



**Title: Discounts for Uninsured Patients**

**1.BR.33**

Effective Date: 09/09/05; 04/07

**POLICY:** Discounts will be provided to Uninsured Patients (defined below), as provided in this Policy.

**SCOPE:** IHS system-wide. IHS wholly owned affiliate facilities including hospitals and ambulatory surgery centers, home care programs (excluding, however, private duty nursing services, Lifeline and home medical equipment services), physician practices owned by an IHS affiliate, and physicians employed by an IHS affiliate.

**PROCEDURES:** IHS affiliates may grant discounts under this Policy as follows:

**1. Procedures Applicable to All Patients:**

- 1.1 Registration personnel will attempt to identify Uninsured Patients (defined below) at the time of registration and will advise patients of the availability of the discount provided in this Policy. If other healthcare personnel learn that a patient is uninsured or learn of a patient's need for financial assistance, they are encouraged to: (a) refer the patient to a financial counselor or registration personnel and confirm that the financial counselor or registration personnel know of the patient's needs; or (b) tell the patient of the availability of the discounts provided in this Policy and Policy 1.BR.34, Financial Assistance. Under no circumstances will an appropriate medical screening examination be delayed for patients appearing at a hospital or an emergency department and requesting, or on whose behalf a request is made for, medical care. Affiliate hospital personnel should follow Affiliate Emergency Medical Treatment and Labor Act (EMTALA) policies for instruction on proper registration procedures and medical screening examination requirements.
- 1.2 Uninsured Patients may be considered for Financial Assistance under Policy 1.BR.34. Uninsured Patients who qualify for both Discounts for Uninsured Patients, 1.BR.33, and Financial Assistance, 1.BR.34, may receive the benefits of the policy that benefits the patient the most.

- 1.3 Documentation of each discount applied pursuant to this Policy will be retained in accordance with Section 5.4 of Policy 1.AD.3, Record Retention. The documentation may be in the form of an adjustment code, etc.
- 1.4 This Policy is not applicable to co-payment or deductible amounts of a patient's health benefit plan. Nor is this Policy applicable to health care services whose charges are identified, known and agreed upon prior to the service, such as cosmetic surgery procedures whose charges are combined and offered for a package price to patients.
- 1.5 Questions concerning this Policy should be taken to the person in charge of patient accounts for the affiliate, the Central Billing Office, the Affiliate CFO or the Affiliate Compliance Officer.

## **2. Procedures Applicable to Physician Services:**

- 2.1 Uninsured Patients (defined below) receiving physician services may receive a 20% discount on the physician professional and ancillary services charges billed by the physician's clinic and performed at the time if the charges for the services provided are paid at the time of service. (See Section 3.2 for related hospital services.)
- 2.2 Uninsured Patients, for purposes of this Section 2 physician services portion of this Policy, are patients who:
  - 2.2.1 are not insured by a health insurance policy or health benefits plan (health savings accounts are considered insurance);
  - 2.2.2 are not beneficiaries of a government sponsored healthcare program such as Medicare or Medicaid;
  - 2.2.3 are patients for which there is no insurance company to file a claim or no insurance claim to be filed; or
  - 2.2.4 are insured by payers who do not provide discounts for care provided at IHS facilities or who exclude IHS facilities/physicians from exclusive provider panels and for which IHS does not file a claim.
- 2.3 The term Uninsured Patients does not include patients:
  - 2.3.1 in health savings accounts; or
  - 2.3.2 whose care is excluded or not covered by the patient's health insurance or health benefits plan because the charges exceed the limits of the plan; or are excluded from the plan's coverage.

- 2.4 Physician professional services, for purposes of this Policy, include physicians employed by an IHS affiliate, whether they provide services in an emergency department, a hospital based department or clinic, or another facility or clinic.
- 3. Procedures Applicable to Hospital Services:**
- 3.1 Uninsured Patients (defined below) will receive a 20% discount if an account is paid in full within 60 days from the last date of service, or a 10% discount if an account has timely payments and is paid in full within 6 months from the last date of service.
- 3.2 Upon approval of the Affiliate CFO, a hospital may grant to Uninsured Patients the same discount (as given to related physician services referred to in Section 2.1) for physician services provided by physicians employed by the hospital.
- 3.3 Uninsured Patients for purposes of this Section 3 hospital services portion of this Policy, are patients who:
- 3.3.1 are not insured by a health insurance policy or health benefits plan (health savings accounts are considered insurance); or
  - 3.3.2 are not beneficiaries of a government sponsored healthcare program such as Medicare or Medicaid; or
  - 3.3.3 are insured by a health insurance policy or health benefits plan, but (a) who are not eligible for benefits applicable to the services provided from their health insurance or other health benefits plan; or (b) whose medically necessary care is excluded or not covered by their plan.

*/s/ Samuel T. Wallace*

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Samuel T. Wallace  
IHS President