

Policy

POLICY NO. E.300.85500.300
ORIGINATED 11/2003
REVISED 05/2015
PAGE 1 OF 87

SUBJECT: Cash Price Policy

APPLICATION: PIH Health Good Samaritan Hospital (PHGSH)

PURPOSE

To provide for cash pricing when a patient qualifies as "Self-Pay" or has insurance that effectively leaves the patient as "Self-Pay", ensure consistency in the application of cash pricing and secure the collection of funds in a timely fashion. To ensure cash prices will cover the cost of services provided. To provide documentation of the patient's understanding of services included and excluded with an agreement to pay the cash price.

POLICY

Cash prices will be quoted to physicians, patients, and other individuals who inquire about the cash price for services only for patients who qualify as "Self-Pay". The prices will be quoted in a consistent manner by the Financial Counselor/designee in the Admitting Department.

Cash prices are available only for "Self-Pay Patients". A Self-Pay Patient is a patient who does not have coverage through personal or group health insurance except as described below, and is not eligible for benefits through Medicare, Medi-Cal, the Healthy Families Program, Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), Victims of Crime (VOC), workers compensation, State funded California Healthcare for Indigent Program (CHIP), coverage for accidents (TPL), or any other program. Insured patients with high deductible plans are not Self-Pay Patients and are not covered under this policy. Insured patients who have health plans (PPO or HMO) that provide essentially no benefits for out-of-network, non-contracted providers are considered Self-Pay Patients and are covered under this policy when the Hospital is not a contracted provider for the plan.

Cash prices for "Self-Pay Patients" will be at the hospital's highest volume managed care rate with the following exceptions:

- Cash rates for obstetrics and neonatal care will be as reflected in Exhibit A attached.
- Cash rates for Emergency Department only services for patients not admitted to the hospital are reflected in Exhibit B attached. Services provided in other departments (e.g., Cath Lab, GI Lab) will be priced at the managed care rate. Exhibits A and B prices shall be reviewed and updated periodically.
- Cash rates for the Outpatient Cosmetic Surgery Procedures listed in Exhibit C, will be as reflected in Exhibit C attached.

APPROVED
BOARD OF DIRECTORS

JUN 25 2021



PROCEDURE

1. Requests for cash prices for Self-Pay patients shall be directed to the Financial Counselor (213) 482- 2719, the Admissions Manager (213) 482-2760, or the Director of Patient Financial Services (213) 482- 2700.
2. Initially the patient will be asked about the possibility of third party coverage from any source. The process described in the Charity Care and Discount Policy for investigating third party coverage will be followed. If the patient may qualify for any third party coverage, the review will focus on the steps needed for the party to qualify for and obtain benefits. If it appears the patient (or procedure) will not qualify for third party coverage or the patient would be out-of-network and the patient's insurance would provide essentially no benefits for out-of-network, non-contracted providers, then a cash price will be quoted.
3. The following information is required to quote a cash price:
 - a. Patient name
 - b. Date of service if known
 - c. Name of procedure
 - d. Procedure coding:
 - Inpatient – DRG if known; all anticipated CPT4 codes if DRG is not known
 - Outpatient – all anticipated CPT4 codes
 - e. Anticipated length of stay for inpatients
 - f. Make and cost of implants if applicable
4. If the quoted price is accepted by the patient, an agreement will be drafted for patient signature. The agreement will state that if the procedure exceeds the scope of services detailed in the agreement, the patient may be liable for additional payment. The agreement will also require the patient to certify that he or she qualifies as Self-Pay and agree that if it is discovered that the patient has third party coverage for the procedure, the patient will accept responsibility for paying one hundred percent of the charges unless the patient provides the information about the third party coverage to the Hospital promptly and sufficiently before the time to bill for such third party coverage expires. The signed agreement will be placed in the financial folder.
5. The cash price will not apply if the patient or responsible party provides false information about financial eligibility or if they fail to make every reasonable effort to apply for and receive third party insurance benefits for which they may be eligible.
6. The patient may also qualify for charity care or a discount of the cash price based upon the Hospital's "Charity Care and Discount Policy".
7. Care shall be provided without regard to ability to pay for any patient who presents to the hospital with an emergency condition.
8. Payment will be collected prior to the procedure for non-emergency care. Financial arrangements for partial payment may be made by the Financial Counselor with the approval of the Admitting Director or the Director of Patient Financial Services.

ATTACHMENTS

1. Exhibit A- Cash Pricing for Obstetrics and Neonatology
2. Exhibit B- Emergency Department Cash Prices- For Patients Not Admitted to the Hospital
3. Exhibit C- Outpatient Cosmetic Surgery Procedures



AUTHOR

Finance

Previous Board Approval Dates: 11/03, 01/10, 03/13, 04/14, 11/14 **Keywords:** Cash Pricing

EXHIBIT A
CASH PRICING FOR OBSTETRICS AND NEONATOLOGY

<u>Procedure</u>	<u>Cash Rate</u>
Normal Delivery (2 day hospital stay case rate)	\$3,650
Each additional day over 2 days	\$1,350 / day
C-Section Delivery (3 day hospital stay case rate)	\$5,000
Each additional day over 3 days	\$1,400 / day
Admissions for Observation only (no delivery)	\$1,500 / day
There is no separate charge for the baby unless the baby is admitted to the Neonatal Intensive Care Unit (NICU) or stays in the Nursery after the mother is discharged from the hospital, in which case the additional hospital daily rate would apply:	
Boarder Baby	\$800 / day
NICU	\$3,000 / day

EXHIBIT B

EMERGENCY DEPARTMENT CASH PRICES
FOR PATIENTS NOT ADMITTED TO THE HOSPITAL

	Triage (99281)	Level 1 (99281)	Level 2 (99282)	Level 3 (99283)	Level 4 (99284)	Level 5 (99285)
Hospital Fee	\$0	\$50	\$55	\$250	\$500	\$750
Professional Fee	\$0	\$25	\$45	\$50	\$100	\$200
Total Cash Price	\$0	\$75	\$100	\$300	\$600	\$950

Additional Hospital Fee for CT Scan \$150



EXHIBIT C
CASH PRICING FOR OUTPATIENT COSMETIC SURGERY PROCEDURES

CPT	Description	Cosmetic Cash Prices *
30400 – 30460	Rhinoplasty	\$1,500
15820 – 15821	Blepharoplasty Lower Eye Lid	\$1,100
15822 – 15823	Blepharoplasty Upper Eye Lid	\$1,100
	Blepharoplasty Upper & Lower	\$1,500
15824	Browlift (Rhytidectomy Forehead)	\$1,100
Any combination of 15824; 15825; 15826; 15828; 15829	Facelift (Rhytidectomy Forehead)	\$2,000
15876 – 15879	Liposuction of one area - \$300 for each additional area	\$1,100
19324	Breast Augmentation with implants (Hospital supplies implants)	\$1,500 Plus Cost of Implants +5%
19325	Breast Augmentation w/o implants (Surgeon supplies implants)	\$1,500
15830	Abdominalplasty	\$2,500

* Facility fee only; does not include professional fees for surgeon and anesthesiologist.

Policy Approvals

Policy Name: Cash Price Policy

Entity: PIH Health Good Samaritan Hospital **Department:** Revenue Cycle

Originator of Policy:
Noel Coppinger Revenue Cycle 14800
Name Department Extension

Committee Approvals:

Committee	Date

Signatures:

<u>Noel Coppinger</u>	<u>Noel Coppinger</u>	<u>06/07/2021</u>
Name	Signature	Date
<u>Vid Shivaraman</u>	<u>[Signature]</u>	<u>06/07/2021</u>
Name	Signature	Date
<u>James R. West</u>	<u>James R. West</u>	<u>6/25/21</u>
Name	Signature	Date

