



Origination 05/1999
 Last Approved 12/2025
 Effective 11/2025
 Last Revised 12/2025
 Next Review 12/2028

Owner **Suzanne Myers:
 Sr.
 Executive
 Assistant**
 Area **Administration**
 Applicability **All Sites**

Collection of Self Pay Patient Accounts#A010

Statement of Policy

Emanate Health has a commitment to provide compassionate care and support to all patients, irrespective of their financial situation and is dedicated to offer the same allowances to uninsured and underinsured patients that we provide to our managed care contractors. Emanate Health shall follow up and collect all Self-Pay account balances, including the collection of copayments and deductible amounts where health insurance benefits are applicable at the time of service or when an outstanding payment becomes due.

Procedure

A. Health insurance eligibility and coverage review: Emanate Health shall assist uninsured and underinsured patients in determining health insurance eligibility and coverage by reviewing available health insurance options such as Medi-Cal, California Children Services, Covered California and other available state and federal health programs.

1. Patients shall be referred to the onsite Medi-Cal eligibility worker for review on Medi-Cal eligibility and completion of application
2. Obstetrical or expecting mothers seeking care at the EH facilities shall be referred to the onsite Medi-Cal eligibility worker or the onsite GEM (Get Eligibility Moving) program.

B. Emanate Health's Patient Financial Services department shall review and determine

patient eligibility for discounted payment or charity care by following Emanate Health's Charity Care policy (#A009) while allowing the patient or patient's representative's ability to respond on billing and/or discounted payment or charity care within 180 days. For the purposes of determining eligibility for discounted payment or charity care, documentation of income shall be limited to recent pay stubs or income tax returns. The hospital may accept other forms of documentation of income but shall not require those other forms. Information obtained in pursuant for discount payment or charity care shall not be used for collection activities.

1. Emanate Health shall not sell patient debt to a debt buyer, unless:

- a. Found ineligible for discount payment or charity care;
- b. No response and/or actions made by the patient;
- c. Balance was determined to be incorrect due to the availability of a third-party payer, including health plan or government health coverage program, or the patient is eligible for charity care.

C. Before referring an account to collections, the Patient Financial Services department must make applicable attempts to the patient by adhering to the standards of practices listed below:

1. A notice with information about applying for Financial Assistance was provided;
2. A copy of the Financial Assistance Application was provided;
3. A goodbye letter was provided containing all of the following:
4. Date(s) of service of the bill
 - a. Name of the entity the bill is assigned to
 - b. Application to Emanate Health Financial Assistance Program
 - c. Date(s) the patient was sent the notices about financial aid including an application and any decisions on the application
5. Patient Financial Services including its collection agency and debt buyer, shall not do either of the following:
 - a. Report adverse information to a consumer credit reporting agency.
 - b. Commence civil action against the patient for non-payment before 180 days of initial billing.
 - c. Application to Emanate Health Financial Assistance Program
 - d. Date(s) the patient was sent the notices about financial aid including an application and any decisions on the application

6. Patient Financial Services including its collection agency and debt buyer, shall not do either of the following:

- a. Report adverse information to a consumer credit reporting agency.
- b. Commence civil action against the patient for non-payment before 180 days of initial billing.

D. The decision to advance a patient's balance for collection will be made after all applicable attempts to the patient has been met. The authority to advance a patient's balance for collections resides with Emanate Health's Patient Financial Services. This authority is specifically granted to the following individuals:

1. Manager, Patient Account: up to \$3,999.99
2. Director of PFS: up to \$9,999.99
3. V.P. of Revenue Cycle: up to \$49,999.99
4. Chief Financial Officer: \$50,000 and above

E. If a patient is attempting to qualify for eligibility under Emanate Health's Charity Care policy and is attempting in good faith to settle an outstanding bill by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount, Patient Financial Services shall not send the unpaid bill to any collection agencies.

1. Reasonable Payment Plans.

- a. A reasonable payment plan is offered to assist patients eligible under the Emanate Health's Charity Care policy shall be interest free.
- b. The reasonable payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during the 90-day period.
- c. Before declaring the reasonable payment plan no longer operative, Patient Financial Services and/or the collection agency shall make reasonable attempt to contact the patient by telephone and, to give notice in writing, that the extended payment plan may become inoperative, and offer opportunity to renegotiate a reasonable payment plan.

F. Application of adjustments to "Self-Pay" accounts prior to billing inpatient and outpatient claims:

1. All inpatient services shall be applied towards the Medicare DRG rate using the applicable DRG rate at the time of service with the exception of the prepayment plan for OB Case rates.
2. All outpatient services shall be reduced to the Medicare APC rate using the applicable APC rate at the time of service.
3. All outstanding copay, deductibles and co-insurance amounts for inpatient and outpatient services shall be collected.

G. Patients who are unable to meet their deductible and/or co-insurance obligation shall be reviewed for payment arrangement and/or eligibility to financial assistance under the EH Charity Care policy.

H. Health insurance eligibility and coverage review: EH shall assist uninsured and underinsured patients in determining health insurance eligibility and coverage by reviewing available health insurance options such as Medi-Cal, California Children Services, Covered California and other available state and federal health programs such as Medi-Cal, California Children Services, Covered California, and other stated and federal health programs.

1. Patients shall be referred to the onsite Medi-Cal eligibility worker for review on Medi-Cal eligibility and completion of application
2. Obstetrical or expecting mothers seeking care at the EH facilities shall be referred to the onsite Medi-Cal eligibility worker or the onsite GEM (Get Eligibility Moving) program.

I. Documentation

1. PFS shall maintain documentation of all transactions and collection activities Documentation must be complete and accurate.

*The per-diem rate including outpatient services discount and outpatient surgical procedure rate are subject to changes.

References

California Assembly Bill 1020effective January 1, 2022

California Assembly Bill 2297effective January 1, 2024

Approval Signatures

Step Description	Approver	Date
Chair, Board of Directors	Patsy Gorrell: Chair, Board of Directors [SM]	12/2025
Chief Executive Officer (CEO)	Roger Sharma: President/CEO [SM]	12/2025
Chief Financial Officer	Stephen Steckbeck: Chief Financial Officer	12/2025
	Suzanne Myers: Sr. Executive Assistant	12/2025

Applicability

Ambulatory Care Sites, Emanate Health, Foothill Presbyterian Hospital, Inter-Community Hospital, Queen of the Valley Hospital