

Policy: Uninsured and Self-Pay Discount Policy

Division: Corporate Finance

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Department: Corporate Finance

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Category: Compliance

Adopted By: Executive Vice President and Chief Financial Officer of Sentara.

Location(s): See below

Owner: Revenue Cycle

Previous Review/Revision Dates: February 1, 2021

Policy Statement:

As part of Sentara Health's ("Sentara") mission to improve health every day, each Hospital Facility, Post Acute Facility, Urgent Care Facility, and Medical Group is committed to providing Emergency Services and other Medically Necessary Services to all patients within their respective communities, regardless of a patient's ability to pay for such services.

Purpose:

This Uninsured and Self-Pay Discount Policy ("Policy") establishes the policy to be followed by each Hospital Facility, Post Acute Facility, Urgent Care Facility, and Medical Group in determining a patient's eligibility for the Uninsured and Self-Pay Discount and the amounts charged to patients eligible for the Self-Pay Discount. This Policy may also be referred to in brochures and other hospital literature and print as the Uninsured Patient Discount Program or Self-Pay Discount Policy. Sentara understands that health care expenses are often unexpected and paying for services can be overwhelming for patients. This Policy and the application of the Uninsured and Self-Pay Discount to Covered Services is one way that Sentara can assist Uninsured and Self-Pay Patients.

Definitions:

Covered Entity – A Hospital Facility, Post Acute Facility, Urgent Care Facility, or Medical Group covered under this Policy. Sentara Reference Lab Solutions, LLC is also a Covered Entity under this Policy.

Covered Services - Emergency Services and other Medically Necessary Services provided by a Covered Entity.

Emergency Services – Care or treatment provided by a Covered Entity for an "emergency medical condition," as such term is defined in EMTALA.

EMTALA – Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd; 42 C.F.R. § 489.24).

Federal Poverty Guidelines - Federal poverty guidelines as published annually by the U.S. Department of Health and Human Services. See <http://aspe.hhs.gov/poverty/index.cfm> for the current guidelines.

Financial Assistance – A reduction in the amount of Covered Entity Gross Charges for those patients who are eligible for financial relief under the Financial Assistance Policy. May also be referred to and is synonymous with the terms 'Charity', 'Charity Care', or 'Charity Assistance' for financial reporting, regulatory reporting, and compliance purposes.

Gross Charges – A Covered Entities full, established price for medical care services that the Covered Entity consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

HITECH – Health Information Technology for Economic and Clinical Health Act of 2009. According to Section 13405 of Subtitle D of the HITECH Act (42 USC 17935) an Insured Patient may opt for their HIPAA protected information to not be reported to their health insurance whereby the Insured Patient elects to be a Self-Pay Patient and is therefore responsible to pay out-of-pocket for all charges.

Hospital Facility– A Sentara-operated hospital facility requiring hospital licensure under Title 32.1, Chapter 5 of the Code of Virginia. This Policy applies to the following hospital facilities:

- Sentara Albemarle Medical Center
- Sentara Careplex Hospital
- Sentara Halifax Regional Hospital
- Sentara Leigh Hospital
- Sentara Martha Jefferson Hospital (including Sentara Martha Jefferson Outpatient Surgery Center)
- Sentara Northern Virginia Medical Center
- Sentara Virginia Beach General Hospital
- Sentara Norfolk General Hospital
- Sentara Obici Hospital (including Sentara BelleHarbour Surgery Center)
- Sentara Princess Anne Hospital
- Sentara RMH Medical Center
- Sentara Williamsburg Regional Medical Center

Hospital Organization – An organization recognized or seeking to be recognized as described under Section 501(c)(3) of the Internal Revenue Code that operates one or more Hospital Facilities.

Medical Group – A Sentara-operated group of physicians, physician assistants, nurse practitioners and other medical care providers providing primary care, pediatrics, and specialty care throughout the Commonwealth of Virginia and Northeastern North Carolina. Medical Groups and disregarded entities of Medical Groups covered under this Policy include:

- Albemarle Physician Services – Sentara, Inc.
- Sentara Dominion Health Medical Associates, Ltd.
- Sentara Martha Jefferson Medical Group, LLC.
- Sentara RMH Medical Group, LLC
- Sentara Medical Group
- Sentara Therapy Solutions, LLC.

Medically Necessary Services– Reasonable and necessary services required for the diagnosis or treatment of an illness, injury, or pregnancy-related condition that are performed in accordance with recognized standards of care at the time of service and that are not primarily for the convenience of the patient or the patient’s physician or other health care provider.

Post Acute Facility – All Sentara Enterprises (SE) operated locations providing home health, hospice, infusion, and pharmacy services throughout the Commonwealth of Virginia and Northeastern North Carolina.

Self-Pay Patient – Insured Patients that choose prior to receiving Covered Services from the Covered Entity to not bill their insurance for a healthcare related service as is required under the HITECH Act.

Sentara Reference Lab Solutions, LLC. - The exclusive lab for Sentara Connection, a Clinical Integrated Network. On-site Anatomic Pathology Services including Surgical Pathology and Cytopathology, as well as same day lab testing for in-patient, outpatient, outreach, behavioral health, and nursing home patients.

Substantially-Related Entity - With respect to a Hospital Facility operated by a Hospital Organization, an entity treated as a partnership for federal tax purposes in which the Hospital Organization owns a capital or profits interest, or a disregarded entity of which the Hospital Organization is the sole member or owner, that provides Covered Services in that Hospital Facility.

Third-Party Liability Claims – Any claim a patient may have against another individual, insurer, or entity responsible for covering the patient’s cost of medical services.

Uninsured and Self-Pay Discount – A fixed discount percentage applied to Covered Entity Gross Charges on Covered Services of Uninsured and Self-Pay Patients.

Uninsured Patients – Individuals who do not have any form of healthcare insurance (Governmental, commercial, managed care, or private health insurance).

Urgent Care Facility – A facility that provides Urgent Care Services. The following Urgent Care Facilities are covered under this Policy:

- Velocity Urgent Care, LLC.

Urgent Care Services – Care provided in an Urgent Care Facility for a Medically Necessary Service serious enough that a reasonable person would seek immediate care, but not so severe that it requires Emergency Services.

Covered Services:

Only Covered Services provided by a Hospital Facility, its Substantially-Related Entity, a Post Acute Facility, an Urgent Care Facility, a Medical Group, and Sentara Reference Lab Solutions, LLC are considered eligible patient care under this Policy.

Non-Covered Services:

Health care services provided by Covered Entity that are not covered under this Policy. These services include, but may not be limited to, all cosmetic, plastic surgery, bariatric surgery, weight loss clinics, elective procedures, patient convenience items, retail services or packaged price services in which a discount has already been applied, cash only priced services, clinical trials, and all services in which there is a Third-Party Liability Claim.

Eligibility Criteria and Determination of Self-Pay Discount Amount:

Uninsured Patients and Self-Pay Patients, regardless of Household Income, are eligible for a 50% Uninsured and Self-Pay Discount on Gross Charges for all Covered Entity Covered Services. The Uninsured and Self-Pay Discount is automatically applied with a Self-Pay Discount transaction code before billing, but if it is not applied prior to billing it may be applied manually at any time. If an Uninsured Patient or Self-Pay Patient applies for assistance under the Covered Entities Financial Assistance Policy and it is determined that they are over income for Financial Assistance purposes they would then be eligible for and receive the 50% reduction of Gross Charges on all Covered Services. Uninsured Patients and Self-Pay Patients with Third-Party Liability Claims are not necessarily entitled to receive the Uninsured and Self-Pay Discount as another entity or payer source is covering the patient's cost of medical services.

Methods for Applying for or Obtaining a Self-Pay Discount:

While in most of all cases the Self-Pay Discount transaction code is automatically applied to accounts with Covered Service an Uninsured Patient or Self-Pay Patient can still contact a Financial Coordinator at 757-233-4600 to have their account reviewed for the Uninsured and Self-Pay Discount and to be screened for Financial Assistance.

Exceptions to this Policy

The Director, Financial Clearance and Collections, Associate General Counsel, Vice President of Revenue Cycle, Senior Vice President of Corporate Finance, and Chief Financial Officer of Sentara are each granted the authority to provide eligibility and determination exceptions to this Policy on a case-by-case basis as appropriate to an individual patient's facts and circumstances. If a Public Health Emergency is declared, Sentara Health leaders authorized on a case-by-case basis to make eligibility and determination exceptions to this Policy may temporarily modify the eligibility and determination requirements of all applicants for the duration of the Public Health Emergency.