PURPOSE:
This policy establishes a standardized criteria around extending prompt pay discounts to patients receiving healthcare services from the UCR Health.

POLICY:
A. This standard discount criteria applies to:
   1. All patients who have the means to pay, do not qualify for financial hardship considerations as outlined in the UCR Health Financial Hardship policy, and
   2. No healthcare insurance program, governmental or private, is responsible for the payment for services provided to patient.
B. A thirty (30) percent of charges for professional services prompt pay discount may be offered to qualifying patients who are willing to make payment in full at the time of service.
C. Extending discounts in excess of thirty percent of charges as indicated in paragraph B is permissible and left to the discretion of the UCR Health Executive Director and the Director, Clinical Compliance and Privacy.
D. UCR Health practices must:
   1. Collect the full amount owed by the patient (less the discounted amount) at the time of service.
   2. Assign a unique financial class code to prevent sending statements to the patient.
   3. Indicate the discounted amount on the charge document.
   4. Discounts greater than thirty percent of charges must be approved by the UCR Health Executive Director and Director, Clinical Compliance and Privacy.
E. Any UCR Health practices utilizing special discount schedules must inform the UCR Health Director on any changes to the schedule for the proper posting of payments and adjustments in the billing system.

MONITORING/ACCOUNTABILITY:
Each UCR Health billing area must conduct frequent, regularly scheduled quality reviews to ensure adherence to this policy. Immediate corrective actions must be taken as necessary. These may include but are not limited to the following corrective actions:
a. Training and re-training of staff  
b. Disciplinary actions  
c. Reporting non-compliance to UCR Director, Clinical Compliance and Privacy  

EXCLUSIONS:  
This policy does not apply to:  
1. Patients receiving services with existing cash case rates such as elective/cosmetic.  
2. International Health Program patients.  

POLICY REVISION HISTORY:  
Original Policy Issued: April 2015  
Revisions: None  

Approval(s):  

Compliance Committee (04/13/2015)