

**BAYSTATE MEDICAL CENTER
BAYSTATE FRANKLIN MEDICAL CENTER
BAYSTATE WING HOSPITAL
BAYSTATE NOBLE HOSPITAL**

**BH HOSPITALS FINANCIAL ASSISTANCE POLICY
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I. PATIENT COMMITMENT

Baystate Health, Inc. (“BH” or “Baystate Health”) is committed to ensuring that patients in its community have access to health care services and that such patients are treated with fairness and respect in all dealings with BH Hospitals, as defined below, and other health care providers.

BH promotes patient access to health care services by offering patients the opportunity to obtain free or reduced cost services from BH Hospitals, as defined below, and other health care providers under various discount and financial assistance programs. BH not only offers free and reduced cost care to the financially needy as required by law but has also chosen voluntarily to offer other discounts and financial assistance for patients residing within the community served by BH.

BH recognizes that the billing and collection process itself can be bewildering and burdensome for patients and BH has implemented procedures to make the process understandable for patients; to inform patients about discount and financial assistance options; and to ensure that patients are not subject to aggressive collection activities.

This financial assistance policy (“policy” or “FAP”) applies to Baystate Medical Center (BMC), Baystate Franklin Medical Center (BFMC), Baystate Wing Hospital Corporation (BWH) and Baystate Noble Hospital Corporation (BNH) (“BH Hospitals” and each a “hospital”). Services provided by BH affiliates, other than BH Hospitals, are not covered by this policy. Patients are encouraged to discuss with other BH affiliates their specific financial assistance options.

The policy describes the financial assistance and discount programs and is applicable to services provided to patients by BH Hospitals. Specifically, the policy describes financial assistance that may be applied for under State Programs and the Massachusetts Health Safety Net, each as defined and described below, as well as financial assistance available from BH Hospitals under the Hospital Supplemental Financial Assistance Program, as described below (referred to collectively in this policy as “Financial Assistance Programs”). The policy addresses only those programs and processes applicable to patients (and patient guarantors) and not third-party payors.

Consistent with its patient commitment, BH requires that each BH Hospital maintain a billing and collection policy that reflects its patient billing and collection procedures and complies with applicable state and federal laws and regulations. A copy of the BH Hospitals’ Billing and Collection Policy (as amended from time to time, the “Billing and Collection Policy”) may be obtained free of charge online at <https://www.baystatehealth.org/patients/billing-and-financial-assistance> or upon request by mail and at the emergency rooms and admissions areas of the BH Hospitals.

The policy along with the Billing and Collection Policy comply with applicable criteria required under (1) the Health Safety Net Eligible Services Regulation 101 C.M.R. 613.00, (2) the Centers for Medicare & Medicaid Services Medicare Bad Debt Requirements (42 CFR§ 413.89), (3) the Medicare Provider Reimbursement Manual (Part 1, Chapter 3) and (4) section 501(r) of the Internal Revenue Code of 1986, as amended (the “Code”), as

applicable to the Hospital Supplemental Financial Assistance Program, as described further herein.

II. SUMMARY OF THE FINANCIAL ASSISTANCE POLICY

The policy provides information to patients with self-pay obligations who may have the opportunity to reduce the cost of their health care services through participation in general state programs (the State Programs and the Health Safety Net, described further below), as well as financial assistance available from BH Hospitals under the Hospital Supplemental Financial Assistance Program available to some patients based on their financial circumstances.

Patients are advised that physician services (whether provided in a hospital setting and whether provided by a BH affiliate) are generally not subject to the Health Safety Net or the Hospital Supplemental Financial Assistance Program discussed in this policy. Physicians or physician groups may have their own policies for offering discounts or providing free care. BH Hospitals encourage patients to discuss the availability of discounts or free care directly with their physician's billing office. Patients may also be eligible for financial assistance with respect to physician services through State Programs, and BH Hospitals encourage patients to discuss the availability of such assistance directly with their physician's billing office.

All personnel at BH Hospitals must comply with this policy. The Patient Accounting Department of each BH Hospital is responsible for implementation and ensuring on-going compliance. Information regarding this policy and assistance with the application process for the Financial Assistance Programs may be obtained from the Financial Counseling Department of each BH Hospital:

Baystate Medical Center

Address: 759 Chestnut St., Daly Entrance, Springfield, MA 01104

Telephone: (413) 794-2452

Baystate Franklin Medical Center

Address: 164 High St., Greenfield, MA 01301

Telephone: (413) 773-8249

Baystate Wing Hospital

Address: 40 Wright St., Palmer, MA 01069

Telephone: 413-370-5540

Baystate Noble Hospital

Address: 115 W. Silver St., Westfield, MA 01085

Telephone: 413-562-2811 ext. 5850

III. DELIVERY OF HEALTHCARE SERVICES

BH Hospitals evaluate the delivery of health care services for all patients who present for services regardless of their ability to pay. The urgency of treatment associated with each patient's presenting clinical symptoms will be determined by a medical professional in accordance with local standards of practice, national and state clinical standards of care, and the hospital medical staff policies and procedures. It is important to note that classification of a patient's medical condition 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 medical evaluation of the patient's medical condition reflected in final diagnosis. BH Hospitals also comply with the federal Emergency Medical Treatment and Active Labor Act ("EMTALA") by conducting a medical screening examination to determine whether an emergency medical condition exists when required by that law. BH Hospitals are required to provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for the Hospital Supplemental Financial Assistance Program, as described below.

- A. **Medically Necessary Service** is defined as a service that is 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. Medically necessary services shall include inpatient and outpatient services as mandated under Title XIX of the Federal Social Security Act.
- B. **Emergency and Urgent Care Services:**

Any patient who comes to BH Hospitals will be evaluated as to the level of Emergency Services or Urgent Care Services (both as defined below) without regard to the patient's identification, insurance coverage, or ability to pay. The evaluation of Emergency Services or Urgent Care Services is further used by BH Hospitals for purposes of determining allowable Emergency Services and Urgent Care Services bad debt coverage under the Health Safety Net.

1. Emergency Services are defined as:

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 of prompt medical attention could reasonably be expected by a *prudent layperson who possesses an average knowledge of health and medicine* to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in 42 U.S.C. § 1395dd(e)(1)(B). A medical screening examination and any subsequent treatment for an existing emergency medical condition or any other such service rendered to the extent required pursuant to the federal EMTALA statute (42 U.S.C. § 1395(dd)) qualifies as an Emergency

service. The BH Hospitals EMTALA policy statements can be found on our hospital website.

2. Urgent Care Services are defined as:

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 Care 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, but prompt medical services are needed.

C. Non-Emergent, Non-Urgent (Elective) Services:

For patients who either: (1) arrive to BH Hospitals seeking Medically Necessary Services that do not meet the definition of Emergency Services or Urgent Care Services above ("Non-Emergent, Non-Urgent (Elective) Services"); or (2) seek additional care following stabilization of an Emergency Service, BH Hospitals may provide such services after consulting with BH Hospitals' clinical staff and reviewing the patient's coverage options. While Non-Emergent, Non-Urgent (Elective) Services are a type of Medically Necessary Service, they typically include either primary care services or medical procedures scheduled in advance by a patient or by a health care provider (hospital, physician office, or other).

Clinical and financial considerations as well as the benefits offered by private insurance or government programs may affect the timing of, or access to, Non-Emergent, Non-Urgent (Elective) Services. Such services may be delayed or deferred based on consultation with the hospital's clinical staff and, if necessary and if so available, the patient's primary care provider. BH Hospitals may decline to provide a patient with Non-Emergent, Non-Urgent (Elective) Services in those cases in which the providers are unable to identify a payment source or eligibility under a Financial Assistance Program. For patients covered by private insurance or government programs, patient choices related to the delivery of, and access to, care are often defined in the insurance plan's or the government program's coverage guidelines.

D. In accordance with the Health Safety Net regulations, Non-Covered Services are defined as:

Non-medical services, such as social, educational, and vocational services; cosmetic surgery; canceled or missed appointments; telephone conversations or consultations; court testimony; research or the provision of experimental, unproven, or otherwise medically unnecessary procedures or treatments; the provision of whole blood except for the administrative and processing costs associated with the provision of blood and its derivatives; the treatment (but not the diagnosis) of male or female infertility (including, but not limited to, laboratory tests, drugs, and procedures associated with

such treatment); vocational rehabilitation services; sheltered workshops; recreational services; life-enrichment services; alcohol or drug drop-in centers; drugs used for the treatment of obesity; cough and cold preparations; absorptive lenses of greater than 25 percent absorption; photochromatic lenses, sunglasses, or fashion tints; treatment of congenital dyslexia; extended-wear contact lenses, invisible bi-focals; and the Welsh 4-Drop Lens.

E. Providers Covered by FAP:

The list of providers who provide Medically Necessary Services at the BH Hospitals that are covered by the BH Hospitals FAP (including the Hospital Supplemental Financial Assistance Program) and those who are not so covered is maintained in a separate document. Members of the public may obtain the current list of providers covered by this policy and those who are not so covered online at BH's website (<https://www.baystatehealth.org/patients/billing-and-financial-assistance>), and upon request and without charge by mail and in public locations throughout each hospital including the emergency departments and admissions areas.

F. Locations Where Patients May Present:

All patients are able to seek Emergency Services and Urgent Care Services when they come to BH Hospitals emergency departments or designated urgent care areas. However, patients with emergent and urgent conditions may also present in a variety of other hospital locations, including but not limited to Labor and Delivery, ancillary departments, hospital clinics and other areas. BH Hospitals also provide other Non-Emergent, Non-Urgent (Elective) Services at the main hospital, clinics and other outpatient locations.

IV. FINANCIAL ASSISTANCE PROGRAMS

BH Hospitals' patients may be eligible for free or reduced cost of health care services through various State Programs or the Health Safety Net, or financial assistance available from BH Hospitals under the Hospital Supplemental Financial Assistance Program based on the patient's financial circumstances. Eligibility for one program may depend on eligibility for another program in addition to other eligibility criteria. Patients may be eligible for assistance through the Hospital Supplemental Financial Assistance Program only to the extent that the patients or the specific services received are not eligible for assistance under the State Programs or the Health Safety Net, as described further below.

A. State Programs:

Patients with self-pay obligations may be eligible for financial assistance through participation in Massachusetts' and other states' health care programs including: other states' Medicaid programs; MassHealth Limited; Emergency Aid to the Elderly, Disabled and Children ("EAEDC"); Children's Medical Security Plan ("CMSP"); CMSP plus Limited; MassHealth Family Assistance – Children; MassHealth Standard; MassHealth CarePlus; CommonHealth; or Premium Assistance Payment Program operated by the Health Connector (collectively, "State

Programs”). Eligibility criteria vary for each State Program and such criteria are determined and applied by the state. Not all health care services provided by BH Hospitals may be covered by such State Programs. As described in Section VI.B of this policy, BH Hospitals will assist potentially eligible patients with the application process and may offer patients the option of having an agent complete the application and assist with the submission process on their behalf.

B. Health Safety Net:

Patients who are Massachusetts Residents and who receive certain hospital services from BH Hospitals may be eligible for financial assistance through the Massachusetts Health Safety Net (the “Health Safety Net”). The Health Safety Net has published regulations that include eligibility criteria.

- “Massachusetts Resident” is defined as a person living in the Commonwealth of Massachusetts with the intention to remain, as defined by MassHealth eligibility requirements. Persons who are not considered Massachusetts Residents are:
 - Individuals who came to Massachusetts for the purpose of receiving medical care in a setting other than a nursing facility, and who maintain a residence outside of Massachusetts;
 - Persons whose whereabouts are unknown; and/or
 - Inmates of penal institutions unless the inmates are inpatients of a medical facility or the inmates are living outside of the penal institution, are on parole, probation, or home release, and are not returning to the institution for overnight stays.

A general summary of eligibility requirements is below, but eligibility is determined by the specific eligibility requirements in the Health Safety Net program regulations.

- ***Health Safety Net-Primary*** generally provides payment for certain Medically Necessary Services provided to uninsured patients whose MassHealth Modified Adjusted Gross Income (“MAGI”) Household Income or Medical Hardship Family Countable Income is equal to or less than 150% of the Federal Poverty Income Guidelines, who are not enrolled in MassHealth, eligible for the Premium Assistance Payment Program operated by the Health Connector or subject to a Student Health Plan and who do not have access to affordable insurance.
- ***Health Safety Net-Secondary*** generally provides payment for certain Medically Necessary Services provided to insured patients whose MAGI Household Income or Medical Hardship Family Countable Income is equal to or less than 150% of the Federal Poverty Income Guidelines if the services are not paid by the patient’s insurance. Health Safety Net-Secondary coverage (other than for certain dental services) is not available for patients enrolled in the Premium Assistance Payment Program operated by the Health Connector, MassHealth Standard, MassHealth

CarePlus, CommonHealth and Family Assistance excluding MassHealth Family Assistance Children or subject to a Student Health Plan.

- ***Health Safety Net-Partial*** provides payment for certain Medically Necessary Services not covered by any other insurance provided to patients eligible for either Health Safety Net-Primary or Health Safety Net-Secondary, whose MassHealth MAGI Household Income or Medical Hardship Family Countable Income is between 150.1% and 300% of the Federal Poverty Income Guidelines. Patients who qualify for partial free care are required to meet an annual family deductible based on their MassHealth MAGI Household Income or their Medical Hardship Family Countable Income.
- ***Medical Hardship*** provides payment to patients whose medical expenses exceed a specified percentage of their Medical Hardship Countable Income.
- ***Emergency Bad Debt*** payment is available for bad debts related to Emergency Services and Urgent Care Services provided by BH Hospitals to Massachusetts Residents and other patients.

C. **Hospital Supplemental Financial Assistance Program:**

BH Hospitals offer financial assistance to qualifying patients residing in the community served by BH for: (1) Emergency Services, Urgent Care Services and other Medically Necessary Services not covered by third party payors, and (2) co-payments, deductibles or coinsurance with State Programs or the Health Safety Net on Emergency Services, Urgent Care Services and other Medically Necessary Services for patients whose income is below 150% of Federal Poverty Income Guidelines (FPIG) (refer to Hospital Supplemental Financial Assistance Program chart below in subsection 2 (Level of Financial Assistance)). The Hospital Supplemental Financial Assistance Program is meant to supplement and not replace other coverage for services in order to ensure the financial assistance is provided where most needed. Patients eligible for health coverage through their (or a family member's) employer or State Programs will not be eligible for the Hospital Supplemental Financial Assistance Program. Patients who are ineligible for financial assistance from the Hospital Supplemental Financial Assistance Program may be eligible for BH Hospitals Prompt Payment Discounts (as described in the BH Hospital Billing and Collection Policy). Financial assistance from the Hospital Supplemental Financial Assistance Program may not be combined with the BH Hospitals Prompt Payment Discounts.

1. Hospital Supplemental Financial Assistance Program Eligible Patients

The Hospital Supplemental Financial Assistance Program is available to certain patients who reside in the BH Hospitals primary service area which includes Franklin, Hampden, Hampshire and Worcester counties.

The following patients residing in the BH Hospitals primary service area will be considered qualifying patients and will be eligible for this financial assistance to the extent described below:

- (a) Patients who qualify for State Programs or Health Safety Net but have received Medically Necessary Services prior to effective coverage date or have received Medically Necessary Services ineligible for coverage; or
- (b) Patients who qualify for Health Safety Net-Partial coverage but seek assistance with a partial deductible; or
- (c) Patients who qualify for Health Safety Net coverage but have received Medically Necessary Services ineligible for State Programs, Health Safety Net, other governmental programs or private insurance; or
- (d) Patients who are enrolled in State Programs in which BH Hospitals are not enrolled as a provider and therefore cannot obtain payment; or
- (e) Patients who are deceased and have no estate (such patients will be given individual consideration); or
- (f) Patients who are bankrupt (such patients will be given individual consideration); or
- (g) Patients who meet Health Safety Net income criteria for Medical Hardship and have balances (after free care) of \$10,000 or more. Specifically, these patients may (1) be eligible for Medical Hardship assistance under the Health Safety Net but have patient contribution requirements greater than \$10,000 or (2) meet the Medical Hardship income criteria but be ineligible for Health Safety Net coverage because the services received are not hospital-licensed services.

Financial assistance up to 100% will be considered based on the patient's medical and financial circumstances and must be approved by the BH Senior Vice President of Finance or his or her designee.

2. Level of Financial Assistance

Patients who qualify for the Hospital Supplemental Financial Assistance Program will be eligible for financial assistance to the extent described in Exhibit 1.

This can be found on the BH Hospital websites or a copy can be obtained at <https://www.baystatehealth.org/patients/billing-and-financial-assistance> or by calling 413-794-9999.

Financial assistance is available to qualifying patients for outstanding charges for Medically Necessary Services not covered by the State Programs or other third parties based on income levels.

Financial assistance is available to patients for outstanding deductibles, co-payments or co-insurance based on income levels.

D. Basis for Calculating Amounts Charged to Patients

In accordance with section 501(r) of the Code and the applicable regulations issued thereunder, patients eligible for financial assistance under the Hospital Supplemental Financial Assistance Program will not be charged more for Medically Necessary Services than the Amounts Generally Billed to individuals who have insurance covering such care (“AGB”). Each BH Hospital uses the look-back method and determines a combined AGB percentage by dividing total payments allowed from all private health insurers and under any Medicare fee-for-service arrangements (including both amounts reimbursed by insurers and amounts patients are personally responsible for paying under the terms of their plans) for Medically Necessary Services by the total of the gross charges for those claims in aggregate for the prior fiscal year. The FAP discount for the current fiscal year is 100% less the AGB percentage. The current AGB percentage for each BH Hospital and a description of how the BH Hospitals calculate such percentages are provided in Exhibit 1. Members of the public may also obtain the current AGB percentage for any BH Hospital (and a description of the calculation) upon request and without charge by mail and in public locations throughout each hospital including the emergency departments and admissions areas. BH does not bill or expect payment of gross charges from individuals who qualify under the Hospital Supplemental Financial Assistance Program.

V. ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS

A. General Principles

Financial assistance is intended to assist low-income patients who do not otherwise can pay for their health care services. Such assistance takes into account each individual’s ability to contribute to the cost of his or her care. For those patients that are uninsured or underinsured, BH Hospitals will work with them to assist with applying for available Financial Assistance Programs that may cover all or some of their unpaid hospital bills. BH Hospitals provide this assistance for both Massachusetts Residents and other patients; however, there may not be coverage for a Massachusetts hospital’s services through an out-of-state program. For BH Hospitals to assist uninsured and underinsured patients to find the most appropriate coverage options, patients must actively work with the BH Hospitals to verify the patient’s documented financial status and other information that could be used in determining eligibility. Because patient eligibility under the Hospital Supplemental Financial Assistance Program is contingent upon the patient not being eligible under a State Program or the Health Safety Net, patients must first apply under those programs before

seeking assistance under the Hospital Supplemental Financial Assistance Program. Patients will not be required to submit a separate application to participate in the Hospital Supplemental Financial Assistance Program. Rather, a patient's application for a State Program or the Health Safety Net will serve as the patient's application for assistance under the Hospital Supplemental Financial Assistance Program.

B. Hospital Screening and Eligibility Approval Process

BH Hospitals provide patients with information about the availability of State Programs, Health Safety Net, or the Hospital Supplemental Financial Assistance Program which may cover all or some of their unpaid BH Hospitals bill as well as about BH Hospitals Prompt Payment Discounts (as described in the BH Hospital Billing and Collection Policy). For those patients who request such assistance, the hospital assists patients by screening them for eligibility in available State Programs and/or the Health Safety Net and assisting them in applying for such programs. When applicable, BH Hospitals may also assist patients in applying for coverage of services as a Medical Hardship under the Health Safety Net based on the patient's documented income and allowable medical expenses.

BH Hospitals have contracted with the Executive Office of Health and Human Services and the Commonwealth Health Insurance Connector Authority to serve as a Certified Application Counselor Organization.

As a Certified Application Counselor ("CAC"), appropriate staff will inform a patient of the functions and responsibility of a CAC, seek that the patient sign a Certified Application Counselor Designation Form, and assist the patient in finding applicable financial assistance by:

- Providing information about the full range of programs, including MassHealth, premium assistance payment program offered by the Health Connector (including Connector Care), Health Safety Net, the Children's Medical Security Program, and Medical Hardship under the Health Safety Net;
- helping the patient complete an application or renewal;
- working with the patient to provide required documentation;
- submitting applications and renewals to the specific programs;
- interacting, when applicable and as allowed under the current system limitations, with the programs on the status of such applications and renewals;
- helping to facilitate enrollment of the patient in insurance programs; and
- offering and providing voter registration assistance.

Such efforts also include working with patients, when requested by the individual, to determine if a bill for services should be sent to the individual to assist with meeting the one-time deductible under the Health Safety Net.

To apply for financial assistance under a Financial Assistance Program, it is the patient's obligation to provide BH Hospitals with accurate and timely information and documentation, such as their full name, address, telephone number, date of birth, social security number (if available), current health insurance coverage options, the patient's applicable financial resources, citizenship and residency information (including residency in Massachusetts or the BH community), and such other information and documentation required by and described in their State's Financial Assistance Application and its accompanying instructions. The precise information and documentation that an individual may be required to provide to apply for financial assistance under the Financial Assistance Programs is described in their State's Financial Assistance Application and its accompanying instructions. This information will be used to verify the identity of the patient and determine coverage for the services provided to the patient under a State Program, the Health Safety Net or the Hospital Supplemental Financial Assistance Program. The BH Hospitals will not deny financial assistance under the Hospital Supplemental Financial Assistance Program because an applicant fails to provide information or documentation if that information or documentation is not already identified in this policy or the application form.

If there is no specific coverage for the services provided, BH Hospitals will use the information to determine if the services may be covered by an applicable program that will cover certain services deemed bad debt. In addition, BH Hospitals will use this information to discuss eligibility for certain health insurance programs. This will occur when the patient is scheduling their services, during pre-registration, while the patient is admitted in BH Hospitals, upon discharge, or for a reasonable time following discharge from BH Hospitals. BH Hospitals will delay any attempt to obtain this information during the delivery of any Emergency Service or Urgent Care Service, 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 screening and application process for public health insurance programs is done through the MassHealth Eligibility Verification System, which is an internet portal designed by the Massachusetts Executive Office of Health and Human Services to provide the general public, medical providers, and community-based organizations with an online application for the various health benefit programs offered by the state.

BH Hospitals are permitted by MassHealth/Health Safety Net ("HSN") to make presumptive eligibility determinations for certain patients who appear to be eligible for Medicaid/HSN coverage ("Hospital Determined Presumptive Eligibility"). Hospital Determined Presumptive Eligibility is determined based on information attested by the patient and provides MassHealth/HSN coverage to qualified patients only for a limited time period (from the date of the presumptive eligibility determination until the end of the month following the month in which the determination is made or, if a full application is made by such date, the date on which MassHealth/HSN makes an eligibility determination based on a full application).

In special circumstances, BH Hospitals may also apply for the patient using a specific form designed by the Massachusetts Office of Medicaid. Special circumstances include minors receiving confidential services (e.g., services for the treatment of sexually transmitted diseases), victims of spousal abuse, or patients applying due to a Medical Hardship under the Health Safety Net.

BH Hospitals specifically assist the patient in completing the Massachusetts Executive Office of Health and Human Services standard application and securing the necessary documentation required by the applicable financial assistance program. Necessary documentation includes proof of: (1) annual household income (payroll stubs, record of social security payments, and a letter from the employer, tax returns, or bank statements), (2) citizenship and identity, and (3) immigration status for non-citizens (if applicable). BH Hospitals will then submit this documentation to the Massachusetts Office of Medicaid and assist the patient in securing any additional documentation if such is requested by the state after completing the application. Massachusetts places a three-day time limitation on submitting all necessary documentation following the submission of the application for a program. Following this three-day period, the patient and the provider must work with the MassHealth Enrollment Centers to secure the additional documentation needed for enrollment in the applicable financial assistance program.

All MassHealth Eligibility Verification System applications and special circumstance applications are reviewed and processed by the Massachusetts Office of Medicaid, which uses the Federal Poverty Guidelines as well as the necessary documentation listed above as the basis for determining eligibility for State Programs.

The state makes the determination of eligibility for Massachusetts State Programs and the Health Safety Net. BH Hospitals may, at the patient's request, take a direct role in appealing or seeking information related to the coverage decisions. It is still the patient's responsibility to inform BH Hospitals of all coverage decisions made by the state to ensure accurate and timely adjudication of BH Hospitals bills.

C. Future State or Federal Programs

As new Financial Assistance Programs are developed by Massachusetts or the federal government, BH Hospitals will evaluate their applicability for patients and include the new programs in the list of programs that are discussed with patients.

VI. ELIGIBILITY PERIOD

A. Health Safety Net

The determination that a patient is eligible under the Health Safety Net will be effective for the specific period set forth in the Health Safety Net regulations.

B. Hospital Supplemental Financial Assistance

If a patient is determined to be eligible for financial assistance under the Hospital Supplemental Financial Assistance Program, the determination will apply to all outstanding balances due to BH Hospitals (including accounts referred to collection agencies) for Emergency Services, Urgent Care Services and other Medically Necessary Services covered by the financial assistance.

The determination that a patient is eligible for financial assistance under the Hospital Supplemental Financial Assistance Program will be effective for one year from the date of determination, unless over the course of that year the patient's family income or insurance status changes to such an extent that the patient becomes ineligible. Patients are expected to update their financial information in the event of a change.

VII. NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE

A. General Principles

BH Hospitals are committed to ensuring that our community is aware of the availability of our Financial Assistance Programs. Copies of this Financial Assistance Policy, the application for the Financial Assistance Programs, and a plain language summary of this policy are posted online at BH's website (<https://www.baystatehealth.org/patients/billing-and-financial-assistance>), and are available upon request and without charge by mail and in public locations throughout each hospital including the emergency departments and admissions areas.

- Baystate Health also accommodates all significant populations that have limited English proficiency by translating this FAP, application form and the plain language summary of the policy into the primary language(s) spoken by such populations.
- Baystate 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.

BH Hospitals will provide all patients with a general notice of the availability of Financial Assistance Programs in both the initial bill that is sent to patients as well as in general notices that are posted throughout the hospital.

The goal of these notices is to assist our community in applying for coverage within a Financial Assistance Program, such as MassHealth, Premium Assistance Payment

Program offered through the Health Connector (including ConnectorCare), Children's Medical Security Plan, and Health Safety Net.

B. Signs

Signs will notify patients of the availability of Financial Assistance Programs.

Signs at BH Hospitals will be translated into Spanish and Russian. Signs will also be translated into any other language that is (i) spoken by the lesser of 1,000 individuals or 5% of the community served by a hospital or the population likely to be affected or encountered by the hospital or (ii) primarily spoken by 10% or more of the individuals residing in the hospital's service area.

Signs will be large enough to be clearly visible and legible by patients in the hospital's service area.

C. Location of Signs

Notice of availability of Financial Assistance Programs is posted in the following locations:

- Inpatient, clinic, emergency department admissions and/or registration areas
- Central admission/registration area
- Patient financial counselor areas
- Business office areas that are open to patients

D. Notification Practices

1. On intake and/or discharge, BH Hospitals will provide individual notice of the availability of Financial Assistance Programs and a plain language summary of this policy to patients.
2. BH Hospitals will include a notice about the availability of financial assistance in all bills that includes the telephone number of the hospital office or department that can provide information about this policy and the application process and that further includes the direct website where copies of this policy, the application and the plain language summary may be obtained.
3. BH Hospitals will include a brief notice about the availability of financial assistance in all written collection actions.
4. All notices about the availability of financial assistance will be translated into Spanish and Russian at Baystate Health Medical Center.
5. BH Hospitals will notify patients that the providers offer a payment plan if

the patient is determined to be eligible for a Financial Assistance Program.

VIII. RELATED POLICIES

The policy describes the financial assistance and discount programs. For further information, please see the following related Baystate Health policies:

- BH Billing and Collection Policy
- BH Hospitals EMTALA Policy Statement

Approved by BH Board of Trustees: September 13, 2016

Effective: January 1, 2023*

*Non-substantive updates to correct website links formatting and current Amount Generally Billed (AGB) percentages.

IX. EXHIBITS

- 1.** BH Hospitals Financial Assistance Program and AGB Percentages
- 2.** Financial Assistance Posted Sign
- 3.** Plain Language Summary of BH Hospitals Financial Assistance Policy (FAP)

EXHIBIT 1

**BAYSTATE MEDICAL CENTER
BAYSTATE FRANKLIN MEDICAL CENTER
BAYSTATE WING HOSPITAL
BAYSTATE NOBLE HOSPITAL**

**BH HOSPITALS FINANCIAL ASSISTANCE PROGRAM AND
AGB PERCENTAGES
Effective Date 1/1/2023**

Baystate Health Financial Assistance Program

Income as a percentage of Federal Poverty Income Guidelines*	BH Financial Assistance applied to gross charges for Medically Necessary Service	BH Financial Assistance applied to Co-payments, Deductibles or Co-Insurance
0%-150%	100%	100%
151%-300%	Baystate Medical Center 58%** Baystate Franklin Medical Center 64%** Baystate Wing Hospital Corp. 60%** Baystate Noble Hospital Corp. 62%**	0%

* can be found on the BH Hospital websites or a copy can be obtained at: <https://www.baystatehealth.org/patients/billing-and-financial-assistance> or by calling 413- 794-9999.

** The financial assistance applied to the gross charges for a Medically Necessary Service will equal 100% less the AGB percentage, as described below.

The AGB percentages for Baystate Medical Center, Baystate Franklin Medical Center, Baystate Wing Hospital, and Baystate Noble Hospital (the “BH Hospitals”) are as follows:

BH Hospital	AGB Percentage
Baystate Medical Center	42%
Baystate Franklin Medical Center	36%
Baystate Wing Hospital Corporation	40%
Baystate Noble Hospital Corporation	38%

Each BH Hospital calculates its AGB percentage at least annually by dividing total payments allowed from all private health insurers and under any Medicare fee-for-service arrangements (including both amounts reimbursed by insurers and amounts patients are personally responsible for paying under the terms of their plans) for Medically Necessary Services (as defined in the BH Hospitals Financial Assistance Policy) by the total of the gross charges for those claims in aggregate for the prior fiscal year.

Baystate Medical Center

Financial Assistance is Available

You may be eligible for financial assistance.

Please ask for a financial counselor or call 413-794-2452.

Hay ayuda financiera disponible

Usted puede ser elegible para recibir ayuda financiera.

Solicite un asesor financiero o llame al 413-794-2452.

Предоставляется финансовая помощь

Возможно, вы имеете право на финансовую помощь

*Пожалуйста, обращайтесь к финансовому консультанту
или звоните по телефону 413-794-2452.*