

CURRY HEALTH DISTRICT UP-FRONT COLLECTIONS POLICY

CURRY HEALTH DISTRICT MISSION is to provide health care of the highest quality with genuine caring and compassion.

- Curry Health District must collect funds to be able to provide high quality care.
- Compassion requires that we acknowledge the patients healthcare needs in context of patient health needs, and their economic situation relative to persons needing healthcare in our service area.
- Up-Front Collections includes:
 1. Estimating the total charges for each visit.
 2. Collection of Co-pays and Deductibles of insured patients.
 3. Calculation of Un-Insured discounts on estimated charges
 4. Collection of deposits for un-insured patients
- Curry Health District reserves the right to modify, suspend or eliminate the up-front collections policy at any time for any reason.
- Up-front collection policy is purely at the discretion of the Board of Directors of Curry Health District and will be administered in a manner that best serves the taxpayers and residents of Curry Health District.
- All patients will always receive EMERGENT MEDICAL CARE.

Procedure:

Every effort is to be made during the up-front admission process to collect deductibles, co-insurance amounts and non-covered balances and establish a payment arrangement with the patient.

Self-Pay Patients -

- Self-pay patients who are unable to pay the total balance prior to service, at the time of admission or at discharge will be given the following options:
 1. 90 days with 0% interest. 3 installment payments.
 2. Billing Service Accounts: Are Self-Pay Patients Who Will Require Payment Arrangements Longer Than 90-Days:
 - a. Accounts that can not be paid in full within 90 days from discharge or final insurance payment may be placed with a billing service for monthly receivable management. The billing service is responsible for attaining the application for a reduced payment.
 - b. Patients may already have accounts set up on a payment schedule with the billing service. When additional accounts are requested to be added to the billing service account, Admitting will need to notify the Business Office representative handling the previous accounts.
 - c. Patients are not charged interest for the first 160 days when using a billing service.
 - d. Patients/guarantors that refuse to comply with or complete the requirements of any of the above policies may have their accounts(s) referred to a collection agency.
 - e. Document in account notes any discussion with the patient or guarantor.
 3. Provide Financial Summary Form to patients that are Self Pay at the time of any hospital service and that are not eligible for Medicaid but have endured special hardships that may make payment of their bill a burden.

Scheduled Procedures:

- All Schedules will be given to admissions for Insurance Verification and preadmission call lists.
- Admissions will call all patients with scheduled procedures prior to their arrival and give them the following information:
 - a. Estimated charges
 - b. Estimated discount

- c. Estimated Amount Due and or estimated Deposit if patient can not pay in full.
- Admissions will fill out the Estimated Charges Disclaimer form and have it ready for the day of arrival.
- If the patient is unable to make the deposit they need to reschedule their procedure. If they are unable to make the deposit due to an overall financial need, they are referred to the Financial Counselor.

Walk in procedures

- Admissions will fill out the estimated charges disclaimer form and give the patient the following information
 - a. Estimated charges
 - b. Estimated discount
 - c. Estimated Amount Due and or estimated Deposit if patient can not pay in full.
- If the patient is unable to make the deposit they need to come back when they can pay the deposit. If they are unable to make the deposit because of an overall financial need then the are referred to the Financial Councilor

ER

- All Patients will always receive emergent medical care.
- Patients will be asked to pay a deposit for services after medical screening, medical treatment and discharge. If the patient wants to pay more than the deposit indicated for the visit, you must accept the payment. If the patient overpays, the hospital will refund the unused monies to the patient.
- Admissions will fill out the estimated charges disclaimer form and give the patient the following information
 - a. Estimated charges
 - b. Estimated discount
 - c. Estimated Amount Due and or estimated Deposit if patient can not pay in full.
- If the patient is unable to make the deposit they will need to be referred to the Financial Counselor.

All Co-Pays and Deductibles are due prior to all non-emergent procedures.

All Uninsured patients qualify for the Uninsured Discount Program. (Refer to Uninsured Discount Policy for correct discounting procedure)

Approved: Curry Health District Board of Directors January 19, 2005

CURRY HEALTH DISTRICT UNINSURED DISCOUNT PROGRAM

CURRY HEALTH DISTRICT MISSION is to provide health care of the highest quality with genuine caring and compassion.

- Curry Health District must collect funds to be able to provide high quality care.
- Compassion requires that we acknowledge the patients healthcare needs in context of patient health needs, and their economic situation relative to persons needing healthcare in our service area.
- Uninsured Discount Program includes:
 - a. A 40% discount off total charges leaving an adjusted total charges of 60%
 - b. A 20% discount off the adjusted total if payment in full is received prior to services.
 - c. A 50% mandatory deposit of the adjusted total for all non-emergent care prior to services.
- Curry Health District reserves the right to modify, suspend or eliminate the uninsured discount program at any time for any reason.
- Uninsured discounts are purely at the discretion of the Board of Directors of Curry Health District and will be administered in a manner that best serves the taxpayers and residents of Curry Health District.

Uninsured discount write off.

- The uninsured discount will be provided to all uninsured patients.
- The patient does not need to meet an income test to qualify for the uninsured discount program.
- Uninsured Discount is available for routine care and emergency care.
 - a. There will be a minimum charge for the Emergency Room of \$50.00
 - b. There will be a minimum charge for Clinic Office Visits and all Out-Patient Hospital Services of \$20.00
- Under insured patients will not normally be eligible for uninsured discount write offs.
- Determination of discount amount:
 - a. All uninsured patients will automatically receive a 40% discount off total charges.
 - b. All uninsured patients presenting for non-emergent services will be required to make a minimum 50% deposit of the adjusted balance prior to services.
 - c. If the uninsured patient pays in full prior to services they will receive an additional 20% off of the adjusted balance.
 - Example 1: Patient presents for lab draw. Labs come to the total of \$100.00.

	Deposit	In Full
Total Charges	\$ 100.00	\$ 100.00
Uninsured discount 40%	\$ 40.00	\$ 40.00
New Balance	\$ 60.00	\$ 60.00
Payment in full at time of service discount 20%	\$ -	\$ 12.00
<i>Mandatory deposit 50% or pmt in full</i>	\$ 30.00	\$ 48.00
Patient owes	\$ 30.00	\$ -
Total Paid	\$ 60.00	\$ 48.00
Savings		\$ 12.00

- Example 2: Patient presents for MRI. Total Charges come to \$2500.00

	Deposit	In Full
Total Charges	\$2,500.00	\$2,500.00
Uninsured discount 40%	\$1,000.00	\$1,000.00
New Balance	\$1,500.00	\$1,500.00
Payment in full at time of service discount 20%	\$ -	\$ 300.00
<i>Mandatory deposit 50% or pmt in full</i>	\$ 750.00	\$1,200.00
Patient owes	\$ 750.00	\$ -
Total Paid	\$1,500.00	\$1,200.00
Savings		\$ 300.00

CURRY HEALTH DISTRICT CHARITY PROGRAM

CURRY HEALTH DISTRICT MISSION is to provide health care of the highest quality with genuine caring and compassion.

- Curry Health District must collect funds to be able to provide high quality care.
- Compassion requires that we acknowledge the patients healthcare needs in context of patient health needs, and their economic situation relative to persons needing healthcare in our service area.
- Charity includes:
 - a. Partial write off of charges based on, but not limited to, % of Federal Poverty Level (FPL) and resources.
 - b. Discounts for patients that are uninsured.
- Curry Health District reserves the right to modify, suspend or eliminate the charity discount programs at any time for any reason.
- Charity discounts are purely at the discretion of the Board of Directors of Curry Health District and will be administered in a manner that best serves the taxpayers and residents of Curry Health District.

Charity write off based on FPL:

- Charity is expected to be a one-time occurrence, and will only be provided to the most deserving patients, as resources are available.
 - a. Sliding fee-schedule may be available
- Patient must make a good faith effort to qualify for any available insurance, and pay OHP premiums if necessary.
- Insured patients will not normally be eligible for charity write offs.
- Patient or responsible person will complete a full disclosure financial summary report that includes income, liquid assets, real property, and personal property.
- Patient or responsible person will authorize CHD to obtain financial information regarding patient.
- Business Office will verify financial summary report, credit reports, OHP/OMAP, and other insurance.
- All resources will be considered, including family, bank accounts, stocks, real estate, personal property, vehicles, and settlements.
- Income based discount guidelines based on % of FPL.

Family Size	Federal Poverty Guidelines	% of FPL Charity discount	CHD Charity Guidelines			
			150%	175%	200%	220%
			80%	60%	40%	20%
Annual Family Income						
1	\$9,310		\$13,965	\$16,293	\$18,620	\$20,482
2	\$12,940		\$19,410	\$22,645	\$25,880	\$28,468
3	\$15,670		\$23,505	\$27,423	\$31,340	\$34,474
4	\$18,850		\$28,275	\$32,988	\$37,700	\$41,470
5	\$22,030		\$33,045	\$38,553	\$44,060	\$48,466
6	\$25,210		\$37,815	\$44,118	\$50,420	\$55,462
7	\$28,390		\$42,585	\$49,683	\$56,780	\$62,458
8	\$31,570		\$47,355	\$55,248	\$63,140	\$69,454
Each Additional Person	\$3,180		\$4,770	\$5,565	\$6,360	\$6,996

Income Waiver Table through June 30, 2005.

Charity Guidelines based on Federal Poverty Guidelines.

Charity Guidelines must be authorized each budget cycle.

All resources are considered for all charity decisions.

Approval of charity discount is not based solely on income guidelines.

- Charity discount write offs are expenditure decisions, and will follow general expenditure guidelines established by the Board of Directors.
- Determination of charity benefit.
 - a. The charity benefit is primarily for urgent or emergency care. Charity will not normally be granted for non-emergency care.
 - b. Financial Counselor will collect and review information regarding patient account, and make recommendations.
 - c. Financial counselor may write off charity up to \$100 per account, with full disclosure to Director of Business Services.
 - d. Director of Business Services may write off charity up to \$1,000 per account.
 - e. Director of Business Services will review and make recommendation to Management Council on charity cases exceeding \$1,000.
 - f. Management Council will approve or deny recommendation at next regular meeting.
 - g. A charity committee consisting of 2 Board of Directors, Management Council, and Director of Business Services may review Charity accounts exceeding \$10,000.
 - h. Director of Business Services will prepare a complete list of all charity write off for delivery to Management Council and Board of Directors. The list is protected information and will not be made public.
- Charity care has a monthly budget that will not be exceeded. When charity write offs reach the budget maximum, further charity will be denied, or deferred to future budget periods for evaluation.
- Charity funding as % of Gross Patient Charges:
 - a. 2.0% = \$210,000 per year; \$17,500 per month.
 - b. 1.5% = \$150,000 per year; \$12,500 per month.
 - c. 1.0% = \$102,000 per year; \$8,500 per month. Recommended.

Approved: Curry Health District Board of Directors January 19, 2005