

**THIS POLICY REPLACES ALL REFERENCES TO SELF-PAY IN THE LVHN  
CURRENT FINANCIAL ASSISTANCE POLICY.**

Origination	07/01/2025	Owner	Robin Brown-Stovall
Effective	07/01/2025	Area	Finance & Accounting
		Applicability	Legacy LVHN



## **Interim Uninsured/Self-Pay Discount Policy**

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**Contributing Departments:** Enterprise Finance

### **I. PURPOSE:**

The purpose of this Uninsured/Self-Pay Discount Policy ("Policy") is to define the eligibility criteria for discounts for eligible healthcare services offered to patients who are uninsured and receive emergency and other medically necessary healthcare services within Jefferson Health's hospital facilities.

### **II. POLICY:**

Jefferson Health is committed to consistently providing a fair discount for eligible healthcare services to individuals who are uninsured, or, in some cases, insured but without insurance coverage for certain emergency or other medically necessary healthcare services. This Policy establishes the guidelines for an Uninsured/Self-Pay Discount for eligible healthcare services.

### **III. SCOPE:**

This Policy applies to patients residing in Jefferson Health's primary service area. As a multi-site healthcare provider, Jefferson Health predominantly serves the residents of Pennsylvania, New Jersey and Delaware.

This discount is only available for eligible healthcare services which are emergency or any other medically necessary healthcare services. Certain services provided by Jefferson Health

not deemed medically necessary (such as elective cosmetic surgery and other cash based service) utilize alternative pricing methods or packaged rates with no additional discounts and all payments associated with such services are expected prior to or at the time of service.

In addition, emergency and any other medically necessary services provided within Jefferson Health hospital facilities may be provided by the hospital facility itself, its employed providers or non-employed providers. Services provided by non-employed providers are not covered under this Policy. Please refer to **Appendix B and Attachments** for a listing of employed providers that provide emergency or any other medically necessary healthcare services within Jefferson Health hospital facilities. The employed provider listing will be reviewed and updated on an annual basis.

## IV. DEFINITIONS:

**Alternative Pricing:** Special pricing developed for certain market sensitive services which allows Jefferson Health to remain competitive in the healthcare marketplace. Such pricing must be prepared and approved by the hospital and physician VP of Revenue Cycle. Staff must utilize the attached **Uninsured/Self-Pay Discount Decision Matrix** to determine if the patient scenario belongs to an Alternative Pricing method.

**Eligible Healthcare Services:** Services which are emergent and any other medical necessary care. **See Appendix A** for a list of services that are EXCLUDED from eligible healthcare services.

**International Individual:** Any person receiving medical services who meets one of the following criteria:

- A non-U.S. citizen with non-U.S. insurance not living in the U.S. or U.S. territory for less than a continuous 12-month period
- A non-U.S. citizen with no insurance not living in the U.S. or U.S. territory.
- Embassy sponsored patients

**Letter of Agreement:** A written agreement between Jefferson Health and responsible party which stipulates the financial terms and conditions to provide healthcare services to a patient.

**Non-Covered Services:** Any service deemed not covered or considered not medically necessary by the individual members insurance plan.

**Private Pay:** Patients who elect to opt out of their insurance coverage for specific services.

**Uninsured/Self-Pay:** Patients without health insurance or third party assistance to assist with meeting their payment obligations. Patients who have exhausted their insurance benefits are considered uninsured.

**Underinsured:** A patient who has medical insurance coverage or third party assistance, but still has out-of-pocket expenses that exceed their financial abilities.

## **V. UNINSURED PATIENT ELIGIBILITY CRITERIA:**

Jefferson Health shall provide the Uninsured/Self-Pay patient discount to those individuals who meet the definition of Uninsured or Self-Pay.

## **VI. PROCEDURES:**

Before being screened for the discount available under this policy, applicants must be screened to determine their potential eligibility for any third-party insurance benefits or Medical Assistance programs that may pay towards their hospital and/or physician bill. Jefferson Health patients must fully cooperate in the information gathering process under this Policy, and failure to do so may affect Jefferson Health's ability to provide the Uninsured/Self-Pay Discount.

Jefferson Health shall first assist the patient in determining whether they are eligible for government- sponsored programs or other insurance coverage. An outside firm may be employed to assist in the formal state Medical Assistance program application process, including visiting the patient at home in order to obtain all necessary supporting documentation. The patient will be asked to provide Jefferson Health with all financial and other information needed to assist in enrollment in a publicly sponsored insurance program. Patients who do not cooperate in applying for such programs may be denied the Uninsured/Self-Pay Discount.

If a patient is not eligible for any government sponsored programs, they will be provided the Uninsured/ Self-Pay Discount. If the patient may be eligible for more generous assistance, they may apply for financial assistance in accordance with the Jefferson Health Financial Assistance Policy. **If a patient meets the criteria for financial assistance, the Uninsured /Self-Pay Discount will not apply and must be reversed from the patient's account.**

**International Individuals**, including those who are embassy sponsored, shall have eligibility determined in consultation with applicable Vice Presidents of Finance for both hospital and Lehigh Valley Physician Group (LVPG), or their designee. If the International Individual is sponsored by the embassy, obtain a copy of the Letter of Agreement and provide to the Single Billing Office (SBO) to ensure collection terms are met.

## **VII. DISCOUNTS – CALCULATION:**

The Jefferson Health Uninsured/Self-Pay Discount is available to uninsured/self-pay patients who meet the criteria outlined above. Under this Policy, an eligible patient will be charged an amount no greater than 115% of the current years Medicare fee schedule.

If a service is being provided and cannot be calculated based on Medicare standard reimbursement methods, alternate pricing calculations will be determined.

Note: these uninsured billing limits are in accordance with NJ P.L.2008 c60 as required by New Jersey regulations.

## **VIII. METHOD FOR WIDELY PUBLICIZING:**

The following measures are used to publicize this policy to our community and patients. Communication will be written in consumer-friendly terminology and in languages that patients can understand.

Jefferson Health provides training to appropriate administrative and clinical staff that interact with patients regarding the content of the Uninsured/Self-Pay Discount offered under this Policy, how to communicate that availability to patients, and how to direct patients to appropriate Financial Counselors for assistance.

Paper copies of this Policy are available upon request without charge by mail and are available within various areas throughout the Jefferson Health hospital facilities. This includes, but is not limited to, emergency rooms and patient registration/admission areas.

Signs or displays informing patients about the availability of the Uninsured/Self-Pay Discount will be conspicuously posted in public locations including the emergency rooms and patient registration/ admission areas.

## **Appendix A**

### **Services EXCLUDED from Eligible Healthcare Services**

The list below are **examples** of common scenarios where Uninsured/Self-Pay Discounts are not applicable (this is not a comprehensive list):

- Cosmetic services
- Elective services that are not deemed medically necessary (non-covered services)
- Experimental Services
- International Individuals
- Market sensitive services where Alternative Pricing has been developed and deployed
- Private Pay
- Retail and Specialty Pharmacy items
- Research

## **Appendix B**

### **LEHIGH VALLEY HEALTH NETWORK PROVIDER LISTING**

Lehigh Valley Hospital - Cedar Crest  
Lehigh Valley Hospital - Muhlenberg  
Lehigh Valley Hospital - 17th Street  
Lehigh Valley Hospital - Tilghman  
Lehigh Valley Hospital - Hecktown Oaks  
Lehigh Valley Hospital - Hazleton  
Lehigh Valley Hospital - Carbon  
Lehigh Valley Hospital Schuylkill (Norwegian Street)  
Lehigh Valley Hospital Schuylkill (Jackson Street)  
Lehigh Valley Hospital - Pocono  
Lehigh Valley Hospital - 1503 North Cedar Crest  
Lehigh Valley Hospital - Highland Ave  
Lehigh Valley Hospital - Dickson City  
CHP-LVHN JV, LLC d/b/a Lehigh Valley Hospital - Gilbertsville  
CHP-LVHN JV, LLC d/b/a Lehigh Valley Hospital - Macungie  
Lehigh Valley Health Network Outpatient Rehab Services  
Pocono Ambulatory Surgery Center  
Eastern Pennsylvania Endoscopy Center (EPEC)  
Nazareth Endoscopy Center (NEC)  
Carbon Schuylkill Endoscopy Center Inc.  
Monroe Endoscopy Center, Inc.  
Hazleton Surgery Center  
Lehigh Valley Health Network Emergency Services  
Lehigh Valley Hospital-Hazleton - SPU - Ambulatory Surgical Center  
Health Network Laboratories – HNL Lab Medicine  
Lehigh Valley Physician Group

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## Attachments

List of Jefferson Health providers can be located within the following link:

[Financial Assistance Policy](#)

## Approval Signatures

Step Description	Approver	Date
SVP Revenue	Cynthia Fry	7/01/2025
	Robin Brown-Stovall	7/01/2025



**Uninsured/Self-Pay Discount Policy, 127.55  
Decision Matrix**

UNINSURED / SELF-PAY	UNDERINSURED	PRIVATE PAY
<b>Definition: Patients without health insurance or third party assistance to assist with meeting their payment</b>	<b>Definition: Patient that has medical insurance coverage or third party assistance, but still has out-of-pocket expenses that exceed their financial abilities</b>	<b>Definition: Patients who elect to opt out of their insurance coverage for specific services.</b>
<p>(+) <input type="checkbox"/> Uninsured</p> <p>(+) <input type="checkbox"/> Emergency; <b>or</b></p> <p>(+) <input type="checkbox"/> Medically Necessary</p> <p>(+) <input type="checkbox"/> PA, NJ, DE</p>	<p>(+) <input type="checkbox"/> Patient has (limited) insurance coverage (High deductible plans, limited medical benefit)</p> <p>(+) <input type="checkbox"/> Emergency; <b>or</b></p> <p>(+) <input type="checkbox"/> Medically Necessary</p> <p>(+) <input type="checkbox"/> PA, NJ, DE</p>	<p>(+) <input type="checkbox"/> Patient has out-of-network (OON) Insurance (excl ED/Med Nec Service); <b>or</b></p> <p>(+) <input type="checkbox"/> Patient has Insurance (for covered or non-covered service)</p> <p>(+) <input type="checkbox"/> Patient requests not to use insurance for scheduled encounter</p>
<p>(=) <b>Pt resp. amount is calculated at 115% MFS for both HB and PB services</b> (e.g., MFS \$120 * 1.15 = \$138)</p>	<p>(=) Estimate Patient Out of Pocket</p> <p>a) Liability under \$750, no collection at pre or time of service</p> <p>b) Liability over \$750, collect 50% of estimate</p> <p>Bill Patient's Insurance (Adjustments per contract)</p> <p>Bill patient for identified cost share</p> <p><b>Patient Options:</b></p> <p>a) Make entire payment; or</p> <p>b) Request Jefferson payment plan; or</p> <p>c) Apply for Care Payment; or</p> <p>d) Apply for Hospital Financial Assistance</p>	<p>(=) <b>Charge based on Alternative Pricing Methods</b></p> <p>HB = O.R. tiered pricing; VP revenue cycle approved dept. packaged rates for non-O.R.</p> <p>PB = TBD; Anesthesia - consider pricing out PB Anesthesia based on planned OR time</p> <p>PB = TBD; Non-Anesthesia</p> <p><b>(Any required adjustments to be taken on the backend)</b></p>

Medically necessary based on: 1) insurance benefit; 2) Financial Clearance and Medically Appropriate Deferral of Services, 128.01

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