

Procedure: California Addendum: Financial Assistance for Uninsured Patients [COMP-RCC 4.53]	No: EAC.05.03.PR.01
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	Effective Date: 12/31/24
Policy: EAC.05.03 Financial Assistance for Uninsured Patients [COMP-RCC 4.53]	Previous Versions: 06/17/22, 10/01/16
	Approved By: Amy Thomason
	Approval Date: 12/31/24

I. Definitions

Essential Living Expenses: Expenses for any of the following: rent or house payment or maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation and auto expenses, including insurance, gas and repairs, installment payments, laundry, and cleaning, and other extraordinary expenses.

Patients with High Medical Costs: Patients, insured or not, whose family Income does not exceed 400% of the federal poverty level and who have incurred or whose family has incurred annual out-of-pocket costs at the Facility that exceed the lessor of: (1) 10% of the Patient's family Income in the prior 12 months or (2) 10% of the Patient's family Income in the prior 12 months.

Reasonable Payment Plan: A payment plan that will be instituted for patients who qualify for Discount Care when agreement on a negotiated payment plan cannot be reached. This payment plan will allow for monthly payments that do not exceed more than 10% of a Patient's household Income for a month, excluding deductions for Essential Living Expenses.

II. Procedure

This addendum applies to Tenet Facilities licensed in the State of California and is intended to provide direction and processes for these Facilities to comply with the requirements of California Code, Health and Safety Code § 127400 et seq. Describe how we execute our policy, how we ensure we meet our policy, etc.

A. Requirements

1. Uninsured Patients, Patients with High Medical Costs, and those who are at or below 400% of the federal poverty level, shall be eligible for either full or partial discounts under Tenet's Charity Care program, Reduction or Waiver of Copayments or Deductibles, and Cash Pay Rate policies.
2. An emergency physician who provides emergency medical services in a Facility that provides emergency care is also required by law to provide discounts to Uninsured Patients or patients with high medical costs who are at or below 400% of the federal poverty level.

B. Procedures

1. Patient Notice

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- a. Each Facility shall provide patients with a written notice that shall contain information about availability of the Facility's discount payment and Charity Care policies, including information about eligibility, as well as contact information for a Facility employee or office from which the person may obtain further information about these policies.
 - b. Notice of the Facility's policy for financially qualified and self-pay patients shall be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, all of the following: (1) the emergency department; (2) billing office; (3) admissions office; and (4) other outpatient settings.
 - c. Facilities subject to this policy will provide paper copies of the Confidential Application for Financial Assistance upon the request of the Patient and without charge to the Patient. The Confidential Application may also be provided to certain patients who do not specifically request an application if there is a belief that that patient may qualify for Financial Assistance.
2. Eligibility
- a. In determining eligibility for discounts under this policy, a Facility may consider only the Income of the patient and their medical costs. A Facility is prohibited by California law from considering the patient's monetary assets.
 - b. For purposes of determining eligibility for discounts under this policy, documentation of Income shall be limited to recent pay stubs or Income tax returns. If a patient does not submit an application or documentation of income, a hospital may presumptively determine that a patient is eligible for charity care or discounted payment based on information other than that provided by the patient or based on a prior eligibility determination.
3. Denials and Disputes
- a. Tenet may deny or pend applications for Charity Care pending insurance or third-party liability claim.
 - b. A Patient may appeal a denial of Charity Care by submitting additional documentation to substantiate the application and qualification to:

Attention: CFAC

P.O. Box 223849

Dallas, TX 75222-3849

PROCEDURE



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- c. In the event of a dispute with the determination of eligibility for the Charity Care discount, each Facility to which this policy applies will submit such disputed application for review by the Facility's Chief Financial Officer or the Chief Financial Officer's designee acting under the Chief Financial Officer's direction and supervision
- 4. Applying the Discounts
 - a. After evaluation of a patient's application, or presumptive determination, patients who qualify as Financially Indigent will be afforded Charity Care Discounts of 100% of the Facility's Gross Charges, less any amount previously paid by any third-party for that care.
 - b. If the Facility determines that a patient does not qualify for Charity Care under this policy, the patient will be billed the Uninsured Rate under Tenet Policy, and the patient also will be considered for a partial discount under the Reduction or Waiver of Copayments or Deductibles or Cash Pay Rates.
- 5. Payment Plan
 - a. The Facility shall permit a patient to enter into an extended payment plan to allow payment of the discounted price over time. The Facility and the patient shall negotiate the terms of the payment plan and take into consideration the patient's family Income and Essential Living Expenses.
 - b. If the Facility and the patient cannot agree on the payment plan, the Facility shall create a Reasonable Payment Plan, as defined above.