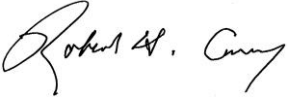





Emanate Health Policy and Procedures

<input checked="" type="checkbox"/> EH	<input checked="" type="checkbox"/> EHH	<input checked="" type="checkbox"/> Policy
<input checked="" type="checkbox"/> EHMC-ICH	<input checked="" type="checkbox"/> EHHC	<input checked="" type="checkbox"/> Procedure
<input checked="" type="checkbox"/> EHMC-QVH	<input checked="" type="checkbox"/> FPH	<input checked="" type="checkbox"/> Attachments

Title: Charity Care		Policy #: A009
Type: Corporate		
Effective: 4/24/02	Reviewed: 7/27/11	Revised: 5/25/05, 7/27/05, 9/24/08, 5/1/2014, 10/4/15, 2/22/17, 1/29/2020, 6/17/2020
Approved: 		Date: 6/17/2020
Approved: 		Date: 6/17/2020

I. Policy

It is Emanate Health’s mission to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment. Emanate Health fulfills its mission by providing payment assistance to persons who have health care needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations.

II. Eligibility for Charity Care

Eligibility for charity care will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and those individuals who are unable to pay for their care. Eligibility for charity care also applies to a patient who is insured but has high medical cost and with monetary assets or income at or below 350 percent of Federal Poverty Level (FPL). A patient with high medical cost is defined as person whose family income does not exceed 350 percent of the FPL.

The charity award shall be based on an individualized determination of financial need. It shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may

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1. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial or other information and documentation relevant to making a determination of financial need;
2. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay such as credit reporting;
3. Include reasonable effort by Emanate Health to obtain from the patient or patient's representative information whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered to the patient, including but not limited to:
 1. Private health insurance, including coverage offered through the California Health Benefit Exchange;
 2. Medicare;
 3. Medi-Cal program, the California Children's Services Program, or other state- or county-funded health coverage programs.
4. Take into account the patient's available assets, and all other financial resources available to the patient; and
5. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be evaluated at each subsequent rendering of services, or at any time, additional information relevant to the eligibility of the patient for payment assistance becomes known.

Requests for payment assistance shall be processed promptly, and Emanate Health shall notify the patient or applicant about the financial assessment decision.

III. Eligibility Criteria and Amounts Charged to Patients

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels in effect at the time of determination.

For the purpose of this policy, Federal Poverty Levels (FPL) is the poverty guideline that is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of section 9902 of Title 42 of the United States Code.

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- Patients with monetary assets or income level at 350% or less of the FPL, will have the entire hospital bill written off regardless of net worth or size of bill;

- Patients with monetary assets or income level between 350% and 500% of the FPL, will have a portion of the hospital bill written off, based upon the sliding scale set forth below regardless of net worth or size of bill:
 - 351% - 400% = 75% write-off
 - 401% - 450% = 50% write-off
 - 451% - 500% = 25% write off

- Patients with hospital bill that exceeds the patient's monetary assets or net worth may qualify and be covered under this policy using the guidelines below:
 - Patients with monetary assets or net income levels between 351% and 400% of the FPL, the amount of the hospital bill that exceeds the patient's net worth will be written-off;
 - Patients with monetary assets or income is over the 401% of the FPL, portion of the hospital bill that exceeds the patient's net worth may be:
 - Written-off upon approval of the VP of Revenue Cycle or his/her designee; or
 - Arranged for payment with the patient through monthly payment plan.

NOTE: For purposes of determining monetary assets or income, the review shall not include the:

- a. Retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans;
- b. First ten thousand dollars (\$10,000) of a patient's monetary assets;
- c. Fifty percent (50%) of a patient's monetary assets over the first \$10,000.

IV. Automatic Classification for Charity Care

1. Patients who are eligible for FPL-qualified programs such as Medi-Cal, Medicaid (out of state), and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payments for medically necessary services are not made

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by the programs. Patient account balances resulting from non-reimbursable charges are eligible for full charity write-off (except patient's Medi-Cal Share of Cost obligations which are not eligible for charity write off or the discount program). No separate financial assistance application is required in these circumstances. Specifically included as eligible are charges related to the following:

- a. Denied inpatient stays
 - b. Denied inpatient days of care
 - c. Non-covered services
 - d. Treatment Authorization Request (TAR) denials
 - e. Denials due to restricted coverage
2. Other Special Circumstances
- a. Under the following special circumstances, a patient may be deemed eligible for Charity Care without absolute requirement for submission of a financial assistance application:
 - b. Homeless - Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government sponsored program, without third-party insurance coverage.
 - c. Seen in ER, unable to bill - Is treated in the Emergency Department but the Hospital is unable to issue a billing statement.
 - d. Deceased – Is when a patient is deceased and is without a third-party insurance coverage or identifiable estate and does not have a living spouse.
 - e. Access to Care - Is treated through an Access to Care Program

V. Screening Procedure and Documentation Requirement

Emanate Health, through the assistance and direction of the Patient Registration and Patient Financial Services (PFS) departments, shall assist patients who may qualify for charity care.

1. During registration or admission process, the Patient Registration Financial Counselors (FC) shall:
 - a. Screen all patients who may qualify for charity care;
 - b. Receive requests from patient and/or patient's representatives for charity care;
 - c. Discuss the Emanate Health charity care policy with the patient and/or patient's representatives;
 - d. Provide the patient the charity care application forms – Emanate Health Hospital Financial Screening Assessment and Income Certification forms.

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- i. The Hospital Financial Screening Assessment form requests patient information, income, monetary assets, debts, disability or injury status, and provides authorization from the patient for Emanate Health to obtain patient's credit report.
 - ii. The Income Certification form requests family income, number of dependents, and copies of:
 - Recent paycheck stubs
 - Recent tax returns or W-2 form
 - Evidence on any general relief program benefit
 - e. Guide the patient in completing the forms and provide instruction for submission to PFS department.
2. Upon receipt of the application forms and supporting documents, PFS shall:
 - a. Review the contents of the forms and supporting documents for completion;
 - b. Review the applications forms and documents, and request additional information from one patient;
 - c. Obtain information and supporting documentation regarding the patient's application for private and/or public health insurance or sponsorship which may include, but not limited to:
 - i. Private health insurance, including coverage offered through the California Health Benefit Exchange;
 - ii. Medicare
 - iii. Medi-Cal, California Children's Services Program, or other state- or counted health programs.
 - d. Determine and approve charity care award following the criteria stated on section III. Eligibility Criteria and Amounts Charged to Patient;
 - e. Notify the patient of the charity care award decision;

NOTE: Patients requesting charity care are expected to complete the application forms and provide supporting documents to Emanate Health. Submission of incomplete and inaccurate information may result in denial of charity care and discounting request.

VI. Emergency Physician Charity Care and Discounting Policy

The emergency physicians who provide emergency medical care to patients at an acute general hospital are required by law to provide discounts to uninsured patients or patients with high medical costs whose income is at or below 350% FPL. The law also requires the acute general hospital to notify patients of the emergency physicians' charity care and discounting program.

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The FC and/or the PFS staff shall advise the patient and/or patient's representatives to contact the emergency physicians' billing company and request the emergency physicians' charity care and discounting program.

Emanate Health Emergency Physician Group: Vituity
Vituity Billing Service Contact Information:
MedAmerica Billing Services, Inc. dba: Vituity RCM
1601 Cummins Drive, Suite D
Modesto, CA 95358
Main Phone Number: (800) 498-7157
Email: www.vituity.com

VII. Communication of the Emanate Health Charity Care Policy to Patients and the Public

Information about Emanate Health's charity care policy shall be publicized to the Emergency Room and the Patient Registration departments at all Emanate Health campuses and other areas that Emanate Health may elect.

VIII. Collection Policy and Procedure

Emanate Health developed policy and procedures for internal and external collection practices that take in account the extent to which the patient qualifies for charity care, a patient's good faith effort to apply for a governmental program or charity care from Emanate Health, and a patient's good faith effort to comply with his or her payment agreements with Emanate Health.

For patients who qualify for charity care and who are cooperating in good faith to resolve their discounted hospital bills, Emanate Health may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. Emanate Health will not impose extra-ordinary collection actions such as wage garnishments, liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this policy.

References

California Assembly Bill 774
California Assembly Bill 1503
California Senate Bill 1276
Charity Care Letters to Patients (AB774 Letter English, Spanish and Chinese versions)
Financial Assistance Poster (English, Spanish and Chinese versions)