

Financial Assistance to Patients

Trinity Health - West Region

EFFECTIVE DATE: November 1, 2016

PURPOSE:

Trinity Health is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular the value of Commitment To Those Who Are Poor, we provide care for persons who are in need and give special consideration to those who are most vulnerable. This includes those who are unable to pay as well as those whose limited means make it extremely difficult to meet the health care expenses incurred. Trinity Health is committed to:

- Provide access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;
- Provide caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

Trinity Health honors the sacredness and dignity of every person, complies with applicable Federal civil rights laws, and does not discriminate on the basis of protected classes, including but not limited to, race, color, national origin, age, disability, or sex. Free aids and services to people with disabilities are available as well as free language services to people whose primary language is not English. (See Exhibit A.)

PROCEDURE:

This Financial Assistance to Patients (FAP) procedure is designed to address the patients' need for financial assistance as they seek services through Trinity Health Regional Health Ministries (RHM). It applies to all eligible services as provided under applicable state or federal law. Eligibility for financial assistance and support will be determined on an individual basis using specific criteria and evaluated on an assessment of the patient's and/or family's health care needs, financial resources and obligations.

I. Qualifying Criteria for Financial Assistance

a. Services eligible for Financial Assistance:

- i. All services needed for the prevention, evaluation, diagnosis or treatment of a medical condition and not mainly for the convenience of the patient or medical care provider.

- ii. Emergency medical care services will be provided to all patients who present to the RHM's emergency department, regardless of the patient's ability to pay.
- b. Services not eligible for Financial Assistance:
- i. Cosmetic services, infertility treatments and other elective procedures and services that are not medically necessary.
 - ii. Services not provided and billed by the RHM (e.g. independent physician services including emergency physicians, private duty nursing, ambulance transport, retail medical supplies, surrogacy services, pathology, laboratory, etc.).
 - iii. RHMs may exclude services that are covered by an insurance program at another provider location but are not covered at Trinity Health RHMs after efforts are made to educate the patients on insurance program coverage limitations and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.
 - iv. Medicaid, Medi-Cal or other public assistance programs' Share of Costs are considered an important part of those Government Programs. Financial Support cannot be applied to Share of Cost balances.
- c. Applying for Financial Assistance
- RHMs will make FAP applications available as a part of the intake or discharge process as well as in the emergency departments, patient registration lobby areas, financial counselor offices and billing offices within the facilities. Documents will also be made available in the primary language of the local population that constitutes more than 5 percent of the residents of the community, or over 1,000 persons served by the RHM.
 - Applications can also be downloaded from the RHM's website or sent by mail by contacting the RHM's Customer Service department listed on the website.
 - Financial Counselors located at each RHM, as well as Customer Service Representatives via telephone, are available to assist with the completion of the application. Language support is available as needed by patients.
 - RHMs will list the names of individual doctors, practice groups or any other entities that are providing emergency or medically necessary care in the RHM's facility by the name used either to contract with the hospital or to bill patients for care provided. Alternately, a hospital facility may specify providers by reference to a department or a type of service if the reference makes clear which services and providers are covered under the RHM's FAP. (See Exhibit B.)
 - RHMs will take measures to notify members of the community served by the RHM about the FAP. Such measures may include, for example, the distribution of information sheets summarizing the FAP to local public agencies and nonprofit organizations that address the health needs of the community's low income populations.
 - RHMs will provide patients with a written notice that indicates financial assistance is available for eligible patients, identifies the Extraordinary Collection Actions (ECA) that the

RHM (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECA may be initiated that is no earlier than 30 days after the date that the written notice is provided. RHMs will include a plain language summary of the FAP with the written notice and make a reasonable effort to orally notify the patient about the RHMs FAP and about how the patient may obtain assistance with the FAP application process.

- In the case of deferring or denying, or requiring a payment for providing medically necessary care due to an individual's nonpayment of one or more bills for previously provided care covered under the RHM's FAP, the RHM may notify the individual about its FAP less than 30 days before initiating the ECA. However, to avail itself of this exception, a RHM must satisfy the following several conditions:

Provide the patient with an FAP application form (to ensure the patient may apply immediately, if necessary). The patient is to be notified in writing about the availability of financial assistance for eligible individuals and the deadline, if any, after which the hospital facility will no longer accept and process an FAP application submitted by the patient for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided. Thus, although the ECA involving deferral or denial of care may occur immediately after the requisite written (and oral) notice is provided, the patient must be afforded at least 30 days after the notice to submit an FAP application for the previously provided care.

Notify the patient about the FAP by providing a plain-language summary of the FAP and by orally notifying the patient about the hospital facility's FAP and about how the patient may obtain assistance with the FAP application process.

Process the application on an expedited basis, to ensure that medically necessary care is not unnecessarily delayed if an application is submitted.

The modified reasonable efforts discussed above are not needed in the following cases:

- If 150 days have passed since the first post-discharge bill for the previously provided care and the RHM has already notified the patient about intended ECA.
- If a RHM had already determined whether the patient was FAP-eligible for the previously provided care at issue based on a complete FAP application or had presumptively determined the patient was FAP-eligible for the previously provided care.

Completed applications, along with supporting documentation to determine household size and family income, are to be returned to the RHM and/or mailed to the address on the application within the prescribed time.

Once completed application is received, processing and determination of financial application may take up to 30 days.

d. Documentation for Establishing Income

- i. Information provided to the RHM by the patient and/or family should include earned income, including monthly gross wages, salary and self-employment income; unearned income including alimony, retirement benefits, dividends, interest and income from any other source (e.g., food stamps); monetary assets, including savings and investment accounts excluding retirement or deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans for all dependents in the household; the number of dependents in household and other information requested on the FAP application. The first \$10,000 of monetary assets shall not be counted in determining eligibility, nor shall 50% of monetary assets over the first \$10,000 be counted in determining eligibility.
- ii. Supporting documents such as payroll stubs, tax returns, P&L statements and bank statements will be requested to support information reported and shall be maintained with the completed application and assessment. RHMs may not deny financial assistance based on the omission of information or documentation that is not specifically required by the FAP or FAP application form.
- iii. RHMs will provide patients that submit an incomplete FAP application a written notice that describes the additional information and/or documentation that must be submitted within 30 days from the date of the written notice to complete the FAP application. The notice will provide contact information for questions regarding the missing information. RHMs may initiate ECA if the patient does not submit the missing information and/or documentation within the 30 day resubmission period and it is at least 150 days from the date the RHM provided the first post-discharge billing statement for the care. RHMs must process the FAP application if the patient provides the missing information/or documentation during the 240-day application period (or, if later, within the 30-day resubmission period).

e. Presumptive Assistance

RHMs recognize that not all patients are able to provide complete financial information. Therefore, Trinity Health may also engage outside resources to aid in the identification of those patients who are without the resources to pay for healthcare services. When such approval is granted it is classified as “Presumptive Assistance”.

- i. The predictive model is one of the reasonable efforts that will be utilized by RHMs to identify patients who may qualify for financial assistance prior to initiating collection actions, i.e. write-off of a patient account to bad debt and referral to collection agency. This predictive model enables Trinity Health RHMs to systematically identify financially needy patients.
- ii. Examples of presumptive cases include the following:
 - Deceased patients with no known estate
 - Homeless patients
 - Non-covered medically necessary services provided to patients qualifying for public assistance programs (e.g., non-emergent services for patients with emergent only coverage)
 - Patients currently receiving public assistance (e.g., food stamps)

- Patient bankruptcies
- Members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.

For patients who are non-responsive to the FAP application process, other sources of information, if available, should be used to make an individual assessment of financial need. This information will enable the RHM to make an informed decision on the financial need of non-responsive patients.

- iv. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need prior to referral to collection or write-off to bad debt. This review utilizes a health care industry recognized, predictive model that is based on public record databases. These public records enable the RHM to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
- v. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines and be considered under the traditional financial assistance application process.
- vi. Patients will be notified of their approval for assistance. Patients who receive less than the most generous assistance levels may appeal within 30 days of the notice. The determination of a patient being eligible for less than the most generous assistance is based on presumptive support status or a prior FAP eligibility determination. Additionally, RHMs may initiate or resume ECA if the patient does not apply for more generous assistance within 30 days of notification if it is at least 150 days from the date the RHM provided the first post-discharge billing statement for the care. RHMs will process any new FAP application that the patient submits by the end of the 240-day application period or, if later, by the end of the 30-day period given to apply for more generous assistance.

f. Timeline for Establishing Financial Eligibility-Application Period

- i. Every effort should be made to determine a patient's eligibility for financial assistance prior to or at the time of admission or service. The application period begins the day that care is provided and ends the later of 240 days after the first post-discharge billing statement to the patient or one of the following:
 - The end of the period of time that a patient is eligible for less than the most generous assistance available, based upon presumptive support status or a prior FAP eligibility determination, and who has applied for more generous financial assistance; or
 - The deadline provided in a written notice after which ECA may be initiated.

FAP applications will be accepted any time during the application period. The award of financial assistance based on submission of a *completed application* will be in effect for the accounts identified on the FAP application that are within the application period and six months forward from the date of the signed FAP application. The award of financial assistance based on *presumptive support* status is limited to the accounts that are within the application period and only for the date(s) of service for the account(s) reviewed if no application is received. The hospital may require pre-approval for planned surgeries and/or re-verify qualifications at any time. RHMs may accept and process an individual's FAP application submitted outside of the application period on a case-by-case basis as authorized by the RHM's established approval levels. Accounts may be referred to a collection agency for initial processing prior to the completion of the application period.

- ii. RHMs (or other authorized party) will refund any amount the patient has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible patient, unless such excess amount is less than \$5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin). The refund of payments is only required for the episodes of care to which the FAP application applies.
- iii. Determination for financial assistance will be made after all efforts to qualify the patient for governmental financial assistance or other programs have been exhausted. Compliance with the process to attempt to gain assistance with a government program may be requested to be considered eligible for financial assistance eligibility. A patient will not be denied eligibility if they are making a reasonable effort to obtain private or public health insurance.
- iv. RHMs will make every effort to make a financial assistance determination in a timely fashion. If other avenues of assistance are being pursued, the RHM will communicate with the patient regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.
- v. Once qualification for financial assistance has been determined, reviews for continued eligibility for subsequent services should be made after a reasonable time period as determined by the RHM.

g. Level of Financial Assistance

- i. Each RHM will follow the income guidelines established below in evaluating a patient's eligibility for assistance. A percentage of the Federal Poverty Guidelines (FPL), which is updated on an annual basis, is used for determining a patient's qualifications. (See Exhibit C.) However, other factors may also be considered such as the patient's financial status and/or ability to pay as determined through the assessment process.
- ii. Family Income at or below 200% of Federal Poverty Level Guidelines:
 - A 100% discount for all patient balances will be provided for patients whose family income is at or below 200% of the most recent FPL.
- iii. Family Income between 201% and 400% of Federal Poverty Level Guidelines:

- A discount off of total charges equal to the RHM's average acute care contractual adjustment for Medicare (Amounts Generally Billed "AGB") will be provided for patients whose family income is between 201% and 400% of FPL. (See Exhibit C.)
 - For California patients, emergency physicians provide discounts to uninsured patients or patients with high medical costs whose income does not exceed 350% of the FPL.
 - Patients whose income is below 350% of the FPL and have annual out of pocket costs in excess of 10% of their annual income will be granted additional assistance based upon RHM records and/or the patient providing information regarding their healthcare expenses paid during the prior 12 months.
 - The RHM's average contractual adjustment amounts for Medicare (AGB) will be calculated utilizing the look back methodology of calculating the sum of paid claims divided by the total or "gross" charges for those claims by the System Office or RHM annually using twelve months of paid claims with a 30 day lag from report date to the most recent discharge date. (See Exhibit C.)
 - For California patients, if part of the account is charity with the balance on a loan, the loan must be interest free. For California patients meeting eligibility requirements, in those situations for which payment agreements cannot be reached during the negotiation process a payment plan will be established consisting of monthly payments that do not exceed 10% of the patient's familial monthly income excluding deductions for "essential living expenses". Essential living expenses are defined as rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.
- iv. Medically Indigent Support / Catastrophic: Financial Assistance is also available for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a certain percentage of their family or household income (for example, due to catastrophic costs or conditions), regardless of whether they have income that otherwise exceed the financial eligibility requirements for free or discounted care under the RHM's FAP. Catastrophic costs or conditions occur when there is a loss of employment, death of primary wage earner, excessive medical expenses or other unfortunate events. Medical indigence / catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the patient's income and expenses. If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for an episode of care that exceed 20% of income will qualify the insured patient's co-pays, deductibles, and co-insurance payments to qualify as catastrophic charity care. Discounts for medically indigent care for the uninsured will not be less

than the RHM's average contractual adjustment amount for Medicare (AGB) for the services provided or an amount to bring the patient's catastrophic medical expense to income ratio back to 20%. (See Exhibit C.)

- v. While financial assistance should be made in accordance with the RHM's established written criteria, it is recognized that occasionally there will be a need for granting additional assistance to patients based upon individual considerations. Such individual considerations will be approved by the RHM CFO and reported to System Office Chief Financial Officer.

II. Assisting Patients Who May Qualify for Coverage

- a. RHMs will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services. Premium assistance may also be granted on a discretionary basis according to Trinity Health's "Payment of QHP Premiums and Patient Payables" procedure. California patients will be referred to local consumer assistance centers housed at legal offices for assistance with the application process.
- b. RHMs will have understandable, written procedures to help patients determine if they qualify for public assistance programs or the RHM's FAP.

III. Implementation of Accurate and Consistent Policies

- a. Representatives of the RHM's Patient Financial Services and Patient Access departments will educate staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections, physician offices) about billing, financial assistance, collection policies and practices, and treatment of all patients with compassion, dignity and respect regardless of their insurance status or their ability to pay for services.
- b. RHMs will honor financial assistance commitments that were approved under previous guidelines. At the end of that eligibility period the patient may be re-evaluated for financial assistance using the guidelines established in this procedure.

IV. Other Discounts

- a. **Self-Pay Discounts:** RHMs will apply a standard uninsured discount off of charges for all registered self-pay patients that do not qualify for financial assistance (e.g., > 400% of FPL) based on the highest commercial rate paid. (See Exhibit C.)
- b. **Additional Discounts:** Adjustments in excess of the percentage discounts described in this procedure may be made on a case-by-case basis upon an evaluation of the age and collectability of the account and authorized by the RHM's established approval levels.

SCOPE/APPLICABILITY

This procedure applies to all Trinity Health RHM's that operate licensed tax-exempt hospitals. Trinity Health organizations that do not operate tax-exempt licensed hospitals may establish their own financial assistance procedures for other health care services they provide and are encouraged to use the criteria established in this FAP procedure as guidance.

Should any provision of this FAP conflict with the requirement of the law of the state in which the Trinity Health RHM operates, state law shall supersede the conflicting provision and the RHM shall act in conformance with applicable state law.

DEFINITIONS:

Application Period - The period of time beginning the day that care is provided and ends the later of 240 days after the first post-discharge billing statement is provided to the patient or either of the following:

- i. The end of the 30-day period that patients who qualified for less than the most generous assistance available based upon presumptive support status or prior FAP eligibility are provided to apply for more generous assistance.
- ii. The deadline provided in a written notice after which ECA may be initiated.

Amounts Generally Billed ("AGB") - The amounts generally billed for emergency or other medically necessary care to patients who have insurance covering such care. The RHM's acute and physician AGB will be calculated utilizing the look back methodology of calculating the sum of paid Medicare claims divided by the total or "gross" charges for those claims by the System Office or RHM annually using twelve months of paid claims with a 30-day lag from report date to the most recent discharge date. This will be updated annually.

Discounted Care - A partial discount off the amount owed for patients that qualify under the FAP.

Eligible Patient - An individual who meets the eligibility criteria described in this Policy, whether he or she is (1) uninsured; (2) receives coverage through a public program (e.g., Medicare, Medicaid, or subsidized health care coverage purchased through a health information exchange), or (3) an insured patient with co-pay, deductible, and co-insurance amounts.

Emergent - Medical services are those needed for a condition that may be life threatening or the result of a serious injury and requiring immediate medical attention. This medical condition is generally governed by Emergency Medical Treatment and Active Labor Act (EMTALA).

Extraordinary Collection Actions ("ECA") - Collection actions taken by an RHM (or a collection agency on their behalf) include the following actions:

- Deferring or denying, or requiring a payment before providing, medically necessary care because of a patient's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP. If an RHM requires payment before providing care to an individual with one or more outstanding bills, such a payment requirement will be presumed to be because of the individual's nonpayment of the outstanding bill(s) unless the RHM can demonstrate that it required the payment from the individual based on factors other than, and without regard to, his or her nonpayment of past bills.

- Reporting outstanding debts to Credit Bureaus.
- Pursuing legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).
- Placing liens on property of individuals.

Family (as defined by the U.S. Census Bureau) - A group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility under the RHM's FAP.

Family Income - A person's family Income includes the income of all adult family members (related by birth, marriage, or adoption) in the household. For patients under 18 years of age, family income includes that of the parents and/or step-parents, or caretaker relatives' annual income from the prior 12-month period or the prior tax year as shown by recent pay stubs or income tax returns and other information. Proof of earnings may be determined by annualizing the year-to-date family income, taking into consideration the current earnings rate or using previous year's tax returns.

Federal Poverty Guidelines ("FPG") - Guidelines which establish the levels of annual income for poverty as determined by the United States Department of Health and Human Services. These guidelines are updated annually in the Federal Register.

Financial Assistance - Support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health who meet the eligibility criteria for such assistance and who have exhausted public and private payer sources.

Financial Assistance Policy ("FAP") - A written Policy and Procedure that meets the requirements described in §1.501(r)-4(b).

Financial Assistance Policy ("FAP") Application - The form and accompanying documentation a patient submits to apply for financial assistance under a RHM's FAP. RHMs may obtain information from an individual in writing or orally (or a combination of both).

Financial Counseling - The process used to assist patients to explore the various financing and health coverage options available to pay for services rendered by a Trinity Health RHM. Patients who may seek financial counseling include, but are not limited to, uninsured, underinsured, and those who have expressed an inability to pay the full patient liability.

Homeless - Describes the status of a person who resides in one of the places or is in a situation described below:

- in places not meant for human habitation, such as cars, parks, sidewalks; or
- in an emergency shelter; or
- in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters; or
- in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.

Income - Wages, salaries, salary and self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, alimony, survivor's benefits, pensions, retirement income, regular insurance and annuity payments,

income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Medical Necessity – Treatment, procedures and services as defined and documented in each RHM's state's Medicaid Provider Manual.

Policy - A statement of the high-level direction on matters of strategic importance to Trinity Health or a statement that further interprets Trinity Health's governing documents. System Policies may be either stand alone or Mirror Policies designated by the approving body.

Plain Language Summary of the FAP- A written statement that notifies a patient that the hospital facility offers financial assistance under a FAP and provides the following additional information in language that is clear, concise, and easy to understand:

- A brief description of the eligibility requirements and assistance offered under the FAP.
- A brief summary of how to apply for assistance under the FAP.
- The direct Web site address (or URL) and physical locations where the patient can obtain copies of the FAP and FAP application form.
- Instructions on how the patient can obtain a free copy of the FAP and FAP application form by mail.
- The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the FAP and provide assistance with the FAP application process.
- A statement of the availability of translations of the FAP, FAP application form, and plain language summary of the FAP in other languages, if applicable.
- A statement that a FAP-eligible patient may not be charged more than AGB for emergency or other medically necessary care.

Procedure - A document designed to implement a Policy or a description of specific required actions or processes.

Regional Health Ministry ("RHM") - A first tier (direct) Subsidiary, affiliate or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. RHMs may be based on a geographic market or dedication to a service line or business.

Service Area - The list of zip codes comprising a RHMs surrounding market area that constitutes a "community of need" for primary health care services.

Subsidiary - A legal entity in which a Trinity Health RHM is the sole corporate member or sole shareholder.

Underinsured - An individual who, despite having health care coverage, finds that the obligation to pay insurance premiums, copayments, coinsurance, and deductibles is such a significant financial burden that he or she delays or does not receive necessary health care service due to the out-of-pocket costs.

Uninsured Patient - An individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance to cover all or part of the cost of care, including claims against third parties covered by insurance to which Trinity Health is subrogated, but only if payment is actually made by such insurance company.

Vulnerable - Those persons whose health and well-being are considered to be more at-risk than the general population due to socioeconomic status, illness, ethnicity, age, or other disabling factors.

REFERENCES:

- Patient Protection and Affordable Care Act: Statutory section 501(r), Public Law
- Internal Revenue Service, Instructions for Schedule H (Form 990)
- Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Final Rule: Volume 79, No. 250, Part II, 26 CFR, Part 1
- State of California AB774 (Chapter 755, Statutes of 2006; also called the Hospital Fair Pricing Policies Law)
- Federal Register and the Annual Federal Poverty Guidelines
- IRS Code, 26 CFR Parts 1 and 53 and 1545-BL58 Additional Requirements for Charitable Hospitals
- Catholic Health Association of the United States – A Guide for Planning & Reporting Community Benefit

APPROVALS

Initial Approval: April 1, 2014

Revised: 8/6/2014
Revised 8/14/2014
Revised 3/13/2015
Revised 7/1/2016
Revised 11/1/2016

EXHIBIT A

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Saint Agnes Medical Center, honor the sacredness and dignity of every person, complies with applicable Federal Civil Rights laws, and does not discriminate on the basis of protected classes, including but not limited to, race, color, national origin, age, disability or sex.

Saint Agnes Medical Center: Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language and interpreters services through video and audio interpreter system network.
- Written information in other formats such as large print, audio, accessible electronic and other formats.

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters services
- Information written in other languages

If you need these services, please contact us at (559) 450-3000 TTY (559) 450-3233 for assistance.

If you believe that Saint Agnes Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person, by mail, fax or email to:

Saint Agnes Medical Center
Attn: Risk Management
1303 E. Herndon Ave.
Fresno, CA 93720
559-450-7475
Email: Information@samc.com

You can also file a civil rights complaint with the US Department of Health & Human Services, Office of Civil Rights electronically via web, by mail or phone to :

Department of Health & Human Services
200 Independence Avenue, SW, Room a509F,
HHH Building, Washington, DC 20201
Web <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone 1-800-368-1019 TTY 1-800-537-7697

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-559-450-3000 (TTY: 1-559-450-3233).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-559-450-3000 (TTY: 1-559-450-3233).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-559-450-3000 (TTY: 1-559-450-3233)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-559-450-3000 (TTY: 1-559-450-3233).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.)번으로 전화해 주십시오. 1-559-450-3000 (TTY: 1-559-450-3233).

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-559-450-3000 (TTY: 1-559-450-3233)։

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните . 1-559-450-3000 (TTY: 1-559-450-3233).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।) पर कॉल करें। 1-559-450-3000 (TTY: 1-559-450-3233)।

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます)まで、お電話にてご連絡ください。1-559-450-3000 (TTY: 1-559-450-3233)。

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le . 1-559-450-3000 (TTY: 1-559-450-3233).

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।) 'ਤੇ ਕਾਲ ਕਰੋ। 1-559-450-3000 (TTY: 1-559-450-3233)।

Provider List

Physicians, providers and practice groups that are not employed by Saint Agnes Medical Center will bill separately and are not covered by the hospital Financial Assistance Policy.

Anesthesia Consultants Of Fresno	cCare-California Cancer Associates	California Emergency Physicians - Hospitalist
Aiken, Melanie M, MD	Aulakh, Amardeep S, DO	Alegarbes, Pinky M, MD
Amireh, Rasheed A, MD	Chang-Halpeny, Christine MD	Alvarado, Rudolph C, MD
Athwal, Sukhdeep S, DO	Estrada, Dexter T, MD	Baig, Nabil A, DO
Calderon, Raul, MD	Gupta, Sachin, MD	Bhullar, Pardeep S, MD
Catz, Michael M, MD	Hackett, Leonard T, MD	Boparai, Meet S, MD
Chae, Sung M, MD	Hager, Steven J, DO	Chavez, Juan G, MD
Chaudhari, Tara M, MD	Haseeb, Abdul M, MD	Chernekoff, Gregory M, NP
Chowdhry, Omar S, DO	Ibrahim, Dina, MD	Cordoba, Daniel V, MD
Christensen, Cory C, DO	Jawien, William J, MD	Crooks, Robert F, MD
hung, Byung J, MD	Koster, David J, MD	Darvesh, Gazala M, MD
Corbin, John F, MD	Lemon, Robert H, MD	De Jesus, Emerson M, MD
Elhassan, Amir O, MD	Loh, John J, MD	DMorias, Linet R, MD
Etiz, William, DO	Monson, Jedidiah M, MD	Enenmoh, Anthony C, MD
Fellows, Jason, MD	Parveez, Rabia, MD	Gill, Gurjiwan K, DO
Foelschow, James, MD	Pascuzzo, Joseph M, DO	Gill, Narinder S, MD
Gingrich, Ted F, MD	Rao, Ravi D, MD	Goebel, Paul J, MD
Gulian, Michael R, MD	Tan, Raymond, MD	Gunda, Narayana R, MD
Hertzberg, Linda B, MD	Villegas, Jemely R, NP	Hakimipour, Mehdi, MD
Hutchins, Ty W, MD		Heller, Andreas E, MD
Ikemiya, Kenneth A, MD		Holden, Richard C, DO
Joe, Harry, MD		Irshad, Wajiha, MD
Kim, Yang J, MD		Johal, Dharampal S, MD
Largoza, Artemio J, MD		Khaliqui, Musa M, MD
Larsen, Lance, MD		Legesse, Ashenafi A, MD
Madsen, Joshua S, MD		Lin, Joshua K, DO
Maxwell, Elisa O, MD		Lorenze, Andrea, MD
Motie, Andre S, MD		Milani, Kasra A, MD

Anesthesia Consultants Of Fresno - Continued		CEP - Hospitalist - Continued
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Mulder, Stephen D, MD
 Oh, Sung-Min L, MD
 Pettus, Sonya D, MD
 Pickering, Timothy C, DO
 Radich, Ned, MD
 Ryan, Caroline A, MD
 Schlifke, Adam C, MD
 Smith, Emily E, MD
 Sturman, John S, MD
 Sufi, Kanwarjit S, MD
 Tian, Yingzhong, MD
 Van Putten, Clifton O, MD
 Wall, Andrew J, MD
 Wayne, Ronald G, MD
 Wiggins, Michael H, MD
 Yanagi, Thormason M, MD
 Yang, Susie T, MD
 Zupp, Richard R, MD

Narain, Gurinder P, MD
 Narala, Madhava R, MD
 Nareddy, Chinnapa, MD
 Onyshchenko, Mykola, MD
 Patel, Surendra M, MD
 Reddy, Kiran M, MD
 Reddy, Manthani, MD
 Reyes, A. Bernie B, MD
 Roper, John A, MD
 Sazgar, Sasan, MD
 Sevel, Garry S, MD
 Shah, Maulik N, MD
 Sidhu, Gurcharan S, MD
 Simmons, James M, DO
 Singh, Karandeep, MD
 Singh, Navjit, MD
 Sivasubramanian, Anita, MD
 Smith, Christopher R, MD
 Theethira, Thimmaiah G, MD
 Thomson, Chris P, MD
 Ugwueze, Godwin C, MD
 Vallapu, Hemanth K, MD
 Volkov, Pavel, MD
 Vorobchevici, Cristin, MD
 Zhitnikova, Mary, DO

California Emergency Physician- Emergency Medicine	OB Hospitalist Group (OBHG)	Wishon Radiological Medical Group, Inc. (X-ray, CT scan, MRI, Nuclear Medicine)
Alam, George A, MD	Andrews, Todd L, MD	Alson, Mark D, MD
Alhadi, Sameir A, MD	Baxter-Jones, Rosalyn P, MD	Azmoun, Leyla M, MD
Bethel, Dennis W, MD	Buchanan, Shantwania A,	Clutson, Richard, MD
Biltz, John H, NP	Cappelli, Anthony L, MD	Efird, Terril A, MD
Brix, Ronald D, MD	Dabbs, Marci L, MD	Forsythe, James C, MD
Brown, Steffan C, MD	Dennis-Johnson, Debbie A,	Gould-Simon, Aron J, MD
Caldwell, Jonathan D, MD	Golik, Lisa A, MD	Hananouchi, Glenn I, MD

CEP Emergency Medicine -Continued	OB Hospitalist Group -Continued	Wishon Radiological Medical Group, Inc.- Continued
Claypool, David J, MD	Gorrell, Alan L, MD	Hanna Al-Kass, Farajallah M,
Crebassa, Leslie H, MD	Jenkins, Enchanta L, MD	Hansen, Robert B, MD
Dobrinen, Jennifer A, PA	Lee, Lloyd J, MD	King, Michael E, MD
Donkor, Jimmy A, MD	Pinto, James L, MD	Laningham, Fred H, MD
Dornhofer, Peter L, MD		Mak, Ceayee, MD
Easter, Thomas D, PA		Math, Edward F, MD
	Saint Agnes Pathology Medical Group	
Felix, Cynthia L, NP	Chen, Tzen Kuang, MD	Mukerji, Poornima K, MD
Fernandez, Sam E, NP	Fang, Wei, MD/PHD	Myracle, Michael R, MD
Francis, Lynda A, NP	Tschang, Tai-Po, MD	Nagel, Edward N, MD
Fraser, Anthony M, PA	Zhou, Fan, MD	Nakamura, David T, MD
Gill, Navdeep S, MD		Pruett, Benjamin J, DO
Givertz, Alan, MD		Raines-Hepple, Robert P, MD
Griffin-Valeri, Jennifer A, NP		Rogers-Neufeld, Bonna, MD
Guzman, Omar A, MD		Tower, Sean W, MD
Habibe, Michael N, MD		Uytana, Vinson, MD
Lam, Michelle K, NP		Villalobos, Richard A, MD
Leveque, Eric A, DO		Yang, Roberta, MD
McNeely, Jacqueline F, PA		
Munoz, Annette C, NP		
Ochoa, Cesar O, MD		
Osen, Jaylene R, NP		
Patel, Chirag V, NP		
Perry, Lorilee A, NP		
Phillips, John P, MD		
Pitcher, Tracy J, MD		
Post, Julie A, NP		
Roberts, Mercedes, PA		
Rodolfa, Eugene Q, PA		
Sorensen, Camie, MD		
Sullivan, Sandra L, NP		

Ambulance Vendors	Durable Medical Equipment
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American Ambulance
American Ambulance of Visalia
Avenal District Ambulance
CHP
California Hot Springs
Ambulance
Camp Nelson Vol. Ambulance
Coalinga City Fire Department
Dinuba City Fire Department
Exeter District Ambulance
Imperial Ambulance
Kingsburg City Fire Department
LifeStar Ambulance
Mobile Life Support (AMR)
North Central Fire Protection
Dist
Pistoresi Ambulance
Sanger City Fire Department
Selma City Fire Department
Sequoia Safety Council
Sierra Ambulance
Skylife of Central California
Riggs Ambulance from Merced

DJO Global, Inc.

EXHIBIT C

Trinity Health West Region Federal Poverty Level (FPL) & Charity Adjustment Guidelines

	100%	200%	400%	
Persons in Family/Household	Federal Poverty Level	Up to 200% Full Charity	201%-400% Partial Charity	
1	\$12,060	\$24,120	\$48,240	
2	\$16,240	\$32,480	\$64,960	
3	\$20,420	\$40,840	\$81,680	
4	\$24,600	\$49,200	\$98,400	
5	\$28,780	\$57,560	\$115,120	
6	\$32,960	\$65,920	\$131,840	
7	\$37,140	\$74,280	\$148,560	
8	\$41,320	\$82,640	\$165,280	
For families/households with more than 8 persons, add \$4,180 for each additional person.				
Location	Charity Adjustment %			Uninsured Discount
Saint Alphonsus - BAKER CITY	100%	100%	49%	30%
Saint Alphonsus - BOISE	100%	100%	70%	30%
Saint Alphonsus - NAMPA	100%	100%	72%	30%
Saint Alphonsus - ONTARIO	100%	100%	69%	30%
Saint Agnes - FRESNO	100%	100%	78%	40%

*Source: Federal Register and the Annual Federal Poverty Level (FPL) Guidelines

Average Medicare Contractual Adjustment Amounts (Amounts Generally Billed or AGB)

	Inpatient		Outpatient		Total Facility	
RHM	FY17	FY16	FY17	FY16	FY17	FY16
Baker City	30.7%	27.4%	56.0%	54.5%	48.9%	46.6%
Boise	70.2%	68.1%	69.7%	69.3%	70.0%	68.5%
Nampa	68.9%	64.4%	76.4%	73.9%	72.1%	68.4%
Ontario	61.4%	57.4%	74.1%	73.3%	68.6%	65.6%
Fresno	76.4%	77.3%	82.7%	83.6%	78.3%	79.3%

Updated (2/2017)