



Origination	04/2002	Owner	Suzanne Myers: Sr.Executive Assistant
Last Approved	12/2025		
Effective	11/2025	Area	Administration
Last Revised	12/2025	Applicability	All Sites
Next Review	12/2028		

Charity Care #A009

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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 assistance to their patients who have healthcare needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care they received at any of the Emanate Health Hospital locations 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 the care they received at any of the Emanate Health Hospital locations, such as, Queen of the Valley Hospital, Inter-Community Hospital, and Foothill Presbyterian Hospital. Eligibility for charity care also applies to patients who are insured but have a high medical cost and with a family income at or below 400 percent of the Federal Poverty Level (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 require the following:

- A. Completed and signed financial assistance application
 - 1. Application is only good for 6 months from the date the application was accepted.
- B. Recent paystubs or income tax returns are to be provided for the purposes of determining eligibility.
- C. Patient's health insurance or sponsorship, including but not limited to:
 - 1. Private health insurance, including coverage offered through the California Health Benefit Exchange;
 - 2. Medicare;
 - 3. Medi-Cal program or California Children's Services Program
- D. Review of the patient's outstanding account receivables of prior services and 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.

III. Eligibility Criteria

Hospital and Emergency Physician services are eligible under this policy and 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, 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.

- A. Patients with an income level at 400% or less of the FPL, will have the entire hospital bill written off regardless of net worth or size of bill;
- B. Patients with an income level between 400% and 550% of the FPL, will have a portion of the hospital bill written off, based on the sliding scale set forth below regardless of net worth or size of bill:
 - 1. 401%-450%=75% write-off
 - 2. 451%-500%=50% write-off
 - 3. 501%-550%=25% write-off
- C. Patients with income over the 550% of the FPL, portion of the hospital bill that exceeds the patient's net worth may be:
 - 1. Written-off upon approval of the VP of Revenue Cycle or his/her designee; or

2. Arranged for a reasonable monthly payment plan. **"Reasonable Payment Plan"** means monthly payments that are not more than 10% of a patient's family income for a month, excluding deductions for essential living expenses.
3. Supporting documents of the Essential Living Expenses listed below may need to be provided in order to be eligible for a Reasonable Payment Plan, such as:
 - a. Rent or House Payment/Maintenance, Food/Household Supplies, Utilities/ Telephone, Clothing, Medical/Dental payment, Insurances, School/Child care, Child/Spousal Support, Transportation/Auto Expense including: Gas, Repairs, Installment Payments, Laundry/Cleaning, Other Extraordinary Expenses

D. Approval of eligibility may be made by the appropriate individuals. These individuals are:

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. Eligibility Dispute: In the event of a dispute, a patient may seek review from either the PFS Manager of Patient Account, the Director of PFS, the V.P. of Revenue Cycle, the Chief Financial Officer or other appropriate manager as designated in the Charity Care policy.

IV. Automatic Classification for Charity Care

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 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
- F. Medicaid Claims (including Out-of-State Medicaid claims) with "no payment"
- G. Any service provided to a Medicaid eligible patient with no coverage and no payment

Under the following circumstances, a patient may be deemed eligible for charity care without absolute requirement for submission of a financial assistance application:

- A. **Homelessness.** When a patient has been determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government-sponsored program, without third-party insurance coverage.
- B. **Seen in ER, Unable to Bill.** When a patient was treated in the Emergency Department but the Hospital is unable to issue a billing statement.
- C. **Deceased.** When a patient is deceased and is without a third-party insurance coverage or identifiable estate and does not have a living spouse.
- D. **Access to Care.** When a patient is being treated through an Access to Care Program
- E. **Incarcerated.** When a patient is incarcerated and cannot be contacted to complete a Charity Care Application
- F. **Use of Presumptive Eligibility Tool.** An independent credit-based financial assessment tool indicates indigence

V. Insured Patients Not Under Contract with Emanate Health

Negotiations with insurance carriers involving inferred contractual relationships for insured patients not under contract with Emanate Health will be conducted by Executive Management at Emanate Health.

Although, Emanate Health may agree to the terms of the negotiations with insurance companies, an inferred contractual relationship is not representative of a patient "under contract" with Emanate Health. Emanate Health considers any reimbursement less than 25% of cost to be charitable event.

Patients whose income is at or below 400 percent of the federal poverty level may be eligible for a discounted payment rate. The discount must align with either Medicare or Medi-cal rates, depending on which is greater, ensuring affordability and accessibility to necessary healthcare services.

VI. Notice to Patient

Emanate Health shall provide the patient with a written notice containing the following information:

- A. Charity Care and Discount Payment Options
- B. Eligibility
- C. Financial Assistance contact information
- D. Health Consumer Alliance information
- E. Government Health Agencies contact information
- F. Emanate Health Financial Assistance

website The notice shall be provided at the time of service.

- A. If the patient is conscious and able to receive written notice at that time, the notice must be provided.
- B. If the patient is not able to receive notice at the time of service, the notice shall be provided during the discharge process.
- C. If the patient is not admitted, the written notice shall be provided when the patient leaves the facility.
- D. If the patient leaves the facility without receiving the written notice, the notice shall be mailed to the patient within 72 hours of providing services.

VII. 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.

- A. During registration or admission process, the Patient Registration Financial Counselors shall:
 - 1. Screen ALL patients who may qualify for charity care
 - 2. Receive requests from patients and/or patient's representatives for charity care
 - 3. Discuss the Emanate Health Charity Care Policy with the patient and/or patient's representative
 - 4. Provide the patient the Charity Care Application Forms- Emanate Health Hospital Financial Screening Assessment and Income Certification Forms.

- a. The Hospital Financial Screening Assessment form requests patient information, income, debts, and disability or injury status.
- b. Income Certification requests family income, number of dependents, and copies of:
 - i. Recent Tax Returns for the year or 12 months in which the patient was first billed; or
 - ii. Recent Paystubs from the last 6 months periods before or after the patient was first billed

Guide the patient in completing the forms and provide instruction for submission to PFS Department.

- 5. 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 application 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.
 - iv. Determined and Approved Charity Care award following the criteria stated on Section III. Eligibility Criteria
 - v. 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 requests.

VIII. Discovery of Patient Financial Assistance Eligibility During Collections

While Emanate Health strives to determine patient financial assistance as close to the time of service as possible, in some cases further investigation is required to determine eligibility. Patients who are eligible for financial assistance may not have been identified prior to initiating external collection action.

Emanate Health collection agencies shall be made aware of the possibility and are requested to refer- back patient accounts that may be eligible for financial assistance. When it is discovered that an account is eligible for financial assistance, Emanate Health will reverse the account out of Bad Debt and document the respective discount in charges as charity care.

IX. Access to Healthcare During a Public Health Emergency

An Access to Healthcare Crisis must be proclaimed by hospital leadership / approved by the board of directors and attached to this patient financial assistance document as an addendum. An Access to Healthcare Crisis may be related to an emergent situation whereby state/federal regulations are modified to meet the immediate healthcare needs of Emanate Health community during the Access to Healthcare Crisis. During an Access to Healthcare Crisis, Emanate Health may "flex" its patient financial assistance policy to meet the needs of the community in crisis. These changes will be included in the patient financial assistance policy as included as an addendum. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy, as hospital leadership may not be able to react quickly enough to update policy language in order to meet more pressing needs during the Access to Healthcare Crisis.

X. 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 400% or less of the FPL. The law also requires the acute general hospital to notify patients of the emergency physicians' charity care and discounting program.

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 Services Contact Information:

MedAmerica Billing Services, Inc. dba: Vituity RCM

1601 Cummins Drive, Suite D

Modesto, CA 95358

Phone Number: (800) 498-7157

Website: www.vituity.com

XI. 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.

XII. Collection Policy and Procedure

Emanate Health developed a policy and procedure for internal and external collection practices that take into 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 a reasonable payment plan for patients. Patients or the responsible party who have agreed with the reasonable payment plan, unpaid bills will not be referred to an outside collection agency. 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.

XIII. References

California Assembly Bill 532; California Assembly Bill

774; California Assembly Bill 1503; California Assembly

Bill 1276; California Assembly Bill 1020; California

Assembly Bill 2297 California Senate Bill 1276;

California Senate Bill 1061

Approval Signatures

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