

Facility:

System-wide Corporate Policy

Standard Policy

Model Policy:

Policy No.

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Manual:

PFS- 138

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Revenue Management

Patient Access

Policy/Procedure Manual

POLICY: UNINSURED PATIENT DISCOUNTS

POLICY SUMMARY/INTENT:

Each Adventist Health facility will offer a discount to uninsured patients, regardless of their ability to pay.

It is the intent of Adventist Health to provide clear guidance to member facilities regarding uninsured patient discounts. This policy is mandated at all Adventist Health facilities. It is the intent of this policy to comply with all existing State and Federal regulations. If any future conflict arises, State and Federal regulations supercede this policy.

BACKGROUND:

The California Hospital Association has promulgated the “CHA Voluntary Guidelines for Billing of Low Income, Uninsured Patients.” Those guidelines are not mandatory but Adventist Health wishes to comply to the fullest extent possible. One of those guidelines states, “Absent any regulatory prohibition, each hospital should limit expected payments from these patients eligible for financial assistance to amounts that do not exceed the payment the hospital would receive from Medicare, other government-sponsored health programs, or as otherwise deemed appropriate by the hospital.” While this guideline has already been met with the implementation of Corporate Policies PFS – 112, it is the desire of Adventist Health to further assist **ALL** self pay patients (not just low income) by providing automatic, self pay discounts which are not contingent upon their ability to pay.

POLICY: COMPLIANCE – KEY ELEMENTS

Each Adventist Health facility will offer a discount to uninsured patients. All uninsured patients will receive these discounts regardless of their income level or other factors.

The Uninsured Patient Discount rates will take the form of a percentage discount from gross charges. The method used to calculate this percentage is a historical look-back method based on actual paid claims for Medicare fee-for-service together with all private health insurers, including portions paid by insured individuals. A single average percentage of gross charge or multiple percentages for separate categories of care or separate items or services. These rates will be calculated at least once annually by Corporate Reimbursement department and the rates will be listed in Appendix A “Uninsured Patient Discount Rates” of this policy. Each facility will work with Corporate Reimbursement to define separate categories of care or separate items or services for their specific facility. Documentation will be retained by the Corporate Reimbursement department, which demonstrates how the rates were developed. Each January, Corporate Executive Cabinet will review Uninsured Patient Discount rates established for all Adventist Health facilities. On a ministry by ministry basis the discount can be the Amount Generally Billed or a lower amount with local CEO/CFO and regional CFO email approval.

These discounted self-pay rates for the uninsured are not intended to replace or change any package pricing arrangements. Package pricing arrangements for specific types of services and under specific terms may take precedent over these self-pay discounts, so long as they comply with the above minimum discount.

At the time of final bill, all uninsured patient accounts will be reduced to the self pay discount rate. The patient shall only be billed at the self-pay discount rate or other packaged rate. Unlike packaged pricing rates, self-pay discounts are not contingent upon payment.

If, at any time during either the registration or collection process the patient indicates an inability to pay even the lower self-pay discount rate, the patient shall be screened for financial assistance, and Corporate Patient Billing; Financial Assistance policy will prevail. In those cases where the patient has proven eligibility for financial assistance, the self-pay discount will be reversed and a charity adjustment will be offered.

If, at a later date, the patient provides third party coverage information or subsequently becomes eligible for any third party coverage, the self pay discount will be reversed and total charges will be billed to the third party payer. Conversely, if at any time in the follow up and collection process it is determined that a patient who was thought to have third party coverage was not actually covered, the patient account shall be changed to "self pay" and the self-pay discount shall be applied.

AUTHOR: Corporate Patient Financial Services

APPROVED: Revenue Cycle Governance 9/18/15; Executive Cabinet 12/1/15: Board Approved 12/15/15

EFFECTIVE DATE: 6-1-00

DISTRIBUTION: AHEC, CFOs, Patient Financial Services Departments

REVISION: 6/25/04, 1/27/06, 12/16/15

REVIEWED:

APPENDIX A

Uninsured Patient Discount Rates for facilities in California:

UPDR Table #1

The method used to calculate the Uninsured Patient Discount Rates is a historical look-back method based on actual paid claims for Medicare fee-for-service, including portions paid by insured individuals. A single average percentage of gross charge or multiple percentages for separate categories of care or separate items or services. The UPDR rate will be updated at least once annually each year.

Facility	Service	Effective	AGB Rate
Adventist Medical Center - Hanford	All Services	5/1/2017	18%
Adventist Medical Center - Selma	All Services	5/1/2017	18%
Adventist Medical Center - Reedley	All Services	5/1/2017	18%
Adventist Medical Center – Tehachapi Valley	All Services	5/1/2017	2%
Feather River Hospital	All Services	5/1/2017	13%
Glendale Adventist Medical Center	All Services	5/1/2017	13%
Frank R. Howard Memorial Hospital	All Services	5/1/2017	36%
Lodi Memorial Hospital	All Services	5/1/2017	10%
Lodi Health West	All Services	5/1/2017	10%

St. Helena Hospital Clear Lake	All Services	5/1/2017	38%
St. Helena Hospital Napa Valley	All Services	5/1/2017	16%
St. Helena Hospital Center for Behavioral Health	All Services	5/1/2017	16%
San Joaquin Community Hospital	All Services	5/1/2017	19%
Simi Valley Hospital	All Services	5/1/2017	15%
Sonora Regional Medical Center	All Services	5/1/2017	19%
Ukiah Valley Medical Center	All Services	5/1/2017	21%
White Memorial Medical Center	All Services	5/1/2017	16%

Uninsured Patient Discount Rates for facilities in Oregon, Washington and Hawaii:

UPDR Table #2

The method used to calculate the UPDR is a historical look-back method based on actual paid claims for Medicare fee-for-service together with all private health insurers, including portions paid by insured individuals. A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services. The UPDR rate will be updated annually each year.

Facility	Service	Effective	AGB Rate
Adventist Medical Center - Portland	All Services	5/1/2017	30%
Castle Medical Center	All Services	5/1/2017	42%
Tillamook Regional Medical Center	All Services	5/1/2017	53%
Walla Walla General Hospital	All Services	5/1/2017	18%

UPDR Table #3

The method used to calculate the UPDR is a historical look-back method based on actual paid claims for Medicare fee-for-service together with all private health insurers, including portions paid by insured individuals. A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services. The UPDR rate will be updated annually each year.

Facility	Service	Effective	AGB Rate
Adventist Health Physician Network	All Services	5/1/2017	Medicare Fee Schedule for diagnostics. Flat rate of \$100.00 for clinic visits
Western Health Resources	All Services	1/1/2016	73%

