



## **Policy: Financial Assistance Policy for Emory Healthcare**

### OVERVIEW

As the leading provider of health care services in the state of Georgia, Emory Healthcare is committed to providing financial assistance and community services to improve access to care, advance medical knowledge, and relieve or reduce the burden of government or other community efforts.

It is the policy of Emory Healthcare to:

- Provide emergency and/or other medically necessary care, without discrimination, to all patients regardless of ability to pay;
- Provide financial assistance for emergency and/or other medically necessary care to individuals who qualify for such assistance under this Policy; and
- Provide a discount to certain uninsured individuals who self-pay for items and services provided by Emory Healthcare.

Eligibility for financial assistance is determined based on the patient's Family Income as compared to the U.S. Federal Poverty Guidelines (which are updated annually) and, in certain circumstances, on the ratio of Emory Healthcare charges to Family Income, as further specified in this Policy. In addition, in order to qualify for financial assistance, a patient must cooperate in applying for Medicaid or third-party payment programs.

A patient qualifying for financial assistance will not be charged more for emergency and/or other medically necessary care than the Amounts Generally Billed, as defined below, to individuals who have insurance covering such care.

As further described below, this Policy:

- Includes the eligibility criteria for financial assistance and sets forth the circumstances in which a patient will qualify for free or discounted care.
- Describes the method by which patients may be presumptively determined to qualify for financial assistance, the method by which patients who are not presumptively determined to qualify for financial assistance may apply for financial assistance, and the method by which patients who are presumptively determined to qualify for less than 100% financial assistance may apply for more financial assistance.
- Describes the basis for calculating amounts charged to patients eligible for financial

assistance under this Policy, as well as the amounts to which discounts will be applied.

- Limits the amounts that Emory Healthcare will charge for emergency and/or other medically necessary care provided to patients eligible for financial assistance to no more than the Amounts Generally Billed to individuals who have insurance covering such care.
- Describes the method by which Emory Healthcare determines the Amounts Generally Billed to individuals who have insurance.
- States that Emory Healthcare maintains as a separate document a list specifying which providers (other than Emory Healthcare itself) delivering emergency and/or other medically necessary care in the hospitals are covered by this Policy and which are not and explains how an individual may readily obtain a free copy of the list.
- Although the Emory Healthcare hospitals are subject to Internal Revenue Code Section 501(r) and are required to have a Financial Assistance Policy, The Emory Clinic and Emory Specialty Associates are not. Nonetheless, except as otherwise indicated in this Policy, this Policy applies to the Emory Healthcare hospitals, The Emory Clinic and Emory Specialty Associates.

## POLICY DETAILS

### 1. Financial Assistance for Uninsured and Under-Insured Patients

Uninsured patients (*i.e.*, those patients without third-party payer coverage for health care services) and under-insured patients (*i.e.*, those patients with insufficient third-party payer coverage for health care services) who satisfy the following criteria will qualify for a financial assistance adjustment of amounts owed for emergency and/or other medically necessary care by the individual patient (but not on amounts owed by a third-party payor), based on a sliding scale, in the amount indicated:

- a. Indigent Care: If a patient's Family Income is less than or equal to 125% of the U.S. Federal Poverty Guidelines, the patient will receive a 100% charity care adjustment with respect to amounts owed by the patient.
- b. Charity Care – Uninsured Patient: If a patient's Family Income is at least 126% but less than or equal to 300% of the U.S. Federal Poverty Guidelines, the patient will receive a 100% charity care adjustment with respect to amounts owed by the patient.
- c. Charity Care – Uninsured Patient: If a patient's Family Income is at least 301% but less than or equal to 400% of the U.S. Federal Poverty Guidelines, and the Emory Healthcare charges owed by the patient exceed 25% of the patient's Family Income, the patient will receive a 100% charity care adjustment with respect to amounts owed by the patient.
- d. Charity Care – Under-Insured Patient: If a patient's Family Income is at least 126% but less than or equal to 150% of the U.S. Federal Poverty Guidelines, the patient will qualify for a 50% charity discount for the self pay portion of the bill.

- e. **Charity Care – Under-Insured Patient:** If a patient’s Family Income is at least 151% but less than or equal to 400% of the U.S. Federal Poverty Guidelines, but the patient’s responsibility, after insurance, on the account exceeds 25% of the Family Income then the patient will qualify for a 100% charity discount for the self pay portion of the bill.

Financial assistance is not applicable to an insurance company’s or benefit plan’s payment responsibility under a health benefits plan, regardless of whether the insurance company or health plan has made payment to the patient or to Emory Healthcare.

The financial assistance criteria specified above is summarized in the following table:

<b>Family Income</b>	<b>Financial Assistance Adjustment</b>
	<i>(i.e., discount off amount otherwise owed by the patient)</i>
<b>Indigent Care -Uninsured and Under-Insured patients:</b>	
Less than or equal to 125% FPG	100%
<b>Charity Care – Uninsured Patients:</b>	
Between 126% - 300% FPG	100%
Between 301% - 400% FPG and Emory Healthcare charges exceed 25% of Family Income	100%
<b>Charity Care – Under-Insured Patients (<i>i.e., those patients with insufficient third-party payer coverage for healthcare services</i>) discount for the self pay portion of the bill:</b>	
Between 126% - 150% FPG	50%
Between 151% - 400% FPG but the patient’s responsibility, after insurance, on the account exceeds 25% of Family Income	100%

Emory Healthcare includes Medicaid non-covered charges as charity adjustments for patients

who qualify for financial assistance.

Uninsured patients seeking appointments at The Emory Clinic and Emory Specialty Associates offices, who otherwise qualify for financial assistance under this Policy, may be asked to make payment before being seen by a physician in a non-emergency situation.

## 2. Self-Pay Discount

Uninsured patients whose Family Income is greater than 300% of the U.S. Federal Poverty Guidelines may qualify for a 35% uninsured discount on gross charges when payment arrangements are established with Emory Healthcare. *This discount does not apply to elective procedures, market or retail-priced services, or procedures that already are discounted.*

Note that patients who qualify for a self-pay discount under this section are not treated as qualifying for financial assistance under this Policy and, therefore, are not subject to the Amounts Generally Billed limitations or other requirements applicable to patients who qualify for financial assistance.

## 3. Income Verification

### 3.1 Presumptive Eligibility for Financial Assistance

Emory Healthcare automatically screens through a third-party vendor each uninsured and underinsured patient (non-Medicare) to estimate the patient's Family Income. The third-party vendor verifies electronically the patient's credit records and evaluates the information relating to Family Income and propensity to pay. This information is in turn used to assess whether the patient is presumptively eligible for financial assistance.

If a patient is presumptively determined to be eligible for less than 100% financial assistance, Emory Healthcare notifies the patient regarding the basis for the presumptive eligibility determination and the manner in which the patient may apply for more assistance under this Policy.

### 3.2 Method by Which Patients May Apply for Financial Assistance

Patients who are not determined to be presumptively eligible for 100% financial assistance may apply for financial assistance at any time by contacting Patient Access Services at 1-855-432-3080. If you wish to request review of your status for financial assistance, please contact 1-800-827-7041 for Emory Hospitals or 1-800-511-4443 for The Emory Clinic.

In connection with a patient's application for financial assistance, Emory Healthcare may require the patient to provide various types of information relating to the patient's Family Income including, without limitation, and with respect to the patient and members of the patient's household, payroll check stubs, current year IRS Forms W-2, and federal and state income tax returns.

Note that, in addition to the Family Income criteria specified in Section 1 above, Medicare patients also must complete a financial assistance application in order to receive financial assistance under this Policy.

#### 4. Billing and Collection

Emory Healthcare management has developed policies and procedures for internal and external collection practices that take into account the extent to which a patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program, and a patient's good faith effort to comply with any payment agreements with Emory Healthcare. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their outstanding bills, Emory Healthcare may offer extended payment plans, will not impose Extraordinary Collection Actions, and will not refer unpaid bills to outside collection agencies.

Uninsured patients are screened for presumptive eligibility for financial assistance prior to the first billing statement, which is mailed to the patients approximately 4 days after discharge. All billing statements include information on how to obtain a copy of this Financial Assistance Policy and a plain language summary of this Policy, as well as contact information for the office that can provide information about this Policy and assistance with the financial assistance application process.

Patients with a balance due will have 120 days from the date of the first billing statement to respond. Patients will be allowed to apply for financial assistance for up to 240 days from the date of the first billing statement.

#### 5. Provider List

A complete list of physicians providing emergency and/or other medically necessary care can be found at <http://www.emoryhealthcare.org/patients-visitors/financial-assistance.html>

Physicians who are not with Emory Healthcare are not covered under this Policy. Patients should contact those physicians' offices to determine if a physician offers financial assistance and what such physicians' policies provide.

#### 6. Basis for Calculating the Amounts Charged to Patients Who Qualify for Financial Assistance

Emory Healthcare will not charge patients eligible for financial assistance under this Policy for emergency and/or other medically necessary care more than the Amounts Generally Billed (AGB) to individuals who have insurance covering such care (*i.e.*, Emory Healthcare will not charge patients eligible for financial assistance under this Policy for emergency and/or other medically necessary care more than the Gross Charges for such care multiplied by the AGB Percentage). The AGB percentage utilized by Emory Healthcare at any particular time is available by calling 1-855-432-3080.

#### 7. Where to Find Additional Information Regarding Emory Healthcare's Financial Assistance

Emory Healthcare makes this Financial Assistance Policy, the Financial Assistance Policy Application form and a plain language summary of this Financial Assistance Policy widely available on its website at <http://www.emoryhealthcare.org/patients-visitors/financial-assistance.html> in both English and Spanish. In addition, Emory Healthcare makes paper copies of this Financial Assistance Policy, the Financial Assistance Application, and a plain language summary of this Financial Assistance Policy available, upon request and without charge, in Admissions and Registration areas and, during normal business hours, at the following locations:

Emory University Hospital  
Patient Access Department  
1364 Clifton Road, NE  
Atlanta, GA 30322  
404-686-8595

Emory University Orthopedics and Spine Hospital  
Patient Access Department  
1455 Montreal Road East  
Tucker, GA 30084  
404-251-3299

Emory Rehabilitation Hospital  
Patient Access Department  
1441 Clifton Road, NE  
Atlanta, GA 30322  
404-686-8569

Emory University Hospital Midtown  
Patient Access Department  
550 Peachtree Street, NE  
Atlanta, GA 30308  
404-686-8947

Emory University Hospital Smyrna  
Patient Access Department  
3949 South Cobb Drive,  
Smyrna, GA 30082  
404-686-8947

Emory Saint Joseph's Hospital of Atlanta  
Patient Access Department  
5665 Peachtree Dunwoody Road, NE  
Atlanta, GA 30342  
678-843-5261

Emory Johns Creek Hospital  
Patient Access Department  
6325 Hospital Parkway  
Johns Creek, GA 30097  
678-474-7099

The Emory Clinic  
Patient Access Department  
1365 Clifton Road  
Atlanta GA 30322  
404-778-7318  
800-511-4443

Emory Specialty Associates

Patient Access Department  
1365 Clifton Road  
Atlanta GA 30322  
404-778-7318  
800-511-4443

## 8. Definitions

The following definitions apply for purposes of this Financial Assistance Policy.

Amounts Generally Billed or “AGB”. Emory Healthcare will apply the “look-back method” for determining AGB. In particular, Emory Healthcare will determine the Amounts Generally Billed for emergency and/or other medically necessary care by multiplying the Gross Charges for that care by the AGB Percentage.

AGB Percentage. Emory Healthcare will calculate the AGB Percentage at least annually by dividing the sum of all claims that have been allowed for emergency and/or other medically necessary care by Medicare fee-for-service and all private health insurers together during a prior twelve (12)-month period by the sum of the associated Gross Charges for those claims. For these purposes, Emory Healthcare will include in the amount “allowed” both the amount to be reimbursed by Medicare or the private insurer and the amount (if any) the Medicare beneficiary or insured individual is personally responsible for paying (in the form of co-insurance, copayments or deductibles), regardless of whether and when the individual actually pays all or any of his or her portion, and disregarding any discounts applied to the individual’s portion (under this Policy or otherwise). The AGB percentage utilized by Emory Healthcare at any particular time is available by calling 1-855-432-3080.

Emory Healthcare includes Emory University Hospital; Emory University Hospital at Wesley Woods; Emory University Orthopedics and Spine Hospital; Emory Rehabilitation Hospital; Emory University Hospital Midtown; Emory University Hospital Smyrna; Emory Johns Creek Hospital; Emory Saint Joseph’s Hospital of Atlanta; The Emory Clinic; and Emory Specialty Associates. A current list of The Emory Clinic and Emory Specialty Associates locations can be found at <http://www.emoryhealthcare.org/locations/index.html>.

Family Income is defined as total income received by all family members in the patient’s household. During the presumptively eligibility screening process, Emory Healthcare may estimate a patient’s Family Income by using a third-party developed calculation model, which utilizes credit report information, self-reported data, marketing data sources and average incomes for others near the patient’s reported address.

U.S. Federal Poverty Guidelines or “FPG”. The current Federal Poverty Income Guidelines as published in the *Federal Register* from time to time by the U.S. Department of Health and Human Services.

Gross Charges. Emory Healthcare’s full established rates for the provision of healthcare items and services