POLICY:
To allow for patient discounts.

PROCEDURE:

UNINSURE DISCOUNTS:

Hospital:
When an account registered with Financial Class "ST" final bills, the CRM process will auto-discount the account. Uninsured patients will not be billed more than the highest commercial rate paid. The CRM auto-discount transaction code is 99980052 and is recorded as a contractual adjustment. The manual uninsured adjustment code is 99980053 and is also recorded as a contractual adjustment. Discount amounts by RHM are as follows:

- Clinton – 6%
- Dubuque/Dyersville – 10%
- Mason City – 10%
- New Hampton – 5%
- Sioux City – 8%

Note: If an uninsured patient qualifies for financial assistance, Charity is to be granted on gross charges. Any uninsured discount previously provided will need to be reversed before charity is calculated and processed.
Clinic:
Accounts registered as "Self-Pay", will qualify to a report that will initiate an uninsured discount to be processed. Uninsured patients will not be billed more than the highest commercial rate paid. The transaction code used will be Uninsured Discount, which are recorded as contractual adjustments. Discount amounts by RHM are as follows:

- MercyOne Clinics – 10%
- Mercy One – Sioux City – 8%

Note: If an uninsured patient qualifies for financial assistance, Charity is to be granted on gross charges. Any uninsured discount previously provided will need to be reversed before charity is calculated and processed.

PROMPT PAY DISCOUNTS:

Time of Service (TOS) - Hospital
1. A prompt pay discount of 10% is available for patients willing to pay their entire estimated co-insurance and deductible balances of $200 and greater at the time of service. Discounts are not available for co-pay amounts.
2. Registration staff will collect 90% of the estimated co-insurance and deductible balances. Consistent scripting will be used to communicate the co-insurance and deductible amounts are an estimate and that additional dollars may be due after we hear from their insurance company.
3. Registration staff will attach ICO "C04" (TOS Prompt Payment Disc) as the last payer on the account and follow standard TOS cash collection procedures to ensure the payment is posted to the patient's account.
4. After all insurance reimbursement has been exhausted on the account; any remaining balance will qualify to Customer Service staff via a Healthquest work queue to ensure an accurate (10%) prompt pay discount amount is applied to the account. This discount amount is calculated against the finalized patient responsibility balance as determined by the insurance company.
5. If applicable, any remaining balance will be billed to the patient. If a credit balance occurs, a transfer to another balance owing will be processed. If no other balances are owed by the patient, the credit will qualify as a refund to the guarantor.

Post-Service – Hospital & Clinic
1. A prompt pay discount of 5% for patient responsibility balances $200.00 and greater will be granted upon request.
2. Uninsured patients receiving a prior uninsured discount may also request a prompt pay settlement for balances owing.
3. The agreed upon discount will be honored only if full payment is received within 30 days of the communication between the patient and Patient Financial Services.
4. If the payment is not received within the 30 days after the communication, no discount will be provided.
5. Upon receipt of payment, the discount will be applied using the appropriate prompt pay adjustment code, which is recorded as a contractual adjustment.
6. Documentation of the transaction(s) will be entered on each patient account.
7. Availability of discounts is communicated on the billing statements.