

GBMC

FINANCIAL ASSISTANCE POLICY (FAP)

I. POLICY

- A. 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.
- B. 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.
- C. GBMC patients, depending on their financial condition and subject to the criteria in this policy, may be eligible to receive medical assistance (Medicaid), 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 its financial assistance determination.
- D. 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 providers with privileges at GBMC who are not affiliated with a GBMC employed practice (see **Exhibit A** for a listing of GBMC Physician Practices and Practice Groups covered under this policy).
- E. An individual who is eligible for 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.
- F. GBMC will provide access to its Financial Assistance Policy on its website and patient portal; by providing hard copies upon request and by mail free of charge; by providing notice and information about the policy on its billing statements, as part of the registration and discharge process; and, by displaying information about the policy at all hospital registration points. Upon request, GBMC will translate the policy into all primary languages of all significant patient populations in the community with limited English proficiency.

II. DEFINITIONS

- A. Eligible Services: Services considered medically necessary may be eligible for financial assistance. Services considered elective 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 shall not be considered an asset 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.

II. PROCEDURE

A. Application Requirements:

- 1) 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.
- 2) Patients meeting eligibility criteria for medical assistance (Medicaid) must apply and be determined ineligible prior to GBMC's financial assistance consideration.
- 3) GBMC requires patients to submit a Maryland Uniform Financial Assistance Application (**Exhibit B**) and any of the applicable documentation listed on the financial assistance application letter (**Exhibit C**) or otherwise requested by GBMC that applies to the patient and other adult members of the household, including but not limited to:
 - 2 most recent paystubs for patient and any other person whose income is considered part of the family income, as defined by Medicaid regulations;
 - A copy of patient's Federal Income Tax Return (if married and filing separately, then a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income, as defined by Medicaid regulations);
 - A copy of patient's or household member's Social Security award letter, if applicable;
 - A copy of patient's Medical Assistance determination letter, if applicable
 - Proof of disability income, if applicable;
 - If unemployed, proof of unemployment (e.g. Statement from the Office of Unemployment Insurance);

- Proof of citizenship and Maryland residence;
- Relevant statements regarding Liquid Assets.

B. Review Process:

- 1) To qualify for financial assistance, in any form, a patient must supply all requested documentation and proof to the requesting GBMC Collection Manager or Financial Assistance Coordinator. Failure to supply requested information or documentation within fifteen (15) days of the date of a request from GBMC may result in a patient's ineligibility for financial assistance.
- 2) Each patient must agree to a credit bureau report as a condition of consideration for financial assistance.
- 3) 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 to the address listed in the financial assistance application.
- 4) Patients have the right to request an appeal of any denial by responding to the denial letter within fifteen (15) days of the date of the denial letter. Appeals will be reviewed by the Director of Patient Financial Services, who will review the documentation submitted and make a determination based on this policy's criteria. The Director of Patient Financial Services' decision is final and patients who appeal an initial determination will receive a final appeal determination letter thirty days prior to any additional collection efforts.
- 5) 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.
- 6) Patients with open accounts less than \$100 in totality are not eligible for financial assistance.
- 7) 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. Collection Efforts: The billing cycle will initiate fifteen 15 days after date of the denial letter. Three (3) billings statements are sent in 30-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 has a duty to promptly notify the GBMC Collection Manager in writing of such action.

III. FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA

- A. 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.
- B. 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.
- C. 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.
- D. For patient’s 501% FPL, financial assistance will not be provided by GBMC.

IV. EXCLUSION CRITERIA

- A. Uninsured and under-insured patients who do not meet the financial assistance criteria.
- B. Patients who have insurance and chose self-pay for Eligible Services.
- C. Patients seeking assistance for non-medically necessary services, including cosmetic procedures.
- D. Non-United States citizens and non-Maryland residents.
- E. Patients who are non-compliant with enrollment for publicly funded healthcare programs, charity care programs and other forms of financial assistance.
- F. Patients who fail to provide accurate and complete financial information within the time frames stated in this FAP.

V. ASSUMPTIVE FINANCIAL ASSISTANCE

Assumptive Financial Assistance is a program run in partnership with the TransUnion credit reporting agency. Self-pay accounts for Maryland residents are referred to TransUnion, who 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 TransUnion 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.

VI. PAYMENT PLANS

- A. If a patient does not qualify for financial assistance, he/she may request a payment plan of equal monthly payments to pay the balance in full over a maximum of eighteen (18) months, with minimum monthly payments no less than twenty-five (\$25) dollars per month.
- B. Payment plans are not available for outstanding accounts less than \$100.
- C. If approved for a payment plan, a patient is set up under a contract in GBMC's medical record system, Epic, and monthly statements will be generated and sent to the patient, indicating the monthly payment amount, due date and balance.
- D. Failure to pay under a payment plan by the due date will result in termination of the payment plan and the delinquent account will be sent to the GBMC Collection Manager for collection efforts after a final demand letter is sent and thirty days (30) from the date of the demand letter have passed.

Exhibit A

Listing of GBMC Practices

Services Provided in Practices are Covered under the FAP

GBMC Health Partners Medicine Intensivist
GBMC Health Partners Gastroenterology Clinical Practice
GBMC Health Partners Pulmonary Medicine
GBMC Health Partners Sleep Medicine at GBMC
GBMC Health Partners Infectious Disease
GBMC Health Partners Center for Neurology
GBMC Health Partners Medicine Hospitalist
GBMC Health Partners Internal Med Faculty Practice
GBMC Health Partners Clinical Genetics
GBMC Health Partners Thoracic Surgeons
GBMC Health Partners Medical Oncology
GBMC Health Partners Dr. Schnaper Clinical Practice
GBMC Health Partners Joppa Road Practice
GBMC Health Partners GBMC Medicine for Adults
GBMC Health Partners Perry Hall
GBMC Health Partners Texas Station Clinical Practice
GBMC Health Partners Jarrettsville
GBMC Health Partners Care Coordination
GBMC Health Partners Family Care at OM
GBMC Health Partners Family Care Clinical Practice
GBMC Health Partners Outreach - Hunt Manor
GBMC Health Partners Medicine - Owings Mills
GBMC Health Partners Clinical Practice - Hunt Valley
GBMC Health Partners Palliative Medicine
GBMC Health Partners Community Benefit Senior Outreach
GBMC Health Partners Geriatric Practice
GBMC Health Partners Bariatric Surgery
GBMC Health Partners Neurosurgical Clinical Practice
GBMC Health Partners Finney Trimble
GBMC Health Partners Ophthalmology Clinic
GBMC Health Partners Ortho Spec of MD at GBMC
GBMC Health Partners Vein Center
GBMC Health Partners Hoover Low Vision
GBMC Health Partners Ophthalmology Residency
GBMC Health Partners Clinical Practice Ophthalmology
GBMC Health Partners Cochlear Implant Program

GBMC Health Partners OB/GYN Practice
GBMC Health Partners GYN Oncology CP
GBMC Health Partners Perinatal Associates
GBMC Health Partners Women's Diagnostic Clinic
GBMC Health Partners Pediatric Associates
GBMC Health Partners NICU Hospitalists
GBMC Health Partners Pediatrics Hospitalists
GBMC Health Partners OB Hospitalists
GBMC Health Partners Dr. Hinton Clinical Practice
GBMC Health Partners Pre-Natal Diagnostic Program
GBMC Health Partners GYN Clinical Practice
GBMC Health Partners Dr. Hebb Practice
GBMC Health Partners Dr. Doran Clinical Practice
GBMC Health Partners Community Benefit Services
GBMC Health Partners Chesapeake Urology Infusion
GBMC Health Partners HSCRC Transformation Grant
GBMC Health Partners Wound Care Center
GBMC Health Partners Hyperbaric Oxygen Unit
GBMC Health Partners Outpatient Rehab Medicine
GBMC Health Partners Electrocardiology
GBMC Health Partners Medical Residency Program
GBMC Health Partners Diabetes Center
GBMC Johns Hopkins Voice Center
GBMC Johns Hopkins Head and Neck Surgery
GBMC Health Partners Otolaryngology Clinic
GBMC Health Partners GBMC Mid-Level Providers
GBMC Health Partners Hearing and Speech
GBMC Health Partners Pre-Surgical Testing
GBMC Health Partners ENT Residency
GBMC Health Partners OB Clinic

Maryland State Uniform Financial Assistance Application

Information About You

Name:
First Middle Initial Last

Social Security Number - - Marital Status: Single Married Separated

US Citizen: Yes No Permanent Resident: Yes No

Home Address:
City State Zip code Country Home Phone: -
(Area Code) ### - ####

Employer Name & Address:
Employer Name Street Address City State Zip code Work Phone: -
(Area Code) ### - ####

Household Members:

Name	Age	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? / / (MM/DD/YYYY)

If yes, what was the determination?

Do you receive any type of state or county assistance? Yes No

Hospital Name
Return Address

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	<u>Monthly Amount</u>
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source:	_____
Total	_____

II. Liquid Assets

	<u>Current Balance</u>
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home :	Loan Balance: _____	Approximate value: _____
Automobile:	Make: _____ Year: _____	Approximate value: _____
Additional vehicle:	Make: _____ Year: _____	Approximate value: _____
Additional vehicle:	Make: _____ Year: _____	Approximate value: _____
Other property:	_____	Approximate value: _____
	Total	_____

IV. Monthly Expenses

	<u>Amount</u>
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient



Due back on or before: _____

PATIENT INFORMATION SHEET AND FULLFILLMENT REQUIREMENTS

Thank you for inquiring about our Financial Assistance Program. Everyone is eligible to apply. The Financial Assistance Application you have been given will need to be completed and returned to us.

Please provide any of the following information that applies to your situation:

- 2 recent pay stubs for each family member 18 years or older, including date of hire
Please note your status on your pay stubs (full time, part time, number of hours per week)
Please also note how you are paid (weekly, bi-weekly or bi-monthly)
- 2 most recent unemployment insurance pay stubs
- A copy of your most recent income tax returns (**Federal and State**) with W2's (**all pages**)
- A copy of your current Social Security Award Letter
- A copy of your Medical Assistance/Food Stamps or Cash Assistance denial or approval letter
- A complete copy of your 2 most recent checking and savings account statements (**all pages**)
Bank statements must include account holder name(s), account number(s) and daily balance(s)
- A copy of your 2 most recent investment statements (Money Market, CD, Stocks etc.)
- A letter of hardship, briefly explaining your need for financial assistance
- If you do not have any income, a notarized letter from the person providing your support is required - depending upon the situation additional information may be requested

Failure to return the above information that is applicable to your situation may prevent us from considering your Financial Assistance application. Please explain in your letter of hardship your reason for not supplying any of the above information.

The attached "Medical Assistance Screening Check List" also needs to be completed. This document helps us to determine if you may be eligible for additional programs. Please make sure you sign and date your application; and return your application to the address shown above.

Representatives are available Monday through Friday, from 8:00 AM to 5:00 PM. Please feel free to contact us at (443) 849-2450 (press 1) or at (800) 626-7766 (press 1). **We look forward to assisting you with your application process.**

Sincerely,

The Patient Financial Services Department