Uninsured/Self-Pay Discount Policy

I. PURPOSE:

The purpose of this Uninsured/Self-Pay Discount Policy (“Policy”) is to define the eligibility criteria for discounts offered to patients who are uninsured and receive emergency and other medically necessary healthcare services within Jefferson Health’s hospital facilities.

II. POLICY:

Jefferson Health is committed to consistently providing a fair discount to individuals who are uninsured, or, in some cases, insured but without insurance coverage for certain emergency or other medically necessary healthcare services. This Policy establishes the guidelines for an Uninsured/Self-Pay Patient Discount.
III. **SCOPE:**

This Policy applies to patients residing in Jefferson Health’s primary service area. As multi-site healthcare provider, Jefferson Health predominantly serves the residents of Pennsylvania, New Jersey and Delaware.

This discount is only available for emergency or other medically necessary healthcare services. Certain services provided by Jefferson Health not deemed medically necessary (such as elective cosmetic surgery) are priced at packaged rates with no additional discounts and all payments associated with such services are expected prior to or at the time of service.

In addition, emergency and other medically necessary services provided within Jefferson Health hospital facilities may be provided by the hospital facility itself, its employed physicians or independent providers. Services provided by non-employed physicians and independent providers may not be covered under this FAP. Jefferson Health maintains its provider listing in a document separate from this FAP. Please refer to Appendices A through L for the organization’s providers listing which includes providers that provide emergency or other medically necessary healthcare services within Jefferson Health hospital facilities. The provider listing specifies which providers are covered under this FAP and which are not. The listing is available on each hospital facilities website. Additionally, the provider listing is available free of charge, upon request, at the patient registration locations within each Jefferson Health hospital facility. The provider listing will be reviewed quarterly and updated, if necessary.

IV. **UNINSURED PATIENT ELIGIBILITY CRITERIA:**

Jefferson Health shall provide the Uninsured/Self-Pay patient discount to those individuals who meet the definition of Uninsured or Self-Pay as defined below:

**Uninsured:** Patients without health insurance or third party assistance to assist with meeting their payment obligations.

**Self-Pay:** Patients who have exhausted their insurance benefit and/or the patient has third-party coverage but the third-party payer has either denied coverage or does not provide coverage for the particular healthcare services for which the patient is seeking treatment.

A patient who has third-party coverage and is applying for the Uninsured/Self-Pay Patient Discount shall provide information regarding such coverage as requested by Jefferson Health so that a determination can be made.

Jefferson Health patients must fully cooperate in the information gathering process under this Policy, and failure to do so may affect Jefferson Health’s ability to provide the Uninsured/Self-Pay Patient Discount.
V. **PROCEDURES:**

Before being screened for the discount available under this Policy, applicants must be screened to determine their potential eligibility for any third-party insurance benefits or medical assistance programs that may pay towards their hospital bill.

Jefferson Health shall first assist the patient in determining whether they are eligible for government-sponsored programs or other insurance coverage. An outside firm may be employed to assist in the formal state medical assistance program application process, including visiting the patient at home in order to obtain all necessary supporting documentation. The patient will be asked to provide Jefferson Health with all financial and other information needed to assist in enrollment in a publicly sponsored insurance program. Patients who do not cooperate in applying for such programs may be denied the Uninsured/Self-Pay Discount.

If a patient is not eligible for any government sponsored programs, they will be provided the Uninsured/Self-Pay Discount. If the patient may be eligible for more generous assistance, they may apply for financial assistance in accordance with the Jefferson Health Financial Assistance Policy. If a patient meets the criteria for Compassionate Care, the Uninsured Discount/Self-Pay discount will not apply and should be reversed from the patients account.

VI. **DISCOUNT:**

The Jefferson Health Uninsured/Self-Pay Discount is available to uninsured/self-pay patients who meet the criteria outlined above. Under this Policy, an eligible patient will be charged an amount no greater than 115% of the Medicare fee schedule.

Note: these uninsured billing limits are in accordance with NJ P.L.2008 c60 as required by New Jersey regulations.

VII. **METHOD FOR WIDELY PUBLICIZING:**

The following measures are used to publicize this policy to our community and patients. Communication will be written in consumer-friendly terminology and in languages that patients can understand. Jefferson Health provides training to appropriate administrative and clinical staff that interact with patients regarding the Uninsured/Self-Pay discount offered under this Policy, how to communicate that availability to patients, and how to direct patients to appropriate financial counselors for assistance.

Paper copies of this Policy are available upon request without charge by mail and are available within various areas throughout the Jefferson Health hospital facilities. This includes, but is not limited to, emergency rooms and patient registration/admission areas.

Signs or displays informing patients about the availability of the Uninsured/Self-Pay Discount will be conspicuously posted in public locations including the emergency rooms and patient registration/admission areas.