

SUBJECT: DISCOUNT AND PAYMENT PLAN POLICY	REFERENCE
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DEPARTMENT: ORGANIZATIONWIDE	EFFECTIVE:
APPROVED BY:	REVISED:

OBJECTIVE:

Coquille Valley Hospital (CVH) requests patients to adhere to the following guidelines in paying their outstanding balances in a timely manner. There are many instances where payment will be requested in advance or at the time of service, particularly for non-covered services, copayments, and other deductibles, or selected services such as cosmetic procedures. The general expectation is that payments for elective services will be secured in advance of the service delivery and that payment in full is due within 30 days of the initial billing statement. The Hospital realizes that there may be a number of instances where payment in full is not financially feasible and may necessitate an appropriate payment plan. The items listed below provide additional guidelines and criteria for discounts, deposits and installment payment plans.

POLICY:

Coquille Valley Hospital offers a number of financial plans, including:

- Short/long term payment plan
- Uninsured discount/Prompt pay discount
- Patient financing program

Coquille Valley Hospital (CVH) will not use discounts to induce referrals for items or services reimbursable by any federal health care program, will not offer discounts to influence a federal health care beneficiary's choice of provider, and will not provide routine or automatic discounts on co-payments and deductibles.

DEFINITIONS:

Discount: This includes full or partial adjustments of co-payments, deductibles, or percentages of amounts due CVH, separate to Financial Assistance (Charity) or risk management/quality of service issues.

Uninsured Discount: Under this policy an uninsured patient/guarantor may be eligible for a discount for medically necessary CVH services subject to confirmation of his/her uninsured status.

Uninsured Patient/Guarantor: A patient/guarantor is uninsured or is not covered by his/her insurance for services provided by CVH, which CVH considers to be medically necessary (e.g. coverage is denied as the service is not a covered service, coverage is denied as not reasonable and necessary under payer coverage policy, or benefits are exhausted).

Medically Necessary Care: Hospital services and supplies and other health services needed to diagnose and treat an illness, injury, condition, disease or its symptoms and that meet accepted practice standards. Medically necessary care does not include care relating to cosmetic procedures that are intended only to improve the aesthetic appeal of a normally functioning body part.

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Self-Pay Account: One that is not covered by any medical insurance or other indemnity, in whole or in part (co-payment, co-insurance, deductible, spend down, etc.) and for which the patient or guarantor is liable for payment.

Eligibility for Financial Assistance

- This policy does not cover financial assistance under a CVH Charity/Financial Assistance Policy, risk management or quality of service issue.

Deposits

- Patients or their responsible parties are expected to pay their full liability for services rendered within thirty (30) days of receipt of their first bill or in accordance with a mutually agreed upon installment payment plan.
- The Hospital requests “pre-admission” or “pre-treatment” deposits for any identified out-of-pocket expense due from the patient for most elective services (See Attachment A). Deposit amounts vary based on the type of service and the estimated amount due from the patient (i.e. 100% of the estimated amount due is requested for cosmetic services; 25% is requested for the estimated amount due for elective services with acceptable payment terms for any remaining balance prior to the delivery of the service).
- Routine copayments and deductibles will be requested at the time of service. Copayments related to emergency care will be requested of the patient post-assessment and after they are medically stable. This may occur prior to or at the time of discharge.
- The deposit amount shall be determined by the scale represented in Attachment A to this Discount and Payment Plan Policy.

Installment or Payment Plans (Self-Pay and Self-Pay Balance after Insurance)

- Patients or their responsible parties are expected to pay their full liability for services rendered, within thirty (30) days of receipt of their first bill or in accordance with a mutually agreed upon installment payment plan.
- Patients will be informed of the right to payment plans and options to apply for public assistance programs.
- Patients who do not feel they can reasonably make payment in full within thirty (30) days of the initial bill are required to contact the billing partner for extended payment arrangements. The Business Office will work with individuals to determine if the patient is eligible for other financial assistance in accordance with this policy and/or in establishing a monthly payment plan until the balance has been paid in full. The payment plan is based on the outstanding amount due and is requested to be resolved within 24 months.

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- The monthly payment shall be determined by the payment scale represented in Attachment A to this Discount and Payment Plan Policy.
- Patients are expected to make payments on time based on the agreement that they have agreed upon with the Hospital or billing partner.
- If a patient is on an installment payment plan and he/she anticipates missing a payment, the patient should notify the billing partner in advance and the payment should be made-up no later than the following month.
- The billing partner may contact patients via mail or telephone if payment is not made or is less than the scheduled amount.
- If the patient fails to make two or more payments, at thirty (30) day intervals from the first payment date, the hospital or billing partner have the option to terminate the payment plan and place the remaining balance of the patient's account in the collections process.
- Access One offers patient financing and provides 0% interest for payment terms up to 24 months and a low 4% interest rate for terms 25-60 months.

Self-Pay Discount-Uninsured

The hospital shall offer discounts, payment plans and/or loan options to patients unable to pay their hospital charges in full. This policy shall apply to all persons receiving financial counseling at any point in the admission, discharge, or collection process.

- A self-pay discount of 30% will be provided to individuals that do not have health insurance and are not eligible for financial assistance. Uninsured patient discounts are not considered Financial Assistance under this Policy.

A prompt pay discount of 5% will be offered in addition to the self-pay discount for patients paying at the time of service.

- If the patient believes that he/she would qualify for financial assistance, the patient is asked to complete a financial assistance application and provide requested financial documents to determine financial need.
- If it is determined that the patient/guarantor has insurance or other coverage after the uninsured discount has been taken, the discount will be reversed. Insurance will be billed the original charge for the service and any patient responsibility will be balance billed to the patient.
- Patients may set up a payment plan with the self-pay discount still in place.

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ATTACHMENT A

Pre-Admission/Pre-Treatment Deposits

Service Type

Cosmetic Service
Elective Service

Deposit Required

100% of estimated pt. liability
25% of estimated pt. liability

Payment Plan Guidelines

Balance	Months to Pay
Under \$74.99	must be paid within 1 month
\$75 - \$149.99	Spread over 2 months
\$150 - \$499.99	Spread over 3 months
\$500 - \$999.99	Spread over 4 months
\$1000 - \$1,499.99	Spread over 5 months
\$1500 - \$3,999.99	Spread over 6 months
\$4000 or more	Spread over 24 months

CVH Billing Partner/Monthly Payment Plan Option

Coquille Valley Hospital has partnered with Resolution Resource to assist patients with recurring payment needs. Resolution Resource is an extension of our hospital, and operates on behalf of Coquille Valley Hospital to send statements and manage payment arrangements for our patients.

Outside Financing



Access One offers no-interest and flexible low-interest payment plans to help you manage your medical costs. The benefits of our plan include:

- No credit reporting
- Everyone is accepted
- No hidden fees
- Easy payment methods: online, phone, check, auto pay
- Combined statements that include other medical bills and family members