



TITLE: Financial Assistance for Baptist Health Care

EFFECTIVE DATE: January 2021

OWNER OF THIS POLICY: VP, Revenue Management

SCOPE: This policy applies to all wholly owned subsidiaries of Baptist Health Care Corporation (excluding Lakeview Center, Inc). A list of the providers participating, as well as not participating, can be found in Attachment B and from the locations listed in the Other Issues/Concerns section of this policy. The policy describes the following:

- a. The eligibility criteria for receiving Financial Assistance.
- b. The circumstances and criteria under which each Hospital Facility and Provider will provide free care for Eligible Services to eligible patients who are Uninsured, Underinsured, or otherwise deemed unable to pay for such services.
- c. The basis and methods of calculation for charging any amounts to such patients and, the method by which patients may apply for Financial Assistance.

STATEMENT OF PURPOSE: The purpose of this policy is to provide a systematic and impartial method for evaluating an individual's eligibility for Financial Assistance (charity care), and to insure consistency with Baptist Health Care's (BHC) mission of providing emergency and medically necessary care to uninsured or underinsured persons who meet the requirements for Financial Assistance in the community in a manner that preserves the dignity of the individual.

DEFINITIONS:

Team Members: Full, part time, and PRN employees of BHC.

POLICY:

1. BHC is a not-for-profit organization committed to meeting the health care needs of community residents. BHC, through its hospital subsidiaries Baptist Hospital, Gulf Breeze Hospital, and Jay Hospital hereafter "BHC", provides for the medical needs of low-income, uninsured, underinsured, indigent patients by rendering necessary, quality health care, regardless of race, creed, color, sex, national

origin, sexual orientation, handicap, or age. BHC offers medical care to its patients 24 hours a day, seven days a week, and 365 days a year.

Patients who are deemed under this policy to be unable to pay their balances in full shall be considered for Financial Assistance, based on established criteria. A patient eligible for Financial Assistance under this policy will not be charged for emergency or other medically necessary care more than the Amounts Generally Billed (AGB) to patients insured by Medicare and commercial insurance companies.

Patients are expected to fully cooperate with Baptist Health Care procedures for obtaining Financial Assistance, applying for Medicaid or other government programs where appropriate, and contributing to the cost of their care based on their ability to pay, including third party liability payments. Individuals with the financial capacity to purchase health insurance will be encouraged to do so.

PROCEDURE:

1. Eligibility criteria, all of which must be met to be deemed eligible for Financial Assistance:
 - a. Emergent and Medical Necessity - The care provided must meet medical necessity criteria as defined by Medicaid governed by Title XIX of the Social Security Act. In cases where there are questions, a Baptist Health Care Chief Medical Officer will make the final determination of medical necessity.
 - b. Insurance Status – The patient is either uninsured or underinsured, an asset test may apply.
 - c. Financial Ability – Patients with total gross family income less than 300% of the Federal Poverty Guideline (FPG).
 - d. Completed Application - To receive Financial Assistance, a patient must either complete a financial assistance application (FAA), including required documentation, and be determined to meet the eligibility criteria for Financial Assistance; or be identified under the presumptive eligibility program.
 - e. Medicaid Eligibility - Patients who may be eligible for Medicaid must cooperate with Baptist Health Care in completing the Medicaid application. A patient who refuses to cooperate with any Medicaid application will no be eligible for Financial Assistance.
 - f. Hardship Approval - In extraordinary circumstances, BHC may evaluate a patient whom has household income greater than 300% FPG. In the event account balances place an undue hardship on the family, a panel will evaluate any Financial Assistance to be granted. To be reviewed for hardship, the patient balance must exceed 100% of income exceeding 300% FPG. This panel will contain the Vice President of Revenue Management, Chief Medical Officer, and

Corporate Director Patient Access or Executive Director Patient Financial Services.

2. Timing:

- a. Eligibility may be determined at any point before, during, or after the provision of emergent and medically necessary services up to 120 days post discharge. In the event any financial assistance eligible patient pays greater than \$5.00 or an amount in excess of the AGB the patient will be refunded.

3. Presumptive Eligibility:

- a. Uninsured and underinsured patients will be screened for presumptive eligibility. Presumptive eligibility decisions will follow in accordance with standard Financial Assistance process and timelines. Baptist Health Care Facilities and Providers may use outside resources to determine the patient's qualification for Financial Assistance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include qualification through:
 - i. Participation with a free clinic or indigent health access programs, including Escambia County Clinic, Good Samaritan, We Care, Health and Hope; reserving the right to expand to additional free clinics.
 - ii. Eligibility for other state or local governmental assistance programs that are unfunded (such as food stamps, welfare, WIC).
 - iii. Patient declared to be homeless.
 - iv. Patient having awarded bankruptcy within the previous 12 months.

4. Automatic approval will occur on any visit balance meeting the following criteria:

- a. Patients with active Medicaid coverage
- b. Patients within eligibility period of prior FAA
- c. Patients who are deceased with no estate

5. Application Process:

- a. A request for Financial Assistance may be made by the patient or a person designated by the patient, subject to applicable privacy laws. A Financial Assistance Application (FAA) may be submitted prior to, upon receipt of eligible services, or during the billing and collection process. The determination of financial need may occur at any point in the collection cycle up to 240 days from the first post discharge billing statement. The need for Financial Assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than 180 days prior, or at any time additional information relevant to the eligibility of the patient becomes known. If such information does change, it is the patient's responsibility to notify BHC of the updated information.

- b. All approved FAA will provide an eligibility period of 180 days beginning at first date of calendar month in which patient signed the FAA. Prior dates of service will not require additional signed applications. Dates of service prior to the completion and return of the FAA, greater than 240 days, will be considered for eligibility with appropriate proof of income documentation.
- c. Applications can be obtained from the locations listed in the Other Issues/Concerns section of this Policy.
- d. If additional information relevant to the eligibility of the patient becomes known, it is the patient's responsibility to immediately notify Customer Service of the updated information at 850-908-2000.
- e. Assistance in completing an FAA can be obtained by contacting Customer Service at 850-908-2000. A completed application will be processed promptly by Baptist Health Care Patient Financial Services Department. Initial determinations are made by the Financial Assistance Team Members. Granting of Financial Assistance is contingent upon satisfactory completion of an FAA, including full supporting documentation and validation with external agencies. Documents requested may include any of the following:
 - i. Documentation of income may include most recent paycheck statement showing the current YTD earnings, or written verification of annual wages from employer, proof of public governmental assistance, unemployment benefits award document, unearned monthly income deposit evidence (bank statement), or other governmental agencies written statement. Individual income tax form 1040 from the most recent calendar year may be requested.
 - ii. Proof of identification.
 - iii. Patient credit report may be used to determine ability to pay in the event other documentation cannot be provided.
 - iv. Determination of denial by Medicaid or governmental assistance (i.e. food stamps).
 - v. Proof of pending disability claim.

6. Notice of Financial Assistance Determination:

- a. Requests for Financial Assistance shall be processed promptly and BHC shall notify the patient or applicant, in writing, of its decision on a completed application and/or any presumptive approval. Any approval qualified from an automated approval category will not receive any notification.
- b. Baptist Health Care will make all reasonable efforts to provide written notification to the patient or applicant of its determination as soon as possible following the receipt of a completed application. If a patient is granted Financial Assistance, written notice will be sent to the guarantor. Once approval letter is provided to the

patient, future dates of service within the eligibility period will be adjusted without notification.

7. Basis of Calculation:

Baptist Health Care facility and Providers will reduce 100% of patient responsibility for Financial Assistance eligible patients.

8. Services:

The following healthcare services are not eligible for Financial Assistance under this policy:

- a. Purchases from BHC retail operations, such as gift shops, retail pharmacy, aesthetics, cosmetic surgery, and durable medical equipment or cafeteria purchases.
- b. Any products or services that are:
 - i. Inconsistent with the symptom(s) or diagnosis and treatment of the condition, disease or injury.
 - ii. Primarily for the convenience of the patient, the patient's family, the physician or other provider.
 - iii. Not the most appropriate level of services that can safely be provided to the patient.
 - iv. Services provided by non-Baptist Health Care entities or physicians (i.e., certain non-Baptist Health Care lab studies, home health and medical equipment or Baptist Health Care transportation services).
 - v. Elective, not medically necessary, procedures such as cosmetic surgery, gastric bypass (bariatric), reproductive sterilization, and reversal of sterilization.

9. Actions in the Event of Non-Payment:

- a. The actions BHC may take in the event of non-payment for services are described in a separate Credit and Collections Policy, a copy of which can be obtained free of charge from the locations listed in the Other Issues/Concerns section of this policy.

10. Communication of Information about the Policy to Patients and the Public: a. BHC will take reasonable efforts to ensure that information about this policy and its availability is clearly communicated and made widely available, including posting in public locations within the hospital facilities. BHC will provide paper copies at no charge to the patient, upon request, inclusion of the plain language

summary with each billing notice, and posting on the Baptist Health Care website within patient financial resource guide.

- b. A list of the Providers, other than the hospital facilities, delivering emergency or medically necessary care who are covered (and who are not covered) under this policy is available free of charge from the locations listed in the Other Issues/Concerns section of this Policy.

11. Misrepresentation:

- a. BHC may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information, which it believes supports a conclusion that information previously provided was inaccurate.

12. Approval:

- a. The Vice President of Revenue Management shall be responsible for monitoring compliance with this policy, and any necessary enforcement. Signature by corporate patient access leadership will be obtained on the calculation sheet for approval of an application or presumptive approval. No calculation sheet will be obtained on any approval that does not require an application. Subsequent qualifying balances during 180-day eligibility period will be adjusted without additional signatures or calculation form.

13. Other Issues/Concerns:

- a. Locations for obtaining copies of the Financial Assistance policy, Credit and Collections Policy, applications or calculation of the AGB discount include:
 - i. Patient Access areas at our Hospital Facilities:
 - Baptist Hospital 1000 West Moreno St, Pensacola, FL 32501
 - Jay Hospital 14114 Alabama St., Jay, FL 32565
 - Gulf Breeze Hospital 1110 Gulf Breeze Parkway, Gulf Breeze, FL 32561
 - ii. Customer Service, 100 West Garden Street, Ste. 200 Pensacola, FL 32502
 - iii. By calling Customer Service at 850-908-2000
 - iv. Baptist Health Care website, ebaptisthealthcare.org/patientfinancialresources/

REFERENCES/SOURCES: 501(r) Regulatory Requirements

ATTACHMENTS: Attachment A – Definitions; Attachment B – Participating Groups

RELATED DOCUMENTS:

Credit and Collections Policy

RECISSION:

Financial Assistance Policy (Baptist Hospital, Jay Hospital, Gulf Breeze Hospital, BMG, BPA), effective 7/20, is hereby rescinded.

Attachment A: Definitions

DEFINITIONS:

AGB - Amounts Generally Billed –A hospital facility may determine AGB for any medically necessary care provided to a FAP eligible individual by using the billing and coding process the hospital facility would use if the FAP eligible individual were a Medicare fee for service or Medicaid beneficiary and setting AGB for the care at the amount the hospital facility determines would be the total amount Medicare or Medicaid would allow for the care (including both the amount that would be reimbursed by Medicare or Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles). Further information on the AGB discount is available from the locations listed in the Other Issues/Concerns section of this Policy.

Application (for financial assistance) - The form, Financial Assistance Application (FAA), required to be completed by those seeking Financial Assistance in order to determine eligibility for assistance. Applications must be filled out completely and accurately, and include the required supporting documentation. Incomplete applications not completed within 60 days of initial submission will be deemed incomplete and considered withdrawn. Forms and supporting documents are returned to Baptist Health Care, 100 West Garden St. Suite 200, Pensacola, FL 32502.

Application Period- 120-day period following discharge in which a patient may apply for Financial Assistance.

Collection Procedures – Process by which BHC will attempt to collect money billed to the patient or guarantor for care provided.

Determination -The decision regarding an individual's eligibility for Financial Assistance based on eligibility criteria defined in Financial Assistance policy.

Eligibility for Financial Assistance - An individual's ability to qualify for Financial Assistance. Baptist Health Care may access external sources including, but not limited to, credit agencies, banks or investment firms, for additional information used in verifying application responses and in making a determination of the patient's eligibility for Financial Assistance. Please refer to the Eligibility Section for complete information.

Eligibility Period - The 180-day time period covered by the Financial Assistance determination. Eligibility may change if, during the period, the patient's financial condition or insurance status changes.

Eligible Services - The services (and any related products) provided by Baptist Health Care Facilities and Providers that are eligible for Financial Assistance under this Policy, which shall include: (1) emergency medical services provided in an emergency room setting, (2) non-elective medical services provided in response to life-threatening circumstances in a non-emergency room hospital setting, and (3) Medically Necessary services.

Emergency Medical Conditions - As defined in section 1867 of the Social Security Act, as amended (42 U.S.C. 1395dd).

ECA – Extraordinary collection action can include use of collection agencies as well as credit reporting.

FAA – Financial Assistance Application

Family – A group of two or more people who reside together and who are related by birth, marriage (common law or otherwise) or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of Financial Assistance if the dependent is residing with the tax filer.

Family Income – Annual total cash or cash equivalents earned by or provided to an individual. The following are considered and must be included in the Application for each member of the family:

- a. Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources determined on a before-tax basis.
- b. Items not considered as income are noncash benefits and public assistance, such as food and housing subsidies, educational assistance, and capital gains and losses.

Federal Poverty Guidelines (FPG) - The poverty guidelines are updated annually in the Federal Register by the U.S. Department of Health and Human Services.

Family Size	300%
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680
Each Additional Member	\$15,420

Financial Assistance – Reduction of patient's account balance based on established criteria; discounted or free care granted pursuant to this policy.

Hospital Facility – A facility that is required by the State of Florida to be licensed, registered, or similarly recognized as a hospital. “Hospital Facilities” means collectively, more than one Hospital Facility.

Incomplete Application - An application that is missing specifically requested information. This information is needed on the application form or as documentation requested to support application responses.

Insured/Underinsured – A patient covered by insurance, but cannot afford out of pocket financial responsibility. (i.e., copayment, co-insurance, deductible)

Liquid Assets – The Family’s cash or cash equivalent assets available for use in paying for medical care, such as bank accounts, investments, trust accounts and amounts in retirement accounts that can be withdrawn, with or without penalty.

Medically Necessary –services that are, at a minimum, a covered Medicaid services and services that are reasonably determined by the treating physician to be necessary to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering, or pain, result in illness or infirmity, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available. If there is a question about medical necessity, BHC's Chief Medical Officer or Chief Transformational Officer may be called upon to make the final determination.

Out-of-Network - Certain insurance carriers or third party administrators may reduce or eliminate the provision of benefits unless care is provided by designated facilities or providers. In cases where Baptist Health Care is not one of the designated facilities or providers or the plan does not have a provider network, any care provided is considered to be out-of-network. Governmental plans are not considered to be Out-of-Network, even if Baptist Health Care is not one of the designated facilities or providers in the plan or the plan does not have a provider network. A patient with Out-of-Network coverage is eligible for Financial Assistance.

Presumptive Eligibility – A determination that a patient is presumed eligible for Financial Assistance based on information obtained outside of that provided by the individual.

Provider – Baptist Health Care employed physicians and advanced clinical practitioners (ACP).

Uninsured - The patient has no level of insurance, third party assistance, Medical Savings Account, or claims against third parties covered by insurance to assist with meeting his payment obligations.

Attachment B: Participating Groups

Community and BHC providers	FAP participation status
Andrews Institute for Orthopedics and Sports Medicine	participating
Andrews Institute Physical Medicine & Rehab	participating
Andrews Primary Care Sports Medicine	participating
Anesthesia Management Solutions, LLC	not participating
Apollo MD	not participating
Baptist Physician Group	participating
BMG Airport	participating
BMG Baybridge	participating
BMG Endocrinology	participating
BMG ENT	participating
BMG Family Medicine & Walk In Care	participating
BMG Family Medicine and Specialty Center	participating
BMG Family Medicine Gulf Breeze	participating
BMG Family Medicine Gulf Breeze East	participating
BMG Family Medicine Pace	participating
BMG Family Medicine Perdido	participating
BMG Family Medicine Westside	participating
BMG Gastroenterology	participating
BMG General Surgery	participating
BMG Guidewell	participating
BMG Internal Medicine Baptist Towers	participating
BMG Internal Medicine Gulf Breeze	participating
BMG Internal Medicine/Peds Navarre	participating
BMG Ladies First OBGYN	participating
BMG Live Oak	participating
BMG Medical Oncology	participating
BMG Neurosurgery	participating
BMG North Hill Primary Care	participating
BMG Occupational Health Medicine and Urgent	participating
BMG Ortho Trauma	participating
BMG Primary Care Gulf Breeze	participating
BMG Primary Care Nine Mile	participating
BMG Radiation Oncology	participating
BMG Rheumatology	participating
BMG Urology	participating
Cardiology Consultants	participating

Community and BHC providers	FAP participation status
Gift shop/Sodexo	not participating
Lakeview	not participating
Neuro Hospitalist	participating
Pediatric Hospitalist	participating
Pensacola Pathology	not participating
Radiology Associates	not participating
Senior Health	participating
Towers Pharmacy	not participating