



Status **Active** PolicyStat ID **14958288**



Origination	01/2021
Last Approved	12/2023
Last Revised	12/2023
Next Review	01/2027

Owner	Renee Frey: Patient Financial Services Director
Policy Area	Patient Accounting

Uninsured / Underinsured Discount Policy

POLICY:

St Rose Hospital is committed to consistently providing a fair discount to individuals who are uninsured, or, in some cases, insured but without insurance coverage for certain medically necessary healthcare services offered by St. Rose Hospital, but who are not eligible for the Financial Assistance set forth in the hospital’s Financial Assistance/Charity Care Policy. Discounts may be offered to patients residing in the United States or internationally for hospital services provided.

Financial assistance notification is given to the patients and/or guarantor at time of service, posted in all service areas, included with patient billing statements, as well as can be found on St. Rose Hospital website at <https://strosehospital.org>. under “Help Pay my Bill”.

PURPOSE:

The purpose of this policy is to define the eligibility criteria for discounts offered to St. Rose Hospital patients that are uninsured, underinsured or self-pay. Patient balances post-insurance processing are generally excluded from this discount, including co-payments, co-insurance and insurance deductibles unless specifically noted in this policy .St. Rose Hospital is dedicated to making vital healthcare services available to all patients regardless of the status of their insurance and/or ability to pay.

GENERAL INFORMATION

- A. **Scope of Policy.** This policy does not create an obligation for St. Rose Hospital to pay for charges of physicians or other medical providers including anesthesiologists, radiologists, emergency department physicians, pathologists, or other providers whose charges are not included in the hospital bill.
- B. **Emergency Department Physicians.** An emergency physician, as defined in California Health & Safety Code § 127450, who provides emergency medical services at St. Rose Hospital is also required by law to provide discounts to uninsured patients or patients with high medical costs

who are above 400 percent of the federal poverty level. This statement shall not be construed to impose any additional responsibilities upon St. Rose Hospital.

DEFINITIONS:

1. **Covered Services:**

- a. For the purposes of this policy, Covered Services are all services that are required to be covered by a Knox-Keene licensed Health Care Services Plan, except those services requiring administrative approval as defined below.
- b. **Services Requiring Prior Administrative Approval.** Due to their unique nature, certain non-emergency services require administrative approval prior to admission and the provision of services. Generally, patients who seek complex, specialized, or high-cost services (e.g., experimental procedures, transplants) must receive administrative approval prior to the provision of services. Patients seeking to receive such services are not eligible for the uninsured, underinsured or self-pay patient discount unless St. Rose Hospital's executive team makes an exception.
- c. Discounts will be offered to patients/guarantors upon request if they meet the following eligibility criteria. Discount requests are reviewed and considered by the Director of Patient Financial Service and /or Chief Financial Officer.

2. **Uninsured Patient/Underinsured/Self Pay:** A patient who meets any of the following criteria is considered uninsured for the purposes of this policy:

- a. The patient does not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-cal, and whose injury is not compensated under a Worker's Compensation plan, automobile insurance, or other insurance as determined and documented by St. Rose Hospital.
- b. The patient has third-party coverage, but the patient has exceeded the benefit cap for such coverage prior to services at St. Rose Hospital.
- c. 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.
- d. The patient did not qualify for charity or partial charity due to income is above the 400 percent of the Federal Poverty Limit.

Current Uninsured Discount Rate Information

Pursuant to this Policy, individuals identified as uninsured/underinsured or self-pay patients may receive the following discounts for services considered medically necessary.

1. **Uninsured/Self Pay Discount:** St Rose Hospital shall limit expected payments for Covered Services to an amount equal to 30 percent (30%) of the gross billed/undiscounted charges for the Covered Services provided to the patient less any payments made by the patient, provided that the patient balance is either fully paid or arrangements are made with St. Rose Hospital to create a payment plan.
2. **Reasonable Payment Plan:** If an uninsured patient is unable to pay the remaining balance

after discount applied. St. Rose Hospital will offer the patient an extended payment plan without interest or late fees. St. Rose will offer a reasonable payment plan with monthly payments that are not more than ten percent (10%) of the patient's family income for a month deducting essential living expenses.

3. **Notification of Discount:** Once the patient provides income verification and meets the criteria in this policy a notification letter will be sent to patient/guarantor stating approval or denial. **(Exhibit A)**

Attachments

[Notification notice: Exhibit A](#)

Approval Signatures

Step Description	Approver	Date
Legal/Compliance	Michael Sarrao: General Council [PM]	12/2023
Executive Committee	Matt Williams: Chief Financial Officer [PM]	12/2023
Leadership	Renee Frey: Patient Financial Services Director	12/2023
	Renee Frey: Patient Financial Services Director	12/2023