

STANDARD POLICY: FINANCIAL ASSISTANCE POLICY

POLICY SUMMARY/INTENT:

Adventist Health facilities are built on a team of dedicated health care professionals - physicians, nurses, technicians, management, trustees, volunteers, and many other devoted health care workers. Together, these individuals serve to protect the health of their communities. Their ability to serve requires a special relationship built on trust and compassion. Through mutual trust and goodwill, Adventist Health and patients will be able to meet their responsibilities. This policy is designed to strengthen that relationship and make sure patients receive services regardless of their ability to pay.

This policy describes Adventist Health's Financial Assistance (both Charity Care and Discounted Care) policy. Adventist Health does not discriminate, and is fair in reviewing and assessing eligibility for Financial Assistance for community members who may be in need of financial help. Adventist Health provides financial assistance to patients and families when they are unable to pay, all or part, of their medical bill. This policy describes how Adventist Health reviews a patient's financial resources to determine if financial assistance can be provided.

The intent of this policy is to comply with applicable federal, state and local laws and regulations.

DEFINITIONS

- 1. Allowable Medical Expenses** - All family members' medical expenses that are eligible for federal income tax deduction, even if the expenses are more than the medical expense deduction allowed by the IRS. Paid and unpaid bills may be included
- 2. Amount Generally Billed (AGB)** - The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This is usually described as a percent of Gross Charges. The AGB percentages for each hospital facility are updated annually.
- 3. Application Period** - The period during which Adventist Health must accept and process an application for financial assistance under its Financial Assistance Policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Adventist Health provides the individual with a written notice that sets a deadline after which ECAs may be initiated.
- 4. Billed Charges** - Charges for items and services provided by Adventist Health as published in the Charge Description Master (CDM) and available at www.adventisthealth.org website under Patient Resources, Healthcare Costs and Charges page.
- 5. Charge Description Master** - A list of items and services, along with their individual prices and codes, used to bill for services.
- 6. Charity Care** - Free or Discounted Care provided when the patient is not expected to pay a bill or is expected to pay only a small amount of the patient's payment obligation for items and services provided by Adventist Health. Charity Care is based on financial need.
- 7. Discounted Care** - A deduction from the payment obligations for items and services that is given for cash, prompt, or advanced payment, or to certain categories of patients, e.g., self-pay patient or uninsured patient.
- 8. Extraordinary Collection Action (ECA)** - ECAs are legal or judicial actions taken to receive payment from a patient for care covered under the hospital facility's Financial Assistance Policy. Selling a patient's debt to another company for collection purposes without adequate protections in place is also an ECA. Other examples include garnishing a patient's wages and adverse credit reporting.
- 9. Emergency Medical Care** - Refers to Emergency Services and Care, as defined in the Adventist Health Emergency Medical Treatment and Labor Act policy (EMTALA) #AD-06-019-S.
- 10. Essential Living Expenses (ELE)** - The following expenses are considered Essential Living Expenses: rent or house payment and maintenance, food, household supplies, laundry and cleaning, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, repairs and installment payments, and other extraordinary expenses.
- 11. Family Members** -
 - a. Family Members, of persons **18 years or older**, include a spouse, domestic partner, as defined by the state where the facility is licensed, and dependent children under 26 years, whether living at home or not.
 - b. Family Members of **persons under 18 years** include parents, caretaker relatives, and other children of the parent or caretaker relative who are less than 26 years of age of the parent or caretaker relative.
- 12. FAP** - The Adventist Health Financial Assistance Policy.
- 13. Federal Income Tax Return** - The Internal Revenue Service (IRS) form/s used to report taxable income. The IRS form must be a copy of the signed and dated forms sent to the IRS.
- 14. Federal Poverty Level (FPL)** - The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under its statutory authority.
- 15. Financial Assistance** - The reductions in payment obligation afforded to Adventist Health patients if such patients qualify for assistance under this policy or the Financial Assistance for Uninsured Patients policy.

16. **High Medical Costs** - Defined as any of the following
 - a. Annual Out-of-Pocket expenses, incurred by an individual at an Adventist Health hospital, that exceeds the lesser of ten percent (10%) of the patient's current family income or family income in the prior 12 months.
 - b. Annual Out-of-Pocket expenses that are more than ten percent (10%) of the patient's family income, if the patient provides documentation of their medical expenses paid by the patient, or the patient's family, in the prior 12 months.
17. **Household Income** - Cumulative income of all Family Members who live in the same household as the patient, or at the home address the patient uses on income tax returns, or on other government documents. This includes the following:
 - a. Gross wages, salaries, tips, etc.
 - b. Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income
 - c. Interest, dividends, royalties, income from rental properties, estates and trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources
18. **Limited English Proficiency (LEP) Group** - A group of people who either do not speak English, or who are unable to effectively communicate in English because it is not their native language. The size of the group is the lesser of either 1,000 individuals, or five percent (5%) of the community served by the facility, or the non-English speaking populations likely to be, affected or encountered, by the facility. The facility may use any reasonable method to determine the number, or percentage, of LEP patients that may be affected, encountered, or are served by the facility.
19. **Medically Necessary** - A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to either (a) protect life, to prevent significant illness or significant disability, (b) to alleviate severe pain, or (c) to prevent, diagnose or treat an illness, injury, condition or disease, the symptoms of an illness, injury, condition or disease, and (d) meets accepted standards of medicine.
20. **Out-of-Pocket Costs** - Costs which the patient pays from personal funds.
21. **Patient Financial Services (PFS)** - The Adventist Health department responsible for billing, collecting, and processing payments.
22. **Payment Plan** - A series of payments, made over a period of time, to pay the patient's payment obligation for items and services provided by Adventist Health. Monthly payments cannot be more than ten percent (10%) of a patient's monthly family income, excluding deductions for Essential Living Expense.
23. **Plain Language** - Writing designed to ensure the reader understands quickly, easily, and completely as possible. Plain language strives to be easy to read, understand and use.
24. **Presumptive Financial Assistance** - When Adventist Health staff may assume a patient will qualify for 100% Financial Assistance based on information given to them, e.g., homelessness, etc.
25. **Qualifying Patient** - Patient who meets the financial qualifications for Financial Assistance as defined in Section C below.
26. **Reasonable Payment Plan** - A payment plan negotiated between Adventist Health and a patient takes into consideration the patient's family income and essential living expenses. If the hospital and the patient cannot agree on the payment plan, the hospital shall establish a payment plan with monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses (as defined above).
27. **Self Pay Patient** - A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital. Self-pay patients may include charity care patients.
28. **Self-Pay Liability** - Any balance due by the person who is responsible for payment. This could be a patient, or the patient's guarantor (not a third-party payer).
29. **Third-Party Coverage** - A policy of insurance or other prepaid coverage purchased for protection against certain events, such as health, automobile and general liability insurance, etc.
30. **Uninsured Patient** - Patients who do not have insurance to cover the services received.
31. **Underinsured Patient** - A patient who does not have enough insurance or prepaid coverage to cover the services received.

POLICY: COMPLIANCE – KEY ELEMENTS

Adventist Health is committed to providing Financial Assistance to patients who seek Emergency Medical Care, or Medically Necessary Care, but have limited, or no means, to pay for that care. Financial Assistance is comprised of both Charity Care (free care) and/or Discounted Care. Adventist Health will provide, without discrimination, Emergency Medical Care, or Medically Necessary Care as defined in this policy, to persons regardless of their ability to pay, their eligibility under this policy, or their eligibility for government assistance.

Accordingly, this written policy:

1. Includes eligibility criteria for Financial Assistance – Charity Care (free) and Discounted Care (reduction in the patient's payment obligation);
2. Describes the basis for how Adventist Health calculates the amount charged to patients who qualify for Financial Assistance under this policy;
3. Describes how patients apply for Financial Assistance;
4. Describes how the Adventist Health hospital or other Adventist Health facility will publicize this policy in the community it serves; and
5. Describes how the Adventist Health hospital or other Adventist Health facility limits the amount billed to patients who qualify for Financial Assistance
6. Includes a list of physician and other providers who provide emergency or other medically necessary care in the hospital facility that specifies which providers are covered by the FAP and which are not.

Charity Care and Discounted Care are not substitutes for personal responsibility. Patients are expected to work with the facility when seeking Financial Assistance. Persons must help pay for the cost of their care based on their ability to pay. Persons with financial means to purchase health insurance will be encouraged to do so since this helps improve their access to health care services.

A. COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE:

1. Adventist Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Adventist Health will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Adventist Health patients in a non-discriminatory manner, pursuant to each Adventist Health hospital's EMTALA policy (see AH Model Policy AD-06-109-S "EMTALA – Compliance with EMTALA").

a. Qualifying Care Under This Policy includes:

- i. Emergency Medical Care, or other Medically Necessary Care, provided at Adventist Health owned and operated facilities listed in Appendix B
- ii. Emergency department physician services that the Adventist Health facility bills for on the physicians' behalf.
- iii. Note: Emergency room physicians, who provide emergency medical services in an Adventist Health general acute care facility are excluded from this policy unless listed as a "Covered Provider" in the documentation from Appendix D. California requires these physicians to have their own financial assistance policies. Patients who receive a bill from an Emergency Room physician, and are uninsured, underinsured, or have High Medical Costs, should contact that physician's office and ask about their Financial Assistance policy.
- iv. An emergency physician who provides emergency medical services at an Adventist Health hospital in California is required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.
- v. A California small and rural hospital, as defined in California Health and Safety Code section 124840, may establish eligibility levels for financial assistance and charity care at less than 400 percent of the federal poverty level as appropriate to maintain their financial and operational integrity.

b. Communication of Financial Assistance

- i. Adventist Health gives patient's information about Financial Assistance in different ways, including, but not limited to:
 - I. Clearly and conspicuously placing public notices in Emergency Rooms, Admitting and Registration Offices, Billing Offices, Patient Financial Services Departments, other public places and other outpatient settings, including observation units;
 - II. Placing information in the Adventist Health Conditions of Registration Form;
 - III. Printing information in Adventist Health Post-Discharge Billing Statement. This includes information about how patients can obtain more information about financial assistance along with the internet link for the Financial Assistance Policy;
 - IV. Posting a "plain language summary" of the Financial Assistance Policy on all Adventist Health websites and offering a paper copy if the "plain language summary" to patients as part of the intake or discharge process.
 - V. Prominently displaying information on Adventist Health facility websites, with a link to the Financial Assistance Policy itself;
 - VI. Placing, in a "plain language" brochure, mailings, and at other community locations.
 - VII. For patients of Adventist Health's California hospitals, a written notice shall be provided to all patients admitted to the hospital as well as patients who receive emergency or outpatient care and who may be billed for that care, but who were not admitted. the written notice will further be clearly and conspicuously placed in areas in section A.1.b.i.I of this Policy
 - A. The written notice shall include:
 - 1. Availability of the hospital's discount payment and charity care policies, including information about eligibility
 - 2. Contact information for a hospital employee or office from which the person may obtain further information about these policies.
 - 3. The internet address of the Health Consumer alliance (<https://healthconsumer.org>)
 - 4. A statement that there are organizations that will help the patient understand the billing and payment process
 - 5. Information regarding Covered California and Medi-Cal presumptive eligibility (if the California hospital participates in the presumptive eligibility program)
 - 6. The notice shall also include the internet address for the Adventist Health Hospital's shoppable services (as per 45 CFR 180.60)
 - B. The written notice shall be provided at the time of service if the patient is conscious and able to receive written notice at the time. if the patient is not able to receive notice at the time of service, the notice shall be provided during the discharge process. If the patient is not admitted, the written notice shall be provided when the patient leaves the facility. If the patient leaves the facility without receiving written notice, the hospital shall mail the notice to the patient within 72 hours of providing services.

VIII. For patients of Adventist Health's California hospitals, a written notice shall be provided to a patient without health coverage follows:

- A. A written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the hospital, based upon an average length of stay and services provided for the person's diagnosis
 - B. Information about its financial assistance and charity care policies and contact information for a hospital employee or office from which the person may obtain further information about these policies
 - C. An application form for financial assistance or charity care.
 - D. The estimate may be provided during normal business office hours.
 - E. This does not apply to patients who received emergency services
- ii. Notices written correspondence, and other documents including the Financial Assistance Policy, Financial Assistance application, and the plain language summary of the Financial Assistance Policy are provided to patients in their primary language, when the patient is identified as being within a Limited English Proficiency (LEP) group. In addition to the above, Adventist Health personnel may use their discretion to give individual notice of financial assistance to patients who appear to be at risk of not being able to pay their bill. Referral of patients for financial assistance may be made by any member of the medical, or facility, staff. A request for financial assistance may also be made by the patient, his or her guardian, or family member. Requests are subject to applicable privacy laws.
- a. The written notices will contain information about availability of the hospital's discount payment and charity care policies. This includes information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies
- iii. A hospital may provide electronically (for example, on an electronic screen, by email, or by providing the direct Website address, or URL, of the Web page where the document or information is posted) any document or information that is provided in the form of a paper copy to any individual who indicates he or she prefers to receive or access the document or information electronically.
- iv. Individuals can get information about the Financial Assistance Policy, a copy of our Plain Language Summary, and an application in different languages, free of charge, by:
- a. Going to the registration area, emergency room, or admissions areas
 - b. Speaking with an Adventist Health facility financial counselor
 - c. Going to the website for Adventist Health: <https://www.adventisthealth.org/patient-resources/financial-assistance/>
 - d. Calling us at 1-844-827-5047 (or local hospital – See appendix B of this policy)
 - e. Writing to: Adventist Health, ATTN: Financial Assistance, P.O. Box 677000, Paradise, CA 95967
 - f. Patients may get a paper copy of this Financial Assistance Policy upon request by contacting any of the five contacts listed above

c. Eligibility Criteria for Financial Assistance

- i. **Patients who are:** (a) uninsured (including a Self-Pay Patient, or underinsured with High Medical Costs, (b) have a Household income at or below 400 percent of the federal poverty level, and (c) are unable to pay for their care are eligible for financial assistance if they qualify under the Financial Assistance Policy. Decisions on whether a patient will be granted financial assistance are based on a patient's financial need. Race, color, national origin, citizenship, religion, creed, gender, sexual preference, gender identity and expression, age, or disability are not considered.
- ii. For patients on Medicaid (called "Medi-Cal" in California) the patient's Share of Cost (SOC) amounts are not eligible for financial assistance. The SOC amounts are set by the State. States require patients to pay the SOC as a condition of receiving Medicaid/Medi-Cal covered services.
- iii. A patient described in section(A)(1)(c)(i) may qualify for Financial Assistance under this policy, if they meet one of the following criteria:
 - I. Income: Household Income is at, or below, 400% of the FPL.
 - II. Expenses: Patients who do not meet the income criteria, may be eligible for financial assistance based on essential living expenses and resources. The following two (2) qualifications must both apply:
 - A. Essential Living Expenses: Exceed fifty percent (50%) of the Household Income; and
 - B. Resources: The patient's excess medical expenses (the amount that Allowable Medical Expenses are greater than 50% of annual Household Income) must be greater than available Qualifying Assets.
 - III. Financial Assistance may be applied to uninsured patients, as well as the patient liability for patients with insurance, including charges determined uninsured for the hospital stay, coinsurance, copayment, deductible amounts and other liabilities for medically necessary hospital services except for Medicaid SOC
 - A. Please see tables under Sections d.iii and d.vii for eligibility criteria

d. Financial Assistance Levels: Basis for Calculating Amounts Charged to Patients

- i. There is a limit to the amount an individual who is eligible for Financial Assistance may be charged. That individual may not be charged more than the Amount Generally Billed (AGB) for emergency or other medically necessary care. Adventist Health does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy. Appendix C

describes the specific AGB methodology used for each Adventist Health hospital facility.

- ii. Charity Care and Discounted Care: Documentation of Household income shall differ depending on whether the hospital is determining eligibility for charity care or discounted payment.
 - I. For purposes of determining eligibility for charity care, documentation of assets may include information on all monetary assets, but shall not include statements on retirement or deferred compensation plans qualified under the Internal Revenue Code, or non-qualified deferred compensation plans. A hospital may require waivers or releases from the patients or patient's family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold the monetary assets, to verify their value. For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Service Code, or non-qualified deferred compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.
 - II. For purposes of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs and income tax returns.
 - III. Eligibility for discounted payments or charity care may be determined at any time the hospital is in receipt of information.
- iii. For patients of Adventist Health's California hospitals, a hospital shall further limit expected payment for services it provides to a patient who meets the criteria in section (A)(1)(c) to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. If the hospital provides a service for which there is no established payment by Medicare or Medi-Cal, the hospital shall establish an appropriate discounted payment. Patients eligible for financial assistance pursuant to the section shall not be required to undergo an independent dispute resolution process. Adventist Health shall provide charity care (zero patient responsibility) for Self-Pay Patients at or below 200% or less of the Federal Poverty Level.
- iv. For patients of non-California hospitals and Adventist Health Physician Network patients. The discount is based on the percentages in the following tables:

I. Emergency and Medically Necessary Care for Uninsured and Insured Patients

Uninsured Patients		
Household Income	Patient Responsibility	Oregon All Locations Amounts Charged
200% or less of the Federal Poverty Level	Zero	Zero
> 200% to 300% of the Federal Poverty Level	50% of the Amount Generally Billed	25% of the Amount Generally Billed
> 300% to 350% of the Federal Poverty Level	75% of the Amount Generally Billed	50% of the Amount Generally Billed
> 350% to 400% of the Federal Poverty Level	75% of the Amount Generally Billed	75% of the Amount Generally Billed
> 400% of the Federal Poverty Level	Please refer to the Financial Assistance for Uninsured Patients Policy	Please refer to the Financial Assistance for Uninsured Patients Policy

Patients with Commercial Insurance or Non-Contracted Managed Care Plans and High Medical Costs		
Household Income	Amounts Charged	Oregon All Locations Amounts Charged
400% or less of the Federal Poverty Level	The Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, the patient obligation is zero.	Any patient liability after amounts paid by the patient's insurer failed to pay AGB shall follow the FPL groupings and minimum % discounts from AGB applied as outlined in the table above for uninsured patients.
>400% of the Federal Poverty Level	Not covered under the Financial Assistance Policy, the patient is responsible for their cost sharing obligation amount.	Not covered under the Financial Assistance Policy, the patient is responsible for their Self-Pay Liability amount.

II. Non-Emergency and non-Medically Necessary Care for Uninsured and Insured Patients:

Uninsured Patients	
Household Income	Amounts Charged
200% or less of the Federal Poverty Level	Zero
>200% to 400% of the Federal Poverty Level	50% of the Amount Generally Billed

>400% of the Federal Poverty Level	Not covered under the Financial Assistance Policy, refer to the Uninsured Discount Policy
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Patients with Commercial Insurance or Non-Contracted Managed Care Plan and High Medical Costs	
Household Income	Patient Liability
400% or less of the Federal Poverty Level	The Amount Generally Billed for the same service LESS the amount paid by the patient's insurer. If the insurer paid an amount, equal to or greater than the Amount Generally Billed, patient obligation is zero.
>400% of the Federal Poverty Level	Not covered under the Financial Assistance policy; the patient is responsible for their Self-Pay Liability amount.

v. How Patients Apply for Financial Assistance:

- i. To be considered for Financial Assistance under this policy, a patient or guarantor must:
 - I. Work with Adventist Health to find other sources of payment, or coverage, from public and/or private payment programs;
 - II. Submit a true, accurate, and complete confidential → Financial Assistance Application within the Application Period;
 - III. Provide a copy of patient's or guarantor's most recent pay stub (or certify that he or she is currently unemployed);
 - IV. Provide a copy of patient's or guarantor's most recent Federal Income Tax Return (including all schedules)
- ii. The patient or guarantor is responsible for meeting the conditions of coverage of their insurance or health plan, if they have third-party insurance or health plan. Failure to do so, may result in a denial of financial assistance.
- iii. Human dignity, and stewardship, are considered in the application process for deciding financial need and granting financial assistance.
- iv. Adventist Health shall not use any information given by a patient regarding monetary assets, pay stubs or income tax returns, in connection with his or her application, for any collection activities of Adventist Health. Information provided by the patient about their household income will only be used to evaluate whether the patient qualifies for financial assistance under this policy.
- v. Adventist Health shall not deny financial assistance under its FAP based on a patient's failure to provide information or documentation unless the information or documentation is described in the FAP or FAP application form.
- vi. For patients of Adventist Health's California hospitals, a patient shall not be denied financial assistance that would be available pursuant to the policy published on the California Department of Health Care Access and information's internal website at the time of service.

vi. Eligibility for Other Government Programs

- i. The facility will make reasonable efforts to help the patient find insurance options including:
 - I. Private health insurance, including coverage offered through the Health Benefit Exchange;
 - II. Medicare; or
 - III. The Medicaid program, the Children's Services program, or other state-funded programs designed to provide health coverage. If a patient applied or has a pending application for another health coverage program at the same time that the patient applies for a facility financial assistance program, neither application will stop eligibility for the other program.
- ii. Upon receiving a complete FAP application from a patient who the hospital believes may qualify for Medicaid, the hospital shall postpone determining whether the patient is FAP-eligible for the care until after the patient's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.

vii. Presumptive Financial Assistance Eligibility

- i. Presumptive Financial Assistance takes place when Adventist Health staff may assume a patient will qualify for financial assistance based on information received by the facility, i.e., homelessness, etc.
 - I. A staff or management member of the Patient Financial Services Department will complete an internal Financial Assistance Application for a patient, to include:
 - A. The reason the patient, or patient's guarantor, cannot apply on his/her own behalf; and
 - B. The patient's documented medical or socio-economic reasons that stop the patient, or patient's guarantor, from completing the application.
 - II. Financial assistance may be granted in the absence of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship. The reason for presumptive eligibility will be reflected in the transaction code used to adjudicate the patient's the patient's claim. Additional

patient notes may be included. Examples of the exceptions where documentation requirements are waived include but are not limited to:

- A. The patient's medical record that documents they are homeless;
 - B. It is verified that the patient expired with no known estate or spouse;
 - C. The patient is currently in jail or prison;
 - D. The patient qualifies for a public benefit program including Social Security, Unemployment Insurance Benefits, Medicaid, County Indigent Health, AFDC, Food Stamps, WIC, etc.;
 - E. The patient meets another public benefit program's requirement that are similar to Adventist Health's Financial Assistance program;
 - F. Adventist Health tried to get a payment from the patient, and is not able to do so;
 - G. The patient has not completed a Financial Assistance Application;
 - H. The patient does not respond to requests for documentation;
 - I. An independent credit-based financial assessment tool indicates indigence
 - J. An automatic financial assistance determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:
 1. Patient has an active Medicaid plan
 2. Patient is eligible for Medicaid
 3. or patients with current active Medicaid coverage will have assistance applied for past dates of service
 - K. Any other information required by the Financial Assistance Application
- III. If the patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP, the hospital facility shall
1. Notify the individual regarding the basis for presumptive FAP-eligibility determination and the way to apply for more generous assistance available under FAP.
 2. Give the patient a reasonable period of time to apply for more generous assistance before initiating extraordinary collection actions to obtain the discounted amount owed for the care; and
 3. If the patient submits a complete FAP application seeking more generous assistance during the Application Period, determine whether the patient is eligible for a more generous discount and otherwise meets the requirements with respect to that complete FAP application.
- ii. Non-covered and denied service provided to Medicaid eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for and forms of patient financial liability besides SOD and all charges related to services not covered, including all denials, are charity care. Examples may include, but not limited to:
- A. Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other hospital care)
 - B. Medicaid-pending accounts
 - C. Medicaid of other indigent care program denials
 - D. Charges related to days exceeding a length-of-stay limit
 - E. Medicaid claims (including out of state Medicaid claims) with "no payments"
 1. Any service provided to a Medicaid eligible patient with no coverage and no payment
- iii. If the patient does not or cannot respond to the application process, then the patient's account will be screened using the presumptive eligibility information outlined above to make an individual assessment of financial need. The above information helps Adventist Health make an informed decision on the financial need of a patient by using the best estimates available if the patient does not or cannot provide the requested information.
- I. Adventist Health facilities use a third-party to conduct electronic reviews of patient information to assess financial need. These reviews use a healthcare industry-recognized model that is based on public record databases. This predictive model uses public record data to calculate a socio-economic and financial capacity score. It includes estimates of income,(and for California, assets and liquidity). The electronic technology compares each patient using standards that are analogous to the standards in the formal application process.
 - II. Electronic technology will be used after all other eligibility, and payment sources, have been tried before a patient account is considered bad debt and turned over to a collection agency. This ensures Adventist Health facilities screen all patients for Financial Assistance before taking any collection actions.
 - III. The electronic eligibility review data that supports the financial need to qualify at 200% FPL, or less, will only be applied to past patient balances.
- iv. Patient accounts granted presumptive eligibility will be reclassified under the Financial Assistance policy, Adventist Health will not:

- I. send them to collection agencies, debt buyers, or other assignees that is not a subsidiary or affiliate of Adventist Health;
- II. subject them to further collection actions;
- III. notify them of their qualification; or
- IV. include them in the facility's bad debt expense

viii. Eligibility Period

- i. The Financial Assistance adjustment will be applied to all eligible patient account balances, including those received before the application approval date.
- ii. The financial assistance approval is good for 180 days after the approval is granted.
- iii. For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient is seeking financial assistance to pay those bills

ix. Appeal Regarding Application of This Policy

- i. Patients may submit a written request for reconsideration to the Finance Officer (FO) of the Adventist Health Facility at which they received services when:
 - I. they believe their Financial Assistance Application was not approved according to this policy; or
 - II. they disagree with the way the policy was applied to their case
- ii. The FO will be the final level of appeal.
- iii. Appeal must be submitted within 90 days of the date of the decision letter.

x. Agreements with other Parties - If Adventist Health sells or refers an individual's debt related to care to another party, Adventist Health will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care. At a minimum such an agreement must provide the following:

- i. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period, the party will suspend ECAs to obtain payment for the care until either the hospital facility determined whether the individual is FAP-eligible based on a complete FAP application and otherwise met the requirements OR the individual has failed to respond to the requests for additional information and/or documentation within a reasonable period of time given to respond to such request.
- ii. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period and is determined to be FAP-eligible for the care, the party will do the following in a timely manner:
 - I. Adhere to procedures specified in the agreement that ensure that the individual does not pay, and has not obligation to pay, the party and the Adventist Health facility together more than the individual is required to pay for the care as a FAP-eligible individual
 - II. if applicable and if the party (rather than the hospital facility) has the authority to do so, take all reasonably available measures to reverse any ECA (other than the sale of a debt or a lien that a hospital facility is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which the hospital facility provided care) taken against the individual.
- iii. if the individual submits a FAP application after the referral or sale of the debt but before the end of the application period, the party will suspend ECAs to obtain payment for the care as described in Paragraph A(j)(iii)(1) of the Financial Assistance Policy.
- iv. The party shall be required to comply with Adventist Health's definition and application of a reasonable payment plan, as that term is defined in the Financial Assistance Policy
- v. If the party refers or sells the debt to yet another party during the Application Period, the party will obtain a written agreement from that other party including all of the other elements described in this Paragraph k.

xi. Documentation

- i. Confidential Financial Assistance Application

xii. List of Covered Providers

- i. The list of Covered and Non-covered Providers who deliver Emergency Medical Care, and other Medically Necessary Care will be updated at least quarterly.
- ii. See Appendix D of the Policy for a link to the lists of Covered and Non-covered Providers
- iii. See Appendix B of the Policy for the physical address where to get a free copy of the Covered and Non-covered Providers list.
- iv. Section B of the Policy describes how this list will be made available.

xiii. Authorized Body

- i. Adventist Health Finance Cabinet will review any subsequent changes to this policy and recommend approval to the Adventist Health Board of Directors.

ii. The Adventist Health Board of Directors shall adopt the policy for the hospital facility.

APPENDIX A: 2023 FEDERAL POVERTY LEVELs (FPL)

2023 FEDERAL POVERTY LEVELs (FPL)

Persons in Family	48 Contiguous States and the District of Columbia	Alaska	Hawaii
1	\$14,580	\$18,210	\$16,770
2	\$19,720	\$24,640	\$22,680
3	\$24,860	\$31,070	\$28,590
4	\$30,000	\$37,500	\$34,500
5	\$35,140	\$43,930	\$40,410
6	\$40,280	\$50,360	\$46,320
7	\$45,420	\$56,790	\$52,230
8	\$50,560	\$63,220	\$58,140
For each additional person, add	\$5,140	\$6,430	\$5,910

Source: <http://www.aspe.hhs.gov/poverty/>

APPENDIX B: Covered Facility List

Covered Facility List

List of Adventist Health facilities covered under this policy:

Doing Business As (DBA)	Address	Phone Number
Adventist Health Bakersfield	2615 Chester Avenue Bakersfield, CA 93301	661-395-3000
Adventist Health Castle	640 Ulukahiki Street Kailua, HI 96374	808-263-5500
Adventist Health Clear Lake	15630 18th Avenue Clearlake, CA 95422	707-994-6486
Adventist Health Delano	1401 Garces Highway Delano, CA 93215	661-725-4800
Adventist Health Feather River	5125 Skyway Road Paradise, CA 95969	530-872-2000
Adventist Health Glendale	1509 Wilson Terrace Glendale, CA 91206e	818-409-8000
Adventist Health Hanford	115 Mall Drive Hanford, CA 93230	559-582-9000
Adventist Health Howard Memorial	1 Marcela Drive Willits, CA 95490	707-459-6801
Adventist Health Lodi Memorial	975 S. Fairmont Avenue Lodi, CA 95240	209-334-3411
Adventist Health Mendocino Coast	700 River Drive Fort Bragg, CA 95437	707-961-1234

Adventist Health Physicians Network or Adventist Health Medical Foundation Clinics	Please use contact address for the nearest AH facility	Please use phone listed for nearest AH Facility
Adventist Health Reedley	372 W. Cypress Avenue Reedley, CA 93654	559-638-8155
Adventist Health Rideout	726 4th Street Marysville, CA 95901	530-749-4300
Adventist Health Selma	1141 Rose Avenue Selma, CA 93662	559-891-1000
Adventist Health Simi Valley	2975 North Sycamore Drive Simi Valley, CA 93065	805-955-6000
Adventist Health Sonora	1000 Greenley Road Sonora, CA 95370	209-536-5000
Adventist Health St. Helena	10 Woodland Road St. Helena, CA 94574	707-963-3611
Adventist Health Tehachapi Valley	1100 Magellan Drive Tehachapi, CA 93561	661-823-3000
Adventist Health Tillamook	1000 Third Street Tillamook, OR 97141	503-842-4444
Adventist Health Tulare	869 N. Cherry Street Tulare, CA 93274	559-688-0821
Adventist Health Ukiah Valley	275 Hospital Drive Ukiah, CA 95482	707-462-3111
Adventist Health Vallejo	525 Oregon Street Vallejo, CA 94590	707-648-2200
Adventist Health White Memorial	1720 East Cesar E. Chavez Ave. Los Angeles, CA 90033	323-268-5000
Adventist Health Home Care	Please Call for the Information	844-827-5047

APPENDIX C - Amount Generally Billed (AGB) for facilities in California:

Amount Generally Billed (AGB) for facilities in California:

AGB Table #1:

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHBD	Adventist Health Bakersfield	All services	5/1/2023	15%

AHCL	Adventist Health Clear Lake	All services	5/1/2023	41%
AHDL	Adventist Health Delano	All services	5/1/2023	26%
AHGL	Adventist Health Glendale	All services	5/1/2023	14%
AHHF	Adventist Health Hanford	All services	5/1/2023	21%
AHHM	Adventist Health Howard Memorial	All services	5/1/2023	29%
AHLM	Adventist Health Lodi Memorial	All services	5/1/2023	12%
AHMC	Adventist Health Mendocino Coast	All services	5/1/2023	51%
AHRD	Adventist Health Reedley	All services except Rural Health Clinics – See Appendix D	5/1/2023	21%
AHRO	Adventist Health and Rideout	All services	5/1/2023	21%
AHSV	Adventist Health Simi Valley	All services	5/1/2023	14%
AHSR	Adventist Health Sonora	All services	5/1/2023	14%
AHSH	Adventist Health St. Helena	All services	5/1/2023	14%
AHTV	Adventist Health Tehachapi Valley	All services	5/1/2023	31%
AHTR	Adventist Health Tulare	All Services	5/1/2023	21%
AHUV	Adventist Health Ukiah Valley	All services	5/1/2023	24%
AHWM	Adventist Health White Memorial	All services	5/1/2023	13%
AHPN	Adventist Health Physician Network	All Services	5/1/2023	36%

Amount Generally Billed (AGB) for facilities in Oregon, Washington and Hawaii:

AGB Table #2

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHCS	Adventist Health Castle	All services except Physician Clinics - See Below Table 3	5/1/2023	42%
AHTM	Adventist Health Tillamook	All Services	5/1/2023	56%

AGB Table #3

The method used to calculate the AGB is the Look-Back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). A single average percentage of gross charges, or multiple percentages for separate categories of care or separate items or services may apply, as set forth in the chart below. The AGB rate will be updated annually on January 1st of each year and implemented within 120 days of any AGB rate change.

Facility Abbreviation	Facility	Service	Effective	AGB
AHHC	Adventist Health Home Care	All Services	5/1/2023	61%

APPENDIX D: Sliding Scale – Adventist Health Reedley – Rural Health Clinics

Sliding Scale – Adventist Health Reedley – Rural Health Clinics

A completed Sliding Scale attestation must be submitted, and any qualification is valid for 90 days from the date of qualification.

Adventist Health Reedley – RHC Visit			
Nominal Amounts	\$30.00	\$45.00	\$60.00
Family Size	50% of nominal amount	75% of nominal amount	100% of nominal amount
	100% of the 2023 FPL	150% of the 2023 FPL	200% of the 2023 FPL
1	\$14,580	\$21,870	\$29,160
2	\$19,720	\$29,580	\$39,440
3	\$24,860	\$37,290	\$49,720
4	\$30,000	\$45,000	\$60,000
5	\$35,140	\$52,710	\$70,280
6	\$40,280	\$60,420	\$80,560
7	\$45,420	\$63,220	\$90,840
8	\$50,560	\$75,840	\$101,120
Additional Person	\$5,140	\$7,710	\$10,280

APPENDIX E : Covered and Noncovered Provider's List

Covered and Noncovered Provider's List

The list of Covered and Noncovered Providers who provide Emergency Medical Care or other Medically Necessary Care, in each Adventist Health hospital facility, is maintained in the supplemental document called, "PFS-112 Financial Assistance Covered and Noncovered Physicians List". This list is updated quarterly and is published on the Adventist Health website at the links in the following table.

Patients may get a free hard copy of the "PFS-112 Financial Assistance Covered and Noncovered Physicians List" at the facility addresses listed in Appendix B, above.

Below are the links to the lists of Covered and Non-Covered Providers included in this supplemental document:

Facility Abbreviation	Facility
Adventist Health Bakersfield	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHBD-501R-FAP-Providers.pdf
Adventist Health Castle	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCS-501R-FAP-Providers.pdf
Adventist Health Clear Lake	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHCL-501R-FAP-Providers.pdf
Adventist Health Delano	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHDL-501R-FAP-Providers.pdf
Adventist Health Glendale	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHGL-501R-FAP-Providers.pdf
Adventist Health Hanford	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHF-501R-FAP-Providers.pdf
Adventist Health Howard Memorial	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHHM-501R-FAP-Providers.pdf

Adventist Health Lodi Memorial	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHLM-501R-FAP-Providers.pdf
Adventist Health Mendocino Coast	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf
Adventist Health Physician Network	To be determined
Adventist Health and Rideout	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHRO-501R-FAP-Providers.pdf
Adventist Health Simi Valley	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSV-501R-FAP-Providers.pdf
Adventist Health Sonora	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHSR-501R-FAP-Providers.pdf
Adventist Health Tehachapi Valley	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTV-501R-FAP-Providers.pdf
Adventist Health Tillamook	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHTM-501R-FAP-Providers.pdf
Adventist Health Ukiah Valley	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHUV-501R-FAP-Providers.pdf
Adventist Health Home Care Services	To be determined
Adventist Health White Memorial	https://www.adventisthealth.org/documents/financial-assistance/financial-assistance-providers/AHWM-501R-FAP-Providers.pdf

MANUAL(S):

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

www.ftc.gov
<http://www.aspe.hhs.gov/poverty/>
www.ftc.gov
www.adventisthealth.org
Financial Assistance Policy - Facility Application Letter (English)
EMTALA - Compliance With EMTALA
Charity Care/Financial Assistance Application Form - Confidential (English)
Charity Discount Application - ENG
Charity Discount Application - SPN
CA Health and Safety Code Sec. 127405 (a)(1)(B), as amended by AB 1020 (2021)
ORS 442.612(7)
IRS Section 501(r)
CA Health & Safety Code Sec. 127410 (b) by AB 532
<https://healthconsumer.org>
Financial Assistance for Uninsured Patients
Self Pay Billing and Collection Policy

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

Other <https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

ACCREDITATION:

CALIFORNIA: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1020;
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB532

HAWAII: No specific state requirements noted. Corporate policy applies as written.

OREGON: <https://olis.leg.state.or.us/liz/2018R1/Downloads/MeasureDocument/HB4020>,
<https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB3076>

WASHINGTON: No specific state requirements noted. Corporate policy applies as written.

REFERENCES:

AUTHOR: Patient Financial Services
APPROVED: Revenue Cycle Governance 9/18/2015; Exec Cabinet 12/1/2014; Board Approved 12/15/2015
EFFECTIVE DATE: 12/29/2015
REVIEWED: 11/12/14; **REVISION:** 12/21/09, 1/25/11, 6/3/2011, 1/27/11, 5/13/13, 2/3/14, Nov 2014 (SB1276), 1/22/15 (revised FPL); 12/17/2015 (501(r)) 3/1/2017
DISTRIBUTION: PFS Directors, CFOs

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Claudia G Kanne - Regional Director, Compliance

ENTITY POLICY OWNER: Not applicable

COLLABORATION:

Amy K Miller - Director, Revenue Cycle Compliance
Cheryl A Brooksher - Director, Business Intelligence
Colleen A Fiore - Sr. Application Analyst
Jacalyn Liebowitz - System Chief Nursing Officer
Jessica M Hoops - Legal Support Assistant
Jodi L Oldes - Regulatory Specialist
Lori Esquivel - Director, Patient Access
Mona A Snyder - Director, Revenue Cycle-Home Care CBO
Nirali A Desai - System Director, Accreditation, Regulatory, and Licensing
Sarah M Janosz - Program Manager, Policies and Procedures
Serena L Avila - Administrative Coordinator
Shelly J Williams - Financial Analyst

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: (03/22/2023) Nonclinical Policy Review Team - Revenue Cycle, (03/30/2023) Finance Core Team, (06/29/2023) AH System Board
ADVENTIST HEALTH SYSTEM/WEST
INDIVIDUAL:
ENTITY: Not applicable
ENTITY INDIVIDUAL: Not applicable
REVIEW DATE:
REVISION DATE: 05/02/2019, 05/10/2019, 04/20/2020, 04/22/2020, 04/24/2020, 10/14/2020, 05/03/2021, 06/06/2021, 01/05/2022, 05/02/2022, 07/18/2022,
01/08/2023, 05/04/2023
NEXT REVIEW DATE: 05/03/2025
APPROVAL PATHWAY: Nonclinical

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:11927\\$12](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:11927$12).

- Systemwide Standard Policy
 Systemwide Model Policy

Model Policy No. AD-06-019-S
Approval Pathway: Clinical
Department: Clinical Risk

Model Policy: EMTALA - Compliance With EMTALA

POLICY SUMMARY/INTENT:

- A. **Purpose.** The purpose of this policy is to describe duties and obligations related to **EMTALA** for physicians and staff of [click [here](#) and type Hospital name], to comply with its application to the Hospital and define policies and procedures for compliance. This policy is also intended to comply with IRS requirements that the Hospital have an emergency medical care policy.
- B. **Compliance.** It is the policy of the Hospital to comply with the **EMTALA** obligations. These policies are mandated by Section 1867 of the Social Security Act, as amended, regulations adopted by the Centers for Medicare & Medicaid Services (CMS), and state hospital licensing laws governing the provision of emergency services and care.
- C. A list of EMTALA-related policies and procedures is on Page 12 under "References."
- D. **Enforcement.** CMS and the Office of the Inspector General (OIG) of the U.S. Department of Health and Human Services, and state agencies, are responsible for the enforcement of **EMTALA**. Violations of **EMTALA** may be reported to other federal and state agencies and to the Joint Commission.
- E. **Sanctions.** Failure to comply with **EMTALA** may result in termination by CMS of the Hospital's participation in the Medicare and Medicaid programs, as well as civil monetary penalties imposed by the OIG for both the Hospital and physicians up to \$50,000 and possible exclusion from Medicare and Medicaid. Failure to comply with state laws on emergency services is subject to a licensing enforcement action as well as possible fines imposed by the state for both the Hospital and physicians. A violation of **EMTALA** or state laws governing emergency services may be subject to injunctive relief and civil lawsuits for damages.

DEFINITIONS:

- A. **Appropriate Transfer** means a **Transfer** of a patient with an **Unstabilized Emergency Medical Condition** that is implemented in accordance with **EMTALA** standards.
- B. **Campus** means the buildings, structures and public areas of the Hospital that are located on the **Hospital Property**.
- C. **Off-Campus**--means the buildings, structures and public areas of the Hospital that are located off-site of the **Hospital Property**.
- D. **Capability of the Hospital** means the services and facilities of the Hospital.
- E. **Capacity** means the ability of the Hospital to accommodate an individual requesting or needing examination or the treatment of a patient, including a transferred patient. **Capacity** includes the number and availability of qualified staff, beds and equipment, and the Hospital's past practices of accommodating additional patients in excess of its occupancy limits.
- F. **Central Log** means a log maintained by the Hospital on each individual who comes to its **Dedicated Emergency Departments** or any location on the **Hospital Property** seeking or in need of emergency services and care, and the disposition of each individual. [See Central Log policy.](#)
- G. **Comes to the Emergency Department** or **Comes to the Hospital** means a person who:
1. Presents at the Hospital's **Dedicated Emergency Department**, and requests or has a request made on his/her behalf for examination or treatment for a **Medical Condition**, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs examination or treatment for a medical condition;
 2. Presents on **Hospital Property** other than a **Dedicated Emergency Department**, and requests or has a request made on his/her behalf for examination or treatment for what may be an **Emergency Medical Condition**, or a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment for an **Emergency Medical Condition**;
 3. Is in a ground or air ambulance owned and operated by the Hospital for the purposes of examination or treatment for a **Medical Condition** at the Hospital's **Dedicated Emergency Department**, unless the ambulance is operated (i) under community-wide EMS protocols that direct the ambulance to transport the individual to another facility (e.g., the closest available facility), or (ii) at the direction of a physician not employed or affiliated with the Hospital; or
 4. Is in a non-hospital-owned ground or air ambulance that is on **Hospital Property** for presentation for examination or treatment for a **Medical Condition** at the Hospital's **Dedicated Emergency Department**.
- H. **Dedicated Emergency Department** means any **Department of the Hospital**, whether located on **Hospital Property** or **Off-Campus**, that meets at least one of the following requirements:
1. It is licensed under applicable state law as an emergency department; or
 2. It is held out to the public (by name, posted signs, advertising, website or other means) as a place that provides care for **Emergency Medical Conditions** on an urgent basis without requiring a previously scheduled appointment; or

3. During the immediately preceding calendar year, it provided (based on a representative sample) at least one-third of all its outpatient visits for the treatment of **Emergency Medical Conditions** on an urgent basis without requiring a previously scheduled appointment.
- I. **Department of the Hospital** means a hospital facility, department or service that provides services under the name, ownership, provider number and financial and administrative control of the Hospital. For purposes of **EMTALA**, a **Department of the Hospital** does *not* include a skilled nursing unit or facility, home health agency, rural health clinic, private physician office or any other department or facility of the Hospital that bills the Medicare program under a provider number that is different than the Hospital provider number.
 - J. **Emergency Medical Condition** means --
 1. A **Medical Condition** manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the health of an individual (or, with respect to a pregnant woman, the health of her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part; or
 2. With respect to a pregnant woman who is having contractions, (1) there is inadequate time to effect a safe **Transfer** to another hospital before delivery; or (2) the **Transfer** may pose a threat to the health or safety of the woman or her unborn child.
 - K. **Emergency Services and Care** means the **Medical Screening Examination** and further examination (including observation and diagnostic tests) to determine the presence of an **Emergency Medical Condition**, and if an **Emergency Medical Condition** exists, the provision of continued examination and treatment within the **Capability of the Hospital** that is necessary to **Stabilize the Emergency Medical Condition**.
 - L. **Hospital Property** means the entire main **Hospital Campus**, including areas and structures that are located within 250 yards of the main buildings, and any other areas determined on an individual case basis by the CMS regional office to be part of the main **Hospital's Campus**. **Hospital Property** includes the parking lots, sidewalks, and driveways on the main **Hospital Campus**. Additional policies, procedures and guidance are set forth in the *Hospital Property/On-Campus Departments policy*.
 - M. **Inpatient** means an individual who is admitted to the Hospital for purposes of receiving **Inpatient** services with the expectation that he/she will remain at least overnight and occupy a bed, even though the individual may be boarded in the Dedicated Emergency Department, later discharged or transferred to another facility and does not actually use a hospital bed overnight.
 - N. **Labor** means the process of childbirth beginning with the latent or early phase of **Labor** and continuing through the delivery of the placenta. A woman experiencing contractions is in true **Labor** unless the physician, certified nurse midwife or other **Qualified Medical Person**, within the scope of his/her privileges and designation by the Hospital, certifies that, after a reasonable time of observation, the woman is in false labor.
 - O. **Medical Screening Examination (MSE)** means the process required to reach, within reasonable clinical confidence, the point at which it can be determined whether a person has an **Emergency Medical Condition** or a woman is in **Labor**. The **MSE** is an ongoing process, including monitoring of the individual, until the individual is either **Stabilized** or transferred.
 - P. **On-Call List** means the list of physicians who are **On-Call** after the initial **Medical Screening Examination** to provide further consultation to a patient in a Dedicated Emergency Department, including further evaluation and treatment necessary to stabilize an individual with an **Emergency Medical Condition**.
 - Q. **Outpatient** means a patient who has begun to receive outpatient services at the Hospital as part of an encounter, except for a patient who presents to the Dedicated Emergency Department seeking or in need of examination or treatment for a medical condition.
 - R. **Physician Certification** means the written certification by the **Treating Physician** ordering a **Transfer** and setting forth, based on the information available at the time of the **Transfer**, that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of a woman in **Labor**, to the unborn child, from effecting the **Transfer**.
 - S. **Qualified Medical Person** means a healthcare professional who is authorized by the Hospital to perform **Medical Screening Examinations** to specified patients presenting for emergency services. The categories of Quality Medical Persons are approved by the Medical Staff and the Hospital, such as in the Medical Staff Rules and Regulations. In addition to physicians, a **Qualified Medical Person** may include nurse practitioners, nurse midwives, registered nurses, physician assistants, and other clinical personnel, which may include standardized procedures approved by the Interdisciplinary Practice Committee.
 - T. **Receiving Physician** means the physician who has agreed to care for the patient at a receiving hospital following a **Transfer**.
 - U. **Responsible Physician** or **Treating Physician** means a physician who is responsible for the examination, treatment and/or **Transfer** of an individual who **Comes to the Hospital** seeking emergency services. **Responsible Physician** may include an emergency physician, an **On-Call** specialist or any other member of the attending staff who assumes responsibility for treating a patient in the **Dedicated Emergency Department** who has or may have an **Emergency Medical Condition**.
 - V. **Stabilized** means:
 1. **Medical Conditions. Stabilized** means, with respect to an individual who has an **Emergency Medical Condition**, no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the **Transfer** or discharge. A patient is considered **Stabilized** when the **Emergency Medical Condition** has been resolved.
 2. **Women having Contractions. Stabilized** means the delivery of the child and the placenta.
 3. **Psychiatric Conditions: Stabilized** means the patient is protected and prevented from injuring himself/herself or others.
 - W. **Stabilizing** means:
 1. With respect to an **Emergency Medical Condition**, to provide medical treatment as necessary to assure, within

reasonable medical probability, that no material deterioration to the condition is likely to result from or during the **Transfer**; or

2. With respect to a pregnant woman who is having contractions, to deliver the child including the placenta.
- X. **Transfer** means the movement (including discharge) of an individual from the Hospital under the direction of a **Treating Physician** or a **Qualified Medical Person** in accordance with the *Transfer policy*, but does not include the movement of an individual who has been declared dead, elopes, leaves the Hospital against medical advice or without being seen.
- Y. **Triage** means the process of determining in what order and where the **Medical Screening Examination** and appropriate treatment will be performed. For purposes of **EMTALA**, **Triage** does not constitute a **Medical Screening Examination**.
- Z. **Unstabilized** means an **Emergency Medical Condition** that is not **Stabilized**.

AFFECTED DEPARTMENTS/SERVICES:

All Hospital departments.

POLICY: COMPLIANCE – KEY ELEMENTS

I. Scope of EMTALA

- A. **Application to** [click here and type Hospital name]. **EMTALA** is applicable to anyone who **Comes to the Emergency Department** of the Hospital requesting or in need of **Emergency Services and Care**.
- B. **Dedicated Emergency Departments**. The Hospital has determined that the following departments of the Hospital are **Dedicated Emergency Departments**:
 1. Emergency Department
 2. [Labor & Delivery]
 3. [click here and type name]
- C. **Where EMTALA Does Not Apply**. **EMTALA** does not apply to the following:
 1. An **Outpatient** during the course of his/her encounter (even if the **Outpatient** develops an **Emergency Medical Condition** while receiving Outpatient services and is taken to the **Dedicated Emergency Department** for further examination and treatment);
 2. An **Inpatient** (including an **Inpatient** who is boarded in the **Dedicated Emergency Department** waiting for an available bed);
 3. An individual who presents to any **Off-Campus Department** of the Hospital that is not a **Dedicated Emergency Department**;
 4. Any rural health clinic operated by the Hospital, whether located in the **Hospital**, or on **Hospital Property** or **Off-Campus**;
 5. An individual who presents to a home health agency and skilled nursing unit or facility owned or operated by the Hospital, whether located **On-Campus** or **Off-Campus**;
 6. An individual who presents to a private physician's office or any other ambulatory care clinic that participates separately in the Medicare program whether located **On-Campus** or **Off-Campus**;
 7. Restaurants, private residences, shops or other nonmedical facilities, whether or not located **On-Campus**, that are not part of or operated by the Hospital.
- D. **Application to Physicians**. **EMTALA** is applicable to any physician who is responsible for the examination, treatment or **Transfer** of an individual to whom **EMTALA** applies, including an **On-Call** physician and other members of the Medical Staff who provide examination or treatment for an individual receiving **Emergency and Care**.
- E. **Discrimination**. The Hospital, and members of the Hospital medical staff, will provide emergency services and care without regard to an individual's race, color, ethnicity, religion, ancestry, national origin, citizenship, age, sex, marital status, sexual orientation (including gender identification), preexisting medical condition, physical or mental disability, insurance status, economic status, ability to pay for medical services or any other category protected by law, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

II. General Policies

- A. **Signage**. The Hospital will post signs in the locations and form required by CMS that specifies the following:
 1. The rights of individuals, including women in labor, to examination and treatment for **Emergency Medical Conditions**; and
 2. The Hospital participates in the Medicaid program.
 - a. **Reference**: Additional requirements for signage, including California-specific signage requirements, are set forth in the [Posting of Signs policy](#).
- B. **Central Log**. Each **Department of the Hospital** that provides **Medical Screening Examinations** will maintain a **Central Log**. The **Central Log** will record the name of each person who presents for **Emergency Services and Care** and whether the person refused treatment, was refused treatment by the Hospital or whether the patient was transferred, admitted and treated, **Stabilized** and transferred or discharged.
 1. **Reference**: Additional requirements for the central log are set forth in the [Central Log policy](#), as may be supplemented by other hospital policies.
- C. **On-Call Response**. The Hospital will maintain a list of physicians who are On-Call to Come to the Hospital to consult or

provide treatment necessary to stabilize a patient with an Emergency Medical Condition and to accept a Transfer from another hospital. On-Call physician responsibilities to respond, examine and treat patients with Emergency Medical Conditions are also defined in the Medical Staff Bylaws or Rules and Regulations.

1. **Reference:** [On-Call Coverage policy](#), as supplemented by the Medical Staff Bylaws, Rules and Regulations, and hospital policies.

D. **Emergency Department On-Call Physician Responsibilities.** Physicians On-Call to the Emergency Department must respond to a telephone call or page within a time frame established by the Hospital when requested to consult on or see a patient for purposes of determining the existence of, and/or Stabilizing, an Emergency Medical Condition under EMTALA. Disputes between the Treating Physician and an On-Call physician are addressed in the *On-Call Coverage policy*.

1. **Reference:** [On-Call Coverage policy](#), as supplemented by the Medical Staff Bylaws, Rules and Regulations, and hospital policies.

E. **Maintenance of Records.** Medical and other records (such as **Transfer logs**, **On-Call Lists** and changes to the **On-Call List** and **Central Logs**) will be maintained in accordance with hospital policies, but not less than five years.

1. **Reference:** [Maintenance of Emergency Records policy](#) and Hospital record retention policies

F. **Disputes.** Hospital policies should address reporting and resolution of issues or disputes relating to emergency services provided to a patient, a dispute with another hospital regarding a patient **Transfer** or a concern about the Hospital's compliance with **EMTALA**.

G. **Reporting EMTALA Violations.** The Hospital must report to CMS or the state survey agency within 72 hours if it has a reason to believe that it has **received** an individual who has been transferred in an **Unstabilized Emergency Medical Condition** from another hospital in violation of the EMTALA obligations.

1. **Reference:** [Reporting Suspected EMTALA Violations policy](#)

H. **Retaliation.** The Hospital will not retaliate, penalize or take adverse action against any Hospital Medical Staff member or employee for reporting violations of **EMTALA** or state laws to the proper authorities, or against any physician or **Qualified Medical Person** for refusing to **Transfer** an individual with an **Emergency Medical Condition** that has not been **Stabilized**.

III. Medical Screening Examination

A. **Policy.** A **Medical Screening Examination** must be offered to any individual who **Comes to the Emergency Department** for examination or treatment of a **Medical Condition**. The **Medical Screening Examination** must be provided within the capabilities of the **Dedicated Emergency Department**, including ancillary services routinely available to the **Dedicated Emergency Department** (including the availability of **On-Call** physicians). The **Medical Screening Examination** must be the same appropriate examination that the Hospital would perform on any individual with similar signs and symptoms, regardless of the individual's ability to pay for medical care.

B. **Scope.** A **Medical Screening Examination** is the process required to reach, within reasonable clinical confidence, the point at which it can be determined whether an **Emergency Medical Condition** does or does not exist. The scope of the **Medical Screening Examination** must be tailored to the presenting complaint and the medical history of the patient, and may include imaging, laboratory tests and other diagnostic tests and procedures.

C. **Monitoring.** The **Medical Screening Examination** includes continuing monitoring of the patient in accordance with his/her clinical status and needs.

D. **Personnel Qualified to Perform Medical Screening Examinations.** The categories of persons qualified to perform **Emergency Medical Examinations** will be defined in the Medical Staff Rules and Regulations.

E. **Department Policies.**

1. **Dedicated Emergency Departments.** Each **Dedicated Emergency Department** will adopt policies and procedures describing the conduct of the **Medical Screening Examination** in the Department and documentation of patient records and will conduct ongoing in-service training of department personnel.

a. **Emergency Department and other Dedicated Emergency Departments (except Labor & Delivery.** **Medical screening examinations** will be in accordance with the Medical Screening Examination and Stabilization policy, as supplemented in Hospital policies and procedures.

b. **Labor and Delivery. Medical Screening Examinations** in Labor and Delivery will be in accordance with the Medical Screening Examinations: Labor and Delivery policy, as supplemented in Hospital policies and procedures.

F. **Other On-Campus Hospital Departments.** Each **On-Campus** department will adopt policies for handling patient emergencies, and conduct in-service training of department personnel. The policies will include appraisal of emergency situations, initial treatment, and referral when appropriate, in accordance with the Hospital Property/On-Campus Department policy, as supplemented in Hospital policies and procedures.

G. **Off-Campus Sites That Are Not Dedicated Emergency Departments.** The **Hospital's Off-Campus** facilities will have policies and procedures regarding how to handle patients who present with needs for immediate care. The policies will include appraisal of emergency situations, initial treatment, and referral when appropriate. The off-site departments may dial 911 for any person presenting with an **Emergency Medical Condition** for further medical management and transport of the patient.

IV. Patient Registration

A. **Policy.** The Hospital will not delay providing a **Medical Screening Examination** or necessary **Stabilizing** treatment in order to inquire about an individual's method of payment or insurance status.

B. **Patient Registration.** Patient registration will be conducted in accordance with the Patient Registration: Emergency Services policy, as supplemented in Hospital policies and procedures. Staff should make reasonable efforts to

encourage all patients presenting for emergency services to remain for their **Medical Screening Examination**.

- C. **Financial Liability.** The financial responsibility form will not be completed before the **Medical Screening Examination** is initiated. (Note—this paragraph is intended for CA hospitals, and may be deleted by non-CA hospitals).
- D. **Patient Inquiries.** Guidance as to responding to patient questions on insurance or payment issues is provided in the Patient Registration; Emergency Services policy, as supplemented in Hospital policies and procedures.
- E. **Prior Authorization.** The Hospital may not seek, or direct an individual to seek, authorization from the individual's insurance company or health plan for the **Medical Screening Examination** or **Stabilizing** treatment until the Hospital has provided the **Medical Screening Examination** and initiated any further examination and treatment that may be required to **Stabilize** the **Emergency Medical Condition**.
 - 1. **Reference:** [Health Plan Authorization and Transfer; Emergency Services policy](#), as supplemented in Hospital policies and procedures.
- F. **Payments.** The Hospital will **NOT** request, collect or accept co-payments from a patient or a patient representative before required **Emergency Services and Care** have been completed.
 - 1. **Reference:** [Patient Registration](#); Emergency Services policy.
- V. **Post-Stabilization Care and Discharge: Patients Who Do Not Have an Emergency Medical Condition**
 - A. Procedures for post-stabilization services and discharge documentation are described in the Medical Screening Examination and Stabilization policy, as supplemented in Hospital policies and procedures.
 - B. **[California Hospitals only]** Hospitals that are non-contracting facilities must contact the individual's health plan for authorization of **Post-Stabilizing Care and Transfer**.
 - C. **Reference:** [Health Plan Authorization and Transfer; Emergency Services policy](#)
- VI. **Stabilization Services: Patients Who Have an Emergency Medical Condition**
 - A. If an individual is determined to have an **Emergency Medical Condition**, the Hospital will, within the **Capability of the Hospital**, provide further medical examination and **Stabilizing** treatment for the individual and monitoring of the patient in accordance with his/her clinical status and needs.
 - B. If an individual has an **Emergency Medical Condition** that has not been **Stabilized**, the individual may be transferred only if the **Transfer** is carried out in accordance with this policy and the Patient Transfer policy.
- VII. **Transfer of Patients With an Emergency Medical Condition**
 - A. **Policy.** The Hospital may not **Transfer** any patient with an **Unstabilized Emergency Medical Condition**, unless one of the following occurs:
 - 1. The patient makes an informed request for the **Transfer**; or
 - 2. A physician signs a **Physician Certification** that the medical benefits reasonably expected from the provision of treatment at the receiving facility outweigh the risks to the patient from the **Transfer**.
 - B. **Transfers will be arranged and implemented in accordance with the Patient Transfer policy, as supplemented in Hospital policies and procedures**
 - B. **Requirements for an Appropriate Transfer.** A patient with an **Unstabilized Emergency Medical Condition** may be transferred in accordance with the Patient Transfer policy, including meeting all of the following standards:
 - 1. The Hospital provides medical treatment within its **Capacity** to minimize the risks to the individual's health and, in the case of a woman in **Labor**, the health of the unborn child.
 - 2. The receiving hospital has available space and qualified personnel for treatment of the patient; and the receiving hospital has agreed to accept the patient and to provide appropriate medical treatment.
 - 3. The Hospital sends to the receiving facility all medical records (or copies thereof) available at the time of **Transfer** related to the **Emergency Medical Condition** of the patient;
 - 4. The **Transfer** is effected using proper personnel and equipment, as well as necessary and medically appropriate life support measures.
 - 5. The patient is re-evaluated immediately prior to departure in addition to recording of vital signs.
 - C. **Transfers for Off-Site Tests.** If a patient who has or may have an **Emergency Medical Condition** is transferred to another facility for a test with the intention of the patient returning to the Hospital after the test, the Hospital will effect an **Appropriate Transfer** in accordance with **EMTALA** standards.
 - D. **Department Policies.** Each **Department of the Hospital** that **Transfers** patients with **Emergency Medical Conditions** will adopt policies describing the procedures for the **Transfer** of patients and documentation of the **Transfer**, and conduct on-going in-service training of **Dedicated Emergency Department** personnel.
 - E. **Disputes.** The **Treating Physician** is responsible to determine whether a patient is **Stabilized** and the mode of transportation for the **Transfer**.
 - F. **Transfer of Patients With a Stabilized Emergency Medical Conditions.** The procedures for the transfer of a patient with a **Stabilized Emergency Medical Condition** are described in the Patient Transfer policy (Paragraph 8) and the Health Plan Authorization and Transfer; Emergency Services policy.
- VIII. **Patient Refusal of Emergency Services or Transfer**
 - A. **Policy.** Under **EMTALA**, the patient retains the right to make an informed refusal of **Stabilizing** treatment and further medical examination, as well as an informed refusal for a **Transfer** to another facility.
 - B. **Refusal of Medical Screening Examination.** If a patient leaves the Hospital before receiving a **Medical Screening Examination**, either with or without notice (elopement) to staff of his/her departure, staff should follow Hospital policies and procedures, including documentation of the circumstances and reasons (if known) for the patient's departure and the time of departure.
 - C. **Refusal of Further Examination or Stabilizing Treatment.** If a patient who has received a **Medical Screening**

Examination refuses to consent to further examination or **Stabilizing** treatment, the Hospital should follow Hospital policies and procedures, including offering the examination and treatment to the patient, informing the patient of the risks and benefits of the examination and treatment and documenting the refusal.

D. **Refusal of a Transfer.** If a patient refuses to consent to a **Transfer**, the Hospital should follow Hospital policies and procedures, including informing the patient of the risks and benefits to the patient of the **Transfer** and documenting the refusal.

E. **Reference:** [Patient LWBS, Elopement/AMA; Dedicated Emergency Department \(DED\) policy](#), as supplemented in Hospital policies and procedures.

IX. Accepting Patient Transfers

A. The Hospital will accept an **Appropriate Transfer** of a patient with an **Unstabilized Emergency Medical Condition** who requires specialized capabilities or facilities if the Hospital has the **Capacity** to treat the individual. Requests to accept **Transfers** will be handled in accordance with Hospital policies and procedures.

B. **Reference:** [Acceptance of Emergency Transfers policy](#), as supplemented in Hospital policies and procedures.

X. Quality Improvement

A. Monitoring **EMTALA** compliance is a responsibility of Hospital administration, the Medical Staff, department heads, performance improvement and risk management. The Hospital and Medical Staff will adopt a monitoring program for compliance with the EMTALA obligations, which may include **Medical Screening Examinations, Transfers, On-Call** coverage and other areas for which the Hospital determines the need for monitoring and oversight in order to maintain compliance with the **EMTALA** obligations.

MANUAL(S):

[EMTALA - Acceptance of Emergency Transfers](#)
[EMTALA - Health Plan Authorization and Transfer](#)
[EMTALA - Maintenance of Emergency Records](#)

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

[EMTALA - On-Call Coverage](#)
[EMTALA - Patient LWBS, Elopement, AMA, LABS](#)
[EMTALA - Patient Registration](#)
[EMTALA - Posting of Signs](#)
[EMTALA - Reporting Suspected EMTALA Violations Policy](#)
[EMTALA: Central Log](#)

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

[EMTALA - Medical Screening Examination \(MSE\) and Stabilization](#)
[Financial Assistance Policy](#)
[EMTALA - Patient Transfer](#)
[EMTALA - Central Log](#)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

No specific state requirements noted. Corporate policy applies as written.

HAWAII:

No specific state requirements noted. Corporate policy applies as written.

OREGON:

No specific state requirements noted. Corporate policy applies as written.

WASHINGTON:

No specific state requirements noted. Corporate policy applies as written.

REFERENCES:

ADVENTIST HEALTH
SYSTEM/WEST POLICY
OWNER:

Monica D Green - Manager, Risk Mitigation

ENTITY POLICY OWNER:

Not applicable

COLLABORATION:

APPROVED BY:

ADVENTIST HEALTH
SYSTEM/WEST:

([04/09/2019](#)) [Clinical Best Practice Committee](#), ([05/30/2019](#)) [Clinical Cabinet \(CC\)](#)

ADVENTIST HEALTH
SYSTEM/WEST INDIVIDUAL:

ENTITY:

Not applicable

ENTITY INDIVIDUAL:

Not applicable

REVIEW DATE:

REVISION DATE:

08/03/2010, 09/16/2015, 06/05/2019

NEXT REVIEW DATE:

06/04/2022

APPROVAL PATHWAY:

Clinical

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at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:10482\\$3](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:10482$3).



Reference Material No. 13045
Department: Revenue Cycle

Reference Material: Financial Assistance Policy - Facility Application Letter (English)

Date
Facility Name
Facility Address
Phone

Guarantor Name

Guarantor Address

RE: Account Number:
Patient Name:
Dates of Service:
Account Balance:

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you do meet eligibility guidelines for full charity assistance on this account.

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you do not meet eligibility guidelines for full charity assistance on this account.

Your account has been reviewed for possible charity assistance. After review of all of your submitted financial documentation it has been determined you meet eligibility guidelines for partial charity assistance on this account. (account balance) is the remaining portion, which is your responsibility to pay.

You are eligible for _____ % Financial Assistance based on your income being _____ % of the Federal Poverty Level.

If you believe this decision is in error, you have the right to submit an appeal. Your appeal must be made in writing, addressed to the Patient Financial Services Director and mailed to the address on this letter.

If you have any questions, please feel free to contact us at (facility phone) during normal business hours. Or you can access a copy of our Financial Assistance Policy on our website: <https://www.adventisthealth.org/patient-resources/financial-assistance/>

Patient Financial Services Department
Facility Name
Facility Phone Number

MANUAL(S):

ATTACHMENTS:

(REFERENCED BY THIS DOCUMENT)

<https://www.adventisthealth.org/patient-resources/financial-assistance/>

OTHER DOCUMENTS:

(WHICH REFERENCE THIS DOCUMENT)

[Financial Assistance Policy](#)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

HAWAII:

Not applicable

OREGON: Not applicable
WASHINGTON: Not applicable

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Amy K Miller - Director, Revenue Cycle Compliance

ENTITY POLICY OWNER: Not applicable

COLLABORATION: Amy K Miller - ICD-10 CDI Project Manager
Jessica M Hoops - Executive Assistant
Joan S Dillon - Policy & Procedures Coordinator
Kevin K Longo - Corporate Compliance Executive
Mona A Snyder - Director, Revenue Cycle-Home Care CBO
Shelly J Williams - Financial Analyst
Teresa M Laws - Program Manager, Nursing Labor

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: ([06/10/2020](#)) [Nonclinical Policy Review Task Force - Rev Cycle](#), ([07/02/2020](#)) [Senior Finance Council](#), ([10/08/2020](#)) [AH System Board](#)

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL:

ENTITY: Not applicable

ENTITY INDIVIDUAL: Not applicable

REVIEW DATE:

REVISION DATE: 04/20/2020, 10/13/2020

NEXT REVIEW DATE:

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13045\\$1](https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahrsvl:13045$1).

May We Help You ???

Financial Assistance Based on Ability to Pay

We understand the high cost of medical care, which may create a burden for your family. We would like to help by **offering a discount program**. The Federal Government has regulations that require us to obtain the following information in order to consider your accounts for a discount allowance. **If you would like to have your accounts considered**, please provide the following information requested below. One of our staff members will be happy to assist you and answer your questions.

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Social Security Number (Optional): _____

RESPONSIBLE PARTY: Information regarding family members that you support and claim on your state and federal tax filing.

	Name	Date of Birth	SSN	Relationship to Patient	Employer	Gross Annual
1						
2						
3						
4						
5						
6						

Has the patient ever been eligible for Medi-Cal? (optional) Yes No If yes, when? _____

Is the patient eligibility for Medi-Cal now? (optional) Yes No

Comments: _____

This application applies to your clinic physician visit only. Laboratory and radiology services are not included.

This completed application will be effective for 90 days. Expires on: _____

Payment is due and payable at time of service.

Sliding fee due today: \$ _____ Paid By: Cash Check Credit/Debit

Patient/Responsible Party Signature: _____ Today's Date: _____

Information verified on reverse side:

Clinic Associate Signature _____ Today's Date: _____



INTERNAL USE ONLY:

Clinic Location: _____			
Family Size: _____	Less than 100%	\$30.00	<input type="checkbox"/>
Annual Gross Income \$ _____	100% to 150%	\$45.00	<input type="checkbox"/>
	150% to 200%	\$60.00	<input type="checkbox"/>
	200% + self-pay		<input type="checkbox"/>
1 Income Eligibility Based On:			
<input type="checkbox"/> Patient			
<input type="checkbox"/> Guarantor		<input type="checkbox"/> Guarantor Social Security No.: _____ - _____ - _____	
2 Guarantor Relationship to Patient:			
<input type="checkbox"/> Patient		<input type="checkbox"/> Spouse	
<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Other _____			
3 ID Confirmed (check method):			
<input type="checkbox"/> Driver's License		<input type="checkbox"/> Passport	
<input type="checkbox"/> State ID Card		<input type="checkbox"/> Green Card / Visa	
<input type="checkbox"/> Social Security Card			
4 Home Address Confirmed:			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			

Application expiration date confirmed with patient / responsible party? Yes No

NOTE: Immigration status is not to be considered.

Worksheet Completed By: _____ Today's Date: _____

Title: _____

Scan this document to the patient account; send a copy of the completed worksheet to the Financial Counselor in the Patient Business Office.

Entendemos el alto costo que implica la atención médica y que puede suponer una carga para su familia. Nos gustaría ayudarlo ofreciéndole un **programa de descuentos**. El Gobierno Federal tiene reglamentos que nos obligan a obtener la siguiente información a fin de considerar sus cuentas para un descuento. **Si desea que tengamos en consideración sus cuentas**, proporcione la información requerida a continuación. Uno de los miembros de nuestro personal lo ayudará con gusto y responderá sus preguntas.

Nombre del paciente: _____ Fecha de nacimiento: _____

Dirección: _____

Número de teléfono: _____ Número de Seguro Social (opcional): _____

PARTE RESPONSABLE: Información relacionada con familiares que usted mantiene y declara en su declaración de impuestos estatales y federales.

	Nombre	Fecha de nacimiento	Número de Seguro Social	Relación con el paciente	Empleador	Ingreso bruto anual
1						
2						
3						
4						
5						
6						

¿Fue el paciente alguna vez elegible para Medi-Cal? (opcional) Sí No Si la respuesta es "Sí", ¿cuándo? _____

¿Es el paciente elegible para Medi-Cal en la actualidad? (opcional) Sí No

Comentarios: _____

Esta solicitud solo es válida para la consulta al médico clínico. No se incluyen servicios de laboratorio y radiología.

La validez de esta solicitud completada es de 90 días. Vence el día: _____

El pago debe efectuarse en el momento del servicio.

La tarifa variable pagadera hoy: \$ _____ Pagado con: Efectivo Cheque Crédito/débito

Firma del paciente o parte responsable: _____ Fecha de hoy: _____

Información verificada en el dorso:

Firma de asociado de la clínica _____ Fecha de hoy: _____



SOLO PARA USO INTERNO:

Ubicación de la clínica: _____			
Tamaño de la familia: _____	Inferior al 100 %	\$30.00	<input type="checkbox"/>
Ingreso bruto anual \$ _____	100 % al 150 %	\$45.00	<input type="checkbox"/>
	150 % al 200 %	\$60.00	<input type="checkbox"/>
	200 % + pago por cuenta propia		<input type="checkbox"/>
1 Elegibilidad de ingresos con base en: <input type="checkbox"/> Paciente <input type="checkbox"/> Garante <input type="checkbox"/> N.º de Seguro Social del garante: _____ - _____ - _____			
2 Relación del garante con el paciente: <input type="checkbox"/> Paciente <input type="checkbox"/> Cónyuge <input type="checkbox"/> Padre o madre <input type="checkbox"/> Tutor legal <input type="checkbox"/> Otra _____			
3 Identificación confirmada (método de comprobación): <input type="checkbox"/> Licencia de conducir <input type="checkbox"/> Pasaporte <input type="checkbox"/> Tarjeta de identificación estatal <input type="checkbox"/> Tarjeta verde/Visa <input type="checkbox"/> Tarjeta de seguro social			
4 Dirección de vivienda confirmada: <input type="checkbox"/> Sí <input type="checkbox"/> No			

¿Fecha de vencimiento de la solicitud confirmada con paciente o parte responsable? Sí No

NOTA: No se tendrá en cuenta la condición migratoria.

Ficha completada por: _____ Fecha de hoy: _____

Cargo: _____

Escanee este documento para la cuenta del paciente; envíe una copia de la ficha completada al asesor financiero de la Oficina Comercial de Pacientes.



Charity Care/Financial Assistance Application Form – confidential

Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.

SCREENING INFORMATION

Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, list preferred language:</i>
Has the patient applied for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient receive state public services such as TANF, Basic Food, or WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient's medical care need related to a car accident or work injury? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you send in your application, we may check all the information and may ask for additional information or proof of income.
- Within 21 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance.

PATIENT AND APPLICANT INFORMATION

Patient first name	Patient middle name		Patient last name
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (may specify _____)	Birth Date		Patient Social Security Number (optional)
Person Responsible for Paying Bill	Relationship to Patient	Birth Date	Social Security Number (optional)
Mailing Address _____ _____ City State Zip Code			Main contact number(s) () _____ () _____ Email Address: _____
Employment status of person responsible for paying bill <input type="checkbox"/> Employed (date of hire: _____) <input type="checkbox"/> Unemployed (how long unemployed: _____) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other (_____)			

FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.

FAMILY SIZE _____ *Attach additional page if needed*

Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes / No
					Yes / No
					Yes / No
					Yes / No

All adult family members' income must be disclosed. Sources of income include, for example:
 - Wages - Unemployment - Self-employment - Worker's compensation - Disability - SSI - Child/spousal support

- Work study programs (students) - Pension - Retirement account distributions - Other (please explain _____)



Charity Care/Financial Assistance Application Form – confidential

INCOME INFORMATION

REMEMBER: You must include proof of income with your application.

You must provide information on your family's income. Income verification is required to determine financial assistance.

All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income.

Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (3 months); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.

If you have no proof of income or no income, please attach an additional page with an explanation.

EXPENSE INFORMATION

We use this information to get a more complete picture of your financial situation.

Monthly Household Expenses:

Rent/mortgage	\$ _____	Medical expenses	\$ _____
Insurance Premiums	\$ _____	Utilities	\$ _____
Other Debt/Expenses	\$ _____ (child support, loans, medications, other)		

ADDITIONAL INFORMATION

Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.

PATIENT AGREEMENT

I understand that Adventist Health may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the financial information I give is determined to be false, the result may be denial of financial assistance, and I may be responsible for and expected to pay for services provided.

Signature of Person Applying

Date

RETURN COMPLETED FORM TO:

[Adventist Health, Attn: Financial Assistance](#)
[P.O. Box 677000](#)
[Paradise, CA 95967](#)
[Phone: 1-844-827-5047](#)