



POLICY: Uninsured / Self-pay Discount

Department:

Organization Wide

Effective Date: 9/2021

Revision Date(s):

Signature: _____ **Review Date(s):**

I. Purpose

The purpose of this policy is to define the eligibility criteria for discounts offered to patients who receive health care services at Mad River Community Hospital (MRCH) and who are uninsured or underinsured.

II. Policy

- A. MRCH is committed to providing a fair discount to individuals who are uninsured or insured but without coverage for certain medically necessary healthcare services offered by MRCH, but who are not eligible for the financial assistance discount set forth in MRCH's Financial Assistance Charity Care Policy.
- B. MRCH shall determine eligibility for the uninsured/underinsured discount and shall not take into account an individual's age, gender, race, immigration status, sexual orientation or religious affiliation.
- C. This policy establishes the guidelines for discounts available to certain uninsured/underinsured patients. Discounts for healthcare services rendered at MRCH may be offered to patients residing in the United States or internationally.
- D. MRCH will provide the uninsured/underinsured patient discount to those individuals who meet the definition of an uninsured/underinsurance patient.
- E. Patient balances post-insurance processing are excluded from this discount, including copayments. Coinsurance and insurance deductibles.

III. Definitions

- A. Financial Assistance Discount: If a patient is eligible for MRCH's Financial Assistance Charity Care program, that program will supersede the Uninsured/Underinsured Discount program.
- B. Medically Necessary Services: Healthcare services, including emergency care, which, in the opinion of an MRCH treating physician, is a service, item, procedure or level of care that is necessary for the proper treatment or management of the patient's illness, injury or disability. Services that are generally not considered to be Medically Necessary and therefore not eligible for Financial Assistance include, but are not limited to, Reproductive and Infertility services, Cosmetic or Cosmetic plastic surgery services, and services deemed experimental.
- C. Uninsured/Underinsured Patient: An individual who meets one of the following criteria:
 - 1. Without any private or public insurance or third-party coverage
 - 2. With private or public insurance or third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program including without limitation Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), Tricare/Champ VA, Worker's Compensation, or other third-party assistance to assist with meeting their payment obligations. It also includes patients that have third-party coverage, but have either exceeded their benefits cap, or their third-party coverage does not provide coverage for the particular Medically Necessary healthcare services for which the patient is seeking treatment from MRCH.
 - 3. The individual has third-party coverage but does not seek to have a claim for services received at MRCH submitted to their plan or coverage thereby opting to pay out-of-pocket (e.g. self-pay)
- D. Professional services: Services provided by physicians contracted to provide services at MRCH and are billed thru one of MRCH's clinics.
- E. Hospital/Facility fee: An additional charge for healthcare services delivered in a hospital or other facility that bills for its services separately from the physician or other provider who actually performs the service.
 - 1. Inpatient Services: All admissions to the hospital that meet Inpatient criteria
 - 2. Outpatient Services: All admissions to any department that do not meet Inpatient criteria (e.g. Laboratory, Radiology, Outpatient Surgery, etc.)

IV. Procedure

- A. Guidelines

1. Under the Uninsured/Underinsured Discount program, MRCH will limit the expected payment by an Uninsured/Underinsured patient for medically necessary hospital services, as those terms are defined below, to an amount determined by MRCH to be within a range between the average discount from billed charges for all commercial fee-for-service managed care payers and the least discount extended to any managed care payer, provided that the patient balance is either fully paid or arrangements are made with MRCH for a payment plan within 90 days of the initial statement. Discounts are contingent on full payment of the agreed amount.
 2. The uninsured/underinsured patient discount amount will be reviewed on a quarterly basis and is subject to change at any time without notice.
 3. If a patient wishes to seek financial assistance greater than the current uninsured/underinsured patient discount, the patient is referred to the MRCH Financial Assistance Charity Care Policy and may complete a Financial Assistance application pursuant to the Financial Assistance Charity Care Policy.
- B. Eligible Services
1. The uninsured/underinsured patient discount applies to medically necessary hospital fees billed by MRCH.
- C. Non-eligible Services
1. Non-MRCH services are not covered by this policy. Patients may contact other providers' offices directly to inquire about available discounts.
 2. Non-medically necessary services including, but are not limited to what is outlined in the definitions section. MRCH reserves the right to change the list of services deemed not medically necessary at its discretion.
- D. Eligibility Determination
1. A patient who has third-party coverage shall provide coverage information when considering applying for the uninsured/underinsured patient discount.
 2. Patients shall cooperate fully with providing information MRCH requires to determine eligibility. Failure to do so may affect MRCH's ability to provide the uninsured/underinsured patient discount.

V. Current Uninsured/Underinsured Discount Rate

- A. See Appendix A

Policy Author:
Original Date:
References:
Distribution:

Niesje Walton
8/2021

Revision:



Appendix A

Current Uninsured/Underinsured Discount Rate Information As of January 1, 2025

Pursuant to the Policy, individuals identified as Uninsured/Underinsured Patients may receive the following discounts for services qualifying as medically necessary.

1. A fifty percent (50%) discount for Professional services of MRCH Physicians (as defined in Part III, Section D of the Policy)
2. A sixty percent (60%) discount for Inpatient services charged by MRCH (as defined in Part III, Section E(1) of the Policy)
3. A fifty percent (50%) discount for Outpatient services charged by MRCH (as defined in Part III, Section E(2) of the Policy)

The current discount amounts are reviewed on a quarterly basis and are subject to change at any time without notice.