

<b>Page: 1 of 2</b> <b>Issuing Dept.: Administration</b> <b>Applies To: Business Office</b> <b>Approved By: Sue Campbell, CEO</b> <b>Approval Date: 3/30/2009</b>	<b>Community Memorial Hospital</b> <b>400 Caldwell</b> <b>Staunton, IL 62088</b>  <b>Policy and Procedure</b>	<b>Date Effective: <u>4/1/2009</u></b> <b>Date Revised: <u>06/14/2012</u></b> <b>Date Reviewed: <u>2/23/16</u></b> <b><u>04/20/16</u></b>
<b>Subject: Uninsured Patient Discount Policy</b>		

Purpose: It is the policy of the Hospital to comply with the Uninsured Patient Discount Act and provide a discount to those patients that do not have any health insurance coverage.

Procedure: A patient must request an application for the Uninsured Patient Discount and meet the following requirements in order to qualify for the discount:

The patient does not have health insurance of any type.

The patient will be required to apply for Medicaid, AllKids, SCHIP or any other public assistance programs that may be available, and they must present written verification that they do not qualify for those programs.

The patient must be a resident of the State of Illinois.

The patient must apply for the discount within 60 days of service.

The patient must provide third-party verification of income, information regarding assets and documentation regarding residency within 30 days of request.

The discount is applicable only to charges exceeding \$300 for any one inpatient or outpatient encounter. Numerous accounts will not be added together to reach the \$300 level.

The family income must not exceed 300% of the Federal Poverty Level. Income is defined as annual earnings and cash payments from all sources before taxes less payments for child support. The patient must provide proof all sources of income.

Federal Poverty Guidelines for 2016 will be used to determine eligibility. Assets other than income may be considered to determine an individual's ability to meet their financial obligations. Federal Poverty Guidelines for 2016 are as follows:

<u>Family Size</u>	<u>Federal Poverty Guideline</u>	<u>125% of Poverty Guideline</u>	<u>300% Poverty Guideline</u>
1	\$11,880	\$14,850	\$35,640
2	\$16,020	\$20,025	\$48,060
3	\$20,160	\$25,200	\$60,480
4	\$24,300	\$30,375	\$72,900
5	\$28,440	\$35,550	\$85,320
6	\$32,580	\$40,725	\$97,740
7	\$36,730	\$45,912	\$110,190
8	\$40,890	\$51,112	\$122,670

For family units with more than eight members, add \$4,160 for each additional member.

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Medical services that are eligible for the discount are only those services that are considered medically necessary. The discount does not apply to elective cosmetic surgery or non-medical services such as social or vocational services.

The discount will be 100% of charges for those patients whose annual income is 125% of the Federal Poverty Level or lower.

The discount for those patients whose annual income is between 125% and 300% of the Federal Poverty Level, will be in the amount of 135% of cost, which is determined by applying ratio of cost to charges (RCC) from Worksheet C Part 1 of the most recently filed Medicare Cost Report. The formula used to calculate the discount is as follows:  $[1-(RCC \times 1.35)] \times \text{charges}$ . Based on the 2015 Medicare Cost report the discount should be 35%  $(1-(.48 \times 1.35))$ .

The Hospital will not collect an amount greater than 25% of the family's annual gross income in a 12-month period. It will be the patient's responsibility to provide proof of annual income. If the patient does not meet the conditions of the payment schedule, the balance on the account will go through the regular collection procedures and can be turned over to a credit agency for collection.

Applications for the Uninsured Patient Discount will be sent to Administration for review. Administration will be responsible to notify the patient if they qualify for the discount and set up payment terms.

Community Hospital of Staunton complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Community Hospital of Staunton cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Community Hospital of Staunton pridržava se važećih saveznih zakona o građanskim pravima i ne pravi diskriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola.