

Title: <b>GEISINGER SELF-PAY DISCOUNT POLICY</b>	
Joint Commission Chapter Section: <b>1.0 Administrative</b>	Date ORIGINAL policy was created: <b>May 16, 2014</b>
This policy belongs to: Revenue Management	
Committee/Council Approval(s): Geisinger Finance Committee	Date of COMMITTEE Approval(s): Month DD, YYYY

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

**This policy applies to the following Geisinger Entities:**

<b>CLINICAL ENTITIES</b> (includes Geisinger entities providing health care services, i.e., hospitals, group practices, clinics)	
<input checked="" type="checkbox"/> Community Medical Center (CMC or GCMC)	<input checked="" type="checkbox"/> Geisinger Jersey Shore Hospital (GJSH)
<input checked="" type="checkbox"/> Endoscopy Center of Geisinger Lewistown Hospital; an entity of GLH	<input checked="" type="checkbox"/> Geisinger Lewistown Hospital (GLH)
<input type="checkbox"/> Family Health Associates of GLH (FHA)	<input checked="" type="checkbox"/> Geisinger Medical Center (GMC)
<input checked="" type="checkbox"/> Geisinger Bloomsburg Hospital (GBH)	<input checked="" type="checkbox"/> Geisinger Medical Center Muncy (GMCM)
<input checked="" type="checkbox"/> Geisinger Clinic (GC)	<input type="checkbox"/> Geisinger Pharmacy, LLC
<input type="checkbox"/> Geisinger Community Health Services (GCHS)	<input checked="" type="checkbox"/> Geisinger Wyoming Valley Medical Center (GWV)
<input type="checkbox"/> Geisinger Encompass Health, LLC	<input checked="" type="checkbox"/> GMC Outpatient Surgery - Woodbine; an entity of GMC
<input type="checkbox"/> Geisinger Endoscopy-Montoursville; an entity of G-HM	<input type="checkbox"/> GWV Outpatient Surgery – CenterPoint; an entity of Geisinger Wyoming Valley Medical Center
<input checked="" type="checkbox"/> Geisinger Gray's Woods Outpatient Surgery and Endoscopy Center; an entity of GC	<input type="checkbox"/> Lewistown Ambulatory Care Corporation (LACC)
<input checked="" type="checkbox"/> Geisinger-HM Joint Venture (G-HM) <sup>1</sup>	<input type="checkbox"/> Marworth
<input checked="" type="checkbox"/> Geisinger Healthplex State College Outpatient Surgery and Endoscopy Center, a department of Geisinger Lewistown Hospital	<input type="checkbox"/> West Shore Advanced Life Support Services, Inc. (WSALS or Geisinger EMS)

<b>NON-CLINICAL ENTITIES</b> (includes Geisinger business/corporate entities not providing health care services)	
<input type="checkbox"/> Geisinger Commonwealth School of Medicine (GCSOM)	<input type="checkbox"/> Geisinger System Services (GSS)
<input type="checkbox"/> Geisinger Health (GH or GHF)	<input type="checkbox"/> GNJ Physicians Group (GNJ)
<input type="checkbox"/> Geisinger Health Plan (GHP)	<input type="checkbox"/> ISS Solutions, Inc. (ISS)
<input type="checkbox"/> Geisinger Quality Options, Inc. (GQO)	<input type="checkbox"/> 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.

<sup>1</sup> 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:

ENTITY	DISCOUNT
GBH, GCMC, GMC, GWV, GMCM, GJSH	30%
GLH	50%
Geisinger Clinic	30%
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. 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.

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.

- 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 \(FAP\)](#)

<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 6/22/22	Revenue Management Dept Director	AVP, Revenue Management

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