



Financial Assistance

POLICY STATEMENT

GBMC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.

All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications for financial assistance will be completed and evaluated retrospectively and will not delay a patient from receiving care.

GBMC patients, depending on their financial condition and subject to the criteria in this policy, may be eligible to receive medical assistance (Medicaid), full or partial financial assistance, or extended payment plans. To be consistent in the provision of financial assistance with all members of the community, GBMC applies definitive criteria, outlined herein, when making determinations of full or partial financial assistance.

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 (**Exhibit A**) for a listing of GBMC Physician Practices and Practice Groups covered under this policy).

An individual who is eligible for full or partial assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance.

GBMC will give notice of its Financial Assistance Policy by providing access on its website and patient portal; providing notice of the policy in a newspaper with circulation in GBMC's service area on an annual basis; providing hard copies upon request and by mail free of charge; by providing notice and information about the policy as part of the pre-admission, registration, and discharge processes; providing notice and information on billing statements; and, by displaying information about the policy at the Billing Office and all hospital registration points, which includes the Emergency Department. English and Spanish versions of the Financial Assistance Policy and related documents will be made available in all locations and on the hospital website. Also, upon request, GBMC will translate the policy into all other primary languages of all significant patient populations in the community with limited English proficiency.

DEFINITIONS

- A. Eligible Services: Medically necessary services, as defined below, may be eligible for financial assistance. Services that are not medically necessary are not eligible for financial assistance. Services for patients who incur additional out-of-pocket expenses by going out of their health insurance network, as specified by their insurance carrier, are not eligible for consideration.
- B. Liquid Assets: Cash, securities, promissory notes, stocks, bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property easily convertible to cash. A safe harbor of \$150,000 in equity in a patient's primary residence and one motor vehicle shall not be considered assets convertible to cash. Equity in other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the IRS has granted preferential tax treatment or prepaid higher education funds in a 529 Program Account.
- C. Medically Necessary Services: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of condition(s) that endanger life, cause suffering or pain, resulting in illness or infirmity, threatening to cause or aggravate a handicap, or cause physical deformity or malfunction.
- D. Household Size:
1. In determining family income of a patient, household size will consist of the patient and 1.) A spouse, regardless of whether the patient and spouse expect to file a joint federal or State tax return; 2.) Biological children, adopted children, or stepchildren; and 3.) Anyone for whom the patient claims a personal exemption in a federal or State tax return.
 2. For a patient who is a child, the household size shall consist of the child and the following individuals: 1.) Biological parents, adopted parents, or stepparents or guardians; 2.) Biological siblings, adopted siblings, or stepsiblings; and 3.) Anyone for whom the patient's parents or guardians claim a personal exemption in a federal or State tax return.

PROCEDURES FOR STANDARD WORK

TWO-STEP ELIGIBILITY PROCESS: Eligibility for full or partial financial assistance involves a two-step process. A patient or a patient's representative may seek and obtain a determination of probable eligibility before receiving a final determination of eligibility. The determination of probable eligibility is a prediction of eligibility for full or partial final assistance. To obtain full or partial financial assistance, a patient or patient representative must seek and obtain a final determination of eligibility.

A. STEP ONE: DETERMINATION OF PROBABLE ELIGIBILITY

1. Following a patient's or a patient representative's request for financial assistance, application for medical assistance, or both, GBMC will render and communicate to the patient or patient representative a determination of probable eligibility within two (2) business days.
2. To obtain a determination of probable eligibility of financial assistance, a patient or patient representative may:
 - a. complete and submit a Request for Determination of Probable Eligibility (**Exhibit B**); or
 - b. call and speak with a GBMC Financial Assistance representative at 443-849-2450.
3. Final determinations of eligibility will be based on all criteria and requirements set forth in this policy.

B. STEP TWO: FINAL DETERMINATION OF ELIGIBILITY

1. Application Requirements for Final Determination of Eligibility

- a. Self-pay patients who are scheduled for non-emergency surgery must complete a financial assistance application prior to the scheduled procedure or be required to pay a deposit prior to the surgery.
- b. Patients meeting eligibility criteria for medical assistance (Medicaid) must apply and be determined ineligible prior to GBMC's final financial assistance determination.
- c. Patients or patient representatives seeking full or partial financial assistance must submit a Maryland Uniform Financial Assistance Application (**Exhibit C**) and all of the applicable documentation listed on the financial assistance application letter (**Exhibit D**) or otherwise requested by GBMC that applies to the patient and other adult members of the household.

2. Procedures for Final Determination of Eligibility

- a. To qualify for full or partial financial assistance, a patient must supply all requested documentation and proof. Failure to supply requested information or documentation within thirty (30) days of the date of a request from GBMC may result in a patient's ineligibility for financial assistance.
- b. Each patient must agree to a credit bureau report as a condition of consideration for financial assistance.
- c. GBMC will communicate written final determinations of eligibility within fourteen (14) days after receipt of final documentation in §B.1 of this policy, for full or partial financial assistance, directed to the address identified in the patient's Maryland Uniform Financial Assistance Application. If a patient is approved for financial assistance or a payment plan, he/she will receive a financial assistance award letter. If a patient is denied financial assistance, he/she will receive a denial letter.
- d. Patients have the right to request an appeal of any denial by responding to the denial letter within thirty (30) days of the date of the denial letter. Appeals will be reviewed by the Executive Director of Revenue Cycle Management, who will review the documentation submitted and make a determination based on this policy's criteria. The Executive Director of Revenue Cycle Management's decision is final, and patients who appeal an initial determination will receive a final appeal determination letter at least thirty days prior to any additional collection efforts.
 - i. The Health Education and Advocacy Unit of Maryland's Consumer Protection Division is available to assist a patient or the patient's authorized representative in filing and mediating a reconsideration request.

Health Education Advocacy Unit

200 St. Paul Place, 16th Floor

Baltimore, MD 21202-2021

410-528-1840 or 1-877-261-8807 (toll free)

410-576-6571 (fax)

heau@oag.state.md.us (email)

<https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx> (website)

- e. Financial assistance awards apply to all open accounts at the time of the financial assistance award and are valid for six months from the date of the financial assistance award for non-Medicare patients and for one year for Medicare patients.
- f. Patients with open accounts totaling less than \$100 are not eligible for financial assistance.
- g. Accounts previously sent to GBMC's Collections Department and written-off as bad debt will not be eligible for financial assistance and will remain bad debt.

C. FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA:

- 1. For each patient, the percentage of the current Federal Poverty Level ("FPL") will be calculated, based on modified adjust gross income, as defined in the Federal Poverty Guidelines, and family size.
- 2. For patients 300% FPL or lower, GBMC will provide 100% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of \$15,000 or less.
- 3. For patients 301%-500% FPL, GBMC will provide 50% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of \$15,000 or less.
- 4. For patient's 501% FPL, financial assistance will not be provided by GBMC.

D. EXCLUSION CRITERIA: The following patients are not eligible for financial assistance:

- 1. Uninsured and under-insured patients who do not meet the financial assistance criteria.
- 2. Patients who have insurance and chose self-pay for Eligible Services or choose out of network coverage.
- 3. Patients seeking assistance for charges incurred for services that are not medically necessary.
- 4. Non-Maryland residents.
- 5. Patients who are non-compliant with enrollment for publicly funded healthcare programs, charity care programs and other forms of financial assistance.
- 6. Patients who fail to provide accurate and complete financial information within the time frames stated in this policy.

E. PRESUMPTIVE FINANCIAL ASSISTANCE:

- 1. In addition to the procedures described above, Presumptive Financial Assistance is an alternative method for obtaining financial assistance. It is a program run in partnership with an established credit reporting agency. Self-pay accounts for Maryland residents are referred to the agency, which utilizes a proprietary credit scoring system to determine the likelihood and ability to pay based on estimated income and family size. The results from the credit score are compared to GBMC's Financial Assistance eligibility criteria and a decision is made to write off or to pursue collection on certain accounts.
- 2. The financial assistance policy shall provide presumptive eligibility for free medically necessary care to a patient who is not eligible for the Maryland Medical Assistance Program or Maryland Children's Health Program and provides proof for one of the following:
 - a. Lives in a household with children enrolled in the free and reduced-cost meal program;
 - b. Receives benefits through the federal Supplemental Nutrition Assistance Program;
 - c. Receives benefits through the State's Energy Assistance Program;
 - d. Receives benefits through the federal Supplemental Food Program for Women, Infants, and

Children; or

- e. Receives benefits from any other social service program as determined by the Department and the Commission.

3. Presumptive Financial Assistance will be given to deceased patients with no estate.

F. COLLECTION EFFORTS: The billing cycle will initiate fifteen 15 days after date of the denial letter. Three (3) billings statements are sent in 28-day intervals in attempt to collect the outstanding amounts. If there is no collection or payment arrangements made, the outstanding amounts are sent to a collection agency. If a patient files for bankruptcy during the financial assistance application process, award period, or during any collection efforts, the patient should provide written notification from the U.S. Bankruptcy Court to the GBMC Self-Pay Manager.

G. PAYMENT PLANS:

1. A patient may request a payment plan of equal monthly payments to pay the balance in full over a maximum of eighteen (18) months or otherwise agreed upon, with minimum monthly payments no less than twenty-five (\$25) dollars per month.
2. If approved for a payment plan, a patient is set up under a contract in GBMC's system and monthly statements will be generated and sent to the patient, indicating the monthly payment amount, due date and balance.
3. Failure to meet the obligations of a payment plan by the due date will result in termination of the payment plan and the delinquent account will be referred for collection efforts.

Attachments

[Exhibit A - GBMC Practices](#)

[Exhibit B - Request for Determination of Probable Eligibility](#)

[Exhibit C - Maryland Uniform Financial Assistance Application](#)

[Exhibit D - Financial Assistance Application Letter](#)

Applicability

GBMC, GBMC Health Partners