

GBMC Credit and Collections Policy

POLICY STATEMENT

This policy applies to Greater Baltimore Medical Center, Inc., its division, GBMC Health Partners (collectively “GBMC”) and certain affiliates. GBMC is committed to comply with state and federal law and performs its credit and collection procedures in a dignified and respectful manner. GBMC does not discriminate based on race, sex, age, color, national origin, creed, marital status, sexual orientation, gender identity, disability, or ability to pay. GBMC will assist all patients, as requested, with financial assistance, income-based payment plans and Medicaid advocacy.

This policy covers all hospital facility services and services provided by GBMC physician practices/practice groups delivering emergent or medically necessary care. This policy does not cover emergent or medically necessary care provided by non-employed providers with privileges at GBMC. The policy applies to all patient accounts identified as self-pay or with a remaining patient responsibility after insurance and/or financial assistance.

All patients presenting for emergency services will be treated regardless of their ability to pay.

PROCEDURE

CO-PAYMENTS AND DEDUCTIBLES:

Payment for co-payments and deductibles will be requested prior to or at the time of service. In the case of emergency services, no payment will be requested until after a patient has received a medical screening exam and any necessary stabilizing treatment.

Medically necessary care will not be deferred or denied due to an outstanding balance for previously provided care.

INPATIENT SUMMARY BILL:

In accordance with the State of Maryland’s Health Services Cost Review Commission (HSCRC) regulations, all inpatients are sent a summary bill of the charges incurred. The GBMC Financial Assistance Policy Information Sheet will be included with each mailing.

PATIENT BALANCES:

Once a balance is determined to be a patient’s responsibility, the collection activities may be delegated to a contracted collections entity and the three (3) statement cycle will begin.

Each account is sent a minimum of three (3) statements at a minimum of every 30 days. If a patient applies for financial assistance or disputes their bill, statements will be placed on hold until the financial assistance screening is complete, or the dispute is resolved. The GBMC Financial Assistance Policy Information sheet will be mailed with each statement.

If a patient/guarantor calls and states they are unable to pay their balance, they will be screened for Financial Assistance (see Financial Assistance Policy). If it is determined after following the financial assistance process, they are not eligible for financial assistance, the patient/guarantor will be offered the option of a payment plan. Maryland residents will be offered an income-based payment plan, if

desired. GBMC does not charge interest on balances owed.

PRESUMPTIVE ELIGIBILITY

Once the account has been delegated, the patient/guarantor is evaluated through a third- party scoring vendor to estimate a patient's ability to pay. Patients who qualify for financial assistance based on the information provided may have their balance forgiven by GBMC with no patient responsibility. The balance forgiveness will be initiated by the Collection Manager. If the balance exceeds \$5,000, it is referred to the Executive Director of Revenue Cycle for approval. If the balance exceeds \$10,000, the final approval is the responsibility of the Executive Vice President and Chief Financial Officer of GBMC.

Patients who qualify for presumptive eligibility based on estimated ability to pay (i.e., not based on enrollment in a means-tested program) may still be required to complete GBMC's Financial Assistance Application and submit all required documentation before a final determination regarding eligibility is made.

PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

For patients who qualify for partial financial assistance, either through presumptive eligibility or application, GBMC shall not collect any fees or other amounts that exceed the approved charges for hospital services.

For any patient that paid a balance exceeding \$25, but are found to have been eligible for free care within two-hundred and forty (240) days after provision of the initial bill, GBMC shall refund such amount no later than thirty (30) days after determining that the patient was eligible for free care.

CONSIDERATION FOR PLACEMENT TO A COLLECTION AGENCY

If the patient/guarantor does not make contact, request financial assistance or establish a payment plan, the account will be considered for collection agency placement approximately twenty-eight (28) days after the date of statement #3. In order to be placed with a collection agency the account balance must be a minimum of \$25.00. Once placed with the collection agency, the patient/guarantor can still apply for financial assistance in accordance with the GBMC Financial Assistance policy or set up a payment plan, including income-based payment plans available to Maryland residents.

GBMC does not, at any time, report adverse information to a consumer reporting agency or charge interest on balances owed.

If a statement is returned to GBMC from the United States Postal Service with an incorrect address, the account will be researched to find a correct address. If a correct address cannot be found, the account shall be placed with a collection agency prior to one hundred twenty (120) days of the first billing date.

Accounts with a balance exceeding \$5,000.00 must be approved by the Executive Director of Revenue Cycle. Accounts with a balance exceeding \$10,000.00 must be approved by the Executive Vice President and Chief Financial Officer of GBMC.

LEGAL ACTION

Once the account has been referred to collection, the collection agency can recommend legal action to collect an account. For legal action to commence, the account balance must be at least \$5,000 and the patient/guarantor must be actively employed. Each account recommended for legal action must be

approved by the Executive Director of Revenue Cycle. Once the Executive Director approves legal action, a written notice of intent to file an action to patient/guarantor for medical debt at least forty-five (45) days before filing the action. This action may not be filed against the patient/guarantor until two hundred and forty (240) days after the initial bill was provided. The forty-five (45) day letter must:

1. Be sent by certified first class mail,
2. Be in simplified language and in at least 10-point font,
3. Be provided in the patient's preferred language, or if no preferred language specified, each language spoken by a limited English proficient population that constitutes 5% of the GBMC's population jurisdiction as measured by most recent federal census,
4. Include a copy of the Financial Assistance Application, Financial Assistance Information Sheet and inform the patient of the availability of income based payment plans to satisfy debt,
5. Include the name and telephone number of GBMC, the debt collector and an agent of GBMC authorized to modify terms of any payment plan,
6. Include the amount required to cure nonpayment of debt,
7. Include a statement recommending the patient seek debt counseling services,
8. Include the telephone numbers and internet addresses for Maryland's Health Education Advocacy Unit (HEAU)

GBMC will not file action to collect debt until GBMC determines whether patient is eligible for free or reduced cost care.

GBMC will not request a lien against a patient's primary residence, a body attachment or an arrest warrant against the patient.

GBMC will not request writ of garnishment of wages or file an action that would result in an attachment of wages if the patient is eligible for free or reduced cost care.

Any complaint by GBMC in an action to collect debt shall include an affidavit that states the following:

1. Date on which 240-day period for payment elapsed,
2. The notice of intent to file action was sent to patient, including date on which it was sent and satisfied all required elements under Maryland law,
3. That GBMC determined whether the patient was eligible for financial assistance; and
4. That GBMC complied with the payment plan guidelines established under Maryland law.

ESTATES

GBMC may not make a claim against the estate of a deceased patient if the deceased patient was known by GBMC to be eligible for free care or if the value of the estate after tax obligations are fulfilled is less than half of debt owed. The family of the deceased patient will be allowed to apply for financial assistance.

Deceased patients with no estates shall automatically qualify for financial assistance.