Policy

GEISINGER SELF-PAY DISCOUNT POLICY

This Policy contains one or more PROCEDURES outlining the methods and applicability of this Policy.

This policy applies to the following Geisinger Entities:

**CLINICAL ENTITIES** *(includes Geisinger entities providing health care services, i.e., hospitals, group practices, clinics)*

☐ Community Medical Center (CMC or GCMC)
☒ Geisinger Jersey Shore Hospital (GJSH)
☒ Endoscopy Center of Geisinger Lewistown Hospital; an entity of GLH
☒ Geisinger Lewistown Hospital (GLH)
☐ Family Health Associates of GLH (FHA)
☒ Geisinger Medical Center (GMC)
☒ Geisinger Bloomsburg Hospital (GBH)
☒ Geisinger Medical Center Muncy (GMCM)
☒ Geisinger Clinic (GC)
☐ Geisinger Pharmacy, LLC
☐ Geisinger Community Health Services (GCHS)
☒ Geisinger Wyoming Valley Medical Center (GWV)
☐ Geisinger Encompass Health, LLC
☐ GMC Outpatient Surgery - Woodbine; an entity of GMC
☐ Geisinger Endoscopy-Montoursville; an entity of G-HM
☐ GWV Outpatient Surgery – CenterPoint; an entity of Geisinger Wyoming Valley Medical Center
☒ Geisinger Gray's Woods Outpatient Surgery and Endoscopy Center; an entity of GC
☐ Lewistown Ambulatory Care Corporation (LACC)
☒ Geisinger-HM Joint Venture (G-HM)*
☐ Marworth
☒ Geisinger Healthplex State College Outpatient Surgery and Endoscopy Center, a department of Geisinger Lewistown Hospital
☐ West Shore Advanced Life Support Services, Inc. (WSALS or Geisinger EMS)

**NON-CLINICAL ENTITIES** *(includes Geisinger business/corporate entities not providing health care services)*

☐ Geisinger Commonwealth School of Medicine (GCSOM)
☐ Geisinger System Services (GSS)
☐ Geisinger Health (GH or GHF)
☐ GNJ Physicians Group (GNJ)
☐ Geisinger Health Plan (GHP)
☐ ISS Solutions, Inc. (ISS)
☐ Geisinger Quality Options, Inc. (GQO)
☐ Keystone Health Information Exchange, Inc. (KeyHIE)

**PURPOSE**

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

**PERSONS AFFECTED**

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

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1 Geisinger-HM Joint Venture is an LLC representing a joint venture between Geisinger Medical Center and Highmark Health.
POLICY

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

<table>
<thead>
<tr>
<th>ENTITY</th>
<th>DISCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBH, GCMC, GMC, GWV, GMCM, GJSH</td>
<td>30%</td>
</tr>
<tr>
<td>GLH</td>
<td>50%</td>
</tr>
<tr>
<td>Geisinger Clinic</td>
<td>30%</td>
</tr>
<tr>
<td>Geisinger Clinic (Orthotics/DME w/multiplier)</td>
<td>55%</td>
</tr>
</tbody>
</table>

1. Discounts will apply only to Basic Medical Services. Cosmetic and certain elective services are not covered under this policy. This 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 vendor/provider are not covered under this policy and questions related to discounts should be referred to the vendor/provider 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 prior to 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 service 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 the above listed 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 insurance programs.
   c. Amish and Mennonite patients (as this group is provided a discount under the Amish and Mennonite Policy).
   d. Insured patients with outstanding coinsurance, copay, or deductible amount resulting from processing by a contracted provider.
4. 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**

1. Patients confirmed to be uninsured will be presented with an educational brochure highlighting the key points of the uninsured discount policy.
2. Patients will be registered in the applicable billing system with a self-pay financial class and insurance plan, signifying qualification for the uninsured discount.
3. 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 eligible benefits may not qualify for the uninsured discount.
4. Patients presenting with third party coverage who are later determined to be uninsured can have the discount granted retrospectively.
5. Patients presenting with third party coverage where the insurance denies in full can be granted the discount retrospective.
6. The discount amount granted will be displayed on the patient statement as "Self-Pay Discount".
7. The discount percentage will be reviewed at least annually for consideration of modification.

ATTACHMENTS
Not Applicable

EXTERNAL PATIENT FACING ONLINE REFERENCE:
Geisinger Financial Assistance Policy (FAP)

<table>
<thead>
<tr>
<th>Developed</th>
<th>Revised/Reviewed*</th>
<th>Source</th>
<th>Approved By &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/16/2014</td>
<td>10/15/2018 1/25/21 6/22/22</td>
<td>Revenue Management Dept Director</td>
<td>AVP, Revenue Management</td>
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</tbody>
</table>

Policy versions prior to May 15, 2019, may be requested by contacting Geisinger Quality & Safety.

Geisinger’s policies, procedures, guidelines, and protocols are CONFIDENTIAL PROPRIETARY information, which are not to be disclosed outside the Geisinger system.