

Title: Geisinger Self-Pay Discount Policy	
Joint Commission Chapter Section: 1.0 Administrative	Date ORIGINAL policy was created: May 16, 2014
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:

CLINICAL ENTITIES (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 Lewistown Hospital (GLH)
<input checked="" type="checkbox"/> Endoscopy Center of Geisinger Lewistown Hospital	<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 checked="" 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"/> Geisinger Surgery Center – Highland Park (OSHP)
<input type="checkbox"/> Geisinger Endoscopy-Montoursville (a facility of G-HM)	<input checked="" type="checkbox"/> GMC Outpatient Surgery - Woodbine
<input checked="" type="checkbox"/> Geisinger-HM Joint Venture (G-HM)	<input checked="" type="checkbox"/> GWV Outpatient Surgery - CenterPoint
<input checked="" type="checkbox"/> Geisinger Healthplex State College Outpatient Surgery and Endoscopy Center, a department of Geisinger-Lewistown Hospital	<input type="checkbox"/> Marworth
<input checked="" type="checkbox"/> Geisinger Jersey Shore Hospital (GJSH)	<input type="checkbox"/> West Shore Advanced Life Support Services, Inc. (WSALS or Geisinger EMS)

NON-CLINICAL ENTITIES (includes Geisinger business/corporate entities not providing health care services)	
<input type="checkbox"/> Geisinger College of Health Sciences (GCHS)	<input checked="" 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 its subsidiary organizations and to all programs within Geisinger.

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.

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
Geisinger Medical Center	38%
Geisinger Wyoming Valley	38%
Geisinger Bloomsburg Hospital	38%
Geisinger Community Medical Center	38%
Geisinger Jersey Shore Hospital	38%
Geisinger Medical Center Muncy	38%
Geisinger Lewistown Hospital	50%
Geisinger Clinic	38%
Geisinger Clinic (Orthotics/Durable Medical Equipment w/multiplier)	55%

- 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.
- This policy is mutually exclusive to the Geisinger Financial Assistance Policy (FAP).
- 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).
- 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).
- Qualifying patients will not be billed at gross charges for services rendered.
- 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.

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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.

RESPONSIBILITIES

Revenue Management will administer this policy.

EQUIPMENT/SUPPLIES

N/A

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.

Any patient who is granted an uninsured discount and entered 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, signifying qualification for the uninsured discount.
3. A PFC may 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 "Patient Adjustment".

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7. The discount percentage will be reviewed at least annually for consideration of modification.

ATTACHMENTS

N/A

REFERENCES

[Geisinger Financial Assistance Policy \(FAP\)](#)