

SELF-PAY DISCOUNT POLICY

| Department | Patient Access Services | Effective Date | 03/2004 |
|------------|--------------------------|-----------------------|-------------------------|
| Campus | AHS System | Date Revised | 03/2020 |
| Category | Administrative | Next Scheduled Review | 10/2025 |
| Document | Director, Admissions and | Executive Responsible | Chief Financial Officer |
| Owner | Registration | | |

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PURPOSE

The purpose of this policy is to document Alameda Health System's Self-Pay Discount Policy in order to meet the mission of the Health System, satisfy the requirements for the Health System's participation in specific governmental supplemental programs and adhere to the requirements of Senate Bill No.1276 (enacted September 28, 2014). Alameda Health System (AHS) recognizes the significant burden placed on individuals and wishes to facilitate the prompt payment of patient financial obligations.

POLICY

It is the policy of AHS to offer discounts from full charges for patients who are uninsured or underinsured and do not qualify for any other federal, state, or county programs.

The discount is applied against facility (inpatient, outpatient and ancillary) and AHS physician services rendered at AHS including emergency physicians. This discount policy excludes cosmetic services, or other elective services deemed not medically necessary.

SELF PAY DISCOUNT

AHS offers a 50% discount off full charges for patients that do not qualify for any other federal, state, or county programs, and do not qualify for charity care under AHS's Financial Assistance Policy.

Payment terms, including the amount of the monthly payments or duration of the payment terms will be negotiated with either Patient Access or Patient Financial Services staff.

PROMPT PAY DISCOUNT

For patients who qualify for **self-pay discounts** and agree to pay their balance within 30 days of receiving a statement, AHS will offer 50% off full charges.

Discounts will be recorded as an administrative adjustment, using the applicable administrative adjustment transaction code in the AHS financial billing, and reporting systems.

This policy may be subject to change as a result of new state and federal legislation. All revisions will be approved by the appropriate oversight department and/or Executive Personnel.

The Financial Assistance Policy is separate from this Self-Pay Discount Policy and addresses AHS patient payment obligations when the patient meets financial eligibility criteria outlined under the AHS Financial Assistance Policy.

A patient may choose to make a payment at the time of service or pay the bill in full according to above. The initial estimate may differ from the final statement of charges received and this should be communicated to the patient at the time of estimation.

If the patient balance for the prompt pay discount is not paid in full according to the agreement, charges will revert to the standard 50% discount.

Patients qualify for a self-pay discount at the time of service or initial financial screening. This discount may be applied retroactively if there were unavoidable delays in determining eligibility or patient cost sharing amounts.

NON-CONTRACTED PAYER DISCOUNT

For patients that have insurance coverage with a PPO payer not contracted with AHS, AHS may offer a discounted rate off professional charges when practical. The out-of-pocket expense to the patient may be discounted down to the estimated out of pocket expense for the same or similar services at a participating provider.

AHS staff will calculate the difference between the in-network provider benefit and the non-participating provider benefit. Again, the discount to be considered is the difference between in vs. out of network patient responsibilities (co-payments and deductibles).

The Patient Access team will forward accounts for adjustments to the Patient Financial Services team designee via an excel document. Patient Financial Services staff will review accounts and make necessary adjustments.

TERM GUIDELINES AND DEFINITIONS

Self-pay patient – A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance (third-party liability) as determined and documented by the hospital. For purposes of the Self-Pay Discount available under this policy, Self-Pay Patients do not include those that are eligible for financial assistance under the AHS Financial Assistance Policy.

- 1. **Documentation** Patients must make reasonable effort to provide AHS with documentation of insurance coverage.
- 2. **Negotiation** AHS and the patient can negotiate the terms of the payment plan.
- 3. **Extended Payment** The self-pay component of this policy may be extended in writing on a case-by-case basis with approval by Revenue Cycle Leadership personnel.

- 4. **Subsequent Patient Qualification for Charity Program** If a patient who is eligible for a self-pay discount and subsequently qualifies for the charity care under the AHS Financial Assistance Policy, the discount applicable under the AHS Financial Assistance Policy shall replace the self-pay discount.
- 5. **Account Collections** Where patients do not meet the agreed upon payment terms, the collection of any remaining patient responsibility shall be subject to the AHS Debt Collection Practices Policy. AHS' Debt Collection Practices Policy is available by visiting or contacting AHS Patient Access or Patient Financial Services Department, and by carious means, including the AHS website.

EXPECTED DEPOSIT(S)

| Primary Care Services | \$150.00 |
|--------------------------------|---------------------------------|
| Specialty Care Clinic Services | \$250.00 |
| Special Procedure/Elective | 50% of estimated discounted fee |
| Interventional Radiology | 50% of estimated discounted fee |
| In-Patient (Elective Services) | 50% of estimated discounted fee |
| Emergency | \$400.00 |

APPROVALS

| | | System | Alameda | AHS/Highland/John |
|--------------------------|-------|---------|---------|--------------------|
| | | | | George/San Leandro |
| Department | Date: | N/A | 03/2020 | 03/2020 |
| Pharmacy and | Date: | N/A | N/A | N/A |
| Therapeutics (P&T) | | | | |
| Clinical Practice | Date: | 04/2020 | N/A | N/A |
| Council (CPC) | | | | |
| Medical Executive | Date: | N/A | 04/2020 | 04/2020 |
| Committee | | | | |
| Board of Trustees | Date: | 08/2020 | N/A | N/A |