ABSTRACT:

UC San Diego Health (UCSDH) 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 UCSDH. This discount reflects a desire by UCSDH to respond to the individual financial situations of its patients, while satisfying its not-for-profit and teaching missions, and meeting its strategic, operational, and financial goals.

RELATED POLICIES:

UCSDH MCP 750.3, “Charity Care”

REGULATORY REFERENCE:

None.

I. DEFINITIONS

A. *Medically Necessary Service* – A medically necessary service or treatment is one that is absolutely necessary to treat or diagnose a patient and could adversely affect the patient’s condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.

B. *Uninsured Patient* – A Uninsured Patient is defined as follows:

1. No third party coverage;

2. The patient has third-party coverage, but the patient has exceeded the benefit cap for such coverage prior to admission to UCSDH;

3. 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 from UCSDH;

4. No Medi-Cal/Medicaid coverage; or patients who qualify but who do not receive coverage for all services or for the entire stay;

5. No compensable injury for purposes of government programs, workers’ compensation, automobile insurance, other insurance, or third party liability as determined and document by UCSDH

C. **Uninsured Patient Discount** - Under the Uninsured Patient Discount, UC San Diego Health shall limit the expected payment by an Uninsured Patient for medically necessary hospital and physician services, to an amount determined by UCSDH 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. The Uninsured Patient Discount amount will be reviewed on an annual basis and is subject to change at any time without notice. For current discount rate information, see Attachment A.

II. **POLICY**

A. The purpose of this Policy is to define the eligibility criteria for discounts offered to patients who receive healthcare services at UC San Diego Health (UCSDH) and who are uninsured.

III. **PROCEDURES AND RESPONSIBILITIES**

A. **Uninsured Patient Discount – Guidelines**

1. **Eligible Services:**

   a. The Uninsured Patient Discount shall automatically be applied to medically necessary hospital and qualifying physician services provided at and by UCSDH physicians

   b. Emergency Physicians rendering health care services as UCSDH are excluded from this Policy. Discounts can be requested directly from the Emergency Physician’s billing group.

   c. Services that are generally not considered to be medically necessary and are therefore not eligible for the Uninsured Patient Discount include but not limited to:

      1. Reproductive Endocrinology and Infertility services

      2. Cosmetic or plastic surgery services

      3. Vision correction services including LASEK, and intraocular
contact lens

4. Hearing aid and listening assistive devices

d. In rare situations where a UCSDH Physician considers one of these services to be medically necessary, such services may be eligible for the Uninsured Patient Discount upon review and approval by the Dean of Clinical Affairs or designee.

e. Second opinions are not considered to be medically necessary hospital or physician services and are therefore not eligible for the Uninsured Patient Discount.

2. Uninsured Patient Eligibility Requirements:

a. UCSDH shall provide the Uninsured Patient Discount to those individuals who meet the definition of an Uninsured Patient as defined above and who attest to their eligibility.

b. If a patient wishes to seek financial assistance greater than the current Uninsured Patient Discount, the patient is referred to the UCSDH Financial Assistance/Charity Care Policy, and may complete a Financial Assistance Application pursuant to that Policy.

3. Information To Be Provided By Patient For Eligibility Determination:

a. UCSDH shall determine eligibility for the Uninsured Patient Discount in accordance with this Policy.

b. UCSDH expects a patient to cooperate fully in the information gathering process under this Policy, and failure to do so may affect UCSDH’s ability to provide the Uninsured Patient Discount.

B. Public Notice:

1. Public notice concerning the availability of Uninsured Patient Discounts under this Policy shall be by the following means:

a. Posted notices explaining that UCSDH has a variety of options available including discounts and financial assistance to patients who are uninsured or underinsured.

b. Notices include a contact telephone number a patient can call to obtain more information about such discounts and financial assistance.

c. Patients will be provided a written notice with their billing statements that contains information regarding availability of discounts and financial assistance.
d. Self-pay discount information will be posted on UC San Diego Health’s website.

IV. ATTACHMENTS

Attachment A: Current Uninsured Discount Rate Information as of July 2017

IV. FORMS

None.

VI. RESOURCES

None.

VII. APPROVALS

This policy and procedure was approved by the following committee(s):

Committee Name: Date Approved:

UC San Diego Health Executive Governing Body August 22, 2017
Current Uninsured Discount Rate Information
As of July 2017

Pursuant to this Policy, individuals identified as Uninsured patients may receive a forty five percent (45%) discount for services qualifying as medical necessary. This discount will apply to the hospital fees charged by UC San Diego Health (UCSDH), and qualifying physician fees of UCSD Medical Group.

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