

CORPORATE POLICY

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Policy Title: Financial Assistance for Uninsured Patients	Effective Date: 6/17/22
	Previous Versions: 10/1/16
	Approved By: Executive Leadership Team
	Approval Date: 6/17/22

I. Scope:

This policy applies to Tenet Healthcare Corporation and its subsidiaries and affiliates other than Conifer Holdings Inc. and its direct and indirect subsidiaries (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

II. Purpose:

To provide direction and processes for facilities owned by Tenet Entities (each a "Facility") to identify Uninsured Patients who qualify for Financial Assistance.

III. Definitions:

Charity Care Discount: The discount afforded to an individual determined to be Financially Indigent in accordance with the provisions of this policy.

Emergent Services: Any service which is rendered to a patient: (1) presenting to the Emergency Department and determined to have a medical condition that without immediate medical attention would result in serious harm to the patient, whether or not the patient is admitted to the Facility or treated and released, or (2) presenting as a direct admission with a medical condition that without immediate medical attention would result in serious harm to the patient.

Federal Health Care Program: Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including but not limited to: Medicare, Medicaid/MediCal, managed Medicare/Medicaid/MediCal, Tricare/VA/CHAMPUS, SCHIP, Indian Health Services, Health Services for Peace Corp Volunteers, Federal Employees Health Benefit Plan, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners, Pre-Existing Condition Plans (PCIPs), and Section 1011 Requests.

Financial Assistance: Includes full or partial discounts under Tenet’s Charity Care program, implementation of Tenet’s Compact with Uninsured Patients (the “Compact”), and Cash Pay Rate policies.

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Financially Indigent: An Uninsured Patient with an annual Income below 200% of the Federal Poverty Level, unless applicable state law (as set forth in an addendum to this Policy) establishes a higher threshold for financial indigence.

Gross Charge: The list price on a Facility’s Charge Master and representing the amount the Uninsured Patient would be obligated to pay in the absence of any discount contemplated under this policy or the policies incorporated into this policy by reference.

Health Insurance Policy: Any Federal Health Care Program, personal or group health policy or plan, whether fully insured or self-funded, which has as its primary purpose the reimbursement, in whole or in part, of medical services provided to a covered patient.

Income: The sum of the total yearly gross Income.

Limited-Benefit Plans: Medical plans with much lower and more restricted benefits than major medical insurance, but with lower premiums. Limited-Benefit Plans include critical illness plans, indemnity plans (policies that only pay a pre-determined amount, regardless of total charges), and +Facility “cash” policies.

Non-Covered Services: Services not covered by an insured patient’s Health Insurance Policy. This definition includes services not covered (i) as a result of a pre-existing condition exclusion; (ii) because a patient has exhausted their benefits; (iii) because they are denied through a Health Insurance Policy’s pre-authorization process; and (iv) services for which the patient has elected to opt out of their Health Insurance Policy coverage and to pay out of pocket. For purposes of a Federal Health Care Program beneficiary, “Non-Covered Services” means only those services that are statutorily excluded from coverage. Patient co-pays and deductibles are not considered “Non-Covered Services.”

Uninsured Patient: A patient at a Facility who has no Health Insurance Policy in force at any time during which the patient receives treatment at the Facility, as well as patients with Limited-Benefit Plans.

IV. Policy:

Facilities will provide Uninsured Patients with financial counseling, including assistance applying for state and Federal Health Care Programs such as Medicare and Medicaid, and for available coverage under the Affordable Care Act. Uninsured Patients who are receiving Emergent Services and who do

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not qualify for any state or Federal Health Care Program will qualify for Financial Assistance under this policy. See Addendum for additional guidance specific to Facilities operating in California.

V. Procedure:

A. Financial Counseling

Patient access personnel working at the Facility will provide Uninsured Patients with financial counseling, including assistance applying for state and Federal Health Care Programs, as well as coverage that may be available under the Affordable Care Act. If Uninsured Patients are not eligible for governmental assistance or other coverage, the financial counselors will inform the patients about Financial Assistance available under this policy and will assist with the application process.

B. Charity Care Application Process

1. Presumptive Charity

The following includes types of accounts where a Charity Care Discount may be offered without a Financial Assistance application or documentation of Income: Medicaid accounts-Exhausted Days/Benefits; Medicaid spend down accounts; Medicaid or Medicare Dental denials; Medicare Replacement accounts with Medicaid as secondary where Medicare Replacement plan left patient with responsibility; homeless patients; and incarcerated patients whose medical expenses are not covered by the governmental entity incarcerating them.

2. Application

Uninsured Patients who do not qualify for a presumptive charity determination must complete an application to document need for Financial Assistance.

3. Request for Additional Information

If the patient does not provide adequate documents, or the information in the provided documents is conflicting or unclear, the Facility will contact the patient and request additional information. Except to the extent otherwise required by law, the patient's failure to provide requested information within 14 calendar days from the date of the request will result in a denial of the patient's application for Financial Assistance.

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4. Classification Pending Income Verification

Except as otherwise required by applicable law, during the Income verification process, while the Facility is collecting the information necessary to determine a patient's eligibility for Financial Assistance, the patient will be treated in accordance with the terms of the Compact.

5. Information Falsification

Falsification of information will result in denial of the application.

6. Approval Process and Limits

The Facility Chief Financial Officer (CFO) or designee must approve all Charity Care Discounts in writing or electronically. Facilities may not change the Financial Assistance applications and other eligibility forms without the prior written approval of the Director of Patient Financial Services and the Tenet Vice President of Operations Finance.

C. Applying the Discounts

1. After evaluation of a patient's application, patients who qualify as Financially Indigent will be afforded Charity Care Discounts of 100% of the Facility's Gross Charges, less any applicable copayment or amount previously paid by the patient or any third-party for that care.
2. If the Facility determines that a patient does not qualify for Charity Care under this policy, the patient will be considered for a partial discount under the Compact or Cash Pay Rates.

D. Reservation of Rights

1. Non-Covered Services: Tenet reserves the right to designate certain services as not subject to this policy.
2. This policy shall not alter or modify other Tenet policies regarding efforts to obtain payments from third-party payers, patient transfers, emergency care, state-specific regulations, state-specific requirements for statutory Charity Care classification, or programs for uncompensated care.

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VI. Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. References:

Code of Conduct

[COMP-RCC 4.56 Implementation of Tenet's Compact With Uninsured Patients \(Policy\)](#)

[COMP-RCC 4.57 Cash Pay Rates \(Policy\)](#)

Federal Poverty Guidelines published by US Department of Health and Human Services from time to time

HHS, Office of Inspector General, Guidance dated February 2, 2004, entitled "Hospital Discounts Offered to Patients Who Cannot Afford To Pay Their Hospital Bills"

Job Aids for State-Specific Requirements

Letter dated February 19, 2004, from Tommy G. Thompson, HHS Secretary, to Richard J. Davidson, President, American Hospital Association, including Questions and Answers attached thereto entitled "Questions On Charges For The Uninsured"

[Quality, Compliance, and Ethics Program Charter \(DTR\)](#)

VIII. California Addendum:

A. Applicability & Purpose

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.

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B. 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 either 1) incurred or whose family has incurred annual out-of-pocket costs at the Facility that exceed 10% of the Patient’s family Income in the prior 12 months or (2) incurred or whose family has incurred annual out-of-pocket costs with other providers that exceed 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 or Charity 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.

C. 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, implementation of Tenet’s Compact with Uninsured Patients (the “Compact”), 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.

D. Procedures

1. Patient Notice
 - 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.

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- 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 Income and monetary assets of the patient.
 - i. For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans, or nonqualified deferred compensation plans.
 - ii. Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50% of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.
- 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.

3. Denials and Disputes

- a. Tenet may deny or pend applications for Charity Care for any of the following reasons: (a) sufficient Income; (b) incomplete or inconclusive application; (c) pending insurance or third-party liability claim.
- b. A Patient may appeal a Charity Care application denial by submitting additional documentation to substantiate the application and qualification to:

Attention: CFAC
 P.O. Box 223849
 Dallas, TX 75222-3849

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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, patients who qualify as Financially Indigent (an annual Income below 200% of the Federal Poverty Level) will be afforded Charity Care Discounts of 100% of the Facility’s Gross Charges, less any applicable copayment or amount previously paid by the patient or any third-party for that care.
 - b. Patients at or below 400% of the federal poverty level should be billed no more than the amount of payment the Facility would expect, in good faith, to receive for providing services from Medicare.
 - c. If the Facility determines that a patient does not qualify for Charity Care under this policy, the patient will be considered for a partial discount under the Compact 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.