BAPTIST HEALTH

Policy Subject:

Financial Assistance **Effective Date: 11/15/2012**

Revised for Current FPL: 1/25/2024

POLICY

Consistent with the principles of faith based healthcare ministry, any patient seeking medically necessary care at Baptist Health shall be treated without regard to a patient's ability to pay for such care. Baptist Health shall operate in accordance with all federal and state requirements for the provision of health care services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA).

PRINCIPLES

The financial assistance policy of Baptist Health is consistent with the mission and values of the system, recognizing that all patients are expected to contribute to their care based on their individual ability to pay.

Baptist Health offers financial assistance to patients as a gift. Financial assistance is not subject to race, sex, or creed. Financial assistance is provided for most service types including emergency medical conditions. There is no future reimbursement expected from the patient unless there is subsequent insurance or liability recovery to the patient. Baptist Health does not delay care for patients who have past due financial balances.

PURPOSE

This policy sets forth the standards for providing assistance to patients who lack the ability to pay for medically necessary services.

This policy applies to most charges, but will not apply to Radiology Consultants, Pathology Labs of Arkansas, or any other outside services.

ELIGIBILITY CRITERIA

Baptist Health will perform an assessment of medical necessity and financial ability, and based on the assessment results, may provide free or discounted care to patients who qualify for

financial assistance under this policy. Standard procedures will be followed in determining eligibility.

To be eligible for financial assistance, the following steps must be completed:

1. Answer all questions completely
2. Sign and date the Application for Financial Assistance
3. Attach a copy of all required documentation (see below)
4. Return the Application for Financial Assistance with required documentation

Required Documentation (as applicable):

- Signed Application for Financial Assistance;
- Must provide copy of 3 months' current bank statements
- If applicable: Complete copy of most recent Tax Return with attachments;
- If patient does not file taxes: proof of earnings (check stub, payroll record, or letter from employer);
- If applicable: Proof of disability (Social Security Administration Benefits letter)
- In some cases, additional documentation may be required to determine eligibility

Patients whose accounts are eligible for Medicaid payment but have a balance remaining as the result of benefit limitations or "out of pocket" expenses will be considered eligible for financial assistance under this policy without application, and the accounts will be considered settled in full.

Patients who do not provide the requested information necessary to completely and accurately assess their eligibility may not be eligible for financial assistance. In addition, patients seeking financial assistance are expected to cooperate with any efforts to secure other healthcare coverage or sponsorship prior to financial assistance determination.

Eligibility is determined using objective criteria respecting the responsible party's income, assets and liabilities. Applicants have to meet both asset and income tests to qualify.

<u>Income</u>

Applicants with a household income below 300% of the Federal Poverty Guideline (including income from rental properties) will be considered for full financial assistance/no patient liability. For those applicants with a household income in excess of 300% but not exceeding 400% of the Federal Poverty Guideline, a sliding scale will apply to gross charges based on income and the number of people in the household.

2024

Federal Poverty Guidelines

	Discount	100%	94%	88%	82%	76%	75%
# in household	**1**	**$4**5,180	**$4**8,945	**$5**2,710	**$5**6,475	$60,240	**Uninsured Discount**
	2	$61,320	**$6**6,430	$71,540	**$7**6,650	$81,760	
	3	**$7**7,460	**$8**3,915	$90,370	**$9**6,825	$103,280	
	4	**$9**3,600	$101,400	**$10**9,200	**$11**7,000	**$12**4,800	
	5	**$10**9,740	**$11**8,885	**$12**8,030	**$13**7,175	**$1**46,320	
	6	**$12**5,880	**$13**6,370	**$14**6,860	**$15**7,350	**$16**7,840	
	7	**$1**42,020	**$1**53,855	**$1**65,690	**$17**7,525	**$18**9,360	
	8	**$15**8,160	**$1**71,340	**$1**84,520	**$1**97,700	**$2**10,880	
	%FPL	**300%**	**325%**	**350%**	**375%**	**400%**	

$4,320 added for each additional family member.

75% automatic “uninsured” discount for all hospitals.

Revised: Jan 23, 2024

Assets and Liabilities

Applicants with assets less than $8,000 (individual) or $12,000 (combined household) will be considered for full financial assistance/no patient liability.

All assets shall be considered for financial assistance qualification upon application EXCEPT:

- Applicant's primary residence (including the land / property on which that residence is located
- One vehicle per person (two per household)
- Retirement assets (defined as those assets – such as a 401K – where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the IRS code, or non-qualified, deferred-compensation plans)
- Cash / surrender value of life insurance policies, and
- Burial funds

Age

Applicants of all ages are eligible for Financial Assistance

Patients may also qualify for Presumptive Financial Assistance. Presumptive Financial Assistance is defined as assistance available to persons who meet at least one of the criteria outlined below and are without a payer source for the services rendered. The criteria include:

- Patient is expired with no immediate or known family members
- Patient is homeless
- Patient has qualified for Medicaid within the last 24 months
- Patient is in hospice and has Medicaid coverage
- Patient is within the financial eligibility levels of Medicaid a predicted by the PARO capacity to pay model but is unwilling or unable to comply with the application process' (see Presumptive Financial Assistance Eligibility section)
- Patient currently has Medicaid but has a prior balance

APPROVED FINANCIAL ASSISTANCE

Once an application is accepted, the approved financial assistance discount will apply to an individual's charges for a period of sixty (60) days, after which the individual is required to complete another Application for Financial Assistance with updated information and supporting documentation. All applications are scanned to the patient accounts and paper copies are kept

for 6 months. Additional details regarding financial assistance are also available as part of the Baptist Health Financial Services Collection Policy.

PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY

BAPTIST HEALTH recognizes that, as a benefit to the Communities that we serve, some patients are unable to or unwilling to ask for financial assistance due to barriers to applying for assistance such as educational level and literacy, documentation limitations, etc. BAPTIST HEALTH is willing to extend financial assistance to those patients that face these barriers based on the best information that can be gathered about the guarantor. BAPTIST HEALTH intends to process patient accounts for financial assistance eligibility scoring at the completion of the revenue cycle and after efforts for alternative funding or public assistance have been exhausted.

The PARO model is software that allows Baptist Health to determine if patients qualify for financial assistance even if the patient does not respond to offers for assistance. This software utilizes public record data and returns information that is utilized to determine characteristics for the consumer. PARO is designed to identify patients likely to qualify for financial assistance based on a predictive model and other financial and asset estimates for the patient derived from public record sources. In the absence of additional information from the patient, this rule set is applied to all patients exiting the revenue cycle to determine which patients would have likely qualified for financial assistance.

CHARGES/SELF PAY DISCOUNT

The above financial assistance policy is intended to serve as a limitation of charges to insure that patients eligible for financial assistance will be charged no more than amounts generally billed to individuals who have insurance.

Patients without insurance or without eligibility for any third party payment or reimbursement, including government coverage or assistance, will automatically receive a discount of 75% from gross charges. Baptist Health uses a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.

For patients who do not qualify for financial assistance and choose not to pay their bill, certain collection efforts will be made in an attempt to obtain payment. These are outlined in the Baptist Health Collections Policy.

PATIENT AWARENESS OF POLICY AND AVAILABILITY OF ASSISTANCE

In an effort to notify the public about the Financial Assistance Policy, the Baptist Health Financial Counselors will discuss the availability of financial assistance when speaking with uninsured patients prior to service or at the time of service. Financial assistance information is available on the Baptist Health public website at http://www.baptist-health.com/patient_visitors/charity/ and is also posted at various Admissions locations throughout the health system. A financial assistance application is provided to all patients during the first three billing cycles and contact information for questions or assistance is also contained in the billing statement. The form is also available in Spanish.

This Financial Assistance policy can also be requested by calling Baptist Health Customer Service at (501) 202-3900 or by sending a written request to ATTN: Patient Financial Aid Office – 11001 Executive Center Dr, Ste 100 Little Rock, AR 72211.