SCOPE

This Financial Assistance Policy ("Policy") applies to the Baylor Scott & White Health including certain Controlled Affiliates as described on Attachment A, collectively referred to as "BSWH."

The BSWH Board of Trustees Audit & Compliance Committee is responsible for the oversight of this Policy.

Any material modifications to the standards set forth in the Policy must be approved by the BSWH Board of Trustees Audit & Compliance Committee 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

BSWH exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing. As part of its mission and commitment to the community, BSWH Controlled Affiliates provide financial assistance to patients who qualify for assistance pursuant to this Policy.

1. ELIGIBILITY CRITERIA

All patients may apply for financial assistance at any time during the continuum of care or after care is received. However, eligibility for financial assistance only applies to all emergency and other medically necessary care. Each patient's situation will be evaluated according to relevant circumstances, such as income, assets or other resources available to the patient or patient’s family when determining the ability to pay the outstanding 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 outstanding 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, a patient 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 billed separately from the hospital fees.

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 for North Texas 1-800-725-0024 and for Central Texas 1-800-749-3898, through the mail or via the BSWH website (https://www.baylorscottandwhite.com/Tools/Pages/Financial-Assistance-Options.aspx). Mailed applications should be sent to Baylor Scott & White Health 2001 Bryan St. Suite 2600 Dallas, TX 75201, ATTN: Charity Care Application.

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 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.

2.3 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.

3. LENGTH OF ELIGIBILITY

Once financial assistance has been approved, it is effective for all outstanding patient accounts and for all services provided within six (6) months after the Assistance Application is signed by the patient or responsible party or the BSWH employee (“Date of Completion”). Financial assistance may be extended for an additional six (6) months with affirmation of the patient's income or estimated income and household size. All patients must reapply after the initial twelve (12) month period is over.

Approval under Section 2.3 above will only apply to the date(s) of service on the patient account balance being evaluated. Eligibility will not apply to accounts for future dates of service.

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 Prospective Medicare Method in which the AGB percentages are based on Medicare fee for service, as outlined in Internal Revenue Code (IRC) Section 501(r). 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 outstanding 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 who’s medical or hospital bills from all related or unrelated providers, after payment by all third parties, exceed 5% of their Yearly Household Income, whose Yearly Household Income is greater than 200% but less than or equal to 500% of the FPG and who is unable to pay the outstanding patient account balance. These Medically Indigent patients are eligible for a 95% discount as set forth in Schedule B of the Financial Assistance Eligibility Discount Guidelines (Attachment B).

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 of 95% if the patient's total outstanding bills, after all third-party payments, exceed 5% of the Yearly Household Income. Assuming the patient's account balance is $10,000 (which is greater than 5% of the Yearly Household Income), the patient is eligible for a 95% discount ($9,500). The patient's remaining obligation would be 5% ($500).

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. The method for determining appropriate discount percentages will be reviewed annually and approved by the Financial Assistance Committee to ensure patients’ outstanding account balances after discount are no more than amounts generally billed to individuals with insurance coverage as outlined in the section above.

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 ability to pay.

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.

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; 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 after financial assistance has been granted, maybe 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 Third Party Settlement. Financial assistance will be denied if the patient receives a third party financial settlement associated with the care rendered by a BSWH Controlled Affiliate. 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.baylorscottandwhite.com/Tools/Pages/Financial-Assistance-Options.aspx.
6.1.ii. Providing information when a patient calls a BSWH Controlled Affiliate.

6.1.iii. Annually posting a notice in the principal newspaper serving the BSWH Controlled Affiliate provider service areas.

6.1.iv. 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 a BSWH Controlled Affiliate.

6.1.v. BSWH 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 visit as necessary, with patients in person at BSWH Controlled Affiliates.

6.2.ii. Billing statements include a notice that notifies and informs 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 Controlled Affiliates (Attachment A)
BSWH Financial Assistance Eligibility Discount Guidelines (Attachment B)
BSWH Provider List (Attachment C)

RELATED DOCUMENTS

Financial Assistance Affirmation Statement
Financial Assistance Application

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.
### BSWH Controlled Affiliates
#### Attachment A

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baylor Emergency Medical Center at Aubrey</td>
<td>Baylor Scott &amp; White Medical Center - Garland</td>
</tr>
<tr>
<td>Baylor Emergency Medical Center at Burleson</td>
<td>Baylor Scott &amp; White Medical Center - Grapevine</td>
</tr>
<tr>
<td>Baylor Emergency Medical Center at Colleyville</td>
<td>Baylor Scott &amp; White Medical Center - Irving</td>
</tr>
<tr>
<td>Baylor Emergency Medical Center at Keller</td>
<td>Baylor Scott &amp; White Medical Center - Lake Pointe</td>
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<tr>
<td>Baylor Emergency Medical Center at Mansfield</td>
<td>Baylor Scott &amp; White Medical Center - Llano</td>
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<tr>
<td>Baylor Emergency Medical Center at Murphy</td>
<td>Baylor Scott &amp; White Medical Center - Marble Falls</td>
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<tr>
<td>Baylor Emergency Medical Center at Rockwall</td>
<td>Baylor Scott &amp; White Medical Center - McKinney</td>
</tr>
<tr>
<td>Baylor Heart and Vascular Hospital</td>
<td>Baylor Scott &amp; White Medical Center - Plano</td>
</tr>
<tr>
<td>Baylor Institute for Rehabilitation at Dallas</td>
<td>Baylor Scott &amp; White Medical Center – Round Rock (including Baylor Scott &amp; White Medical Center – Lakeway)</td>
</tr>
<tr>
<td>Baylor Institute for Rehabilitation at Fort Worth</td>
<td>Baylor Scott &amp; White Medical Center - Sherman</td>
</tr>
<tr>
<td>Baylor Institute for Rehabilitation at Frisco</td>
<td>Baylor Scott &amp; White Medical Center - Sunnyvale</td>
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<td>Baylor Institute for Rehabilitation at Northwest Dallas</td>
<td>Baylor Scott &amp; White Medical Center - Taylor</td>
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<td>Baylor Medical Center at Frisco</td>
<td>Baylor Scott &amp; White Medical Center - Waxahachie</td>
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<td>Baylor Medical Center at Trophy Club</td>
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<td>Baylor Medical Center at Uptown</td>
<td>Baylor Surgical Hospital at Fort Worth</td>
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<tr>
<td>Baylor Orthopedic and Spine Hospital at Arlington</td>
<td>Baylor Surgical Hospital at Las Colinas</td>
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<tr>
<td>Baylor Scott &amp; White All Saints Medical Center – Fort Worth</td>
<td>Baylor University Medical Center</td>
</tr>
<tr>
<td>Baylor Scott &amp; White Continuing Care Hospital</td>
<td>Hillcrest Family Health Center</td>
</tr>
<tr>
<td>Baylor Scott &amp; White Emergency Center Cedar Park</td>
<td>Hillcrest Physician Services</td>
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<tr>
<td>Baylor Scott &amp; White Hillcrest Medical Center</td>
<td>North Central Surgical Center</td>
</tr>
<tr>
<td>Baylor Scott &amp; White Medical Center - Brenham</td>
<td>Scott &amp; White Clinic</td>
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<tr>
<td>Baylor Scott &amp; White Medical Center - Carrolton</td>
<td>Scott &amp; White Memorial Hospital (including Baylor Scott &amp; White McLane Children’s Medical Center)</td>
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<td>The Heart Hospital Baylor Denton</td>
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<tr>
<td>Baylor Scott &amp; White Medical Center - College Station</td>
<td>The Heart Hospital Baylor Plano</td>
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</tbody>
</table>
Baylor Scott & White Health  
Financial Assistance Eligibility Discount Guidelines  
Attachment B  
Effective 05/01/16

Based on Federal Poverty Guidelines Issued 1/25/2016

### Schedule A  
**Financially Indigent Classification**

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>200%</th>
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<tbody>
<tr>
<td>1</td>
<td>23,760</td>
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<tr>
<td>2</td>
<td>32,040</td>
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<td>3</td>
<td>40,320</td>
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<td>4</td>
<td>48,600</td>
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<td>5</td>
<td>56,880</td>
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<td>65,160</td>
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<tr>
<td>7</td>
<td>73,460</td>
</tr>
<tr>
<td>8</td>
<td>81,780</td>
</tr>
</tbody>
</table>

**Discount**  
100% 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

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>Up to 500%</th>
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<td>2</td>
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<td>121,500</td>
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<td>142,200</td>
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<td>6</td>
<td>162,900</td>
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<tr>
<td>7</td>
<td>183,650</td>
</tr>
<tr>
<td>8</td>
<td>204,450</td>
</tr>
</tbody>
</table>

**Discount**  
95% of Balance Due
Providers Covered By BSWH Financial Assistance Policy

Scott & White Clinic
Hillcrest Physician Services
Hillcrest Family Health Center
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:** 5/1/2016