



Boston Medical Center Credit and Collection Policy

August 30, 2021

Effective: October 1, 1998
Reviewed and approved by the Board of Trustees Finance Committee: October 27, 1998
Approved by the full Board of Trustees: December 2, 1998
Preliminary filing with the Division of Health Care Finance and Policy: December 3, 1998
Revised: September 22, 1999
Revised: August 9, 2005
Revised: April 28, 2006
Revised: January 1, 2009
Revised August 20, 2014
Reviewed and Approved by Board of Trustees Finance Committee August 26, 2014
Submitted to Health Safety Net: September 2, 2014
Approved by the Board of Trustees: November 11, 2014
Revisions approved by the Board of Trustees: May 12, 2015
Submitted to Health Safety Net: May 18, 2015
Revised: August 30, 2021
Addendum: June 3, 2022

Table of Contents

Policy Statement / Definitions	1
I. Delivery of Health Care Services.....	7
II. Verification of Coverage for Hospital Services	9
III. Financial Assistance and Program Eligibility	9
IV. Hospital Collection Practices	10
V. Deposits and Installment Plans	17
VI. Patient Assistance Resources	18
Attachments/Exhibits	20
Exhibit 1A Patient Quick Reference Guide – English	
Exhibit 1B Patient Quick Reference Guide – Spanish	
Exhibit 1C Patient Quick Reference Guide – Haitian Creole	
Exhibit 1D Patient Quick Reference Guide – Portuguese Creole	
Exhibit 1E Patient Quick Reference Guide - Vietnamese	
Exhibit 2 Sample Patient Statement, Notification of FAP	
Exhibit 3 Sample Hospital Sign, Notification of FAP	
Exhibit 4 BMC Provider Affiliate List	
Exhibit 5 BMC Financial Assistance Approval Letter	
Exhibit 6 BMC Financial Assistance Denial Letter	

Policy #:	08.26.000
Issued:	10/1998
Reviewed:	9/1999, 8/2005, 4/2006, 1/2009, 11/2014
Revised:	5/2015, 8/2021
Addendum	06/2022
Section:	Fiscal Management



Credit and Collection Policy

Purpose:

Boston Medical Center, (the “Hospital” or “BMC”), developed this policy in alignment with its mission to provide consistently excellent and accessible services to all, particularly vulnerable populations, in an ethically and financially responsible manner to meet its fiduciary responsibility to appropriately bill and collect for medical services provided to patients. Boston University Medical Group, (BUMG), as a collaborative partner of BMC, agrees to adhere to the established guidelines set forth in the Hospital’s Financial Assistance Policy and Credit and Collection Policy.

Policy Statement:

It is the policy of BMC, BUMG, and the Hospital’s licensed Community Health Centers to provide medically necessary care to all patients, regardless of their ability to pay, and to offer financial assistance to those who are uninsured or under-insured and cannot pay. All patients who present to BMC and require emergent or urgent services, or other medically necessary care, shall be treated regardless of race, color, religion, creed, sex, national origin, age, disability, gender identity or expression, or ability to pay.

BMC offers financial assistance programs to all low-income, uninsured or under-insured, patients who demonstrate an inability to pay for all, or some portion of, charges normally due. Patients requesting assistance will be screened for eligibility and coverage under Medicaid or other state programs, Qualified Health Plans, or may be evaluated against pre-established guidelines to determine eligibility for assistance under the Hospital's Charity Care Program, (CCP). A determination of eligibility under a state or federal financial assistance program may cover some or all a patient's unpaid hospital bill. Patients found ineligible for state or federal financial assistance programs may be reevaluated for free or discounted care under the hospital's CCP. The level of discount offered under the CCP to qualifying patients is determined by household income, assets, family size, and medical needs as specified in the eligibility guidelines. For patients with private insurance plans, the Hospital is required to work through the insurance payor to determine what may be covered under the patient's policy.

All patients may request and be considered for financial assistance at any time during the billing and collection cycle.

Application:

This Credit and Collection policy, which applies to the hospital and any entity that is part of the hospital's licensure or tax identification is reviewed and updated on a regular basis by the appropriate persons at Boston Medical Center. This policy is presented and approved by the Finance Committee of the Board of Trustees Committee and submitted to the Health Safety Net Office. The Hospital's Credit and Collection Policy is available to patients upon request by contacting Patient Financial Counseling at 617-414-5155, or for download by visiting <https://www.bmc.org/services/patient-financial-assistance>.

Exceptions:

None

Definitions:

Amounts Generally Billed (AGB) - The amount by which charges for Uninsured and Underinsured patients are measured. Uninsured patients will not be charged more for Emergency Services, Urgent Services, or other Medically Necessary care than the AGB for patients who have insurance coverage. To calculate AGB, BMC uses the look-back method which utilizes data from Medicaid payments, based on the prior 12-month fiscal year, to determine the AGB percentage to be applied to charges. The AGB percentage utilized by BMC, and the method in which it was determined is available, free of charge, from the Patient Financial Counseling, (PFC), and Department. Requests may be made by calling PFC at 617-414-5155 or by emailing DG-FinancialCounseling@bmc.org.

Certified Application Counselor (CAC) - An individual (affiliated with a designated organization) who is trained and able to help consumers, small businesses, and their employees review ACA compliant, health coverage options, offered through the Health Insurance Marketplace, and assist with the determining eligibility and completing enrollment forms.

Charity Care Program, (CCP) - A financial assistance program offered by Boston Medical Center that offers a percentage discount on the patient's account balance based on the patient's ability to pay and a determination of program eligibility as specified by the hospital's Financial Assistance Policy.

Coinsurance – A percentage of medical cost owed by the insured after meeting the deductible. Coinsurance is a way of saying the insurance holder and insurance carrier each pay a share of eligible costs that add up to 100 percent of the policy.

Collection Action- As defined in 101 CMR 613.02, Any activity by which a Provider or designated agent requests payment for services from a Patient, a Patient's guarantor, or a third party responsible for payment. Collection Actions include activities such as preadmission or pretreatment deposits, billing statements, collection follow-up letters, telephone contacts, personal contacts, and activities of collection agencies and attorneys.

Copay - a fixed out-of-pocket amount paid by the insured for covered services under a health insurance plan. Copays are often charged for services such as doctor visits or prescription drugs on the same date of service.

Deductible – the amount paid out of pocket by a policy holder for healthcare expenses before the health insurance company will begin to make payment on medical claims.

Elective Services (Non-Emergent, Non-Urgent Services) - Medically necessary services that do not require care or treatment from an emergency department or acute hospital for medical stabilization, and therefore, do not meet the definition of emergent or urgent services. The patient typically, but not exclusively, schedules such services in advance.

Emergency Services - Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence or omission of prompt medical attention could reasonably be expected to adversely affect the condition or health of the person, resulting in serious jeopardy, impairment, or dysfunction of any body part or bodily organ, with respect to a pregnant woman, as further defined in section 1867(e) (1) (B) of the Social Security Act, 42 U.S.C. § 1295dd(e)(1)(B). Emergent Services include a medical screening examination and treatment for emergency medical conditions, or any other such service rendered to the extent required pursuant to EMTALA (42 USC 1395(dd)) Emergent Services also include: services determined to be an emergency by a licensed medical professional; Inpatient medical care which is associated with the outpatient emergency care; and Inpatient transfers from another acute care hospital to BMC for the provision of inpatient care that is not otherwise available at the transferring hospital.

EMTALA - Emergency Medical Treatment & Labor Act (EMTALA), a law enacted by Congress in 1986 to ensure public access to emergency services regardless of one's ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer

emergency services to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

Federal Poverty Guidelines (FPG) - Determined by the government of the United States and published annually in the Federal Register. FPG are based on the size of a family and family's income and is used in determining a patient's eligibility for financial assistance under state Medicaid programs and BMC's Financial Assistance Policy.

Financial Assistance Program - A Financial Assistance Program is one that is intended to assist low-income patients who do not otherwise have the ability to pay for their health care services. Such assistance should consider each individual's ability to contribute to the cost of his or her care. Consideration is also given to patients who have exhausted their insurance benefits and/or who exceed financial eligibility criteria but face extraordinary medical costs. A financial assistance program is not a substitute for an employer-sponsored, a public financial assistance, third-party liability or an individually purchased insurance program.

Gross Charges – The full, established price for medical care that the Hospital consistently and uniformly charges all patients before contractual allowances, discounts, or other deductions are applied.

Health Care Services - Hospital level services (provided in either an inpatient or outpatient setting) that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity.

Health Safety Net (HSN) – The Health Safety Net is a financial assistance program, established and administered in accordance with M.G.L.c. 118E Section 8A, that pays for certain medically necessary services provided to qualified, low-income patients at Massachusetts' community health centers (CHCs) and acute care hospitals. The HSN also pays CHCs and acute care hospitals for medical hardship expenses (when qualifying medical expenses exceed a specified percentage of a family's income), and for some types of hospital bad debt. HSN was created to distribute the cost of providing uncompensated care more equitably to low-income, Massachusetts' residents through the offering of free or discounted care across acute hospitals in the state. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for uninsured and underinsured patients with incomes under 300% the federal poverty level. It is the hospital's policy that all patients who receive financial assistance under the hospital's Financial Assistance Policy include the Health Safety Net assistance as part of the uncompensated care provided to low income patients.

Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a

governmental payors such as Medicare, Medicaid, Champus, and authorized Veteran's benefits; as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.

Medically Necessary Services - Services that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity. Medically Necessary services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act. However, a classification of Medically Necessary does not infringe or encompass the classification of Emergent Services or the EMTALA laws associated with that designation.

Primary or Elective Care Services – Medical care that is not an Urgent Care Service and is required by individuals or families for the maintenance of health and the prevention of illness. Primary Care consists of health care services customarily provided by general practitioners, family practitioners, general internist, general pediatricians, and primary care nurse practitioners or physician assistants. Primary Care does not require the specialized resources of an Acute Hospital emergency department and excludes Ancillary Services and maternity care services.

Qualified Health Plans - An insurance plan, certified by the Health Insurance Marketplace, that provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act.

Self-Pay Discount - A percentage discount of the patient's self-pay, account balance based on the patient's Uninsured status. BMC offers uninsured patients a Self-Pay Discount based on the most recent calculation of AGB.

Underinsured - The status of patient who has some form of health insurance that does not provide adequate financial protection, resulting in the patient's inability to cover out-of-pocket, health care expenses such as copays, coinsurance, and deductibles determined by the insurance provider and due from the patient for the delivery medical services.

Uninsured - The status of a patient that does not have any health insurance in effect for a specific date of service or where the patient's coverage is not effective for a specific service due to network limitations, insurance benefit exhaust or other non-covered services.

Urgent Care Services - Medically necessary services provided after sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an

individual's health. Urgent Care Services do not include Primary or Elective Care.

Procedure:

I. Delivery of Health Care Services

- A. BMC provides care to all patients requiring Emergency Services, Urgent Services, other Medically Necessary services, and pregnant women in active labor regardless of their ability to pay. In accordance with the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements, the Hospital will conduct a medical screening examination for all patients who present at a BMC location seeking Emergency Services. BMC is committed to helping low-income patients apply for health insurance coverage offered by MassHealth, Massachusetts Health Connector, Health Safety Net, or the Hospital's Charity Care Program. However, non-emergent or non-urgent health care services may be delayed or deferred if the Hospital is unable to verify active health insurance coverage or unable to screen for eligibility and initiate an application for insurance coverage prior to a patient's scheduled date of service. Choices related to the care delivery and service access are often defined in either the insurance carrier's or the Hospital's financial assistance program coverage manual. In no circumstance does a patient's determination of financial assistance eligibility interfere with access to emergency care.
- a) Determining the urgency of treatment will be made by a licensed medical professional, through an application of local standards of practice, national and state clinical standards of care, and the Hospital's medical staff policies and procedures.
 - b) The classification of patients' medical conditions is for clinical management purposes only, and such classifications are intended for addressing the order in which physicians should see patients based on their presenting clinical symptoms. These classifications do not reflect evaluation of a patient's medical condition reflected in final diagnosis.
 - c) In no circumstance would a patient's lack of verifiable insurance coverage interfere with access to emergency care. The Hospital provides emergent and urgent services to all persons presenting for emergency care, regardless of their ability to pay.
- B. All patients are able to seek emergency level services and urgent care services when they come to the Hospital emergency department or designated urgent care areas. However, patients with emergent and urgent conditions may also present in a variety of other locations, including but not limited to Labor and Delivery, ancillary departments, Hospital clinics and other areas. The Hospital also provides other elective services at the main Hospital, clinics and other outpatient locations.

II. Verification of Coverage for Hospital Services

- A. Patients are obligated to provide the Hospital with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), and current health insurance coverage options, including any third party liability coverage resulting from a motor vehicle or worker's compensation claim. The information is used to verify patients' insurance coverage for services scheduled or provided. The Hospital may request patient information during the scheduling of services, on the date of service, during pre-registration, upon Hospital admission or Hospital discharge, and for a reasonable period of time following the patient's Hospital discharge. If a patient or guarantor is unable to provide the required information to verify coverage, the Hospital may, (at the patient's request), make reasonable efforts to obtain additional, pertinent information from other sources.
- B. For patients with no insurance coverage, the Hospital offers financial assistance programs which may cover all or some of their unpaid Hospital bill. Certified Application Counselors, (CACs), are available to assist patients with the application process for enrollment in financial assistance programs including but not limited to: MassHealth, Qualified Health Plans, Health Safety Net, and the Hospital's Charity Care Program. A patient's determination of eligibility for a financial assistance program offering free or reduced care is based on pre-established guidelines which include patient's household income, family size, and state residency and citizenship status.
- C. For uninsured patients screened and determined ineligible for coverage under available financial assistance programs, the Hospital will use the patient's information regarding income, citizenship status, residency, and medical debt to assess eligibility for Medical Hardship or to determine if services received qualify for program coverage of bad debt.

III. Financial Assistance and Program Eligibility

- A. BMC offers a Self-Pay Discount to all Uninsured patients regardless of their ability to pay. However, if an uninsured patient is unable to pay the remaining balance after the Self-Pay Discount is applied, the patient may request and apply for financial assistance.
 - a) If an Uninsured patient receives a Self-Pay Discount and subsequently provides valid insurance coverage information for the encounter's date of service, then the Self-Pay Discount will be reversed, and BMC will bill the third party payor.
 - b) If an Uninsured patient receives a Self-Pay Discount and subsequently qualifies for financial assistance under the Charity Care Program, then the Self-Pay Discount will be reversed, and the Charity Care Program discount will be applied to properly classify the account adjustment.
 - c) Services generally excluded from the Self-Pay Patient Discount include:
 - i. Services provided by physicians who are independent contractors and bill privately for the care delivered rather than through one of the physician groups affiliated with BMC.

- ii. Account balances after insurance processing, including co-payments, co-insurance, and insurance deductibles.
 - iii. Motor vehicle claims, third party liability claims, fixed fee services, bundled services, contracted rates, other non-medically necessary services, and/or other services where other discounts have already been applied to charges are typically, but not explicitly, excluded from the Self-Pay Discount as individual consideration may be applied.
- B. Patients may request financial assistance at any time during pre-registration, registration, inpatient stay, outpatient service, or throughout the course of the billing and collections cycle by requesting and submitting a completed application for financial assistance.

IV. Hospital Collection Practices

The Hospital has a fiduciary duty to seek reimbursement for services it has provided from individuals who are able to pay, from third party insurers who cover the cost of care, and from other programs of assistance for which the patient is eligible. To determine whether a patient is able to pay for the services provided as well as to assist the patient in finding alternative coverage options if they are uninsured or underinsured, the Hospital follows the following criteria related to billing and collecting from patients.

A. Collecting Information on Patient Financial Resources and Insurance Coverage

a) Patient Obligations:

Prior to the delivery of any health care services (except for cases that are an emergency or urgent care service level), the patient is expected to provide timely and accurate information on their insurance status, demographic information, changes to their family income or insurance status, and information on any deductibles or co-payments that are owed based on their existing insurance or financial program's payment obligations.

Patients eligible for MassHealth programs are required to notify MassHealth of any change in household income, including but not limited to inheritance, gifts, and distributions from trusts, and any information related to a change in family income resulting from a lawsuit or insurance claim that may be used to cover the cost of the services provided by the Hospital. Patients are required to notify MassHealth within 10 days of filing any third party liability claim or lawsuit. Patients are further required to assign Hospital the right to a third party payment that will cover the costs of the services otherwise paid by the applicable public assistance program, such as the Office of Medicaid or the Health Safety Net.

b) Hospital Obligations:

The Hospital will make all reasonable efforts to collect the patient insurance status and the financial information necessary to determine responsibility for payment of

any hospital bill prior to the delivery of any non-emergent and non-urgent inpatient or outpatient health care services. The Hospital's reasonable and diligent efforts will include, but are not limited to, asking for the patient's insurance card, verifying coverage in the Hospital eligibility system, checking any available public or private insurance databases, and obtaining any third party payer information. The Hospital will attempt to investigate whether a third party payer may be responsible for the services provided by the Hospital, including but not limited to: (1) a motor vehicle or home owner's liability policy, (2) general accident policies, (3) worker's compensation programs, (4) student insurance policies.

If the patient or guarantor/guardian is unable to provide the information needed, and the patient consents, the Hospital will make reasonable efforts to contact relatives, friends, and/or other appropriate third parties for additional information. This may occur when the patient is scheduling their services, during pre-registration, on the date of the service, when the patient is admitted in the Hospital, upon discharge, or for a reasonable time following discharge from the Hospital.

The Hospital will delay any attempt to obtain this information during the delivery of any EMTALA level emergency or urgent care services, if the process to obtain this information will delay or interfere with either the medical screening examination or the services undertaken to stabilize an emergency medical condition.

The Hospital will advise the patient of their responsibility to inform the Health Safety Net Office or the MassHealth agency of any accident or loss that may result in a lawsuit or insurance claim specified in 101 CMR 613.08 (b)(c)

When Hospital registration or admission staff are made aware of any eligibility status changes, such as income, citizenship, residency or changes in family size, they shall inform patients enrolled in financial assistance programs of their responsibility to inform the Medicaid office of these changes including any lawsuit or insurance claim that may cover the cost of the services provided by the hospital and explain that HSN recovery from the patient will only occur if the patient receives payment and HSN was billed and paid for the relevant medical services.

In accordance with applicable state laws or insurance carrier contracts, for any claims where the Hospital's reasonable and diligent efforts resulted in a payment from a private insurer or public program, the Hospital will report the payment and offset it against any claim that may have been paid by the private insurer or public program. Any HSN payment will be refunded when a third-party resource has been identified. The Hospital maintains all information in accordance with applicable federal and state privacy, security, and ID theft laws.

B. Hospital Billing Practices

The Hospital will make the same reasonable efforts and follow the same reasonable processes for collecting on bills owed by an uninsured patient as it does for all other patients. The Hospital will first show that the Patient has a current unpaid balance that is related to services provided and the balance is not covered by an insurer. The Hospital follows reasonable collection/billing procedures, which include:

- a) An initial bill sent to the patient or the party responsible for the patient's personal financial obligations, the initial bill will include information about the availability of a financial assistance program that, if they are eligible, may be able to cover the cost of the Hospital's bill;
- b) In addition to the initial bill, at least three (3) additional contacts are made to collect the balance due, including a final notification advising the patient/guarantor that the account may be referred to an outside collection agency. Other collection efforts include telephone calls, collection letters, personal contact notices, computer notifications, or any other notification method that constitutes a genuine effort to contact the party responsible for the obligation, if possible.
- c) Documented continuous collection activity that includes a minimum of four (4) statements over a period of 120 days prior to accounts being considered for bad debt designation.
- d) Documentation of alternative efforts to locate the party responsible for the obligation or the correct address on billings returned by the postal service such as "incorrect address" or "undeliverable;"
- e) Sending a final notice to uninsured patients (those who are not enrolled in a public program such as the Health Safety Net or MassHealth) who incur an emergency bad debt balance over \$1,000 on Emergency Level Services only, where notices have not been returned as "incorrect address" or "undeliverable" and also notifying the patients of the availability of financial assistance programs in the communication.
- f) Documentation of continuous billing or collection action undertaken on a regular, frequent basis is maintained. Such documentation is maintained until audit review by a federal and/or state agency of the fiscal year cost report in which the bill or account is reported.
- g) An exception to the continuous billing or collection action pertaining to account balances less than \$5 for physician balances and \$25 for hospital balances. Since it is not cost effective to generate statements or expend other costs for these low balance accounts, no billing will take place.
- h) If after 120 days of continuous collection action, an uninsured patient's bill for emergent or urgent care services remains unpaid, then the debt may be deemed uncollectible and billed to the Health Safety Net Office as allowable bad debt if account meets qualifying guidelines. Before a claim is submitted to the Health Safety Net Office for emergency bad debt coverage, the Hospital will verify through the Eligibility Verification System, (EVS), that the uninsured patient has not submitted an application or otherwise been determined to be a Low-Income Patient or determined

to be a category exempt from collection action in accordance with 101 CMR 613.08(3).

C. Other Collection Activity

- a) Liens shall be filed when appropriate in accordance with M.G.L Chapter 111, Section 70A-70D. A patient who indicates his or her admission is the result of a motor vehicle accident or other incident, for which a lien can be filed in accordance with M.G.L. Chapter 111, Section 70A-70D, shall be required to provide all necessary information. Verification shall be obtained from the patient's attorney, insurance carrier, and/or police by telephone; it may be followed by a request for a written letter of representation from the attorney and/or a police report from the Police Department. When appropriate, a settlement may be negotiated and the balance of the uncollected portion written-off to bad debt, uncollectible, per the Write-off Authorization Schedule. This is often coordinated with a third-party billing company who operates on our behalf.
- b) When a patient is deceased, an Estate Inquiry may be sent to the Probate Court. If an estate exists, the account shall be forwarded immediately to the Office of the General Counsel for review and determination as to whether it would be appropriate for a civil action to be filed against the Administrator or Executor of the estate of the deceased patient.

D. Extraordinary Collection Actions

- a) The Hospital will not undertake any "extraordinary collection actions."
- b) "Extraordinary collection actions" include:
 - (1) Selling a patient's debt to another party (except if the special requirements set forth below are met);
 - (2) Reporting to credit reporting agencies or credit bureaus;
 - (3) Deferring, denying, or requiring a payment before providing medically necessary care because of nonpayment of one or more bills for previously covered care under the Hospital's financial assistance policy (which is considered an extraordinary collection action for the previously provided care);
 - (4) Actions that require legal or judicial process, including:
 - 1. Placing a lien on a patient's property;
 - 2. Foreclosing on real property;
 - 3. Attaching or seizing bank account or any other personal property;
 - 4. Commencing a civil action against a patient;
 - 5. Causing a patient's arrest;
 - 6. Causing a patient to be subject to a writ of body attachment; and
 - 7. Garnishing a patient's wages.
 - (5) The Hospital will treat the sale of a patient's debt to another party as an extraordinary collection action unless the Hospital enters into a binding

written agreement with the purchaser of the debt pursuant to which (i) the purchaser is prohibited from engaging in any extraordinary collection actions to obtain payment for care; (ii) the purchaser is prohibited from charging interest on the debt at a rate higher than the applicable IRS underpayment rate; (iii) the debt is returnable to or recallable by the Hospital upon a determination that the patient is eligible for financial assistance; and (iv) if the patient is determined to be eligible for financial assistance and the debt is not returned to or recalled by the Hospital, the purchaser must adhere to procedures that ensure that the patient does not pay the purchaser more than the patient is personally responsible for paying under the financial assistance policy.

- (6) Extraordinary collection actions include actions taken to obtain payment for care against any other person who has accepted or is required to accept responsibility for the patient's hospital bill for the care.

E. Hospital Financial Assistance Programs

Patients who are eligible for enrollment in a financial assistance program such as MassHealth, Health Safety Net or Medical Hardship and qualify as a Low Income Patient may only be billed for the specific co-payment, co-insurance, or deductible outlined in the applicable state regulations.

The Hospital will seek a specified payment for those patients that do not qualify for enrollment in a Massachusetts state public assistance program, such as out-of-state residents, but who may otherwise meet the general financial eligibility categories of a state public assistance program. These patients will be offered a prompt pay discount for the services received on a case-by-case basis. The prompt pay discount will be calculated based on the Uncompensated Care cost to charge ratio. The discount will be offered to the patient with the understanding that the entire discount amount must be paid within 30 days of the date of the agreement. If the discounted amount is not paid in 30 days, the patient will be responsible for total charges after Self-Pay Discount is applied. The discount percent will be reviewed every year prior to October 1st. Any exceptions to this policy will be handled on a case by case basis with the approval of the Director of Patient Financial Services.

The hospital, when requested by the patient and based on an internal review of each patient's financial status, may offer a patient an additional discount on an unpaid bill. Any such review shall be part of a separate hospital financial assistance program that is applied on a uniform basis to patients and which takes into consideration the patient's documented financial situation and the patient's inability to make a payment after reasonable collection actions. Any discount that is provided by the hospital is consistent with federal and state requirements and does not influence a patient to receive services from the hospital. The Hospital also designates certain accounts as Medicare Bad Debt as defined by 42 CFR 413.89 and the Provider Reimbursement Manual, Publication 15-I, Chapter 3.

F. Populations Exempt from Collection Activities

The Hospital will not require pre-admission, pretreatment deposits from individuals requiring emergency services or determined to be low-income. The following Low-Income Patients, other than Dental-Only Low-Income Patients, are exempt from any collection or billing procedures beyond the initial bill pursuant to state regulations:

- a) Patients with MassHealth, Emergency Aid for Elderly, Disabled, and Children, and full HSN; or Patients with Children Medical Security Plan or Partial HSN below the program defined FPL or Modified Adjusted Gross Income guideline, or others determined to be Low-Income Patients are exempt from collection subject to the following:
 - i. The Hospital may seek collection action against any Low-Income Patient, described above for their required co-payments and deductibles that are set forth by each specific program or payor.
 - ii. The Hospital may seek collection to allow a patient to meet the CommonHealth one time deductible, with Low-income Patient's consent.
 - iii. The Hospital may also initiate billing or collection action for a Low-Income Patient who alleges that he or she is a participant in a financial assistance program that covers the costs of the Hospital services, but fails to provide proof of such participation and whose insurance cannot be verified in the Hospital eligibility system. Upon receipt of satisfactory proof that a patient is a participant in a financial assistance program, (including receipt or verification from the insurance carrier) the Hospital shall cease its billing or collection activities if proof is provided within payer timely filing limits. If patient fails to provide required verification within timely filing limits of payer, then hospital will continue to seek payment from patient and patient may choose to file a claim with insurance carrier to be reimbursed.
 - iv. The Hospital may continue collection action on any Low Income Patient for services rendered prior to the Low Income Patient's determination of eligibility, provided that the current Low-Income Patient status has been terminated or expired. However, once a patient is determined eligible and enrolled in the Health Safety Net, MassHealth, or certain financial assistance programs, the Hospital will cease collection activity for services provided during the 12 month period preceding the patient's approval for a Financial Assistance Program, from the effective date of eligibility.
 - v. The Hospitals may seek collection action against any of the patients participating in the programs listed above for non-covered services, that the patient has agreed to be responsible for, provided that the Hospital obtained the patient's prior written consent to be billed for the service.

G. Standard Collection Actions

The Hospital will not undertake collection action against an individual that has been approved for Medical Hardship under the Massachusetts Health Safety Net program with respect to the

amount of the bill that exceeds the Medical Hardship contribution for bills included in the Medical Hardship Application. In addition, if the Hospital fails to submit the individuals total and completed Medical Hardship application to the Health Safety Net office within five (5) business days, the Hospital will not undertake a Collection Action against the applicant with respect to any bills that would have been eligible for Medical Hardship payment had the application been submitted and approved.

- a) The Hospital will maintain compliance with applicable billing requirements set forth in the Department of Public Health regulations (105 CMR 130.332) for non-payment of specific services or readmissions determined by the hospital to be a result of a Serious Reportable Event (SRE). The Hospital will not seek payment from HSN, patient, or other payer for services provided because of an SRE occurring on premises covered by the Hospital's license. The Hospital will not seek payment from HSN, patient or other payer for services directly related to occurrence of SRE, correction or remediation of event or subsequent complications or re-admission or follow up care provided by the Hospital. Any SREs that do not occur at the hospital are excluded from this determination.
- b) The hospital will not seek payment from a Low-Income Patient that is eligible for the Health Safety Net program whose claims were initially denied by an insurance program due to an administrative or billing error at the hospital.
- c) The Hospital will not garnish a Low-Income Patient's (as determined by the Office of Medicaid) or their guarantor's wages or execute a lien on the Low Income Patient's or their guarantor's personal residence or motor vehicle unless:
 - i. the Hospital can show that the patient or their guarantor can pay,
 - ii. the patient/guarantor did not respond to Hospital requests for information or the patient/guarantor refused to cooperate with the Hospital to seek an available financial assistance program, or
 - iii. for purposes of the lien, it was approved by the Hospital's Board of Trustees on an individual case by case basis.
- d) Pursuant to its internal financial assistance program, the Hospital may cease any collection or billing actions against a patient who is unable to pay the Hospital bill at any time during the billing process. The Hospital will keep all and all documentation that shows that the patient met the Hospital's internal financial assistance program.
- e) The Hospitals and its agents shall not continue collection or billing on a patient who is a member of a bankruptcy proceedings except to secure its rights as a creditor in the appropriate order, provided that the state of Massachusetts will file its own recovery action for those patients enrolled in MassHealth or the Health Safety Net.

H. Outside Collection Agencies

Boston Medical Center contracts with outside vendors to generate statements and assist with the collection of accounts during the first 120-day period when the account is considered a Self- Pay liability.

The Hospital also contracts with an outside collection agency to assist in the collection of certain accounts, including patient responsible amounts not resolved after issuance of Hospital bills or final notices. However, as determined through this credit and collection policy, the Hospital may assign such debt as bad debt or charity care (otherwise deemed as uncollectible) prior to 120 days if it is able to determine that the patient was unable to pay following the Hospital's own internal financial assistance program.

The Hospital has a specific authorization or contract with the outside collection agency and requires such agencies to abide by the Hospital's credit and collection policies for those debts that the agency is pursuing. All outside collection agencies hired by the Hospital will provide the patient with an opportunity to file a grievance and will forward to the Hospital the results of such patient grievances. The Hospital requires that any outside collection agency used is licensed by the Commonwealth of Massachusetts and that the outside collection agency also is in compliance with the Massachusetts Attorney General's Debt Collection Regulations at 940 C.M.R. 7.00.

V. Deposits and Installment Plans

Pursuant to the Massachusetts Health Safety Net regulations pertaining to patients that are either: (1) qualify as a "Low Income Patient" or (2) qualify for Medical Hardship, or (3) receive services at one of the Hospital Licensed Health Centers the Hospital provides the following deposits and installment plans. Any other plan will be based on the Hospital's own internal financial assistance program and will not apply to patients who can pay.

A. Emergency Services

The Hospital may not require pre-admission and/or pre-treatment deposits from individuals that require Emergency Level Services or that are determined to be Low Income Patients.

B. Low Income Patient Deposits

The Hospital may request a deposit from individuals determined to be Low-Income Patients. Such deposits must be limited to 20% of the deductible amount, up to \$500. All remaining balances are subject to the payment plan conditions established in 101 CMR 613.08.

C. Deposits for Medical Hardship Patients

The Hospital may request a deposit from patients eligible for Medical Hardship. Deposits will be limited to 20% of the Medical Hardship contribution up to \$1,000. All remaining balances will be subject to the payment plan conditions established in 114.6 CMR 613.08.

D. Payment Plans for Low Income Patients

Pursuant to the Massachusetts Health Safety Net Program, an individual with a balance of \$1,000 or less, after initial deposit, must be offered at least a one-year payment plan interest free

with a minimum monthly payment of no more than \$25. A patient that has a balance of more than \$1,000, after initial deposit, must be offered at least a two-year interest free payment plan.

E. Payment Plans for HSN Partial Low-Income Patients

Pursuant to the Massachusetts Health Safety Net Program, for services rendered in a Hospital Licensed Health Center (East Boston Neighborhood, Codman Square, Dorchester House, South Boston Community and Greater Roslindale Medical and Dental Health Centers), the Hospital will offer Health Safety Net Partial Low Income patients a co-insurance plan that allows the patient to pay 20% of the Health Safety Net payment for each visit until the patient meets their annual deductible. At the time the annual deductible has been satisfied any remaining balance will be written off to the Health Safety Net.

VI. Patient Assistance Resources

A. Customer Service Unit – Patient Financial Services

The Patient Financial Services Customer Service Unit helps patients with billing, collection, and uncompensated care questions. Patients may call the unit Monday through Thursday, from 8am to 8pm; Friday, from 8am to 6pm; and Saturday, 9am to 1pm.

B. Financial Counseling Unit – Patient Financial Services

Certified Application Counselors are in various locations throughout the campus Monday – Saturday and in the Emergency room seven days/week. Certified Application Counselors assist patients in the application process for financial assistance programs, including MassHealth, Qualified Health Plans and the Health Safety Net. Notification letters are sent in advance to all scheduled self-pay patients advising them of the financial assistance programs.

C. Patient Advocacy

Boston Medical Center recognizes that patients and families/significant others have a right to voice opinions regarding care and services received without fear of recrimination or a compromise to future care. The Hospital is committed to improving patient care and patient satisfaction. The Patient Advocacy Program is the mechanism by which the Hospital ensures a prompt and sensitive response to all patients and families/significant others who express opinions regarding medical care and services and request a response. The program serves as a liaison between patients and families/significant others and Hospital departments, including Patient Financial Services, to provide appropriate responses and to improve service delivery.

Written information describing the Patient Advocacy Program and how to access its services are provided to every inpatient. Signage describing the program is prominently displayed in multiple languages at entrances and elevators and numerous locations throughout BMC.

D. Interpreter Services

The Interpreter Services program at Boston Medical Center provides person-to-person interpreters on-site in more than 30 languages, 24 hours a day; the department utilizes the latest

advances in technology such as telephonic and video interpreting. The department's main objective is to break the language barrier by allowing a flow of communication between Limited English Proficient (LEP) patients and Boston Medical Center staff. Interpreters may be scheduled in advance by calling (617)414-5560. Patients with unscheduled requests may call (617)414-5549. For services after regular business hours or on holidays or weekends patients and staff may page the off-shift coordinator.

Responsibility:

Patient Financial Services

Forms:

Attachment A Charity Care Program Eligibility Guidelines and Discount

Attachments/Exhibits:

- Exhibit 1A Patient Quick Reference Guide (English)
- Exhibit 1B Patient Quick Reference Guide (Spanish)
- Exhibit 1C Patient Quick Reference Guide (Haitian Creole)
- Exhibit 1D Patient Quick Reference Guide (Portuguese)
- Exhibit 1E Patient Quick Reference Guide (Vietnamese)
- Exhibit 2 Sample Patient Statement, Notification of FAP
- Exhibit 3 Sample Hospital Sign, Notification of FAP
- Exhibit 4 BMC Provider Affiliate List
- Exhibit 5 BMC Financial Assistance Approval Letter
- Exhibit 6 BMC Financial Assistance Denial Letter

Other Related Policies:

Financial Assistance Policy

Section:

8.0 Fiscal Management

Policy No.:

08.26.000

Title:

Credit and Collection

In

Pa

C

Cl

Cl

Vi

Sr

Sr

Sr



At



2022 BMC Charity Care Program Guidelines for Eligibility			
Eligibility Designation	0 - 150% FPG	151% - 300% FPG	Over 300% FPG
Uninsured	100% Discount	90% Discount	68% Discount
Underinsured	100% Discount	90% Discount	Not Eligible Patient is responsible for balance after insurance
<ul style="list-style-type: none"> * Asset Limits may not exceed \$3,000 for the applicant and \$3,000 per each household member * Asset determinations do not include primary residence or primary automobile 			

2022 Federal Poverty Level Guidelines								
Family Size	100% FPG		150% FPG		200% FPG		300% FPG	
	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1	\$13,590	\$1,133	\$20,385	\$1,698.75	\$27,180	\$2,265	\$40,770	\$3,398
2	\$18,310	\$1,526	\$27,465	\$2,288.75	\$36,620	\$3,052	\$54,930	\$4,578
3	\$23,030	\$1,919	\$34,545	\$2,878.75	\$46,060	\$3,838	\$69,090	\$5,758
4	\$27,750	\$2,313	\$41,625	\$3,468.75	\$55,500	\$4,625	\$83,250	\$6,938
5	\$32,470	\$2,706	\$48,705	\$4,058.75	\$64,940	\$5,412	\$97,410	\$8,118
6	\$37,190	\$3,099	\$55,785	\$4,648.75	\$74,380	\$6,198	\$111,570	\$9,298
7	\$41,910	\$3,493	\$62,865	\$5,238.75	\$83,820	\$6,985	\$125,730	\$10,478
8	\$46,630	\$3,886	\$69,945	\$5,828.75	\$93,260	\$7,772	\$139,890	\$11,658
Add the following amount for each additional person in the household.								
	\$4,720	\$393	\$7,080	\$590	\$9,440	\$787	\$14,160	\$1,180

V.2_06/2022

<p>TO APPLY YOU WILL NEED</p> <p>PROOF OF HOUSEHOLD INCOME <i>For every working adult household member</i></p> <p>Such as</p> <ul style="list-style-type: none">• Two recent pay stubs• Income tax return and schedule C (if self employed) <p>A PICTURE ID <i>For every adult household member</i></p> <p>Such as</p> <ul style="list-style-type: none">• Drivers license or other government issued ID with photo• Draft record of military card• Student ID• Passport photo <p>CITIZENSHIP VERIFICATION REQUIRED <i>For all U.S. Citizens in the household.</i></p> <p>Please provide one of the following for each household member</p> <ul style="list-style-type: none">• Birth certificate• Passport• Certified hospital record• Naturalization Certificate <p>IMMIGRATION STATUS <i>For non-citizens, who wish to apply for medical assistance other than Limited MassHealth</i></p> <ul style="list-style-type: none">• Passport/Visa• Legal permanent resident card• Naturalization certificate <p>ASSET INFORMATION <i>If over 65 years old</i></p> <p>Including bank statements, life insurance, value of property, and vehicles.</p> <p>Ask about other forms of identification or citizenship verification of none of the above listed are available.</p>	<div><div></div><div>FOR ASSISTANCE WITH APPLYING FOR HEALTH INSURANCE</div><div><p>You may call 617.414.5155 or email patfinoutreach@BMC.org to schedule an appointment to complete an application with a Patient Financial Counselor.</p><p>If you are uncertain about your eligibility for a particular program or whether a particular medical service will be covered by a program, please contact that program's service number, listed below.</p></div><div><div>MASSHEALTH 1.800.841.2900</div><div>HEALTH CONNECTOR 1.877.623.6765</div><div>SNAP FOODSTAMPS 1.877.382.2363</div></div></div> <div><div></div><div>Boston Medical Center Financial Assistance Program</div><div>PATIENT QUICK REFERENCE GUIDE</div><div><p>PLEASE NOTE</p><p><i>In the event of an emergency you should always seek immediate medical attention at the nearest hospital emergency department.</i></p></div></div>
--	---

PARA PRESENTAR SU SOLICITUD, USTED NECESITARÁ

PRUEBA DE LOS INGRESOS FAMILIARES
De cada uno de los familiares adultos que trabaje

Tales como

- Dos comprobantes de pago recientes
- Declaración de impuestos sobre la renta y Anexo C (si es trabajador independiente)

UNA IDENTIFICACIÓN CON FOTO
Por cada familiar adulto

Tales como

- Licencia de conducir u otra identificación emitida por el gobierno con foto
- Registro de reclutamiento de la tarjeta militar
- Identificación de estudiante
- Foto del pasaporte

VERIFICACIÓN DE CIUDADANÍA
Para todos los ciudadanos de los Estados Unidos en el hogar.

Proporcione uno de los siguientes documentos por cada familiar

- Acta de nacimiento
- Pasaporte
- Expediente del hospital certificado
- Acta de naturalización

ESTADO MIGRATORIO
Para los no ciudadanos, que deseen solicitar asistencia médica que no sea de Limited MassHealth

- Pasaporte/Visa
- Tarjeta de residencia legal permanente
- Acta de naturalización

INFORMACIÓN DE ACTIVOS
Si es mayor de 65 años

Incluidos estados de cuenta bancarios, seguros de vida, valor de la propiedad y vehículos.

Pregunte sobre otras formas de identificación o verificación de ciudadanía si ninguna de las mencionadas anteriormente está disponible.



PARA RECIBIR ASISTENCIA PARA SOLICITAR UN SEGURO MÉDICO

Puede comunicarse al 617.414.5155 o enviar un correo electrónico a patfinoutreach@BMC.org y programe una cita para completar su aplicación con un asesor financiero para pacientes

Si usted no está seguro sobre su elegibilidad para un programa en particular o quiere saber si un programa cubre un servicio médico determinado, comuníquese al número de servicio del programa que aparece a continuación.



Programa de asistencia financiera de Boston Medical Center

GUÍA DE CONSULTA RÁPIDA PARA EL PACIENTE

TENGA EN CUENTA


En caso de emergencia, debe buscar siempre atención médica inmediata en el departamento de emergencia del hospital más cercano.

MASSHEALTH
1.800.841.2900

HEALTH CONNECTOR
1.877.623.6765

SNAP FOODSTAMPS
1.877.382.2363

Exhibit 1B - Patient Qui



FINANCIAL ASSISTANCE PROGRAM INFORMATION

The mission of Boston Medical Center (the "Hospital") in partnership with its licensed Community Health Centers, is to provide consistent, high quality, accessible services to all in need of medically necessary care, regardless of ability to pay. Its vision is to improve the health of the people of Boston and its surrounding communities in a financially responsible manner.

The Hospital will help uninsured and underinsured Massachusetts residents apply for health coverage through public assistance programs (including MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, the Health Safety Net, and Medical Hardship) or the Hospital's financial assistance program. Hospital employees will work with individuals to apply to appropriate programs.

WHO IS ELIGIBLE?

Low-income uninsured and underinsured patients who are Massachusetts residents and meet income qualifications are eligible for financial assistance. The financial assistance programs are determined by reviewing, among other items, an individual's household income, assets, family size, expenses, medical needs, and state of residence. If eligible, some patients will not be required to pay for services; others may be asked to make partial payments. A Massachusetts resident of any income may qualify for Medical Hardship through the Health Safety Net if certain medical expenses have so depleted his or her income that he or she is unable to pay for health services.

For more information about the Hospital's financial assistance program, including application and instruction translation assistance, please contact the financial counseling office at the locations and phone number listed to the right (1-3) or MassHealth for questions specific to the application and instructions (4).

HOW TO APPLY

The Hospital's Financial Assistance Policy, Billing and Collections Policy, and the Plain Language Summary are available to all patients in English, Spanish, Haitian Creole, Portuguese, and Vietnamese. The Hospital's Financial Assistance Policy application and instructions are available to all patients in English and Spanish. Assistance in completing the application in other languages is available through MassHealth's interpretive services at 1.800.841.2900 or BMC's Financial Counseling Office at 617.414.5155. More information about the Hospital's financial assistance program, including the application form and instructions, is available on the Hospital's website: BMC.org/services/patient-financial-assistance-program and at the locations and phone numbers below:

1. In any patient registration area within the Hospital
2. By calling the Financial Counseling Department at 617.414.5155
3. Making a written request to the address below:
Boston Medical Center
Attention: Financial Counseling Office
840 Harrison Ave
Boston, MA 02118
4. By calling MassHealth's interpretive services at 800.841.2900

Exhibit 1C - Patient Quick



El Hospital brindará ayuda a los residentes de Massachusetts que no cuentan con un seguro o que cuentan con un seguro insuficiente para que soliciten una cobertura de salud mediante los programas de asistencia pública (incluyendo MassHealth, el programa de asistencia de pago de primas dirigido por Health Connector, el programa Children's Medical Security, Health Safety Net y Medical Hardship) o el programa de asistencia financiera del Hospital. Los empleados del hospital trabajarán con las personas para que postulen a los programas apropiados.

¿QUIÉN ES ELEGIBLE?

Los pacientes de bajos ingresos sin seguro o que cuentan con un seguro insuficiente, que son residentes de Massachusetts y que cumplen con los requisitos de ingresos son elegibles para obtener asistencia financiera. Los programas de asistencia financiera son determinados mediante una revisión, entre otras cosas, de los ingresos familiares, activos, tamaño de la familia, gastos, necesidades médicas y el estado de residencia del individuo. De ser elegibles, algunos pacientes no deberán pagar por los servicios mientras que a otros se les puede pedir que efectúen pagos parciales. Un residente de Massachusetts con cualquier tipo de ingreso puede calificar para Medical Hardship a través de Health Safety Net en caso ciertos gastos médicos hayan agotado sus ingresos de tal manera que él o ella no sea capaz de pagar por los servicios médicos.

CÓMO APLICAR

La Política de asistencia financiera del Hospital, la Política de facturación y coberturas y este Resumen en lenguaje sencillo están disponibles para todos los pacientes en idioma inglés, español, criollo haitiano, portugués, y vietnamita. Las instrucciones y la solicitud de la Política de asistencia financiera del Hospital se encuentran disponibles para todos los pacientes en inglés y español. Asimismo, se encuentra disponible la asistencia para completar las solicitudes en otros idiomas a través de los servicios de interpretación de MassHealth al 1.800.841.2900 o en la oficina de Asesoramiento Financiero de BMC al 617.414.5155. Más información sobre el Programa de asistencia financiera del Hospital, que incluye el formulario de solicitud y las instrucciones, se encuentra disponible en la página web del Hospital BMC.org/services/patient-financial-assistance-program y en los lugares y números telefónicos a continuación.

INFORMACIÓN SOBRE EL PROGRAMA DE ASISTENCIA FINANCIERA

La misión de Boston Medical Center (el «Hospital») en asociación con sus centros de salud comunitarios autorizados, consiste en brindar servicios consistentes, accesibles y de alta calidad a todos los pacientes que requieran atención necesaria desde el punto de vista médico, sin importar su capacidad de pago. Su visión consiste en mejorar la salud de la población de Boston y de las comunidades aledañas de una manera responsable en términos financieros.

Para obtener más información sobre el Programa de asistencia financiera del Hospital, que incluye la asistencia de traducción de la solicitud e instrucciones, comuníquese con la oficina de asesoramiento financiero en los lugares y números telefónicos mencionados a continuación (1-3) o con MassHealth para preguntas específicas sobre la solicitud y las instrucciones (4):

1. En cualquier área de registro de pacientes dentro del Hospital
2. Llamando al Departamento de Asesoramiento Financiero al 617.414.5155.
3. Enviando una solicitud por escrito a la siguiente dirección:
Boston Medical Center
Attention: Financial Counseling Office
840 Harrison Ave
Boston, MA 02118
4. Llamando a los servicios de interpretación de MassHealth al 800.841.2900.

POU KAPAB APLIKE, OU AP BEZWEN

PRÈV SOU REVNI KAY LA
Pou chak moun nan kay la kap travay

Tankou

- De (2) fich peman ki resan
- Deklarasyon enpo sou revni ak kalandriye
- C (si ou ap travay ak tit ou)

YON PYÈS IDANTITE KI GEN FOTO
Pou tout granmoun ki se moun nan kay la

Tankou

- Lisans chofè oswa lòt pyès idantite gouvènman ki gen foto
- Dwaye kat miltitè
- Kat enbyan
- Foto pasipò

VERIFIKASYON SITWAYÈNTE
Pou tout abityen ameriken nan kay yo.

Tanpri bay youn nan sa ki anba yo pou chak moun nan kay la

- Batisè
- Pasipò
- Dwaye lopital ki apwouve
- Sètifikat natiralisasyon

SITIYASYON IMIGRASYON
Pou moun ki pa abityen, ki swete aplike pou ed medikal ki pa Limited MassHealth

- Pasipò/viza
- Kat rezidans legal pèmanan
- Sètifikat natiralisasyon

ENFÒMASYON SOU BYEN YO
Si ou gen plis ke 65 lane

Ajoute relve bank, asirans vi, valè byen yo ak machin yo.

Mande pou lòt fòm idantifikasyon oswa verifikasyon sitwayènnte pou sa ki ekri anwo yo disponib.



**POU JWENN PLIS ÈD NAN APLIKE
POU ASIRANS SANTE**

Ou gendiwa rele nan 617.414.5155 oswa voye yon imèl nan patfinoutreach@BMC.org pou ka planifye yon randevou pou ranpli yon aplikasyon avèk ed yon konsèy finansye pou pasyan.

Si ou pa si de kalifikasyon ou pou yon pwogram byen patikilye oswa si yon sèvis medikal byen patikilye ap jwenn asirans pa mwayen youn nan pwogram yo, tanpri kontakte nimewo pou sèvis pwogram yo ki ekri anba a.

MASSHEALTH
1.800.841.2900

HEALTH CONNECTOR
1.877.623.6765

SNAP FOODSTAMPS
1.877.382.2363

Pwogram èd finansye nan Boston Medical Center

GID REFERANS RAPID POU PASYAN

TANPRI SONJE

Nan ka ou ta gen yon ijans, ou dwe toujou chèche asistans medikal byen vit nan depatman dijans lopital ki pi pre ou a.

Exhibit 1C - Patient Quick



ENFÒMASYON SOU PWOGRAM ÈD FINANSYE A

Moun Boston Medical Center ("lopital" la), an patenarya avèk sant sante kominote ki otorize yo, se bay sèvis bon jan kalite, ki aksepte a tout moun nan ka gen nesesite pou swen medikal, san konsidere kapasite pou moun nan peye. Vizyon li se pou amelyore sante pèp Boston lan ak kominote ki antoure li yo yon fason responsab nan aspè finansye a.

Lopital la pral ele moun kap viv nan Massachusetts ki pa gen asirans ak moun ki swete panyèlman yo pou aplike pou asirans sante atravè pwogram ed piblik la (sa ki gen ladann MassHealth, pwogram prim ed pou peye ke Health Connector jwe, pwogram Children's Medical Security, Health Safety Net ak Medical Hardship) oswa pwogram ed finansye lopital la. Anplwaye lopital yo pral travay avèk moun yo pou kapab aplike nan pwogram ki apwopriye yo.

KIMOUN KI KALIFYE?

Pasyan ki pa swete oswa ki gen asirans panyèl e ki gen yon revni ki ba yo kap viv nan Massachusetts epi ki reponn a kalifikasyon yo kalifye pou jwenn ed finansye. Nou detèmine pwogram ed finansye yo nan egzanple, pami lòt bagay yo, depans kay, patikilye sa a, byen yo, gwo fann an, revni kay, bezwen medikal yo ak eta lavi li yo a. Si kalifye, gen pasyan ki pap bezwen peye pou sèvis yo; gen lòt kap gen pou peye yon pati nan lòt yo. Yon moun kap viv nan Massachusetts ki gen nenpòt revni an gendwa kalifye pou Medical Hardship pa mwayen Health Safety Net si depans medikal yo vrèman fini ak revni li ke li rive on kote li pa kapab peye pou sèvis sante yo.

Pou plis enfòmasyon konsènan pwogram ed finansye lopital la, tankou ed pou aplikasyon ak sou enstriksyon pou tradiksyon yo, tanpri kontakte biwo konsèy finansye a nan zòn sa yo ak nan nimewo telefòn ki ekri anba yo (1-3) oswa kontakte MassHealth pou kesyon ki espesifik ak aplikasyon ak enstriksyon yo (4):

1. Nan nenpòt zòn enskripsyon pou pasyan nan lopital la
2. Nan rele depatman konsèy finansye a nan 617.414.5155
3. Voye yon demann ekri nan adrès ki anba a:
Boston Medical Center
Atansyon: Financial Counseling Office
840 Harrison Ave
Boston, MA 02118
4. Nan rele sèvis entèpretasyon MassHealth la nan 800.841.2900

ĐỂ LÀM ĐƠN XIN BẠN SẼ CẦN

CỘ BẢNG CHỨNG VỀ LỢI TỨC GIA ĐÌNH

Đòi với tất cả các thành viên trong gia đình là người lớn hiện đang đi làm

Như:

- Hai chứng lương mới đây nhất
- Gửi khai thuế lợi tức và schedule C (nếu tự làm cho mình)

MỘT ID CÓ DẤN HÌNH

Cho tất cả các thành viên là người lớn trong gia đình

Như:

- Bằng lái xe hoặc ID khác được chính phủ cấp có dán hình
- Bản đăng ký thế quân nhân
- ID học sinh
- Gửi thông hành có dán hình

XÁC NHẬN VỀ QUYỀN CÔNG DÂN

Dành cho tất cả các Công dân Hoa Kỳ trong gia đình.

Xin cung cấp một trong những điều sau đây cho mỗi một thành viên trong gia đình:

- Gửi Khai Sinh
- Gửi Thông Hành
- Hồ sơ bệnh viện đã được chứng nhận
- Chứng Chỉ Nhập Tịch

TÌNH TRẠNG DI TRÚ

Dành cho những người không phải công dân, muốn làm đơn xin được trợ giúp về y khoa không phải Limited Medicaid

- Gửi Thông Hành/Thị Thực
- Thẻ thường trú nhân hợp pháp
- Chứng chỉ nhập tịch

THÔNG TIN VỀ TÀI SẢN

Nếu trên 65 tuổi

Bao gồm các tờ kết toán của ngân hàng, bảo hiểm nhân thọ, giá trị tài sản, và xe cộ.

Hỏi về các dạng thức khác về nhân dạng hoặc xác nhận quyền công dân khi không có những điều nêu trên.

ĐỂ ĐƯỢC TRỢ GIÚP LÀM ĐƠN XIN BẢO HIỂM SỨC KHỎE

Bạn có thể gọi số 617.414.5155 hoặc email patientoutreach@BMC.org để lấy hẹn hoàn tất làm đơn xin với một Tư Vấn Viên Tài Chính của Bệnh Nhân.

Nếu bạn không chắc về khả năng hội đủ điều kiện của mình cho một chương trình nào đó hoặc một dịch vụ y khoa nhất định nào đó được bao trả bởi một chương trình hay không, xin liên lạc số điện thoại về dịch vụ của chương trình, được nêu dưới đây.

Chương Trình Trợ Giúp Tài Chính Của Trung Tâm Y Khoa Boston

HƯỚNG DẪN THAM KHẢO NHANH CHO BỆNH NHÂN

XIN LƯU Ý:

Trong trường hợp khẩn cấp, quý vị nên luôn luôn tìm sự chăm sóc y khoa tức thời ở bệnh cấp cứu tại một bệnh viện gần nhất.

MASSHEALTH
1.800.841.2900

HEALTH CONNECTOR
1.877.623.6765

SNAP FOODSTAMPS
1.877.382.2363

INFORMAÇÕES DO PROGRAMA DE ASSISTÊNCIA FINANCEIRA

A missão do Boston Medical Center (o "Hospital"), em parceria com seus Centros de Saúde Comunitários licenciados, é fornecer, com consistência, serviços de alta qualidade e acessíveis a todas as pessoas com necessidade de cuidados médicos, independente da capacidade de pagamento. Sua visão é melhorar a saúde da população de Boston e comunidades próximas de maneira financeiramente responsável.

QUEM É ELEGÍVEL?

Pacientes de baixa renda sem seguro e com seguro de pouca cobertura que sejam residentes de Massachusetts e que atendam qualificações de renda são elegíveis para assistência financeira. Os programas de assistência financeira são determinados ao analisar, entre outros itens, a renda familiar de um indivíduo, entre outros itens, a renda familiar de um indivíduo, ativos, tamanho da família, gastos, necessidades médicas e estado de residência. Se elegível, alguns pacientes não serão obrigados a pagar pelos serviços; outros podem ser solicitados a fazer pagamentos parciais. Um residente de Massachusetts de qualquer nível de renda pode se qualificar para o Medical Hardship (Dificuldade Médica) por meio da Health Safety Net se certos gastos médicos tenham esgotado sua renda e ele(a) for incapaz de pagar pelos serviços de saúde.

COMO FAZER O REQUERIMENTO

A Política de Assistência Financeira do Hospital, a Política de Faturamento e Cobrança e este Resumo de Linguagem Simples estão disponíveis a todos os pacientes em inglês, espanhol, crioulo haitiano, português, e vietnamita. O requerimento e instruções da Política de Assistência Financeira do Hospital estão disponíveis a todos os pacientes em inglês e espanhol. Assistência no preenchimento do requerimento em outros idiomas estão disponíveis através dos serviços de interpretação da MassHealth pelo telefone 1.800.841.2900 ou do escritório de Aconselhamento Financeiro da BMC pelo telefone 617.414.5155. Mais informações sobre o programa de assistência financeira do Hospital, incluindo o formulário de requerimento e instruções, estão disponíveis no site do Hospital em BMC.org/services/patient-financial-assistance-program e nas localidades e números de telefone abaixo.

Para mais informações sobre o programa de assistência financeira do Hospital, incluindo assistência de tradução do requerimento e instruções, queira entrar em contato com o escritório de aconselhamento financeiro nas localidades e número de telefone relacionados abaixo (1-3) ou MassHealth para perguntas específicas ao requerimento e instruções (4):

1. Em qualquer área de registro de paciente dentro do Hospital
2. Ao ligar para o Departamento de Aconselhamento Financeiro: 617.414.5155
3. Fazendo uma solicitação por escrito para o endereço abaixo:
Boston Medical Center
Atenção: Escritório de Aconselhamento Financeiro
840 Harrison Ave
Boston, MA 02118
4. Ao ligar para os serviços de interpretação da MassHealth: 800.841.2900

Account Number: 1
Responsible Party: J
Patient: J
Statement Date: 0

Please submit pay
call us at 888-489-
arrangements.

Please note, you m
Boston Medical Cel



THÔNG TIN VỀ CHƯƠNG TRÌNH TRỢ GIÚP TÀI CHÁNH

Nhiệm vụ của Trung Tâm Y Khoa Boston (gọi tắt là "Bệnh Viện") với sự phối hợp của các Trung Tâm Sức Khỏe Cộng Đồng có giấy phép của họ, là cung cấp các dịch vụ đồng nhất, có chất lượng cao, và dễ tiếp cận cho tất cả những ai có nhu cầu chăm sóc cần thiết về mặt y tế, bất kể khả năng thanh toán. Văn tượng của trung tâm là cải thiện cho sức khỏe của người dân Boston và các cộng đồng xung quanh một cách có trách nhiệm về tài chính.

Bệnh viện sẽ giúp cho các cư dân của Massachusetts không có bảo hiểm và bảo hiểm không đủ làm đơn xin được đài thọ sức khỏe qua các chương trình trợ giúp cộng đồng (bao gồm MassHealth, chương trình trợ giúp cho việc đồng bảo phí được điều hành bởi the Health Connector, the Children's Medical Security Program, the Health Safety Net, và Medical Handhelp) hoặc chương trình trợ giúp tài chính của Bệnh viện. Các nhân viên của bệnh viện sẽ làm việc với những cá nhân để làm đơn xin vào các chương trình thích hợp.

AI HỢI ĐỦ ĐIỀU KIỆN?

Các bệnh nhân không có bảo hiểm hoặc bảo hiểm thiếu sót có lợi tức thấp là cư dân của Massachusetts và đáp ứng các điều kiện về lợi tức đều hội đủ điều kiện được hỗ trợ tài chính. Các chương trình trợ giúp tài chính được quyết định qua việc duyệt xét, trong số những điều khác, về lợi tức gia đình của cá nhân, tài sản, số người trong gia đình, các khoản chi trả, các nhu cầu y khoa, và tình trạng cư trú. Nếu hội đủ điều kiện, một số bệnh nhân sẽ không bắt buộc phải thanh toán các dịch vụ một số người khác có thể phải thanh toán một phần. Cư dân Massachusetts thuộc bất kỳ

mức thu nhập nào có thể hội đủ điều kiện tham gia chương trình Medical Handhelp thông qua Health Safety Net nếu chi phí y tế nào đó làm cạn kiệt nguồn thu nhập của họ khiến họ không thể thanh toán các dịch vụ y tế.

CÁCH LÀM ĐƠN XIN

Chính Sách Hỗ Trợ Tài Chính của Bệnh Viện, Chính Sách gửi Đơn và Đơn Ngủ, và bản Tầm Tuyến bằng Ngôn Ngữ Giản Dị này hiện có cho tất cả bệnh nhân bằng tiếng Anh, tiếng Tây Ban Nha, tiếng Haitian Creole, tiếng Bồ Đào Nha, và tiếng Việt. Đơn Xin và Các Chỉ Dẫn về Chính Sách Trợ Giúp Tài Chính của Bệnh Viện hiện có cho tất cả các bệnh nhân bằng tiếng Anh và tiếng Tây Ban Nha. Trợ giúp cho việc điền đơn bằng các ngôn ngữ khác hiện có qua dịch vụ thông dịch của MassHealth tại số 1.800.841.2900 hoặc văn phòng Tư Vấn Tài Chính của BMC tại số 617.414.5155. Để biết thêm thông tin về chương trình hỗ trợ tài chính của Bệnh Viện, bao gồm đơn xin và các hướng dẫn, bạn có thể vào trang mạng của Bệnh Viện tại địa chỉ BMC.org/services/patient-financial-assistance-program và đến các địa điểm và số điện thoại dưới đây:

1. Ở bất cứ vùng đăng ký bệnh nhân nào trong Bệnh Viện
2. Bằng cách gọi cho Ban Tư Vấn Tài Chính tại số 617.414.5155
3. Viết thư yêu cầu gửi đến địa chỉ dưới đây:
Boston Medical Center
Attention: Financial Counseling Office
840 Harrison Ave
Boston, MA 02118
4. Bằng cách gọi các dịch vụ thông dịch của MassHealth tại số 800.841.2900

Not interested in signing up for MyChart? Use this info for guest pay.
Guarantor ID: 100001093 Name: Green
<https://mychart.bmc.org/MyChart/billing/guestpay>



Pay by Phone (EDT) -
Mon-Fri 9am to 5pm
US Callers: 888-489-0169
International: 857-957-5584



Pay by Mail -
Complete the form below and return in the enclosed envelope

Keep this portion for your records

Detach this portion and return with your payment

Boston Medical Center
P.O. Box 6545
Madison, WI 53716
Return Mail Processing Only

Julie Green (Acct # 100001093) Statement Date: 05/20/21

Make checks payable to Boston Medical Center

- ☐ My address or insurance information has changed. I have written the changes on the back of this form.

Julie Green
111 main st

boston, MA 02118

Payment Method: ☐ Check ☐ Credit/Debit Card

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

CARD #

CARDHOLDER NAME:

EXP DATE

CVV CODE

Signature:

Amount Due:

\$29.50

Due Date:

06/17/21

Amount Enclosed:

\$

Mail To:

Boston Medical Center Corporation Patient Pay
PO Box 419877
Boston, MA 02241-9877

Boston Medical Center Policy and Procedure Manual

Page: 28

Exhibit 2_Sample Patient Statement, Notification of FAP (2 of 2)

Account Number: 100001093
Responsible Party: Julie Green
Patient: Julie Green
Statement Date: 05/20/21



Professional Services

Physician Services for Nancy Miller, MD in BMC Menino Pavilion
October 16, 2019

Acct #50000002268

<u>Date</u>	<u>Description</u>	<u>Charges</u>	<u>Pmts/Adjs</u>	<u>Balance</u>
October 16	BACTERIA IDENTIFICATION, AEROBIC ISOLATE (qty: 2)	\$38.00		
to	ANTIBIOTIC SENS, AGAR DIFFUSN, EA	\$18.00		
August 12	ANTIBIOTIC SENS, MIC, EACH (qty: 2)	\$62.00		
	Total Charges	\$118.00		
	FINANCIAL ASSISTANCE 75% WRITE OFF - November 30		-\$88.50	
	Your Responsibility			\$29.50

NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE FOR SERVICES PERFORMED AT BOSTON MEDICAL CENTER

Boston Medical Center offers financial assistance and counseling to help pay your medical bills. To learn more about the financial services and programs that you may be eligible for under the hospital's Financial Assistance Policy, please call us at 617-414-5155 or refer to our website: www.bmc.org/financialassistance.

Exhibit 3_Sample Hospital Sign, Notification of FAP

Need Help Paying Your Bill?

Financial assistance is available at
Boston Medical Center.
Please contact Patient Financial Services
617-414-5155
for more information.

¿Necesita ayuda para pagar su factura?
Boston Medical Center tiene ayuda
financiera disponible para usted.
Favor de llamar al departamento de
Ayuda Financiera al 617-414-5155
para más información.

Eske-w bezwen nou ede-w peye bòdwo-wyo?
Boston Medical Center dispose ede-w
ak pwoblèm finans.
Pou plis enfòmasyon kontakte
Sèvis Finansye Pasyan-an nan 617-414-5155.

12.00"

9.00"


qty: 14




Boston Sign Co.
40 Plympton Street
Boston, MA 02118
Tel. 617-338-2114
Fax 617-482-8825

Project Name: BMC Financial Services		Sign Type: PVC/Digi Print	
Drawing number: 1.0.0	Drawing Date: 5/13/15	Approved By:	Date:

Exhibit 4_BMC Provider Affiliate List

 <p style="text-align: center;">Boston Medical Center Provider List</p> <p>Boston Medical Center's ("BMC") Financial Assistance Policy and Credit & Collection Policy shall apply to emergency or other medically necessary care provided at BMC hospital locations, including those Community Health Center locations listed in the Financial Assistance Policy, (FAP). The FAP does not apply to professional fees billed by listed providers for care delivered outside of a BMC or Community Health Center facility listed in the Financial Assistance Policy.</p> <p>The following list identifies the names of all practice groups who deliver emergency or other medically necessary care in the BMC and Community Health Center locations.</p>			
Provider Name	Service	FAP Eligible	HSN Eligible
Boston University Dermatology, Inc.	Dermatology	YES	YES
Boston University General Surgical Associates, Inc.	Surgical	YES	YES
Evans Medical Foundation, Inc.	Oncology	YES	YES
Boston University Eye Associates, Inc.	Eye	YES	YES
Boston Emergency Physician Foundation, Inc.	Emergency	YES	YES
Child Health Foundation of Boston, Inc.	Pediatrics	YES	YES
Boston University Neurology Associates, Inc.	Neurology	YES	YES
Boston University Medical Center Urologists, Inc.	Urology	YES	YES
BUMC Otolaryngologic Foundation, Inc.	Otolaryngology	YES	YES
Boston University Neurosurgical Association. Inc.	Neurosurgery	YES	YES
Boston University Family Medicine, Inc.	Family Medicine	YES	YES
Boston University Orthopaedic Surgical Associates, Inc.	Orthopedics	YES	YES
Boston University Neurosurgical Associates, Inc.	Surgical	YES	YES
Boston University Medical Center Radiologists, Inc.	Radiology	YES	YES
Boston University Obstetrics and Gynecology Foundation, Inc.	Obstetrics & Gynecology	YES	YES
Boston University Psychiatry Associates, Inc.	Psychiatry	YES	YES
Boston University Mallory Pathology Associates, Inc.	Pathology	YES	YES
Boston University Plastic Surgery Associates, Inc.	Surgery	YES	YES
Boston University Affiliated Physicians, Inc.	General	YES	YES
Boston University Radiation Oncology, Inc.	Oncology	YES	YES
Boston University Cardiac and Thoracic Surgical Foundation, Inc.	Cardiac and Thoracic Surgical	YES	YES
Boston University Medical Center Anesthesiologists Inc.	Anesthesiology	YES	YES
Boston University Oral and Maxillofacial Surgery, Inc.	Surgical	YES	YES

Exhibit



Date: _____

Responsible Party _____

Mailing Address _____

City/State/Zip _____

RE: Financial Assistance Application

Patient Name: _____

Account Number: _____

Date of Service: _____

Dear Applicant,

The Patient Financial Counseling department at Boston Medical Center, (BMC), has completed a review of your application for financial assistance:

You have been approved for financial assistance under the hospital's Charity Care Program. If you have past due balances, then you retroactively qualify for financial assistance on accounts with dates of service up to 1 year prior to the date of application.

Based on your eligibility, the following determination was made:

☐ **You qualify for Free Care.**
A discount of 100% will be applied to your account. No remaining balance will be owed.
Effective dates of eligibility are from _____ to _____.

☐ **You qualify for a 90% discount on care.**
After the discount is applied, you will be responsible for the 10% of the charges remaining on the account balance. You will receive a billing statement by mail with the adjusted balance due.
Effective dates of eligibility are from _____ to _____.

If during your period of eligibility, there is a change in household income, including but not limited to inheritance, gifts, and distributions from trusts, or any information related to a change in family income resulting from a lawsuit or insurance claim that may be used to cover the cost of hospital services, then you are required to notify BMC by calling 617-414-5155.

If you have questions about the determination of your financial assistance application, you may contact Patient Financial Services at 617-414-5155.

Patient Financial Counseling
Boston Medical Center
1600 Crown Colony Drive, Suite 200
Quincy, MA 02169

Exhibit 6_BMC Financial Assistance Program Denial Letter



Date: _____

Responsible Party: _____

Mailing Address: _____

City/State/Zip: _____

RE: Financial Assistance Application

Patient Name: _____

Account Number: _____

Date of Service: _____

Account Balance: _____

Dear Applicant,

The Patient Financial Counseling office at Boston Medical Center, (BMC), has reviewed your application for financial assistance under the hospital's Charity Care Program, (CCP). Your application for was denied for the following reason:

- ☐ You were approved for coverage through Massachusetts HealthConnector but failed to enroll in a ConnectorCare health plan within the 90-day deadline period.
- ☐ You applied for MassHealth and the application was denied due because you did not provide documentation that was needed to determine your eligibility.
- ☐ You did not return documents required to verify and determine your eligibility for financial assistance under BMC's Charity Care Program.
- ☐ You were determined ineligible for BMC's Charity Care Program based on the following determination:
____ Exceeds Income Limit ____ Exceeds Asset Limit ____ International Patient

All uninsured patients receiving services at BMC are offered standard Self-Pay Discount. Currently, the Self-Pay Discount applied is 75% of total charges. The discount is applied automatically to all qualifying account balances.

If you have questions about the determination of your financial assistance application, you may contact Patient Financial Services at 617-414-5155.

Patient Financial Counseling
Boston Medical Center
1600 Crown Colony Drive, Suite 200
Quincy, MA 02169