

<b>Document Title</b>	<b>Uninsured Discount</b>	<b>Version</b>	1
<b>Approved By</b>	EXECUTIVE DIRECTOR REVENUE CYCLE OPERATIONS	<b>Approval Date</b>	02/08/2022
<b>Reviewed By</b>	Revenue Integrity Manager	<b>Reviewed Date</b>	02/08/2022

*“The policies, procedures and forms in the manual are intended as guidelines. It is recognized that situations can be unique. Personnel are expected to use established practice and sound judgment in making decisions during their daily activities.”*

### **POLICY:**

St. Mary's and Clearwater Valley Hospital and Clinics (SMH/CVH) provides medically necessary care regardless of ability to pay or insurance coverage status. SMH/CVH believes that medically necessary health care services should be accessible to all, regardless of age, gender, geographic location, cultural background, physical mobility or ability to pay. SMH/CVH is committed to excellence in providing high quality health care services, while serving the diverse needs of those living within its service area.

This policy describes the St. Mary's Clearwater Valley Hospital and Clinics Uninsured Patient Discount Policy requirements specific to patients who are not covered by any third party insurance, or who receive medically necessary care excluded from their insurance policy's benefits.

### **PROCEDURE:**

**Financial Assistance** – For the purposes of this policy, “financial assistance” includes charity care and other financial assistance programs offered by Kootenai Health and St. Mary's Clearwater Valley Hospital and Clinics for appropriate services for which St. Mary's and Clearwater Valley Hospital and Clinics does not expect to be reimbursed due to a patient's inability to pay, and ineligibility to qualify for government or other available financial assistance programs.

**Eligibility** – a determination made by Kootenai Health or St. Mary's Clearwater Valley Hospital and Clinics based upon required financial information to support or verify the patient's inability to pay for medically necessary services provided to that patient.

**Federal Poverty Guidelines** – (defined through Federal DHS, updated annually on the SMH & CVH website, following government published updates.)

**Uninsured** – Patient is not actively (at time of service) covered by a commercial or government-paid third party insurance carrier.

**Eligible Insured** – The patient or guarantor is actively covered through third party insurance benefits. However, the medically necessary services provided by Kootenai Health are verified as excluded from the patient's insurance policy benefits.

### **Eligibility requirements:**

Information regarding eligibility and application of the Uninsured Patient Discount process can be obtained through the Financial Counseling office. The current uninsured discount is 25%.

1. The care provided to the patient is medically necessary.
2. The Uninsured Patient Discount is applied to the final billed charges.



- 3. The Uninsured Discount program may be provided in combination with other approved St. Mary’s and Clearwater Valley Hospital and Clinics
- 4. Discount programs, as appropriate. Patient or guarantor has active insurance coverage. However, the services provided by St. Mary’s and Clearwater Valley Hospital and Clinics are verified to be excluded within the terms of the insurance benefits.

SMH/CVH applies the Uninsured Patient Discount on a consistent and non-discriminatory basis.

**COMPLIANCE CRITERIA**

List Departments affected by this document and which Committees approved this document (including your own service line committee).

Departments Affected	Approved by:	Date Approved
Revenue Cycle	Michelle gates, Director Revenue Cycle	04/01/2020 04/01/2021