Boston Medical Center
HEALTH SYSTEM

Policy #:	08.26.001
Reviewed/ Revised:	4/2020, 11/2020, 6/2022, 3/2023, 2/2026
Section:	Finance

Patient Financial Assistance

Purpose:
BMC Health System ("BMCHS") entities Boston Medical Center, Boston Medical Center Brighton, and Boston Medical Center South (collectively, the "Hospitals" or "BMCHS Hospitals"), developed this policy to identify and assist qualifying low-income, uninsured and under-insured, persons with enrollment in health insurance plans or financial assistance programs to cover healthcare expenses and ensure timely and appropriate access to medically necessary care. Boston University Medical Group, (BUMG), and Boston Medical Center Affiliated Physicians, (BMCAP), as a collaborative partners of the Hospitals, agree to adhere to the established guidelines set forth in the Hospitals' Financial Assistance Policy.

Policy Statement:
It is the policy of BMCHS Hospitals, in partnership with BMCHS 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 a BMCHS Hospital 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.

BMCHS Hospitals offer financial assistance 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 with no financial ability to pay will be screened for eligibility under Medicaid or other state programs, Qualified Health Plans, or will be evaluated against pre-established guidelines to determine eligibility for assistance under the Hospitals' Charity Care Program, (CCP). The Charity Care Program outlines all circumstances under which patients may qualify for free or discounted care. The level of discount is determined by the individual's household income, assets, family size, and medical needs as specified in the CCP eligibility guidelines.

Information about the Hospitals' offering of financial assistance programs is made available to patients when registering for services and when receiving a bill. All patients may be considered for financial assistance at any time during the billing and collection cycle. A patient determined eligible for BMCHS Hospitals' Charity Care Program will never be charged more than Amounts Generally Billed for the delivery of medically necessary services, nor will the Hospitals' seek to qualify a patient for free or reduced care under the Charity Care Program for the purpose of generating business payable under a federal health care program or to influence a beneficiary's selection of a particular provider, practitioner, or supplier.
The Finance Committee of the Board of Trustees of Boston Medical Center, Boston Medical Center – Brighton, and Boston Medical Center - South reviewed and approved this policy. Information about the Financial Assistance Policy and financial assistance program, including the Plain Language Summary, (Attachment A), the BMCHS Hospitals' Charity Program Application Form, or copies of this policy and Charity Care Program documents may be obtained:

- In any patient registration area within BMC, BMC Brighton, BMC South, BUMG, or BMCAP
- By calling the Financial Counseling Department or visiting their office locations, Monday through Friday, from 8 AM to 5 PM, located at:
    - BMC – 617-414-5155
        - Yawkey Building, 850 Harrison Avenue, 1st Floor Room 1N62, Boston, MA. 02118
    - BMC Brighton – 617-779-6406
        - 736 Cambridge St., Brighton, MA 02135
    - BMC South – 508-427-3538
        - 235 N Pearl St., Brockton, MA 02301
- By visiting the Hospitals' website at https://www.bmchealthsystem.org/patient-financial-assistance for review or download
- By submitting a written request for copies by mail to:
    - Boston Medical Center
      Attention: Financial Counseling Office
      Yawkey Building, 850 Harrison Avenue, 1st Floor Room 1N62
      Boston, MA 02118

Application:

The Financial Assistance Policy applies to Boston Medical Center, Boston Medical Center Brighton, Boston Medical Center South, Boston University Medical Group, Boston Medical Center Affiliated Physicians, and the following affiliated Community Health Centers that operate under the Hospitals' license:

- Codman Square Health Center, 637 Washington Street, Boston, MA 02118
- East Boston Neighborhood Health Center, 10 Grove Street, Boston, MA 02128
- South Boston Community Health Center, 409 West Boundary Street, South Boston, MA 02127
- DotHouse Health, 1353 Dorchester Avenue, Boston, MA 02122

Exceptions:

While BMCHS is committed to helping patients with limited income and resources apply for available programs to cover the cost of care, the Charity Care Program is limited to covering Emergency Services, Urgent Services, and other Medically Necessary care. Generally, expenses excluded from discounts under the CCP include:

- Services provided by contracted physicians who bill privately rather than through one of the Hospitals' affiliated physician groups. (See Attachment E for list of BMCHS Provider Affiliates).
- Motor vehicle claims, third party liability claims, fixed fee services, contracted rates, and other non-medically, necessary services or other services where other discounts have already been applied in the charge.

Definitions:

Affordable Care Act, (ACA) – The comprehensive health care reform law, enacted in March 2010 (sometimes known as ACA or Obamacare) that serves: to make affordable healthcare available to more persons by providing subsidies ("premium tax credits") that lower costs for households with incomes between 100% and 400% of the federal poverty limit; to expand state Medicaid programs to cover all adults with income 138% of the federal poverty level; and to support innovative medical care delivery methods, designed to lower the costs of health care generally.

Amounts Generally Billed (AGB) - The amount by which charges for Uninsured and Underinsured patients are measured. Uninsured patients who qualify for Financial Assistance 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, BMCHS 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 BMCHS, 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 determining eligibility and completing enrollment forms.

Charity Care Program - A financial assistance program offered by BMCHS Hospitals 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.

Elective 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) qualifies as Emergency Care. 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 a BMCHS Hospital 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.

Extraordinary Collection Actions (ECA) - Any actions taken by BMCHS Hospitals (or any agent of BMCHS Hospitals, including a collection agency) against an individual related to obtaining payment of a bill covered under this policy that requires a legal or judicial process, involves selling an individual's debt to another party, or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Placing an account with a third party for collection is not an ECA.

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 BMCHS Hospitals' Financial Assistance Policy.

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

Health Safety Net (HSN) – The Health Safety Net is a financial assistance program 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 more equitably distribute the cost of providing uncompensated care to low-income, Massachusetts' residents through the offering 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 includes the Health Safety Net services 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 payor 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 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, behavioral health, post-acute care, and ancillary services that meet the medically necessary standards 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.

Other Services - Services whereby medical necessity has not been demonstrated to the reviewing clinician or where the patient's qualifications for the service may not meet the general insurance plan definitions for meeting key medical necessity criteria for the service. Services also include procedures or treatments where many insurance plans do not consider them to be Medically Necessary including, but not limited to: Cosmetic Surgery, In-Vitro Fertilization (IVF) or other Advanced Reproductive Therapy (ART), Gastric Bypass Services (absent of a payer's determination of medical necessity), and Patient Convenience Items such as charges related to overnight services above and beyond those needed for medical care or patient overnight services (inpatient or partial hospitalization) where there isn't a clearly demonstrated medical necessity.

Primary Care Services - Health care services, customarily provided by general practitioners, family practitioners, general internists, general pediatricians, and primary care nurse practitioners or physician assistants. Primary Care Services do 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 account balance based on the patient's not having insurance or choosing not to use insurance to pay for their services. This discount is inclusive of patients of all income levels with no financial qualifications or application required.

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 their coverage in 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.

Procedures

1. Coverage for Health Care Services

BMCHS Hospitals provide 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 Hospitals' will conduct a medical screening examination for all patients who present at a BMCHS Hospital location seeking Emergency Services to determine whether an emergency medical condition exists. The treating medical professional will determine if emergency or nonemergency services are needed by assessing the level of care and treatment needed for each patient based on their presenting clinical symptoms and following applicable standards of practice.

1.1. Eligibility for free or reduced care under the BMCHS Hospitals' Charity Care Program applies to emergent, urgent, and primary care services. Eligibility determinations are generally made after service delivery and based upon the patient's financial status as determined by Federal Poverty Guidelines, (FPG) and patient's type and classification of medical care provided. (See Attachment C for FPG table). In no case does a patient's FAP-eligibility determination interfere with access to emergency care and that the hospital will provide emergency care regardless of FAP eligibility.

1.2. Primary care services include medical care required for the maintenance of health and the prevention of illness. These services are generally scheduled in advance or may be scheduled on the same day by the patient or the health care provider.

1.2.1. Primary Care is customarily provided by general practitioners, family practitioners, general internists, general pediatricians, and care nurse practitioners or physician

assistants and does primary not require the specialized resources of an Acute Hospital emergency department and may exclude Ancillary Services and maternity care services.

1.3. BMCHS Hospitals' Charity Care Program eligibility is applied consistently to all Emergency Services, Urgent Services, Primary Care Services, and other Medically Necessary care provided by the Hospitals.

2. **Financial Assistance and Program Eligibility**

2.1. BMCHS Hospitals offer financial assistance through 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 the BMCHS Hospitals' Charity Care Program.

2.1.1. 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 BMCHS Hospitals will bill the third party.

2.1.2. 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.

2.1.3. Services generally excluded from the Self-Pay Patient Discount:

2.1.3.1. 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 BMCHS.

2.1.3.2. Account balances after insurance processing, including co-payments, co-insurance, and insurance deductibles.

2.1.3.3. Motor vehicle claims, third party liability claims, fixed fee 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.

2.2. Uninsured or Underinsured patients who demonstrate financial need for medical care are evaluated for eligibility and coverage based on consistent, pre-established guidelines determined by state Medicaid programs, Qualified Health Plans, and BMCHS Hospitals' Charity Care Program.

2.3. 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.

2.4. A Certified Application Counselors, (CAC), is available in the Hospitals' Financial Counseling Department to screen patients for program eligibility and provide in-person, enrollment assistance as needed. Items required to apply for the Charity Care Program:

2.4.1. Completed application, signed by patient and patient's spouse if married, or by guarantor, (i.e. parent or guardian).

2.4.2. Proof of Residency

2.4.3. Proof of Identity

2.4.4. Proof of Household Income

2.4.4.1. Earned income

2.4.4.2. Unearned income

2.4.4.3. Rental Income

2.4.5. Statement of Support (if no income is reported)

2.4.6. Asset information, to include:

2.4.6.1. Bank statements

2.5. All patients requesting financial assistance must first be evaluated for eligibility under public assistance programs or QHP specific to patient's state of residence.

2.5.1. In Massachusetts, programs include, but are not limited to, MassHealth, the premium assistance payment program operated by the Health Connector, the Children's Medical Security Program, the Health Safety Net, and Medical Hardship.

2.5.2. Patients who qualify for a public coverage option must comply with the application process for that program and receive a denial before invoking additional benefits under the Charity Care Program.

2.5.3. The screening and application process for public health insurance is completed by Certified Application Counselors, (CACs), in the Hospitals. Applications may be completed and submitted on paper, by fax, or online through the State Health Insurance Exchange system (HIX).

2.6. The Hospital's CACs may also assist patients in applying for Presumptive Eligibility to grant patients in special circumstances immediate access to covered services through MassHealth or Health Safety Net.

2.6.1. The process of presumptive eligibility is completed by a CAC, who on the basis of the patient's self-attestation of financial information, will determine that patient meets the state's definition of Low-Income Patient and therefore will qualify patient for coverage under MassHealth or HSN.

2.6.2. A designation of Presumptive Eligibility provides a limited period of eligible coverage, beginning on the date that the hospital's CAC makes the determination through the end of the following month. During a period of presumptive eligibility, patients are required to complete and submit a full application with required verifying documents to ensure ongoing coverage.

2.7. If a patient is determined ineligible for a public assistance program, QHP, HSN, or Medical Hardship, then patient will be evaluated for program eligibility under the Hospitals' Charity Care Program.

2.7.1. Through participation in Massachusetts' Health Safety Net, low-income, uninsured and underinsured patients receiving services at BMCHS Hospitals may be eligible for financial assistance, including free or partially free care for HSN eligible services. It is the Hospitals' policy that all patients who receive financial assistance under the hospital's financial assistance policy includes the Health Safety Net services as part of the uncompensated care provided to low-income patients.

2.7.1.1. *Health Safety Net - Primary* - Uninsured Massachusetts residents with verified income between 0 and 300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.

2.7.1.1.1. The eligibility period and type of services covered under *HSN Primary* is limited for patients eligible for enrollment in Massachusetts' Premium Assistance Payment Program operated by the Health Connector.

2.7.1.1.2. Patients subject to Massachusetts' Student Health Insurance Program requirements are not eligible for *HSN Primary*.

2.7.1.2. *Health Safety Net – Secondary* - Patients that are Massachusetts residents with primary health insurance and income between 0 and 300% of the Federal Poverty Level may be determined eligible for Health Safety Net Eligible Services.

2.7.1.2.1. The eligibility period and type of services for *HSN- Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program operated by the Health Connector.

2.7.1.3. *Health Safety Net - Partial Deductibles* - Patients that qualify for *HSN Primary* or *HSN - Secondary* with income between 150.1% and 300% of the Federal Poverty Level may be subject to an annual deductible if all members of the Premium Billing Family Group have an income that is above 150.1% of the Federal Poverty Level. There is no deductible for any member of the Premium Billing Family Group if income is above 150.1% of the Federal Poverty Level. The annual deductible is equal to the greater of:

2.7.1.3.1. the lowest cost Premium Assistance Payment Program Operated by the Health Connector premium, adjusted for the size of the Premium Billing Family Group proportionally to the MassHealth Federal Poverty Level income standards, as of the beginning of the calendar year; or

2.7.1.3.2. 40% of the difference between the lowest MassHealth Modified Adjusted Gross Income Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group and 200% of the Federal Poverty Level.

2.7.1.4. *Health Safety Net - Medical Hardship* -A Massachusetts resident of any income may qualify for *Medical Hardship* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's income as follows:

2.7.1.4.1. Income Level Percentage of Countable Income:

0 - 205%	Federal Poverty Level 10%
205.1 - 305%	Federal Poverty Level 15%
305.1 - 405%	Federal Poverty Level 20%
405.1 - 605%	Federal Poverty Level 30%
> 605.1%	Federal Poverty Level 40%

2.7.1.4.2. The applicant's required contribution is calculated as the specified percentage of Countable Income based on the *Medical Hardship* Family's Federal Poverty Level, multiplied by the

actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible.

2.7.2. Individuals that meet the eligibility requirements to qualify for financial assistance under a Health Safety Net program outlined in II.E. of the FAP may have existing billing for services rendered prior to the 10 days that precede the application date for Health Safety Net coverage. Under Health Safety Net regulations, certain primary and elective services will not be eligible for coverage under Health Safety Net prior to the 10-day period and the individual remains liable for such invoice amounts. At the time Health Safety Net eligibility is determined, BMCHS Hospitals will provide for 100% charitable care coverage of these invoices for services rendered prior to the 10-day period and will not engage in further collection on these invoices.

2.8. Patients determined ineligible for a public assistance program, QHP, HSN, or Medical Hardship will be evaluated for program eligibility under BMCHS Hospitals' Charity Care Program. Information gathered will be used to determine eligibility for the Charity Care Program.

2.8.1. Uninsured patients determined eligible for the Charity Care Program will qualify for a discount, applied to gross charges that may cover all or some portion of their unpaid medical bills. A Charity Care Program eligible patient will never be charged more than AGB. Patients' eligibility and applicable discount are determined using the table on Attachment C.

2.8.2. Underinsured patients determined eligible for the Charity Care Program qualify for a discount applied to account balances after insurance processing. Patients' eligibility and applicable discount are determined using the table on Attachment C.

2.8.3. Eligibility for free or reduced care, in all cases considered for financial assistance, is determined using the most recently published Federal Poverty Guidelines (See Attachment C).

2.8.3.1. Asset limits for eligibility may not exceed $3,000 for applicant and $3,000 for applicant's spouse if applicable.

2.8.3.2. Asset determinations will never include patient's primary residence or primary automobile.

2.8.4. BMCHS provides a Self-Pay Discount for most services for patients with no insurance. This discount is inclusive of patients of all income levels with no financial qualifications or application required.

2.8.5. BMCHS will not bill uninsured patients who qualify for Financial Assistance more for Emergency Services, Urgent Services, or other Medically Necessary care than the AGB for patients who have insurance coverage. To calculate AGB, BMCHS 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 BMCHS, 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.

2.8.6. BMCHS does not bill or expect payment of gross/total charges from any individual who qualifies under the FAP, or who has no health insurance but does not qualify for financial assistance.

2.9. Individual Consideration may be given to patients who demonstrate unique financial situations, and discounts may be extended on a case-by-case basis, in accordance with the BMCHS Credit and Collection Policy and beyond the other provisions outlined in the FAP, to recognize unique cases of financial hardship.

3. **Method to Apply for Financial Assistance**

3.1. Patients may request and apply for financial assistance:

3.1.1. By visiting a Patient Financial Counseling office location at:

- BMC - Yawkey Building, 850 Harrison Avenue, 1st Floor Room 1N62 Boston, MA 02118
- BMC Brighton - 736 Cambridge St., Brighton, MA 02135
- BMC South – 235 N Pearl St., Brockton, MA 02301

3.1.2. By calling a Financial Counseling Department to be screened by phone or to schedule an appointment with Financial Counselor, Monday through Friday, from 8 AM to 5 PM.

- BMC: 617-414-5155
- BMC Brighton: 617-779-6406
- BMC South: 508-427-3538

3.1.3. By mailing a written request for FAP information, including copies of the Financial Assistance Screening Form and the BMCHS Hospital Charity Care Program application to be completed and submitted by mail for processing.

3.1.3.1. The FAP and BMCHS Hospital Charity Care Program application are available at https://www.bmchealthsystem.org/patient-financial-assistance, and may be printed, completed, and returned in person or by mail for processing.

3.1.3.2. If applying by mail, patients should submit the Financial Assistance Screening Form, Application, and copies of requested documents to:

- Boston Medical Center
  Attention: Patient Financial Counseling
  Yawkey Building, 850 Harrison Avenue, 1st Floor Room 1N62
  Boston, MA 02118

3.2 Determination of Eligibility

3.2.1 The Patient Financial Counseling department at BMCHS is responsible for making a determination of eligibility based on the documentation provided by patient for the application process. Patients may contact the Financial Assistance department with questions on eligibility determinations by calling (617) 414-5155.

3.2.2 Once a completed application is received and processed, a determination of eligibility will be made, and the applicant will be notified in writing of the decision.

3.2.3 Notification of Request for Additional Information or Denial:

3.2.3.1 Financial assistance will not be denied based solely upon an incomplete application initially submitted by patient. The most common types of documentation required to apply are

referenced in section II.D of this policy and outlined on the attached BMCHS summary document (Attachment B).

3.2.3.2 If additional documentation is needed to make a determination, then patient will be notified by USPS mail with a request to return verification documents within 30 days from the date of notification.

3.2.3.3 If patient fails to provide additional documentation, then the application for financial assistance may be denied and patient will be billed in accordance with BMCHS Credit and Collection Policy.

3.2.3.3.1 Uninsured patients deemed ineligible or denied for financial assistance programs will receive the Self-Pay Discount as appropriate.

3.2.3.3.2 Underinsured patients deemed ineligible or denied for financial assistance programs will be responsible for the account balance remaining after insurance processing.

3.2.3.3.3 BMCHS will make reasonable effort to collect on account balances owed.

i. Patient will receive a minimum of four statements over a period of 120 days prior to account being considered for bad debt designation.

ii. 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 balance.

iii. BMCHS contracts with an outside collection agency to assist in the collection of certain accounts, including patient-responsible amounts not resolved after issuance of Hospitals' bills or final notices. However, BMCHS does not engage in Extraordinary Collection Action, (ECA), to obtain payment on past due account balances.

3.2.3.3.4 The BMCHS Credit and Collection Policy is available for review on the hospital's website at https://www.bmchealthsystem.org/patient-financial-assistance

3.2.4 Notification of Approval

3.2.4.1 Approved, uninsured or underinsured patients will receive a discount as specified in the FAP, (See Attachment C for summary of eligibility criteria and applicable discount).

3.2.4.2 BMCHS will contact the patient via USPS mail to notify of approval for the financial assistance program. This notice will include the steps a patient may take to obtain information about how their patient liability, if applicable, was determined as well as information confirming that the balance due is not more than the Amounts Generally Billed.

3.2.4.3 If a patient has already established a payment plan or made payments on their account, and is subsequently approved for the BMCHS Hospitals' Charity Program, any payments over the charity program co-pay amount will either be applied to other outstanding accounts or refunded to the patient if no other outstanding debts exist.

3.2.5 Patient Obligations

3.2.5.1 Patients must participate in the financial assistance screening process and agree to apply for available health insurance coverage if deemed potentially eligible for a state, public assistance program or Qualified Health Plan.

3.2.5.2 BMCHS reserves the right to request verification of a denied application for an available health insurance program before patient may be considered for financial assistance under the BMCHS Hospitals' Charity Program.

3.2.5.3 Patients are required to submit a completed and signed BMCHS Hospitals' Charity Program application and provide documentation to verify income, assets, and residency status needed to enroll in health insurance coverage or to apply for assistance under the BMCHS Hospitals' Charity Care Program. (See Attachment D for Charity Program Application).

3.2.5.4 Patients must fully disclose any Workers Compensation, Motor Vehicle or Third-Party Liability coverage and cooperate with requests to have claims processed by the payor identified.

3.2.5.5 Patients are obligated to provide the Hospitals' Financial Counseling office with timely updates regarding changes in address, employment, or insurance status as required by financial assistance programs.

3.2.5.6 Patients must agree to pay account balances after insurance processing, not eligible for discounts under the FAP, such as copays, coinsurances, and deductibles.

3.2.6 BMCHS Obligations

3.2.6.1 BMCHS will make all reasonable efforts to collect the patient insurance status and financial information necessary to determine responsibility for payment of all inpatient or outpatient health care services during patient's pre-registration, on the date of service, when patient is admitted in a Hospital, upon discharge, or for a reasonable time following hospital discharge. Reasonable efforts include:

3.2.6.1.1 Requesting patient's insurance card

3.2.6.1.2 Verifying coverage in the Hospitals' eligibility system

3.2.6.1.3 Checking for coverage through access to public or private insurance databases

3.2.6.1.4 Obtaining third party payor information.

3.2.6.2 BMCHS will attempt to investigate any third-party payor that may be responsible to pay for services provided, including but not limited to:

3.2.6.2.1 Motor vehicle or homeowner's liability policy

3.2.6.2.2 General accident policies

3.2.6.2.3 Worker's Compensation programs

3.2.6.2.4 Student Insurance policies

3.2.6.3 If the patient or guarantor/guardian is unable to provide needed information, and patient consents, then BMCHS may attempt to contact relatives, friends, guarantor/guardian, and/or other appropriate third parties for additional information.

4. Notification of Financial Assistance Availability

4.1. BMCHS utilizes the following measures to widely publicize its Financial Assistance Policy:

4.1.1. Informs patient about BMCHS Hospitals' Charity Program and offers copy of the Plain Language Summary, (PLS), at time of registration as part of the standard admissions process.

4.1.2. Posts signage regarding the offering of financial assistance programs, including how and where to apply, are prominently posted in patient access locations across BMCHS Hospitals:

4.1.2.1. In departments and/or waiting areas where inpatient, outpatient, clinic, and emergency services are provided.

4.1.2.2. In Patient Financial Counseling Offices

4.1.2.3. In central admission and patient registration areas

4.1.3. Makes available copies of the policy, screening form, application, and Plain Language Summary:

4.1.3.1. Upon request of patient, in person, by phone, or by mail.

4.1.3.2. On the Hospitals' websites, for review or download at https://www.bmchealthsystem.org/patient-financial-assistance

4.1.3.3. At patient access locations across BMCHS

4.1.4. Provides a general notice of financial assistance program availability in patient billing statements.

4.2. All posted notifications and written materials pertaining to the FAP, including the screening form, application, PLS, and educational brochures, are translated into languages other than English, if such language is spoken by 5% or more of population residing in the BMCHS Hospitals' service

areas. Currently, all signs and written materials are translated into the following languages:

i. English
ii. Spanish
iii. Russian
iv. Haitian Creole
v. Portuguese
vi. Vietnamese
vii. Cape Verdean
viii. Albanian
ix. Arabic
x. Chinese

5. Hospital Billing and Collection Practices

5.1. BMCHS has a fiduciary duty to seek reimbursement, for the delivery of services from individuals who can pay, from third party insurers who cover the cost of care, and from other programs of assistance for which patient is eligible.

5.2. As outlined in the Credit and Collection Policy, BMCHS follows reasonable billing and collection procedures:

5.2.1. Each billing statement received by a patient is an attempt to collect a balance due. Each statement will include information to inform the patient or guarantor about the availability of financial assistance programs, including how to request and apply for assistance;

5.2.2. BMCHS will document continuous collection activity that includes a minimum of four (4) patient statements over a period of 120 days prior to the account being considered for bad debt designation.

5.2.3. In a final notification, patient or guarantor will be advised that the account may be referred to an outside collection agency and informed about the availability of financial assistance programs.

5.2.4. BMCHS will document all alternative efforts made to locate a party responsible for the account balance or to obtain a correct address on billing statements returned by the postal service as “incorrect address” or “undeliverable.”

5.2.5. BMCHS will document and maintain data regarding continuous billing or collection actions undertaken for the purpose of audit reviews by a federal and/or state agency for the fiscal year cost report in which the bill or account is reported.

5.2.6. BMCHS will not pursue continuous billing or collection action on hospital account balances less than $25.00 as it is cost prohibitive. However, BUMG and BMCAP will continue billing and collection effort on account balances greater than $5 for the rendering of physician services.

5.3. Patients determined ineligible for financial assistance programs, but who can demonstrate financial hardship due to unusual or unanticipated circumstances are encouraged to bring their situation to the attention of Patient Financial Counseling for Individual Consideration. BMCHS, in accordance with its Credit and Collection Policy, may apply discretion and extend discounts beyond the other provisions in the Financial Assistance Policy on a case-by-case basis to recognize unique cases of financial hardship.

5.4. The BMCHS Credit and Collection Policy is available for review on the hospital's website at https://www.bmchealthsystem.org/patient-financial-assistance.

Responsibility:
Patient Financial Counseling

Attachments/Exhibits:
Attachment A – BMCHS Plain Language Summary
Attachment B – Summary of FAP Acceptable Verification Documents
Attachment C – Charity Program Eligibility Guidelines and Discount
Attachment D – BMCHS Charity Program Application
Attachment E – BMCHS List of Provider Affiliates

Other Related Policies:
09.11.000 Treatment and Transfer of Emergency Patients
08.26.000 Credit and Collections

Initiated by:
Patient Financial Counseling

Contributing Departments:
Revenue Cycle
- Patient Financial Counseling
- Patient Access Services
- Patient Financial Services and Revenue Cycle Strategy
- Revenue Integrity and Professional Billing

Reimbursement and Payment Systems
Legal & Compliance

Boston Medical Center
HEALTH SYSTEM

Boston Medical Center Health System

BMCHS Financial Assistance Policy: **Plain Language Summary**

Boston Medical Center Health System provides medically necessary care to all patients, regardless of race, color, religion, sex, national origin, age, disability, gender identity or expression, or the ability to pay. BMCHS offers financial assistance to low-income, uninsured or underinsured patients, who demonstrate need and an inability to pay for healthcare. BMCHS will work with patients to determine the patient's eligibility for financial assistance and help the patient apply for coverage under Medicaid or other state programs, federally qualified health plans, or assistance under the hospital's Charity Care Program. Patients eligible for the Charity Care Program will not be charged more than amounts generally billed for emergency or other medically necessary care.

Who is eligible?

Low-income, uninsured and underinsured patients who require medically necessary care and are unable to pay for services may apply for financial assistance programs. Program eligibility is based upon guidelines which include an individual's household income, family size, medical needs, and state of residence. How a patient qualifies for financial assistance will determine the type of program for which they are eligible. Some patients will qualify for programs that do not require them to pay for services, while other programs may require an eligible patient to make a partial payment. Additionally, in Massachusetts, residents may qualify for Medical Hardship, a program available through the state's Health Safety Net. Regardless of household size and income, a person may qualify for Medical Hardship if their allowable medical expenses are greater than an established percentage of their household income. Patients determined ineligible for coverage under state or federal financial assistance programs will be evaluated for eligibility under the hospital's Charity Care Program.

How to Apply:

Information about BMCHS's Financial Assistance Policy, Charity Care Program, and application, are available as follows:

- Contact Patient Financial Counseling at (617) 414-5155 or visit an office location, Monday through Friday, from 8 AM to 5 PM, at:
  - BMC: Yawkey Building, 850 Harrison Avenue, 1st Floor Rm 1N62, Boston, MA. 02118
  - BMC - Brighton: 736 Cambridge St., Brighton, MA 02135
  - BMC - South: 235 N Pearl St., Brockton, MA 02301
- Visit the Hospital website at https://www.bmchealthsystem.org/patient-financial-assistance
- Make a written request for program information and application instructions by mail to:
  Boston Medical Center
  Attention: Patient Financial Counseling Office
  850 Harrison Ave
  Boston, MA 02118

Information is available to all patients in Enꝏlish, Ɛɔanish, Haitian Creole, Russian, Portuguese, Vietnamese, Cape Verdean, Arabic, Albanian, Albanianinese. Assistance to complete an the application in other languages is available through Masslıgh Massinterpretive services at 1-800-841-2900 or by calling Patient Financial Counseling at 617-4 at 617- or visiting an office location.

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Boston Medical Center
HEALTH SYSTEM

Boston Medical Center Health System Financial Assistance Program

BMCHS 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 BMCHS Charity Care Program. BMCHS Financial Assistance Policy and Charity Care application and instructions are available to all patients in English, Spanish, Haitian Creole, Russian, Portuguese, Vietnamese, Cape Verdean, Arabic, Albanian, and Chinese. 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** or by visiting a Financial Counseling office Monday – Friday 8am-5pm at

- BMC: Yawkey Building, 850 Harrison Avenue, 1st Floor Rm 1N62, Boston, MA. 02118
- BMC - Brighton: 736 Cambridge St., Brighton, MA 02135
- BMC - South: 235 N Pearl St., Brockton, MA 02301

Hospital employees will work with individuals to apply to appropriate programs. A list of acceptable documentation is provided below:

- **Proof of Household Income** - Required for every working adult household member. Valid documents include:
  - Two recent paystubs
  - Social Security Award Letter
  - Income tax return and schedule C (only if self-employed)
  - Unemployment Compensation

- **Picture Identification** - Required for every adult household member. Valid identification documents include:
  - Driver's License, government issued identity card with photo,
  - Draft record or military card
  - Student ID
  - Passport Photos

  (Ask about other forms of ID if none of the above is available)

- **Citizenship Verification** – Required to verify U.S. citizenship. Documents accepted by MassHealth include:
  - Birth Certificate
  - Passport
  - Certified Hospital Record

- **Proof of Immigration Status** – Noncitizens applying for medical assistance other than MassHealth Limited are required to provide documentation to verify immigration status, such as:
  - Legal permanent Resident card
  - Naturalization certificate

- **Asset Information** – Persons who are age 65 or older are required to provide documents to verify assets, including but not limited to the following:
  - Bank statements, (Checking and Savings accounts)
  - Life Insurance
  - Value of property owned
  - Value of vehicles

Boston Medical Center
HEALTH SYSTEM

Federal Poverty Guidelines and BMCHS Charity Care Program Discounts

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 BMCHS Hospitals' Financial Assistance Policy. These standards are for FY26 and can be found at https://www.mass.go-masshealth Yearly FPL

2026 MassHealth Income Standards and Federal Poverty Guidelines, Effective March 1, 2026

Family Size	MassHealth Income Standards		100% Federal Poverty Level		133% Federal Poverty Level		150% Federal Poverty Level		190% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$522	$6,264	$1,340	$15,960	$1,769	$21,228	$1,995	$23,940	$2,527	$30,324
2	$850	$7,800	$1,804	$21,648	$2,399	$28,788	$2,705	$32,460	$3,427	$41,124
3	$775	$9,300	$2,277	$27,324	$3,028	$36,336	$3,415	$40,980		
4	$891	$10,692	$2,750	$33,000	$3,658	$43,896	$4,125	$49,500		
5	$1,016	$12,192	$3,224	$38,688	$4,288	$51,456	$4,835	$58,020		
6	$1,141	$13,692	$3,697	$44,364	$4,917	$59,004	$5,545	$66,540		
7	$1,266	$15,192	$4,170	$50,040	$5,547	$66,564	$6,255	$75,060		
8	$1,383	$16,596	$4,644	$55,728	$6,176	$74,112	$6,965	$83,580		
For each additional person, add	$333	$3,996	$474	$5,688	$630	$7,560	$710	$8,520		

These figures are rounded and may not reflect the figures used in program determination. The institutional income standard is $72.80

Family Size	200% Federal Poverty Level		225% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$2,660	$31,920	$2,993	$35,916	$3,325	$39,900	$3,990	$47,880	$5,320	$63,840
2	$3,607	$43,284	$4,058	$48,696	$4,509	$54,108	$5,410	$64,920	$7,214	$86,568
3	$4,554	$54,648			$5,692	$68,304	$6,830	$81,960	$9,107	$109,284
4	$5,500	$66,000			$6,875	$82,500	$8,250	$99,000	$11,000	$132,000
5	$6,447	$77,364			$8,059	$96,708	$9,670	$116,040	$12,894	$154,728
6	$7,394	$88,728			$9,242	$110,904	$11,090	$133,080	$14,787	$177,444
7	$8,340	$100,080			$10,425	$125,100	$12,510	$150,120	$16,680	$200,160
8	$9,287	$111,444			$11,609	$139,308	$13,930	$167,160	$18,574	$222,888
For each additional person, add	$947	$11,364			$1,184	$14,208	$1,420	$17,040	$1,894	$22,728

These figures are rounded and may not reflect the figures used in program determination. The institutional income standard is $72.80

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Charity Care Program - A financial assistance program offered by BMCHS Hospitals that offers a percentage discount on the patient's account balance based on the patient's eligibility as specified by the hospital's Financial Assistance Policy.

Charity Care Program - Eligibility Guidelines & Discount			
Patient Type	**Free Care 0 - 150% FPLG**	**Reduced Care 151% - 300% FPLG**	**Self-Pay Discount > 300% FPG**
Uninsured	100% Discount of total charges	90% Discount of total charges	45% Discount
Underinsured	100% Discount of Balance after Insurance	90% Discount of Balance after Insurance	Not Eligible Patient is responsible for balance after insurance
* Asset Limit - may not exceed $3,000 for applicant and $3,000 per each HH member * Asset determinations include Bank Statements (Checking and/or Savings)			

Boston Medical Center
HEALTH SYSTEM

Boston Medical Center Health System
Charity Care Program Application

Patient's Name _____ Social Security Number _____ Date of Birth _____

Parent/Guardian's Name (if patient is a child) _____ Social Security Number _____ Date of Birth _____

Home Address	Mailing Address ____Check if Same as Home Address
Street _____ Apartment or Unit #	Street _____ Apartment or Unit #
City _____ Sate _____ Zip Code	City _____ Sate _____ Zip Code

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed **Are you employed?** ☐ No ☐ Yes **If yes, how long?** _____

Employer's Name: _____ **Employer offers health insurance?** ☐No ☐ Yes

Complete the table for HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME below. Provide names and income information for all persons living in your home. Please use the income codes provided to identify the type of income received for each person.

HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME

Types of Income and Income Code

Earned Income	EI	Supplemental Security Income	SSI	Veteran's Administration	VA	Child Support	CS
Self-Employment Income	SE	Social Security Disability Income	SSDI	Worker's Compensation	WC	Spousal Support	SS
Social Security Retirement	SSR	Unemployment Compensation	UC	Pension or Annuity	PA	Rental Income	RI

ASSETS - Banking Information

Name	Relationship to Applicant	Date of Birth	Age	Income Type by Code	Income Amount (Yr./Mo./Wk.)
	Self				$
					$
					$
					$
					$
					$

If you need additional space to include all household members, then please use the back of the form.

Checking Account: ☐ No ☐ Yes Bank Name: _____ Balance: _____

Savings Account: ☐ No ☐ Yes Bank Name: _____ Balance: _____

Money Market: ☐ No ☐ Yes Bank Name: _____ Balance: _____

ASSETS – Housing and Property Information

Own a home? ☐ No ☐ Yes Mortgage: $_____/monthly Rent/Lease? ☐ No ☐ Yes $_____/monthly

Own other property? ☐ No ☐ Yes Estimated Value: $_____ Own vehicles? ☐ No ☐ Yes How many vehicles? ____

By signing below, I agree to the following statements:

- I declare, under penalty of perjury, that the answers I have given are true and correct to the best of my knowledge.
- I will provide all verification documents required to determine my eligibility for the BMCHS Charity Program.
- I understand that if I do not qualify for the Charity Program, I will be personally liable for charges associated with the services provided by BMCHS, or I may appeal the denial decision in writing with additional documentation.

Signature of Patient (or) Parent/Guardian: _____ Date: _____

Signature of Patient's Spouse: _____ Date: _____

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Boston Medical Center
HEALTH SYSTEM

Boston Medical Center Health System
Provider Affiliate List

Hospital	Department/Group/Practice	Notes	Follows Boston Medical Center Financial Assistance Policy (FAP)	Health Safety Net Eligible
Boston Medical Center	Boston University Medical Group (BUMG)	Includes the following Departments/Service Lines: • Emergency Department • Anesthesia • Primary Care • Intensivists • Pathologists • Radiology • Most Surgery • Medicine Specialties • OBGYN • NICU • Pediatrics • Psychiatry	Yes	Yes
	Codman Square Health Center		Yes	Yes
	East Boston Neighborhood Health Center		Yes	Yes
	South Boston Community Health Center		Yes	Yes
	DotHouse Health		Yes	Yes
Boston Medical Center - Brighton	Boston Medical Center Affiliated Physicians (BMCAP)	Includes the following Departments/Service Lines: • Emergency Department • Anesthesia • Primary Care • Radiology • NICU • OBGYN • Most Surgery • Medicine Specialties • Pathologist • Psychiatry	Yes	Yes
Boston Medical Center - South	Boston Medical Center Affiliated Physicians (BMCAP)	• Emergency Department • Anesthesia • Radiology • Primary Care • OBGYN • Most Surgery • Medicine Specialties • Pathologist • Psychiatry	Yes	Yes