EMORY HEALTHCARE

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.

This policy does not affect or limit Emory Healthcare's dedication and obligation under EMTALA to treat patients with emergency medical conditions.

It is the policy of Emory Healthcare to provide without discrimination:

- Indigent Care or Charity Care financial assistance for emergency and/or other medically necessary care to residents of the State of Georgia who qualify for such assistance under this Policy;

- Catastrophic care financial assistance for emergency and/or other medically necessary care to individuals, who may incur a catastrophic medical event; and

- A discount to certain uninsured individuals who self-pay for items and services provided by Emory Healthcare.

Financial Assistance

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, and a patient must first utilize any available health coverage benefits, such as in-network services.

A patient qualifying for Indigent Care, Charity Care or Catastrophic Care 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.

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- Describes the method by which patients may be presumptively determined to qualify for financial assistance and the method by which patients who are not presumptively determined to qualify for financial assistance may apply for 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.

- States that Emory Healthcare maintains in a separate document the method by which Emory Healthcare determines the Amounts Generally Billed to individuals who have insurance, and explains how an individual may readily obtain a free copy of that document.

- 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 are residents of the State of Georgia and 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).

a. Indigent Care – Under-Insured/Uninsured Patient: 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 225% of the U.S. Federal Poverty Guidelines and the patient is uninsured, the patient will receive a 100% charity care adjustment with respect to amounts owed by the patient.

c. Catastrophic Care Financial Assistance – Under-Insured/Uninsured Patient: Patients who incur significant expenses may be eligible for assistance on a case-by-case basis and with

the approval of the Emory Healthcare Chief Financial Officer or his/her designee. If a patient's family income exceeds 125% of the Federal Poverty Guidelines (under-insured) and 225% of the Federal Poverty Guidelines (uninsured), the patient can apply for catastrophic care financial assistance. For catastrophic care financial assistance, the patient or family member must apply for assistance as described under 4.B. A review of the patient's financial condition will occur and will require the applicant to provide the following items: recent tax returns, records of last two wage statements, bank statements for the previous two months and income award letter. If it is determined that the patient is eligible for an adjustment, the patient's account balance following the charity adjustment will not exceed 20% of their annual income.

For example: Patient has a balance of $200,000 and has an annual income of $50,000. If approved for assistance, the patient would only be responsible for $10,000 (20% of $50,000) and the remaining $190,000 would be written off as catastrophic care financial assistance.

Catastrophic care financial assistance for under-insured and uninsured patients is also limited as follows:

- May be awarded once every 12 months from the date of last catastrophic care financial assistance approval. If financial and/or family size situations change, a new Financial Assistance Application must be submitted.
- Balances in bad debt or already with collection agencies will be considered in determining eligibility. Prospective balances will not be considered in determining eligibility.
- All accounts for which the patient and/or the patient guarantor is responsible will be considered in the calculation of medical debt for determining eligibility for catastrophic care financial assistance.
- If there are balances pending third-party payment, when catastrophic care financial assistance is approved, the adjustment of the balances will be postponed until all third-party coverage has paid. Any patient balances left that were from dates of service on or prior to the approval date will then be adjusted.
- For patients pending Medicaid, determination of catastrophic care financial assistance may be postponed until after final Medicaid disposition to allow for full and accurate accumulation of charges.

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.

Note: If the emergency and/or other medically necessary care are provided to an out of state Medicaid beneficiary, and Emory Healthcare is not enrolled in that out-of-state Medicaid program, the Medicaid beneficiary who has a sufficient coverage from the out of state plan may be eligible for financial assistance.

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

Family Income	Financial Assistance Adjustment
	(*i.e.*, discount off amount otherwise owed by the patient to Emory Healthcare)
Indigent Care -Uninsured and Under-Insured patients:	
Less than or equal to 125% FPG	100%
Charity Care – Uninsured Patients:	
Between 126% - 225% FPG	100%
Catastrophic Care Uninsured/Under-Insured Patients (*i.e.*, those patients with insufficient third-party payer coverage for healthcare services) discount for the self-pay portion of the bill	Patient's responsibility will not exceed 20% of their annual income**.**

Emory Healthcare includes Medicaid non-covered charges as charity adjustments for patients who qualify for financial assistance.

2. Financial Assistance for Medications Dispensed from Emory Healthcare Retail/Specialty Pharmacies

Uninsured and under-insured patients who qualify for financial assistance adjustments under Section 1 may also qualify for such financial assistance adjustments to their out-of-pocket amounts for medications as specified below. Such patients are required to complete the financial assistance application as described under 4.B to establish eligibility for Emory Healthcare Retail/Specialty Pharmacies financial assistance.

Requirements:

- Financial assistance for the medication must be in connection with an Emory Healthcare service provided in relationship to the medication, as documented in the patient's record. For the purpose of clarity, the sole dispensing of a drug by an Emory Healthcare pharmacy does not qualify as an Emory Healthcare service for this requirement.

- If a drug prescribed by an Emory Healthcare physician is refilled, the patient must continue to be seen or treated by an Emory Healthcare physician in order for the refilled prescription to be eligible for financial assistance.
- The script for the medication must originate from an Emory Healthcare -credentialed provider.
- Drug must be for outpatient use.
- Emory-provided financial assistance is only for prescriptions filled at an Emory pharmacy.

3. Self-Pay Discount

Uninsured patients whose Family Income is greater than 225% 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 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.

4. Determination of Eligibility

A. Presumptive Eligibility for Financial Assistance

Emory Healthcare automatically screens through a third-party vendor each uninsured and underinsured patient 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.

B. 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 or in person at the address listed under Section 8 of this Policy. A financial assistance application for Emory Healthcare Retail/Specialty Pharmacies can be sent to Pharmacy, 1750 Gambrell Drive, Suite T203, Atlanta, GA 30322 or fax to 404-778-2025.

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 recent tax returns, last two pay stubs, bank statements for the previous two months, income award letter and proof of Georgia residency documents.

In addition to the Family Income criteria specified in Section 1 above, Medicare and Emory Healthcare Retail /Specialty Pharmacies patients must complete a Financial Assistance Application in order to receive financial assistance under this Policy. Financial assistance will not be processed until all required information is submitted.

If any information is found to be inaccurate, false, or misleading, any financial assistance that may have been approved will be rescinded, and the patient will be responsible for charges incurred and may risk discontinuation of services, legal action, and the requirement to pay in advance for future services.

A determination of eligibility for financial assistance will be effective for a maximum of 12 months prospectively from the date of approval and retroactively for all patient balances incurred prior to the approved Financial Assistance application.

Emory Healthcare will post notices as required by law regarding the availability of financial assistance. Patients requiring financial assistance or thought to require such assistance will be referred to a financial counselor. An individual with extraordinary circumstances, such as a homeless patient, deceased patient, inmate, or international patient may be considered for financial assistance. Any extraordinary circumstance will be reviewed independently and approved by Emory leadership.

5. 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. Emory Healthcare will not impose Extraordinary Collection Actions (ECAs). Emory may take actions that do not constitute ECAs, including referring debt to a collections agency, provided such collections agency does not engage in any ECAs prior to notifying Emory to determine whether the patient is eligible under this Policy.

Uninsured and under-insured patients are screened for presumptive eligibility for financial assistance. 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.

6. Provider List

A list of Providers covered and not covered by this Policy are found at http://www.emoryhealthcare.org/patients-visitors/financial-assistance.html and upon request and without charge in Admissions and Registration areas, in the Emergency Room and, during normal business hours, at the locations listed in section 8, below.

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

Emory Healthcare will not charge patients eligible for Indigent Care, Charity Care, or Catastrophic Care 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 and a description of how Emory Healthcare calculated such percentage is available by calling 1-855-432-3080, and upon request and without charge in Admissions and Registration areas, in the Emergency Room and, during normal business hours, at the locations listed in section 8, below.

8. Where to Find Additional Information Regarding Emory Healthcare's Financial Assistance Policy and Application

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, the AGB document and a plain language summary of this Financial Assistance Policy available, upon request and without charge, in Admissions and Registration areas, in the Emergency Room 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 Orthopaedics 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

Emory Decatur Hospital
2701 N Decatur Rd
Decatur, Ga 30033
404-501-5519

Emory Hillandale Hospital
5900 Hillandale Drive
Lithonia, Ga 30058
404-501-5519

Emory Long Term Acute Care
450 N Candler St
Decatur, Ga 30030
404-501-5519

9. Definitions

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

Amounts Generally Billed or "AGB".
The "look-back method" for determining AGB, as defined under the Department of Treasury Regulations for section 501(r) of the Internal Revenue Code of 1986 as amended will be used for Emory Healthcare Hospitals.

AGB Percentage. The AGB Percentage is calculated annually by dividing (a) the sum of the amount 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 the twelve (12)-month period ending July 31 by (b) the sum of the associated gross charges for those claims. 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) is included in the amount "allowed", 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 Hospitals at any particular time is available as described in Section 7 above.

Emory Healthcare

Emory Healthcare includes the Emory Healthcare Hospitals, The Emory Clinic, and Emory Specialty Associates. A current list of The Emory Clinic and Emory Specialty Associates locations can be found at https://www.emoryhealthcare.org/locations/index.html.

Emory Healthcare Hospitals

Emory Healthcare Hospitals includes Emory University Hospital, Emory University Orthopaedics and Spine Hospital, Emory University Hospital Midtown, Emory University Hospital Smyrna, Emory Johns Creek Hospital, Emory Saint Joseph's Hospital of Atlanta, Emory Decatur Hospital, Emory Long Term Acute Care, Emory Hillandale Hospital and Emory Rehabilitation Hospital.

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.

Resident. An individual shall be recognized as a resident of Georgia if he/she or his/her legal guardian is able to provide proof of Georgia residency documents as requested.

Services generally excluded from Emory Healthcare Financial Assistance Policy

Category	Definition	Service Definitions	
		Financial Assistance	
Category 1	High Cost Treatment; Other Alternatives Usually Available	N	Cochlear implant Elective infant circumcision LDL apheresis Transplants Bariatric surgery Deep brain stimulation Penile or testicular implant Vasectomy reversal Preservation reproductive opportunities after cancer treatment (IVF for PROACT) Services provided to Veterans Administration recipients who refuse transfer to a VA facility Any other procedure which does not meet medical necessity criteria
Category 2	Excluded Services	N	Cosmetic surgery/procedures* Infertility Evaluation and Treatment Optical Shop products Routine eye exams Contact lenses or exams* Hearing aids Acupuncture

*Service is not eligible for a payment plan. Full payment required prior to service.

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