



Policy		
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<b>TITLE/SUBJECT</b>	<i>Financial Assistance, Billing, and Collections</i>
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**PURPOSE** To outline a financial assistance, billing and collections policy consistent with Baptist Health Deaconess Madisonville’s charitable purpose and mission by demonstrating Baptist Health Deaconess Madisonville’s Christian heritage of service and by enhancing the health of the people and communities Baptist Health Deaconess Madisonville serves.

**SCOPE** Baptist Health Deaconess Madisonville [BHDM]

**AUTHORIZATION** BHDM Administrative Board

**POLICY**

**Establishing and Implementing the Financial Assistance Policy**

The BHDM Administrative Board has adopted this Financial Assistance Policy [FAP], which also includes a Billing and Collections Policy. This FAP will apply to Baptist Health Deaconess Madisonville.

This FAP shall be implemented and consistently carried out by BHDM and will apply to all emergency and medically necessary care provided by BHDM (*See Appendix A for definitions of “medically necessary care” and other key terms referenced in this policy*). The policy in place as of the date the applicant submitted a complete application will apply.

This FAP will only apply to and cover the emergency or other medically necessary care delivered by BHDM. This FAP will not apply to any services provided by physicians and other health care providers who bill separately and who provide services within BHDM, however, physician groups may have their own separate policies. A listing of providers to whom this FAP does not apply shall be attached as an appendix to this FAP (Appendix B). Paper copies of this listing shall be available free of charge in the emergency room and at registration, customer service, and financial counseling locations within BHDM, and a copy shall also be available on BHDM’s website. This listing shall be updated by management at least on a quarterly basis.

## **FAP Eligibility Criteria**

**Program of Last Resort:** Prior to applying for eligibility under the FAP, patients are encouraged to contact BHDH Financial Counseling to determine if they meet eligibility for other programs that may provide for the payment of emergency or medically necessary care. As a prerequisite to applying for assistance under the FAP, patients must utilize and exhaust all other healthcare resources available to them. The FAP is not a payer and is always the program of last resort after all other payer options and assistance programs have been exhausted, including but not limited to: Insurance coverage (all applicable coverage must be presented to BHDH to be filed and any payments made directly to the patient related to BHDH accounts must be remitted to BHDH); Personal health assets, including Health Spending Accounts [HSA], Health Reimbursement Accounts [HRA], Healthcare Flexible Spending Accounts [FSA], etc. (the full balance that is accessible for BHDH related services must be remitted to BHDH); Medicaid (BH requires all patients, whether insured or not, to file for Medicaid or present evidence indicating ineligibility for Medicaid prior to filing for the FAP, and will offer support of contractors and/or staff to assist with this process); Governmental assistance programs such as the Kentucky Hospital Care Program [KHCP]; Kentucky Health and Racing Fund; Sunday School Charity Fund; and Assistance programs sponsored by pharmaceutical and medical supply companies.

Upon exhausting other available payment resources, Patient or Guarantor of payment may seek financial assistance through the FAP (*See Method for Applying for Financial Assistance*).

### **Determination of Eligibility:**

Once a Patient or Guarantor has applied for assistance under the FAP, BHDH representatives will determine whether he or she is eligible for the FAP based on the information provided in the FAP Application and any other documentation required to be provided as part of the FAP Application. Taking into consideration the information provided by the FAP Application, accompanying documentation, and comparing such information to the Federal Poverty Guidelines, BHDH representatives will determine the level of assistance available to Patient or Guarantor under the FAP.

BHDH will not deny assistance under the FAP based on an individual's failure to provide information or documentation that the FAP application process does not require an individual to submit.

**Allowance for Assistance Outside of FAP:** BHDH may use reasonable discretion in approving assistance for persons who do **not** meet the eligibility guidelines of this policy when approval is justified by other factors that warrant consideration. Such factors may include catastrophic illness resulting in large amounts of uninsured medical bills, fulfilling requirements to receive donated

high cost drugs or device wherein doing so is in the best overall interest of the hospital and patient or other extraordinary need.

**Presumptive FAP Eligibility:** BHDM may determine FAP eligibility based on information other than that provided by the Patient or Guarantor or based on a prior FAP-eligibility determination. To the extent that a Patient or Guarantor is presumptively determined to be eligible for less than the most generous assistance available under the FAP, BHDM will provide notice in accordance with the Billing and Collections Policy below as it relates to Presumptive Eligibility.

**Electronic Scoring Resource:** When an uninsured Patient or Guarantor does not complete the FAP application or does not provide the required financial documentation necessary to determine eligibility, the account may be screened using an outside Electronic Scoring Resource [ESR] that derives scores based on credit report history. If the ESR score indicates a high probability the account would qualify for the FAP, the uninsured account will be presumptively awarded a FAP discount in accordance with this policy. Once an ESR score has been assigned to a Patient or Guarantor, such score may be utilized by BHDM for the purpose of determining presumptive eligibility for a reasonable period of time so as to prevent unnecessary utilization of the ESR.

**Prior Eligibility Determination:** BHDM may also use a prior FAP-eligibility determination to presumptively determine if an individual is FAP-eligible.

**Current Calendar Year Active Period:** Information and documentation provided in the FAP application is valid for the purpose of presumptively determining FAP eligibility for the current calendar year from the date on which the application was first approved by BHDM. After that time, a new FAP application will be required before making any additional eligibility determinations, unless the circumstances reasonably warrant, based on the discretion of BHDM management, that an application approved prior to this period continue to be valid for the purpose of presumptively determining FAP eligibility.

**Adjusting FAP Application for Changes:** If there is a change in financial resources which requires the Patient or Guarantor to complete an updated FAP application, or the current application year active period expires, and either update results in a change in eligibility, then the new eligibility determination will be applied to any open balances existing at the time of the eligibility change.

### **Level of Discounts for Eligible Patients and Guarantors**

**Discount for the Uninsured and Underinsured:** All uninsured patients receiving emergency or medically necessary care are given a discount from gross charges that limits payment responsibility to the amounts generally billed [AGB] by BHDM. Insured patients receiving emergency or medically necessary care that is not allowed by the patient's insurance policy may also be given a

discount from gross charges that limits payment responsibility to the amounts generally billed [AGB] by BHDM.

**Less than or equal to 300% of the Federal Poverty Guideline (Full FAP Assistance):**

Based on the information provided in the FAP application and/or through the presumptive eligibility process, a Patient or Guarantor whose Income plus Liquid Assets is less than or equal to 300% of the current Federal Poverty Guideline for his or her family size is eligible for a full discount under the FAP after all other healthcare resources have been utilized and exhausted (until that time, the application is to be pended). Full FAP discount represents gross charges less the amount paid by all other healthcare resources and, as applicable, any uninsured discounts or contractual discounts with third-party payers. Refunds will be made if a patient pays more than is owed under this calculation.

**Between 300% and 1200% of the Federal Poverty Guideline (Partial FAP Assistance):** Based on the information provided in the FAP application and/or through the presumptive eligibility process, a Patient or Guarantor whose Income plus Liquid Assets is between 300% and 1200% and whose total financial obligation during a calendar year for emergency or medically necessary care provided by BHDM exceeds 10% of their combined sum of Income plus Liquid Assets will be given a discount equal to the financial obligation amount that exceeds 10% of the combined sum of Income plus Liquid Assets. The FAP discount represents gross charges less the amount paid by all other healthcare resources, any uninsured discounts or contractual discounts with third-party payers and any amount owed by the patient up to the 10% threshold. Refunds will be made if a patient pays more than is owed under this calculation. Eligibility under this section applies only for services for which the financial obligation exceeds 10% of the combined sum of Income plus Liquid Assets in the calendar year and only for services in excess of the threshold.

For example, in 2021, the poverty level of a single person is \$12,880. If a single patient applying for assistance in 2021 has income plus Liquid Assets totaling 400% of the poverty level (\$51,520) the patient would owe a maximum of \$5,520 in 2020. If the patient's remaining balance is less than \$5,520, the patient would not receive a discount. If the balance the patient owed was greater than \$5,520, the remaining obligation over \$5,520 would be discounted.

**Greater than 1200% of the Federal Poverty Guideline (Partial FAP Assistance):**

Those whose Income plus Liquid Assets is greater than 1200% and whose total financial obligation during a calendar year for emergency or medically necessary care provided by BHDM exceeds 20% of their combined sum of Income plus Liquid Assets will be given a discount equal to the financial obligation amount that exceeds 20% of the combined sum of Income plus Liquid Assets. The FAP discount represents gross charges less the amount paid by all other healthcare resources, any uninsured discounts or contractual discounts with third-party payers and any amount owed by the patient up to the 20% threshold. Refunds will be made if a patient pays more than is owed under this calculation. Eligibility under this section applies only for services for which the financial obligation exceeds 20% of the combined sum of Income plus Liquid Assets in the calendar year and only for services in excess of the threshold.

**Limitation on Charges (Amount Generally Billed Limitation – “AGB”):** Under no circumstances will an individual who is determined to be eligible for either full or partial FAP

assistance be charged more for emergency or other medically necessary care than the AGB billed to individuals who have insurance covering such care.

**Method for Calculating AGB Percentage:** BHDM utilizes the Look-Back Method for calculating AGB and applies a single average percentage as the AGB. BHDM calculates the AGB separately for each BHDM hospital by determining the weighted average percentage of charges allowed using available data that provides the percentage of charges allowed on accounts for all private insurers and Medicare fee-for-service in the twelve-month period preceding its then-current fiscal year. BHDM shall ensure that the AGB percentage is applied for the purpose of limiting charges for FAP-eligible individuals by the 120<sup>th</sup> day after the twelve-month period used in calculating the AGB percentage.

**AGB Percentages:** AGB Percentages and a description of the calculations may be readily obtained in writing and free of charge by visiting the website address or physical locations, or calling the phone number, specified on the patient billing statements.

### **Specific Exclusions**

**Elective Care:** Elective Care (including but not limited to elective cosmetic surgery, in-vitro fertilization, bariatric surgery, and some classes) is not eligible for a discount under the FAP.

**Medicaid Patient Liability Balances:** The FAP portion of this policy does not apply to patient liability balances (e.g., co-pays, deductibles, and co-insurance) due from Medicaid beneficiaries.

### **Method for Applying for Financial Assistance**

**Obtaining a FAP Application:** A copy of this policy, a plain language summary, and an application form will be available free of charge in the emergency room and at registration, customer service, and financial counseling locations within BHDM. The FAP application form shall include the contact information, including telephone number and physical location, of the Financial Counseling office, which is the office that will provide to Patients or Guarantors information about the FAP and assistance with the FAP application process.

**Complete a FAP Application:** Patient or Guarantor must submit a completed application in writing to the appropriate hospital personnel. The application form includes all individuals in the Household as defined in this policy. It includes but is not limited to:

- Annual income from all sources for the previous year;
- Expected income from all sources for the current year;
- All healthcare resources and evidence of application for available resources;

- Assets that are convertible to cash (this includes bank accounts, stocks; mutual funds, CDs or other investments);
- Health Savings Accounts [HSA] and Flexible Spending Accounts [FSA] and similar healthcare resources;
- Family composition; and
- Any other information concerning the family's financial status or circumstances that would be helpful in making a determination of the appropriateness of charitable care.

**Attach Additional Information to the FAP Application Form:** Included with the FAP application form is a checklist identifying other information required to be submitted with the form, as applicable, in order to verify the information provided. Such additional information will be required from individuals in the Household as defined in this policy. This includes but is not limited to:

- All pages of most recent State and Federal tax return filed or due (most recent two years if self-employed), including a copy of the W-2. Tax returns are required if they are mandated by IRS or state guidelines, even if they have not been previously filed. For taxpayers who have sought extensions, W-2's, copies of extension requests, and the prior year's tax returns should be submitted;
- A completed and signed IRS Form 4506-T;
- Two most recent pay stubs and other proof of income from all income sources (the source of income covering all indicated expenses and deposits must be provided);
- Two most recent bank statements from all accounts with any supporting documentation explaining the source of each deposit not covered by the proof of income above. All numbered pages, including blank pages and pages of checks must be included, and no information may be marked out or redacted;
- Two most recent investment account statements from all accounts (including stocks, mutual funds, CDs, HSAs, HRAs, FSAs and other investments, but excluding retirement accounts), along with any supporting documentation explaining the source of each deposit not covered by the proof of income above. All numbered pages, including blank pages and pages of checks must be included, and no information may be marked out or redacted;
- Evidence of application for Medicaid or lack of eligibility for Medicaid and other assistance programs (full cooperation with our staff or contractors will be considered as acceptable evidence);
- Individuals indicating they do not have bank accounts must provide one month of receipts for check cashing services and utility bills paid in cash; and
- Evidence of family size, if not indicated on the prior tax return (e.g., birth certificates, judicial documents on custody, marriage licenses, etc.).

## **Billing and Collections Policy (Actions that May be Taken in the Event of Nonpayment)**

### **General:**

- No individual determined to be eligible for the FAP will be billed for more than the amount specified in the FAP, and if an overpayment is made on hospital accounts, it will be refunded.
- Patients or Guarantors who have an ability to pay for medical services and who have been determined to be ineligible for the FAP or have not submitted an application for assistance under the FAP will be billed based on the following guidelines:
- Patients or Guarantors may be provided an opportunity to pay an estimated patient liability at point of service.
- BHDM will accept and file claims for all insurances assigned to the organization with adequate proof of coverage. This assignment does not relieve the Patient or Guarantor of responsibility for payment if the third-party payer fails to pay as prescribed by regulation, statute or patient-insurance contract. Deductibles, co-payments and non-covered services will be the responsibility of Patient or Guarantor.
- Billing statements will be sent to the Guarantor once patient liability is determined for insured or uninsured patients and necessary billing follow-up telephone calls will be made by BHDM call center and/or a designated external early out vendor for at least 120 days. If applicable, efforts will be made to assist uninsured patients to secure coverage through any governmental or other assistance programs.
- Patient accounts not resolved at the end of this period will be considered for referral to external collection agencies subject to the requirements and limitations listed in the sections below regarding the 120-Day Waiting Period and the 240-Day Application Period (*See also ECAs by Third Parties*). Collection agencies will pursue patient balances while maintaining compliance with the Fair Debt Collection Practices Act and the ACA International's Code of Ethics and Professional Responsibility.

**Determining Eligibility Under the FAP:** BHDM will not engage in extraordinary collection actions [ECAs] against a Patient or Guarantor until BHDM has first made reasonable efforts to determine whether the individual is eligible for assistance under the FAP in accordance with this section.

**120-Day Waiting Period:** BHDM will not engage in any ECAs for at least 120 days from the date on which the first post-discharge billing statement was provided to Patient or Guarantor. Any billing statement provided to Patient or Guarantor will contain information about the FAP (*See Publicizing the FAP for specific requirements*). BHDM will also provide the following notification and communication to Patient or Guarantor at least 30 days before first initiating any ECAs (this 30-day period cannot end prior to the end of 120-day waiting period):

- A written notice that indicates financial assistance is available for eligible individuals, identifies the ECA(s) BHDH or other authorized party intends to take, and specifies a deadline after which such ECA(s) may be initiated if the patient does not submit a FAP application or pay the amount due by the deadline.
- A plain language summary, as defined in Appendix A, will also be provided to Patient or Guarantor with the written notice.
- BHDH will make a reasonable effort to notify the Patient or Guarantor against whom BHDH intends to engage in ECAs orally about the FAP and how he or she may obtain assistance through the FAP application process.

**Note:** BHDH may provide this notice simultaneously for multiple episodes of care and notify the Patient or Guarantor about the ECA(s) BHDH intends to initiate, but such ECA(s) shall not be initiated until 120 days after BHDH provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

**Completed Applications (240-Day Application Period):** There is a minimum 240-day application period during which BHDH will accept and process an application for assistance under this FAP. If Patient or Guarantor has submitted a complete FAP application within 240 days of the first post-discharge billing statement (or, if later, within a reasonable timeframe after a written request for additional information and/or documentation in the case of an individual who initially submitted an incomplete application during the application period), then BHDH will, in a timely manner:

- Suspend, if applicable, any ECAs against the Patient or Guarantor that were commenced following the 120-day waiting period;
- Make and document the FAP eligibility determination;
- Notify the Patient or Guarantor in writing of the eligibility determination, the level of assistance for which the he or she is eligible, and the basis for the determination;
- If BHDH determines that the Patient or Guarantor is FAP-eligible, then BHDH will:
- Provide the Patient or Guarantor with a billing statement indicating the amount owed under the FAP, the AGB for the service provided (or how patient can obtain this information) and how BHDH determined the amount owed as a FAP-eligible individual;
- Refund payments made to BHDH for the care at issue that was in excess of the amount he or she was determined to owe as a FAP-eligible individual, unless such excess amount is less than \$5; and
- Take all reasonably available measures to reverse any ECA taken against the individual to collect the debt at issue.



**Incomplete Applications:** If Patient or Guarantor has submitted a FAP application within 240 days of the first post-discharge billing statement, but such application is incomplete, then BHDM shall notify the Patient or Guarantor about how to complete the FAP application and will provide a reasonable period of time to do so in accordance with the following:

- Suspend any ECAs against the Patient or Guarantor that were commenced following the 120-day waiting period.
- Provide written notice of incompleteness that describes the additional information and documentation that must be submitted in order to complete the FAP application and includes the contact information, including telephone number and physical location, of the Financial Counseling office, which is the office that will provide information about the FAP and provide assistance with the FAP application process.
- The Patient or Guarantor shall be given a reasonable timeframe to submit the additional information and/or documentation requested in the notice of incompleteness before BHDM will initiate any ECAs (so long as the 120-day waiting period has expired) or resume any ECAs that were suspended when BHDM received the incomplete application.
- The Patient or Guarantor will be considered to have submitted a complete FAP application during the application period if he or she completes the FAP application during the 240-day application period or, if later, within a reasonable timeframe after the request for additional information and/or documentation was made. Such completed applications will be processed in accordance with the immediately preceding section pertaining to completed applications.
- If the Patient or Guarantor fails to complete the FAP application or provide payment during the 240-day application period or, if later, within a reasonable timeframe after the request for additional information and/or documentation was made, then BHDM may initiate or resume ECAs against the Patient or Guarantor.

**Presumptive Eligibility:** If BHDM determines that the Patient or Guarantor is presumptively eligible for a discount under the FAP, and if such Patient or Guarantor is eligible for less than the full discount available under the FAP, BHDM will:

- Notify the Patient or Guarantor regarding the basis for the presumptive eligibility determination and the way to apply for a greater discount that may be available under the FAP;
- Provide a reasonable period of time for Patient or Guarantor to apply for greater assistance before initiating ECAs to obtain the discounted amount owed for the care;
- If a complete FAP application seeking greater assistance is submitted during the application period, then a determination of whether the Patient or Guarantor qualifies for greater assistance will be made in accordance with the process for complete applications.

### **Deceased Patients:**

- A deceased patient who does not have an estate subject to probate and for whom no other party is responsible for payment, may be considered for presumptive eligibility for financial assistance. Verification is required.
- Deceased patients who have assets subject to probate require the same verification of income and assets for the entire household as do living patients. Deceased patients may be considered for financial assistance for the benefit of the overall household (e.g., a decedent's beneficiary qualifies for financial assistance even after the distribution of the decedent's assets to the beneficiary).

**Waiver:** Under no circumstances will BHDMM obtain a signed waiver from a Patient or Guarantor indicating that the Patient or Guarantor does not wish to apply for assistance under the FAP or receive the information required to be provided under this FAP as a substitute for taking the actions required in this section.

### **Payment Considerations:**

If eligible for a discount under the FAP, a Patient or Guarantor will receive the discount regardless of whether he or she pays or has paid the balance on the billing statement, provided all other healthcare resources are first exhausted.

If necessary, payment arrangements may be made on the balance of the Patient's or Guarantor's bill by contacting Customer Service at a phone number designated by BHDMM management.

If the Patient or Guarantor fails to provide the payments for which he or she is responsible under the FAP, the remaining balance will proceed through the normal collection process, including the process for any applicable ECAs, that is described in this policy.

The **Revenue Cycle Department** will have the responsibility and final authority for determining that BHDMM has complied with the guidelines within this policy (i.e., made reasonable efforts) to determine whether a Patient or Guarantor is FAP-eligible before engaging in or resuming ECAs against the Patient or Guarantor. In some cases, BHDMM may waive the requirement supporting documentation to be provided if it is determined, the documentation is not necessary in a specific situation.

### **Approval Levels:**

- \$.01-\$9,999: Manager/Director Level Approval
- \$10,000-\$25,000: Executive Director Level Approval
- \$25,000.01+: Vice President Level Approval

**ECAs by Third Parties:** BHDM will not sell any debt to a third party, but may refer a debt to another party for the purpose of obtaining payment. For any outstanding patient debt that is referred to another party, BHDM shall ensure that there is, prior to referring a debt, a legally binding written agreement between BHDM and such other party that ensures that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the Patient or Guarantor is eligible for the FAP. The agreement shall, at a minimum, provide the following:

- If the Patient or Guarantor submits a FAP application after the referral of the debt but before the end of the application period, the party will suspend any ECAs that have been commenced against Patient or Guarantor.
- If the Patient or Guarantor submits a FAP application after the referral of the debt but before the end of the application period and is determined to be eligible for the FAP, the party will do the following in a timely manner:
- Adhere to procedures specified in the agreement that ensure that the Patient or Guarantor does not pay, and has no obligation to pay, the party and BHDM together more than he or she is required to pay as a FAP-eligible individual.
- If applicable and if the party (rather than BHDM) has the authority to do so, take all reasonably available measures to reverse any ECA taken against the Patient or Guarantor.
- If the party refers the debt to another party during the application period, the party will obtain a written agreement from that other party including all of the elements described in this section.

**Publicizing the FAP:** BHDM will widely publicize this policy by working with its Marketing Department to effectively promote awareness of this policy to its patients and within the communities; it serves in accordance with these guidelines:

**Publicizing Online:** A copy of this policy, a plain language summary, and a FAP application form will be available without charge on BHDM's website (the corporate website and on each hospital website), without creating an account or being otherwise required to provide personally identifiable information, and will be accessible without the requirement of special computer hardware or software that is not readily available to members of the public for free. BHDM will provide any Patient or Guarantor who asks how to access this policy, plain language summary, or FAP application form online with the direct Web site address, or URL, of the web page where these documents are located.

**Publicizing within the Hospital:** A copy of this policy, a plain language summary, and an application form will be available free of charge in the emergency room and at registration, customer service, and financial counseling locations within BHDM. BHDM will also take steps to provide conspicuous public displays (or other measures reasonably calculated to attract patients'

attention) and brochures in the emergency room and at registration locations, within conditions of admission, and will educate registration, customer service and financial counseling staff about communication of this policy with patients. Such displays, brochures and verbal communication by staff will communicate that BHDMM offers financial assistance under a FAP and will inform individuals about how to obtain more information about the FAP.

**Publicizing by Mail:** A copy of this policy, a plain language summary, and an application form will be available upon request and free of charge by mail.

**Publicizing in the Community:** BHDMM will notify and inform members of the communities served by BHDMM in a manner reasonably calculated to reach those members who are most likely to require financial assistance, about the FAP and how copies of the FAP, a plain language summary and a FAP application form may be obtained by distributing information about the FAP to local public agencies and organizations that address the health needs for low income populations.

**Publicizing to Patients:** BHDMM will notify and inform patients who receive care from the hospital facility about the FAP by:

- Offering a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process;
- Including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of assistance under the FAP and includes:
  - The telephone number of the Financial Counseling office, which is the office that can provide information about the FAP and FAP application process, and
  - The direct website address (or URL) where copies of the FAP, FAP application form, and a plain language summary of the FAP may be obtained; and
- Setting up conspicuous public displays within the hospital as described above.

**Translated Copies:** BHDMM will have translated versions of this policy, application form and plain language summary available for each language group that constitutes the lesser of 1,000 individuals or 5 percent of each community served by BHDMM.

**Electronic Copies:** BHDMM may provide electronically (e.g., on a screen, by email, website where documents are posted) any document or information required to be provided under this policy in the form of a paper copy to any individual who indicates he or she prefers to receive or access the document or information electronically.

## **The FAP and Emergency Medical Care**

**General:** BHDM will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are FAP-eligible.

### **APPROVAL**

**Robert Ramey**  
**Baptist Health Deaconess Madisonville**  
**President**  
**September 1, 2021**

The policies and procedures set forth in this Policy do not establish a standard to be followed in every situation. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. This Policy should be considered guidelines with the understanding that adaptation from the Policy may be required at times. Accordingly, it is recognized that clinicians providing healthcare are expected to use their own clinical judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. If this Policy contains reference to clinical literature, the literature cited is only intended to support the reasoning for adoption of certain guidelines contained herein. It is not an endorsement of any article or text as authoritative. Baptist Health Deaconess Madisonville specifically recognizes there may be articles or texts containing other valid opinions which would support other care or actions, given a particular set of circumstances. No literature is ever intended to replace the education, training and experience, or exercise of judgment of the healthcare providers.

## APPENDIX A: DEFINITIONS

### Extraordinary Collection Actions (ECAs)

- As defined in Section 1.501(r)-6(b) of the Code of Federal Regulations, ECAs represent any actions which may be taken by BH against an individual related to obtaining payment of a bill for care covered under BH's FAP, including:
- Selling an individual's debt to another party;
- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
- Deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the hospital facility's FAP (which is considered an ECA to obtain payment for the previously provided care, not the care being potentially deferred or denied); and
- Actions that require a legal or judicial process, including but not limited to—
- Placing a lien on an individual's property;
- Foreclosing on an individual's real property;
- Attaching or seizing an individual's bank account or any other personal property;
- Commencing a civil action against an individual;
- Causing an individual's arrest;
- Causing an individual to be subject to a writ of body attachment; and
- Garnishing an individual's wages.
- Any lien that BH is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which the hospital provided care is not an ECA. Additionally, the filing of a claim in any bankruptcy proceeding is not an ECA.

### Family Size

Family size means the number of persons counted as members of an individual's household. In the case of determining the family size of a pregnant woman, the pregnant woman is counted as herself plus the number of children she is expected to deliver.

### Household

For the purpose of determining family size, an individual's "household" shall mean:

**(1) Basic rule for taxpayers not claimed as a tax dependent.** In the case of an individual who expects to file a tax return for the taxable year in which an initial determination of eligibility is being made, and who does not expect to be claimed as a tax dependent by another taxpayer, the household consists of the taxpayer and, subject to paragraph (5) of this section, all persons whom such individual expects to claim as a tax dependent.

**(2) Basic rule for individuals claimed as a tax dependent.** In the case of an individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination of eligibility is being made, the household is the household of the taxpayer claiming

such individual as a tax dependent, except that the household must be determined in accordance with paragraph (3) of this section in the case of—

- (i) Individuals other than a spouse or a biological, adopted, or step child who expect to be claimed as a tax dependent by another taxpayer;
- (ii) Individuals under the age of 19 who expect to be claimed by one parent as a tax dependent and are living with both parents but whose parents do not expect to file a joint tax return; and
- (iii) Individuals under the age of 19 who expect to be claimed as a tax dependent by a non-custodial parent. For purposes of this section—
  - (A) A court order or binding separation, divorce, or custody agreement establishing physical custody controls; or
  - (B) If there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.

**(3) Rules for individuals who neither file a tax return nor are claimed as a tax dependent.** In the case of individuals who do not expect to file a Federal tax return and do not expect to be claimed as a tax dependent for the taxable year in which an initial determination eligibility is being made, or who are described in paragraph (2)(i), (2)(ii), or (2)(iii) of this section, the household consists of the individual and, if living with the individual—

- (i) The individual's spouse;
- (ii) The individual's natural, adopted and step children under the age of 19; and
- (iii) In the case of individuals under the age of 19, the individual's natural, adopted and step parents and natural, adoptive and step siblings under the age of 19.

**(4) Married couples.** In the case of a married couple living together, each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.

**(5)** For purposes of paragraph (1) of this section, if a taxpayer cannot reasonably establish that another individual is a tax dependent of the taxpayer for the tax year in which eligibility is sought, the inclusion of such individual in the household of the taxpayer is determined in accordance with paragraph (3) of this section.

### **FAP Application**

The FAP Application is the FAP application form and the checklist included on the FAP application form that identifies other information and documentation required to be submitted with the form. The FAP Application may be updated from time to time by BH management.

### **Federal Poverty Guidelines**

Federal poverty guidelines are the Department of Health and Human Services' annual stated poverty guidelines.

**Guarantor**

The guarantor is that individual who either accepts or is legally obligated to take financial responsibility for the hospital bill. The guarantor may or may not be the patient.

**Income**

Income includes, but is not limited to, salaries, business and farm income, disability and retirement pensions; Social Security; interest, dividend, and rental income; child support; unemployment and Workers' Compensation income; AFDC and other government assistance received by every individual included in the Patient's or Guarantor's household; Consistent assistance from family or others.

**Liquid Assets**

Cash on hand or an asset that can be readily converted to cash.

**To be medically necessary, a service provided by BH shall be:**

- Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy;
- Appropriate in terms of the service, amount, scope, and duration based on generally-accepted standards of good medical practice;
- Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;
- Provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
- Needed, if used in reference to an emergency medical service, to exist using the prudent layperson standard;
- Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements established in 42 U.S.C. 1396d(r) and 42 C.F.R. Part 441 Subpart B for individuals under twenty-one (21) years of age; and
- Provided in accordance with 42 C.F.R. 440.230.

**Patient Liability**

Patient liability consists of the total balance due from the Patient or Guarantor for current hospital accounts after third-party payer obligations have been satisfied.

**Plain Language Summary**

A written statement that notifies an individual that BH offers financial assistance under a FAP and provides the following additional information in language that is clear, concise, and easy to understand:

- A brief description of the eligibility requirements and assistance offered under the FAP.
- A brief summary of how to apply for assistance under the FAP.
- The direct Website address (or URL) and physical locations where the individual can obtain copies of the FAP and FAP application form.
- Instructions on how the individual can obtain a free copy of the FAP and FAP application



form by mail.

- The contact information, including telephone number and physical location, of the hospital facility office or department that can provide information about the FAP and of either—
- The hospital facility office or department that can provide assistance with the FAP application process; or
- If the hospital facility does not provide assistance with the FAP application process, at least one nonprofit organization or government agency that the hospital facility has identified as an available source of assistance with FAP applications.
- A statement of the availability of translations of the FAP, FAP application form, and plain language summary of the FAP in other languages, if applicable.
- A statement that a FAP-eligible individual may not be charged more than AGB for emergency or other medically necessary care.

### **Post-Discharge Billing Date**

A billing statement for care is considered “post-discharge” if it is provided to an individual after the care (whether inpatient or outpatient) is provided and the individual has left the hospital facility.

BHMD Appendix B

\*Baptist Health's Financial Assistance Policy will not apply to services provided by the following health care providers, which was updated as of 9/1/2022

AAMIR NAWAZ	ANTHONY W ECHENDU	CHARLES M GODO
ABBY J LARA	ARLENE J RICHARDSON	CHARLES N MULLICAN IV
ABHIJAY JALOTA	ASHA B ABRAHAM	CHARLIE C DAVIS
ADAM D BIER	ASHLEIGH D HICKERSON (LAFFOON)	CHELZIA MOODY
ADAM K HIETT	ASHLEY GIBSON	CHELSEA B ADAMS
ADAM N FOREMAN	ASHLEY M UTLEY	CHERI FOGLE
ADAM S GREEN	ASHWIN K MANI	CHIMALUM R OKAFOR
ADARSH SAHNI	AUDREY P MCCARRON	CHRISTINA M LINEBACK
ADNAN AHMED	AUSTIN A BECK	CHRISTOPHER A BUNCH
ADNAN SULTAN	AUTUMN HAMMONDS	CHRISTOPHER J MALYNOWSKI
AHMAD R RAHMAN	AVA V STAR	COREY G DANIELS
AHSAN AKHTAR	BARBARA Y LEE	CRAIG B FOWLER
AIMEE P CARSWELL	BENJAMIN HOLLER	CYNTHIA B STEARNS
ALEJANDRO LOPEZ SORIANO	BENJAMIN KOTINSLEY	CYNTHIA WALLENTIN
ALEXANDER J TIKHTMAN	BENJAMIN T RHODES	DAN G SOTINGEANU
ALFRED W SEM	BETH A FISHER	DANA MARIE CHANDLER
ALICIA COMBS	BHASKARAN N SREEKUMAR	DANIEL A KATZMAN
ALISSA R DELANO	BILLIE J BREEN	DANIEL KOSCIELSKI
ALLEN S ELLIOTT	BRADLEY GIBSON	DANIT TALMI
ALLISON PERKINS	BRANDI L SCOTT	DANNY M CHACHERE
ALYSSA HOWELL	BRANDI S BALDWIN (BARNES)	DARLENA GAY JONES
ALYSSA L STUBBLEFIELD	BRENT R JACOBSON	DARREN C CHAPMAN
AMALIA K TAVAJIAN	BRETT N WHALEY	DAVID A CRAIG
AMAN I GEBRE-EGZIABHER	BRIAN W CHANEY	DAVID A LADDEN
AMARTYADEB GOSWAMI	BRITTANY A CHAPMAN	DAVID A RIESZ
AMELIA E SMITH	BRITTANY GREGA	DAVID C JAMORA
AMY L HALE	BRUCE E BURTON	DAVID E JOHNSON
AMY MERCER	BRYAN A ZORKO	DAVID ESHAK
AMY MICHELE MCDOWELL	BRYCE L GIBSON	DAVID M NIERMAN
ANAND K SINGH	BYRON W JOHNSON	DAVID R KELLY
ANDREA R WILLIAMS	CAHLE A BUCKINGHAM	DAVID T CALL
ANDREW B CRUSH	CAREY L DODDS	DAVID W SAMUELSON
ANDREW D MILLS	CAROLYN M D'AMBROSIO	DEBORAH R HELLINGER
ANDREW G BANKS	CARRIE JUNE BLACK	DEDDEH M BALLAH-LEAHEY
ANDREWS KUHN	CARROLL M STEINFELD	DEEPAK KAPADIA
ANNA M D'AMICO	CATHERINE S MONTZ	DEVALKUMAR J RAJYAGURU
ANN-MARGARET B HERNAEZ	CATHRINE STEVENSON	DIANNE BRANN
ANOOP DUGGAL	CECILIA F WANG	DIANNE L GOODALE
ANTHONY M MIGURA	CHARLES L HUANG	DILIP UNNIKRI SHNAN

DOLPH (MARTY) M DENNY  
DOUGLAS A MILLIGAN  
DOUGLAS D DAMM  
DOUGLAS J HATLER  
DOUGLASS PRAGUE  
DUSKA S BETHEL  
DYLAN N GERLACH  
EDIBERTO D GARCIA  
EDUARDO G ALEMANY COLOM  
EDWARD F KILB  
ELIZABETH D STEWART  
ELIZABETH T GERLACH  
ELIZABETH TURNER  
ELLEN BEACH  
ELTON FENNELL  
EMILY L ROPER  
EMMANUEL K NWAOKOBIA  
ENOCH K GRAY  
ERIC L BANDY  
ERIC LO  
ERIC M EDDS  
ERICO'REILLY  
ERIN LEIGH LARKINS  
EUGENE OH  
FADY MOUSTARAH  
FILIP G GARRETT  
FOLARANMI AJIBOYE  
FORREST A HANKE  
FRANCIS D NTIMBA  
FRANK H TAYLOR  
FRED L PICKLESIMER  
GARY W SHIH  
GAUTY ATHOURISTE  
GEORGE J KIM  
GEORGE M BENASHVILI  
GEORGE R VALENTINI  
GINA SMITH  
GREG N SMITH  
GREGORY HALL  
GREGORY KIRK BRASHER  
GUY E DEGENT  
HAITHAM ALSAHLI

HARI K ANKEM  
HAROLD D HALLER JR.  
HAROLD M CALVERT  
HARRY J DEMPSEY  
HARRY O DEBANDI  
HARSHUL PATEL  
HASSAN MOHAMMED  
HEATHER CLOUSE  
HEITH WILLIS ROBERTSON  
HENRY GARTH SMITH  
HERBERT M EGGERS III  
HEYDI F FLORES PODADERA  
HODA H AHWAZI  
HOLLY M SHOULDERS  
HUMZA A ANSARI  
HUNTER W DAVIS  
IMAN A HASSAN  
IMRAN DOSANI  
IYAD ALJABI  
JACK L HAMMAN  
JACOB A BISHOP  
JACOB L NUNAMAKER  
JAIME R BAILEY  
JAMES B THORNTON  
JAMES C DODDS  
JAMES D MCNEVIN  
JAMES M DONLEY  
JAMES M FELLOWS  
JAMES M WINKLEY  
JAMES R HAGERMAN  
JAMES THOMAS WEBBER  
JAMIE T MILLER  
JAMIE VICTORIA ROSS  
JANA L SULZER  
JANE HOPE REED  
JARED M HALL  
JARED S ISAACSON  
JASON CLARK  
JASON MULL  
JAVED S IQBAL  
JAYNA R JONES  
JED A SANTA MARIA

JEFFREY C PAN  
JENNIFER D FERRIS  
JENNIFER L CUNNINGHAM-FARBSTEIN  
JEROME PURYEAR  
JESSE L CHANG  
JESSICA ANDERSON-BROWN  
JESSICA JETTE-TARUMI  
JESSICA L HOWARD  
JHODY-ANN P HENDRICKS  
JIGNESH J SHAH  
JINEE M BROOKS  
JOEL LIN  
JOHN A DACOSTA  
JOHN F JANSEN  
JOHN H GREINWALD  
JOHN K ENDSLEY  
JOHN N VITALI  
JOHN P SULLIVAN  
JOHN R BARTON  
JON A SCHERMERHORN  
JONATHAN J ALLRED  
JONATHAN T SMITH  
JOSEPH E MESA  
JOSEPH JUDGE  
JOSEPH P LOWERY  
JOSHUA H CLAPP  
JOSHUA STEVENS  
JULIE M GUESS  
JUN W LEE  
JUSTIN B SEDLAK  
KAREEM I AHMAD  
KARTHIK R KODE  
KATHRYN E GUILLEN  
KELLIE A TAYLOR  
KELLY RENEE HENSON  
KELLYE LYNN TAPP  
KENNETH R HARGROVE  
KENT E JONES  
KEVIN L WILLIAMS  
KIMBERLY D SHELTON  
KIMBERLY J MARLOWE  
KIMBERLY JO FLOYD

KRISTEN N PETERSEN  
KRISTIE FRIEDRICH  
KRISTIN WICKHAM  
KRISTY G CHAPPELL  
KYLE ROMINES  
KYLE V CONWAY  
KYUNGMIN KANG  
LAITH N MAALI  
LAUREN N SPARKS  
LAURIE A DAVIS  
LEBNAN S SAAD  
LEIGH ANN FOX  
LEO MOODY  
LESLIE S MILLER  
LESLIE W COOK  
LINDA W YOUNG  
LINDSEY ERIN CROOK  
LIOR SHAMAI  
LISA RHO  
LOHITA NULU  
LORENA M ZERWIG  
LOU A COOK  
LYLE E BEARD  
LYNN A NORRIS  
MACKENZIE S CROCKETT  
MADHU S BAJAJ  
MALIA WOOLSEY  
MANSOOR AHMAD  
MARIA A PALACIOS  
MARIUM IQBAL  
MARK ANDREW GERDESMEIER  
MARK F REESE  
MARK J HALSTED  
MARK RONCHI  
MARTIN C OZOR  
MARY ELLINGTON  
MARYSSA J COYLE  
MATTHEW D ZWICK  
MEGAN BURLESON  
MEHYAR MEHRIZI  
MELANIE J WINNINGHAM  
MELISSA N WEIS

MERCEDES D WITT  
MEREDITH E HYDE  
MICHAEL L HACK  
MICHAEL M CHEN  
MICHAEL M HOVSEPIAN  
MICHAEL N WOOD  
MICHAEL R FISHER  
MICHAEL R JOHNSON  
MICHELLE C SPIEGEL  
MICHELLE L KELLEY  
MIKE W ZHANG  
MINH C HOANG  
MITZI GARDNER  
MOHAMMAD H MASOOD  
MOHAN K RAO  
MUHAMMAD AKRAM  
MURALI K KOLIKONDA  
NAGARAJAN RAMAKRISHNAN  
NATALIA I KOVTUN  
NAVEEN BONDALAPATI  
NEAL H ROSNER  
NHA PHONG TRAN  
NICHOLAS J ZARKADIS  
NICOLAS J RENSING  
NICOLAS P BURNETT  
NOORMAHAL KABANI  
OKAN SUZER  
OSAYAWE N ODEH  
PATRICK KEARNEY  
PAUL A TENNANT  
PAUL SHAHIDI  
PAYTON A KUHNENBECK  
PEDRO P FLORES  
PENNY G LEVILL  
PETER D HOLT  
PETER E CLEMENS  
PETER J STOLTZ  
PHILLIP R SCHNEIDER  
PHOEBE H DANN  
PUNEET K GUPTA  
PUSHKARAJ (RAJ) N JADHAV  
QUINN J KIRCHNER

RAEL D SUNDY  
RAJIV NARULA  
RAMESH VENKATARAMAN  
RAMI JAMBEIH  
RANJANA ARORA  
RENEE W BONETTI  
REUBEN A MACIAS  
RICARDOR ALMAGUER  
RICHARD C MATTER  
RICHARD E SCALF  
RICHARD J WIESEMANN  
RICHARD L LOZANO  
RICHARD RITTENHOUSE  
RICHARD SCOTT WILSON  
ROBBIE JONES  
ROBERT A REED  
ROBERT A WILLIS  
ROBERT LAMONT WOOD  
ROBERT S YOUNG  
ROBERT W ADAMS  
ROBERTO P CORPUS  
ROBINEL BRADSHAW  
RODNEY K HUTSON JR  
RONAK B JANI  
RONALD R GILLEY II  
RONALD R WILSON  
ROXANNE KRUPINSKI  
RUCHIR A SHAH  
RUSSELL ERIC PEYTON  
RUSSELL NORWOOD  
RYAN P MCGOWAN  
SAEID BEHROOZI  
SAJJAD HAIDER  
SAMANTHA E SCHISLER  
SANDEEP SHARMA  
SANDRA BROWN  
SAQIB INAYATULLAH  
SARA M WING  
SARAH L WILLIAMS  
SARAH M FISHER  
SARAH PEYTON  
SCOTT P KELLIE

SEAN C MULLINS  
SEAN M DENTON  
SERGIO E CHANG FIGUEROA  
SHABEER ABUBUCKER  
SHAWN L PRICE  
SHEENA D BUCHANAN  
SHELLY D CHANDLER  
SHIRISHKUMAR N PATEL  
SHIV RAJ BHANDARI  
SIMON M SPILKIN  
SONIA L JACKSON  
SOTONTE E EBENIBO  
SPENCER E ROMINE  
SPENCER J MADELL  
SRIRAMAN R SRINIVASAN  
STARR A HARVILL  
STEFANIE KAY LACY  
STEPHEN J DICK  
STEPHEN KELMINSON  
STEVEN BRIAN BUSH  
STEVEN W BRANHAM  
STUART D LE  
STUART L JACOBS  
STUART RICE  
STUART S HAIGLER  
SUBIN JAIN  
SUMALATHA SATOOR  
SUMAN VADDI  
SUNAH CONNORS  
SUPRIYA KOHLI  
SUSAN N HERENA  
SUZANNE E BOHNKER  
SUZANNE M WAGNER  
SWATI LAROIA COON  
SYDNEY A CARON  
SYED F ZAIDI  
SYLVIA A AKONNOR  
TAARA S HASSAN WILLIAMS  
TABITHA HORN  
TAMBERLY L MCCOY  
TANYA D MCKINSEY  
TARA OTTO

TAUSIF SAYIED  
TAVIA YOUNG  
TAYLOR A BINYON  
TEHMINAZ KHAN  
TEJAS J MODI  
THOMAS A GALLO  
THOMAS J MELTON  
THOMAS MARK STANFIELD  
THOMAS NEELY  
TIMOTHY I DURBIN  
TIMOTHY M STOCK  
TINA S WOODCOCK  
TOMAS R HIGGINS  
TONY CROMER  
TRACY HAGAN  
TRISTAN K LINEBERRY  
TRISTAN NASH  
TUDOR POPESCU  
TYLER B MCLAURINE  
VANESSA KITZIS  
VAUGHN BRUMMER  
VEMANA JAMPALA  
VICTOIRE E KELLEY  
VICTOR O NJOKU  
VIJAY K BHASIN  
VINAI K KATRAGADDA  
VINAY G NIDADAVOLU  
VINAY PURI  
VIRENDRA KUMAR  
WALKER L ESTES  
WARREN ISAKOW  
WEI WEI  
WHITLEY J SWIFT  
WHITNEY J SCOTT  
WHITNEY N DORSETT  
WILLARD L KEITH  
WILLIAM A LOGAN  
WILLIAM A PORTER  
WILLIAM C WILSON  
WILLIAM G TAGG  
WILLIAM H HOUSMAN  
WILLIAM J BEUERLEIN

WILLIAM J CRUMP  
WILLIAM S SAGEMAN  
WILLIAM T LEWIS  
WILLIAM T MCCLURE  
XIMENA MORALES