care at this facility. We also believe the patient and/or family is an integral member of the healthcare team and we are respectful of their input and preferences in providing their care.

Therefore, all Policies and Procedures are to be used as guidelines only for providing individualized patient care in accordance with the individual patient's needs and preferences.

Updated 12/14/2017