

<i>Title [REQUIRED]:</i> <b>SELF-PAY DISCOUNT POLICY</b>	
<i>Joint Commission Chapter Section [REQUIRED]:</i> <b>1.0 Administrative</b>	<i>Date original policy was created:</i> May 16, 2014
<i>This policy belongs to [REQUIRED]:</i> <a href="#">Revenue Mangement</a>	
<i>Committee/Council Approval(s) [Optional] and [Date of committee approval]</i>	

- This policy is a systemwide policy, applicable to all entities, locations, services and employees throughout Geisinger.
- This policy contains one or more PROCEDURES outlining the methods and applicability of this policy.

**PURPOSE**

The purpose of this policy is to define the discount provided to all qualifying uninsured patients receiving medically necessary services within Geisinger.

**PERSONS AFFECTED:**

This policy applies to Geisinger and all of its subsidiary organizations and to all programs within Geisinger.

**POLICY**

Geisinger is committed to assisting its uninsured patient population who do not qualify for relief under Geisinger's Financial Assistance Policy by providing a discount from gross charges per the following chart:

<u>ENTITY</u>	<u>DISCOUNT</u>
All GBH, GCMC, GMC, GWV, GMC accounts	30%
GLH accounts	50%
Geisinger Clinic (GRP 21 PSYCH BA 7600)	50%
Geisinger Clinic (Orthotics/DME w/multiplier)	55%

1. Discounts will apply only to Basic Medical Services. Cosmetic and certain elective services are not covered under this policy. The discount policy does not apply to Amish/Mennonite patients, who are subject to their own discounting policy.
2. This policy is mutually exclusive to the Geisinger Financial Assistance Policy (FAP).
3. This policy does not apply to patients whose out of pocket responsibility is derived from the application of copayment, coinsurance and/or deductible by a contracted provider(s).
4. Services provided by outside vendors are not covered under this policy and questions related to discounts should be referred to the vendor directly (e.g., contracted renal dialysis facilities, long-term acute care facilities).
5. Qualifying patients will not be billed at gross charges for services rendered.

6. Charges will be adjusted at the generation of a billing statement in the applicable billing systems and the adjusted balance billed to the patient or guarantor.

## DEFINITIONS

- **Contracted Provider:** Any payor who currently has contract pricing with Geisinger where Geisinger may or may not be considered "in network" with the payor and from which pricing allowances would be applied.
- **Financial Assistance:** Charity care. Healthcare services that are provided free of charge at discounted rates to individuals who meet the established criteria.
- **Basic Medical Services:** Medical services provided in an emergency room setting; services for a condition which if not promptly treated, would lead to an adverse change in the health status ; non-elective services provided in response to life-threatening circumstances; medically necessary services evaluated on an elective services provided in response to life-threatening circumstances; medically necessary services evaluated on a case-by-case basis at Geisinger's discretion.  
*Exclude cosmetic services, in-vitro fertilization, solid organ and bone-marrow transplantation and/or cosmetic dental reconstruction*
- **Uninsured Patient:** An individual who is not covered by any applicable state, governmental, or other third-party insurance program.
- **Underinsured Patient:** An individual who is insured but does not have the financial resources to cover out of pocket medical expenses.

## RESPONSIBILITIES

Revenue Management will administer this policy.

## EQUIPMENT/SUPPLIES

Not Applicable

## PROCEDURE

### Criteria for Qualification

1. Patient does not qualify for discounts under the Geisinger Financial Assistance Policy.
2. All qualifying uninsured patients, excluding those receiving cosmetic or other excluded elective procedures, will receive a 30% discount from gross charges after services have been rendered.
3. For this policy, uninsured discounts will not apply to the following:
  - a. Patients classified as underinsured
  - b. Patients who qualify for state, federal or other third-party programs
  - c. Amish and Mennonite patients (as this group is provided a discount under the Amish and Mennonite Policy)
  - d. Patients eligible for subsidies in the Health Insurance Marketplace
  - e. Insured patients with outstanding coinsurance, copay, non-covered services or deductible amount resulting from processing by a contracted provider

- Any patient who is granted an uninsured discount and entered into a payment arrangement must make a good faith effort to honor the payment contract or risk defaulting the uninsured discount

**Discount Guidelines**

- Patients confirmed to be uninsured will be presented with an educational brochure highlighting the key points of the uninsured discount policy.
- Patients will be registered in the applicable billing system with a self-pay financial class and insurance plan, signifying qualification for the uninsured discount.
- The PFC will assist uninsured patients in obtaining Medical Assistance or other applicable coverage options (e.g., Cobra, CHIP, or any other commercial or governmental plan). Patients who are unwilling to seek additional benefits may not be eligible for the uninsured discount.
- Patients presenting with third party coverage who are later determined to be uninsured will have the discount granted retrospectively.
- The PFC will review the patient's demographic profile and income to determine qualification for any governmental programs.
- The discount amount granted will be itemized on the patient statement as an "Uninsured Discount" deduction to revenue.
- The discount percentage will be reviewed at least annually for consideration of modification.

**REFERENCES**

**Geisinger Financial Assistance Policy (FAP)**

<i>Developed</i>	<i>Revised/Reviewed*</i>	<i>Source</i>	<i>Approved By &amp; Date</i>
05/16/2014	10/15/2018 1/25/21	Revenue Management Dept Supervisor	VP, Revenue Management