

CORPORATE POLICY

Manual/Library Name: Revenue Cycle Compliance	No: EAC.05.03
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Title: Financial Assistance for Uninsured Patients [COMP-RCC 4.53]	Effective Date: 12/31/24
	Previous Versions: 06/07/22, 10/01/16
	Approved By: Executive Leadership Team
	Approval Date: 12/31/24

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: Means a discount of 100% of the Facility’s Gross Charges, which is afforded to an individual determined to be Financially Indigent in accordance with the provisions of this policy.

Emergent Services: Means 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: Means 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.

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Financial Assistance: Means full or partial discounts under this policy, or Tenet’s Reduction or Waiver of Copayments or Deductibles, and Cash Pay Rate policies.

Financially Indigent: Means 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: Means 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: Means 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: Means 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: Means 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: Means 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.

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Uninsured Rate: Means the discount afforded to uninsured patients who do not qualify for Charity Care, and which is equal to 100% of the expected Medicare rate for the same service.

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 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.

Individuals who do not qualify for a Charity Care Discount under this Policy, because they are either seeking Elective Service or because they are not Uninsured Patients, may be eligible for discounts under Tenet Regulatory Compliance policy COMP-RCC 4.57 (Cash Pay Rates) or waivers of copayments or deductibles under Tenet Regulatory Compliance policy COMP-RCC 4.02 (Reduction or Waiver of Co-Payments and Deductibles).

This policy applies to all Tenet Hospitals except to the extent it is inconsistent with any applicable state law, in which case such state law controls. State-specific procedures, including but not limited to procedures for identifying Charity Care Discounts to report to appropriate agencies under applicable federal or state health care program requirements, will be documented in job aids, addenda to this policy or in separate policies. In the event that any Tenet Hospital is operated as a facility exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, the requirements and conditions of such exemption (including but not limited to Section 501(r) of the Internal Revenue Code) will control, and facility-specific procedures will be documented in job aids, addenda to this policy or in separate policies. Further, to the extent this Policy is inconsistent with any applicable purchase, management, joint venture or other affiliation agreement, such agreement controls and the hospital-specific procedures will be documented in job aids, addenda to this policy, or in separate policies.

Any state-specific or facility-specific addendum to this Policy which establishes procedures or requirements that vary from those described in this Policy must be reviewed by the Tenet Law Department

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and approved in writing by the Chief Financial Officer for the affected facilities and the Tenet Vice President of Operations Finance, or his or her designee.

V. Procedure

A. Financial Counseling

Patient Advocate 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 Patient Advocates will inform the patients that Financial Assistance may be available under this policy.

B. Uninsured Rate

Upon a determination that a patient is an Uninsured Patient, the patient will be billed the Uninsured Rate, unless and until such time as it is determined that the patient is Financially Indigent, at which time that patient may be afforded a Charity Care Discount.

C. Charity Care Process

1. Presumptive Charity

- a. A determination of the inability of a Patient to pay for services using an algorithm consistent across all Patients.
- b. 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. Denials and Disputes

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- 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: Attn: CFAC, POB 223849, Dallas, TX 75222-3849
- 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.

D. Applying the Discounts

1. Upon determining that a patient is Financially Indigent, the patient will be afforded a Charity Care Discount of 100% of the Facility’s Gross Charges, less any amount previously paid by 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 billed the Uninsured Rate.

E. Reservation of Rights

1. 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.

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.

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VII. References

Code of Conduct

COMP-RCC 4.02 Reduction or Waiver of Copayments or Deductibles (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)

Job Aids for State-Specific Requirements

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I. 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. Definitions

Essential Living Expenses: Means 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: Means 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: Means 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.

B. 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.

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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.

C. 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.
- 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

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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

- 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

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be considered for a partial discount under the Reduction or Waiver of Copayments or Deductibles or Cash Pay Rates.

D. 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.