

I. SETTING

Medical Center

II. PURPOSE

- A. The purpose of this policy is to define the process by which University of California, Davis Health (UC Davis Health) may provide discounted services for uninsured patients or insured patients without healthcare benefits for certain medically necessary services.
- B. Self-pay patients who meet certain financial criteria and thus qualify for Charity Care Funding are not covered by this policy. Please see *Administrative Policy [1891](#), Charity Care Screening* for details that may be applied to these patients.
- C. Requests for self-pay non-emergency services estimate for hospital inpatient and outpatient services see *Administrative Policy [1883](#), Uninsured Non-Emergency Estimate Policy*.

III. POLICY

- A. UCDH shall limit the expected payment for an uninsured patient for medically necessary hospital and professional services to an amount determined to be within the average discount for commercial fee-for-service managed care plans. The uninsured patient discount amount is subject to change at any time.
- B. Discounts cannot routinely apply to Medicare patients (i.e., fee-for-service Medicare patients) for either their patient responsibility or annual deductible payments. Discounts cannot be given to Medicare or Medi-Cal beneficiaries with the exception of statutorily excluded services (i.e., those services that are never covered by Medicare).
- C. A patient is not eligible for discounted elective services if his/her account is in collections status or if the patient has an outstanding UC Davis Health balance that is not current. Inquiry should be made to Patient Billing Customer Service to verify that existing accounts are in good standing before a discount may be considered.
- D. Co-payments and deductible payments required by the patient's health insurance plan, including Medi-Cal share-of-costs, are not routinely subject to discounting and must be collected.
- E. Discounts cannot be given to patients who are or may be potential referral sources or if a member of their immediate family is or may be a potential referral source from a licensed provider.

IV. HOSPITAL AND PROFESSIONAL SERVICES DISCOUNTS

Subject to the prohibitions in Section III:

- A. A discount up to 60% can be extended for hospital services. (See Administrative Policy [1883](#), Uninsured Non-Emergency Estimate for additional information on how to request an estimate for services).
 - 1. Professional fees may be discounted up to 46 percent from the current charge schedule.

V. PROCEDURE

- A. Patients who appear to be eligible for any federal or state program will be required to apply and comply with application requirements prior to a determination of eligibility for a discount. Failure to comply may result in the discount being denied.
- B. The financial screening and the financial terms of the discount should be documented in folder notes.
- C. Payment expectation: Payment in full is expected up front prior to provision of services. If payment is not collected in full upfront, limited payment arrangements must be approved and arranged by the Patient Billing Customer Service Manager.

VI. REFERENCES:

Administrative Policy [1929](#), Global Cash Procedures

VII. REVIEWED BY

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