Title:	Financial Assistance (Hospital Facilities)				
Department/Service Line:	Revenue Cycle Management				
Approver(s):	BSWH Board of Trustees Audit & Compliance Committee				
Location/Region/Division:	BSWH				
Document Number:	BSWH.FIN.RC.BA.36.P				
Effective Date:	02/01/2024	**Last Review/ Revision Date:**	02/01/2024	**Origination Date:**	09/02/1997

SCOPE

This Financial Assistance Policy ("Policy") applies to those Baylor Scott & White Health facilities and Controlled Affiliates listed on Attachment A, collectively referred to as "BSWH."

The Audit & Compliance Committee of the Baylor Scott & White Holdings Board of Trustees is responsible for the oversight of this Policy.

Any material modifications to the standards set forth in the Policy must be approved by the Audit & Compliance Committee of the Baylor Scott & White Holdings Board of Trustees prior to implementation by BSWH.

The Financial Assistance Committee is responsible for establishing, approving and monitoring procedures and standard forms that operationalize the provisions of this policy and other responsibilities outlined in this Policy.

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Financial Assistance Committee - A committee comprised of a representative from the following departments: Financial Operations, Tax Management, Revenue Cycle, Legal and others appointed by the Chair of the Committee deemed necessary to fulfill the responsibilities of the Committee. The Chair of the Committee shall be appointed by the Baylor Scott & White Holdings Chief Financial Officer.

POLICY

Founded as a Christian ministry of healing, BSWH promotes the well-being of all individuals, families, and communities. As part of its mission and commitment to the community, BSWH provides financial assistance to patients who qualify for assistance pursuant to this Policy.

1. ELIGIBILITY CRITERIA

Patients may apply for financial assistance from the date a patient is scheduled for service through the 365th day after the first billing statement is provided. However, eligibility for financial assistance only applies to emergency and other medically necessary care. Only United States citizens and residents of the United States are eligible for financial assistance. Financial assistance eligibility for non-emergency, medically necessary care is limited to patients residing in the service area defined in Attachment D, which includes all counties covered in BSWH Community Health Needs Assessments and otherwise where BSWH owns or operates licensed hospitals or provider-based clinics, as long as the facility providing patient's care is the closest facility (including non-BSWH affiliated facilities) to patient's residence that can provide such medically necessary care or patient demonstrates that the closest facility cannot or will not provide such care. However, all patients, regardless of residency, will be eligible to qualify for financial assistance for

emergency care and for non-emergency, medically necessary care provided after a BSWH facility accepts a transfer from a BSWH facility or a non-BSWH facility. Each eligible patient's situation will be evaluated according to relevant circumstances, such as income or other resources available to the patient or patient's family when determining the ability to pay the patient account balance. Taking this information into consideration, the attached Financial Assistance Eligibility Discount Guidelines (Attachment B) are utilized to determine what amount, if any, of the patient account balance will be discounted after payment by all third parties.

When a patient's circumstances do not satisfy the requirements under the Financial Assistance Eligibility Discount Guidelines or Eligibility Criteria, a patient with unusual mitigating factors may still be able to obtain financial assistance. In these situations, the Financial Assistance Committee will review all available information and make a determination on the patient's eligibility for financial assistance.

PLEASE NOTE: Except as indicated in the BSWH Provider List (Attachment C), the financial assistance offered under this Policy does not apply to services provided by any physicians or other professionals.

2. METHOD FOR APPLYING OR OBTAINING FINANCIAL ASSISTANCE

2.1 Application Process

Applying for financial assistance can be initiated by a patient requesting assistance in person, over the phone 214-443-3088, through the mail or via the BSWH website (https://www.bswhealth.com/financialassistance). Mailed applications should be sent to Baylor Scott & White Medical Center – Uptown, 2727 E. Lemmon Ave., Dallas, TX 75204, ATTN: Business Office Manager.

Additionally, BSWH can initiate an Assistance Application on behalf of the patient. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance.

2.2 Community and Charitable Programs

Patients of certain approved community and charitable organizations and programs with the same eligibility criteria as Attachment B qualify for financial assistance under this Policy. For organizations or programs not approved under this policy, another assistance application may be used as long as substantially the same items on the BSWH Assistance Application are satisfied or documentation as to why they were not satisfied is included. The Financial Assistance Committee will be responsible for determining the approved organizations and programs.

3. PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE

BSWH may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide an Assistance Application or supporting documentation.

4. BASIS FOR CALCULATING AMOUNTS CHARGED

The level of financial assistance will be based on a classification as Financially Indigent or Medically Indigent, as defined below. In all situations, once the patient is determined to qualify for financial assistance that individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care (“AGB”). In determining AGB, BSWH has elected to use the Look-back Method in which the AGB is based on Medicare fee-for-service, as outlined in Internal Revenue Code (IRC) Section 501(r). A patient can find the AGB percentages on the BSWH website listed above or request it over the phone 214-443-3088, or through the mail by submitting a request to Baylor Scott & White Medical Center – Uptown, 2727 E. Lemmon Ave., Dallas, TX 75204, ATTN: Business Office Manager – AGB Request.

BSWH, in accordance with applicable regulations, may change the methodology for calculating the AGB in the future.

4.1 Financially Indigent

"Financially Indigent" means a patient whose Yearly Household Income (as defined below in section 5.2.i) is less than or equal to 200% of the Federal Poverty Guidelines ("FPG"). These Financially Indigent patients are eligible for a 100% discount on patient account balances based on Schedule A of the Financial Assistance Eligibility Discount Guidelines (Attachment B).

Example: A patient with a Household Size of 3 (as defined below in section 5.2.ii) and Yearly Household Income of $36,620 is eligible for a financial assistance discount of 100%.

4.2 Medically Indigent

"Medically Indigent" means a patient whose medical or hospital bills from all BSWH related providers, after payment by all third parties, are equal to or greater than 5% of their Yearly Household Income and, whose Yearly Household Income is greater than 200% but less than or equal to 500% of the FPG as set forth in Schedule B of the Financial Assistance Eligibility Discount Guidelines (Attachment B). These Medically Indigent patients will owe the lesser of the patient's account balance or 10% of the patient's gross charges not to exceed the calculated AGB amount as described in Section 4.

Example: A patient with a Household Size of 4 and Yearly Household Income of $85,000 (between 200 - 500% of FPG) is eligible for a financial assistance discount down to the lesser of the patient's account balance or 10% of gross charges not to exceed the calculated AGB amount if the patient's total outstanding bills, after all third-party payments, are equal to or greater than 5% of the Yearly Household Income. Assuming the patient's gross charges is $50,000 and account balance is $10,000 (which is equal to or greater than 5% of the Yearly Household Income) and the calculated AGB amount is $15,000; the patient's remaining obligation would be $5,000. Please note, if the patient's remaining balance is already less than 10% of gross charges or the calculated AGB amount, the patient will receive no additional fee reduction and will be responsible for paying the remaining balance.

4.3. Financial Assistance Eligibility Discount Guidelines

The Financial Assistance Eligibility Discount Guidelines are attached and are made a part of this Policy (Attachment B). The Financial Assistance Eligibility Discount Guidelines will be updated annually in accordance with the FPG as published in the Federal Register by the U.S. Department of Health and Human Services. .

5. DETERMINATION OF FINANCIAL ASSISTANCE

5.1 Financial Assistance Assessment

Determination of financial assistance will be in accordance with procedures that may involve:

5.1.i. An application process, in which the patient or the patient's guarantor is required to supply information and documentation relevant to making a determination of financial need; and/or,

5.1.ii. The use of credit reports and other publicly available information that provide information on a patient's or a patient's guarantor's estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide an Assistance Application or supporting documentation.

5.2 Definition of Household Income and Household Size

Determination of financial assistance will be based on the household income and size provided by the patient and/or by an estimated household income and size obtained from a third party vendor.

5.2.i. Household Income

I. Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and the patient's spouse.

II. Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient, the patient's mother and the patient's father or legal guardian(s).

5.2.ii. Household Size

I. Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents (as defined by the IRC).

II. Minors: In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother, and dependents of the patient's father.

5.3 Income Verification

Household income will be documented through any of the following mechanisms:

5.3.i. Third Party Documentation. By the provision of third party financial documentation including IRS Form W-2; Wages and Tax Statement; pay check remittance; individual tax return; telephone verification by employer; bank statements; Social Security payment remittance; Worker's Compensation payment remittance; unemployment insurance payment notice; Unemployment Compensation Determination Letters; response from a credit inquiry and other publicly available information; or other appropriate indicators of the patient's income. Third party documentation provided under this subsection will be handled in accordance with BSWH's information security procedures and the requirements of securing protected health information.

5.3.ii. Participation in a Means Tested Benefit Program. By the provision of documentation showing current participation in a public benefit program such as Medicaid; County Indigent Health Program; AFDC; Food Stamps; WIC; Medicare Low Income Subsidy; TexCare Partnership; or other similar means tested programs. Proof of Participation in any of the above programs indicates that the patient has been deemed Financially Indigent and therefore, is not required to provide his or her income on the Assistance Application.

5.3.iii. In cases where third party documentation is unavailable, verification of the patient's Yearly Household Income can be done in either of the following ways:

I. Obtaining the patient's or responsible party's Written Attestation. By obtaining an Assistance Application signed by the patient or responsible party attesting to the veracity of the patient's income information provided;

II. Obtaining the patient's or responsible party's Verbal Attestation. Through the written attestation of the BSWH employee completing the Assistance Application that the patient or responsible party verbally verified the patient's income information provided.

In both above instances where the patient or responsible party is unable to provide the requested third party verification of patient's income, the patient or responsible party is required to provide a reasonable explanation of why the patient or responsible party is unable to provide the required third party verification. Reasonable attempts will be used to verify patient's attestation and supporting information.

5.3.iv. Expired Patients. Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Yearly Household Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for financial assistance.

5.4 Financial Assistance Disqualification

Disqualification for financial assistance may be for reasons that include, but are not limited to one of the following:

5.4.i. Information Falsification. Financial assistance will be denied to the patient if the patient or responsible party provides false information including information regarding their income, household size, assets or other resources available that might indicate a financial means to pay for care.

5.4.ii Other Payor Sources. A patient must exhaust all other payment options, including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third-parties and fully cooperate and comply with eligibility requirements for any other healthcare program(s) and identifiable funding sources, including COBRA coverage (a federal law allowing for a time-limited extension of employee healthcare benefits), for which the patient may be qualified prior to being qualified for financial assistance. BSWH may provide assistance, but a patient is responsible for applying to public programs for available coverage. The patient is also expected to pursue public or private health insurance payment options for care provided by BSWH. If a patient does not cooperate and fully pursue his or her options, financial assistance may be denied, or if an active approval is on file, revoked, and the patient will be responsible for any balances.

5.4.iii Third Party Settlement. Financial assistance will be denied or revoked if the patient receives a third party financial settlement associated with the care rendered by BSWH. The patient is expected to use the settlement amount to satisfy any patient account balances.

6. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

6.1 Community Notification

6.1.i. Posting the Policy, Assistance Application and plain language summary on the BSWH website at the following location: https://www.bswhealth.com/financialassistance.

6.1.ii. Annually posting a notice in the principal newspaper serving the BSWH provider service areas.

6.1.iii. BSWH informs and notifies visitors to the hospital about the Policy through conspicuous displays and other measures, such as posting of a notice in the emergency department, admitting areas and business offices of BSWH.

6.1.iv. BSWH informs and notifies the community served by the hospital facility through other affiliated organizations, community clinics and other health care providers to reach those members of the community who are most likely to require financial assistance.

6.2 Personal Notification

6.2.i. Financial Counselors may visit with patients in person at certain BSWH facilities or Controlled Affiliates.

6.2.ii. Billing statements include a notice that informs and notifies recipients about the availability of financial assistance under the Policy including a phone number for inquiries about financial assistance and the website where additional information can be obtained.

6.2.iii. BSWH staff discuss, when appropriate, in person or during billing and customer service phone contacts with patients.

6.2.iv. Paper copies of the Policy, Assistance Application and plain language summary are made available to all patients upon request and without charge including offering a plain language summary at intake or discharge.

7. RELATIONSHIP TO COLLECTION POLICIES

7.1 During the verification process, while information to determine a patient's income is being collected, the patient may be treated as a private pay patient in accordance with other BSWH Policies, including the Patient Billing and Collections Policy. A copy of the BSWH Patient Billing and Collections Policy can be obtained free of charge by contacting Centralized Business Services at 1-800-299-2925 or in person at any BSWH facility.

7.2 After the patient's account is reduced by the discounts based on the Financial Assistance Eligibility Discount Guidelines (Attachment B), the patient is responsible for the remainder of the outstanding patient account balances, which shall be no more than amounts generally billed to individuals who have insurance coverage as defined in Section 4 of this Policy. Once the patient qualifies for financial assistance, BSWH will not pursue collections on the amount qualified for financial assistance. Patients will be invoiced for any remaining amounts in accordance with the BSWH Patient Billing and Collections Policy.

7.3 **THE POLICY DOES NOT AFFECT ANY BSWH OBLIGATION UNDER "EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)". THE POLICY ALSO DOES NOT ALTER OR MODIFY OTHER POLICIES CONCERNING EFFORTS TO OBTAIN PAYMENTS FROM THIRD-PARTY PAYORS.**

ATTACHMENTS

BSWH Facilities and Controlled Affiliates (Attachment A) (BSWH.FIN.RC.BA.36.A1)
BSWH Financial Assistance Eligibility Discount Guidelines (Attachment B) (BSWH.FIN.RC.BA.36.A2)
BSWH Provider List (Attachment C) (BSWH.FIN.RC.BA.36.A3)
BSWH Service Area (Attachment D) (BSWH.FIN.RC.BA.36.A4)

RELATED DOCUMENTS

Financial Assistance Affirmation Statement
Financial Assistance Application
Financial Assistance (Non-Hospital Facilities) (BSWH.FIN.RC.BA.73.P)

REFERENCES

Texas Health and Safety Code (Chapter 311)
Internal Revenue Code (Section 501(r))

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the “Approver” deems appropriate under the circumstances.

Attachment Name:	BSWH Facilities and Controlled Affiliates (Attachment A)		
Attachment Number:	BSWH.FIN.RC.BA.36.A1	**Last Review/Revision Date:**	02/01/2024

BSWH Facilities and Controlled Affiliates
Attachment A

Baylor Scott & White Emergency Hospital - Aubrey
Baylor Scott & White Emergency Hospital - Burleson
Baylor Scott & White Emergency Hospital - Colleyville
Baylor Scott & White Emergency Hospital - Keller
Baylor Scott & White Emergency Hospital - Mansfield
Baylor Scott & White Emergency Hospital - Murphy
Baylor Scott & White Emergency Hospital - Rockwall
Baylor Scott & White Medical Center - Trophy Club
Baylor Scott & White Medical Center - Uptown
Baylor Scott & White Orthopedic and Spine Hospital
Baylor Scott & White All Saints Medical Center - Fort Worth
Baylor Scott & White Continuing Care Hospital
Baylor Scott & White Emergency Hospital - Grand Prairie
Baylor Scott & White Heart and Vascular Hospital - Dallas
Baylor Scott & White Institute for Rehabilitation - Dallas
Baylor Scott & White Institute for Rehabilitation - Fort Worth
Baylor Scott & White Institute for Rehabilitation - Frisco
Baylor Scott & White Institute for Rehabilitation - Lakeway
Baylor Scott & White Medical Center - Austin
Baylor Scott & White Medical Center - Brenham
Baylor Scott & White Medical Center - Buda
Baylor Scott & White Medical Centers - Capitol Area
Baylor Scott & White Medical Center - Centennial
Baylor Scott & White Medical Center - College Station
Baylor Scott & White Medical Center - Frisco
Baylor Scott & White Medical Center - Grapevine
Baylor Scott & White Medical Center - Hillcrest
Baylor Scott & White Medical Center - Irving
Baylor Scott & White Medical Center - Lake Pointe
Baylor Scott & White Medical Center - Marble Falls
Baylor Scott & White Medical Center - McKinney
Baylor Scott & White Medical Center - Pflugerville
Baylor Scott & White Medical Center - Plano
Baylor Scott & White Medical Center - Round Rock
(including Baylor Scott & White Medical Center – Lakeway & Baylor Scott & White Emergency Medical Center - Cedar Park)
Baylor Scott & White Medical Center - Sunnyvale
Baylor Scott & White Medical Center - Taylor
Baylor Scott & White Medical Center - Temple (including Baylor Scott & White McLane Children’s Medical Center)
Baylor Scott & White Medical Center - Waxahachie
Baylor Scott & White Surgical Hospital at Sherman
Baylor Scott & White Texas Spine and Joint Hospital
Baylor Scott & White The Heart Hospital - Denton
Baylor Scott & White The Heart Hospital - Plano
Baylor Scott & White Surgical Hospital - Fort Worth
Baylor Scott & White Surgical Hospital - Las Colinas
Baylor University Medical Center
North Central Surgical Center

Attachment Name:	Financial Assistance Eligibility Discount Guidelines (Attachment B)		
Attachment Number:	BSWH.FIN.RC.BA.36.A2	**Last Review/Revision Date:**	02/01/2024

BSWH
Financial Assistance Eligibility Discount Guidelines
Attachment B
Effective 02/01/2024

Based on Federal Poverty Guidelines Issued 1/19/2024

Schedule A

Financially Indigent Classification Patient's Yearly Income must be equal to or less than the following:	
Number in Household	200%
1	$ 30,120
2	$ 40,880
3	$ 51,640
4	$ 62,400
5	$ 73,160
6	$ 83,920
7	$ 94,680
8	$ 105,440
Patient Responsibility	0% of Balance Due

Schedule B

Medically Indigent Classification Balance due must be equal to or greater than 5% of the patient's Yearly Income for eligibility, and such Yearly Income must be equal to or less than the following:	
Number in Household	Up to 500%
1	$ 75,300
2	$ 102,200
3	$ 129,100
4	$ 156,000
5	$ 182,900
6	$ 209,800
7	$ 236,700
8	$ 263,600
Patient Responsibility	Lesser of Patient Account Balance or 10% of gross charges

*AGB as defined as **"**Amounts Generally Billed" to individuals with insurance as stated in Section 4 of the Financial Assistance Policy

Attachment Name:	BSWH Provider List (Attachment C)		
Attachment Number:	BSWH.FIN.RC.BA.36.A3	**Last Review/Revision Date:**	02/01/2024

BSWH Provider List
Attachment C
Effective 02/01/2024

Providers Covered by BSWH Financial Assistance Policy that are Providing Emergency or Other Medically Necessary Care in a BSWH Hospital Facility

Century Integrated Partners Inc.
Century Observation Providers PLLC.
24 Hour Physicians

Providers Not Covered By BSWH Financial Assistance Policy

Except as listed above, no other physicians or physician groups, or other professional providers (such as physician assistants or advanced practice clinicians) are covered by this Financial Assistance Policy.

Last Updated: 02/1/2024

Attachment Name:	BSWH Service Area (Attachment D)		
Attachment Number:	BSWH.FIN.RC.BA.36.A4	**Last Review/Revision Date:**	10/01/2022

BSWH Service Area
Attachment D

Patients residing in the service areas outlined below are eligible for financial assistance for non-emergency, medically necessary care. The Financial Assistance Committee will update this attachment from time to time to reflect all counties covered in BSWH Community Health Needs Assessments and otherwise where BSWH owns or operates licensed hospitals or provider-based clinics.

Anderson	Burleson	Dallas	Gregg	Hunt	Milam	San Saba	Waller
Austin	Burnet	Denton	Grimes	Johnson	Navarro	Smith	Washington
Bell	Collin	Ellis	Hays	Kaufman	Parker	Tarrant	Williamson
Blanco	Cooke	Fannin	Henderson	Llano	Robertson	Travis	Wise
Brazos	Coryell	Grayson	Hood	McLennan	Rockwall	Van Zandt	Wood