

**Policy:** It is the policy of Gaylord Specialty Healthcare to pursue collection of patient balances from all patients that have the ability to pay for services. Gaylord Specialty Healthcare will make every reasonable effort to assist patients and families in obtaining financial assistance or making payment arrangements for services. Collection procedures will comply with the mission of Gaylord Specialty Healthcare and all applicable laws. Collection procedures will be applied consistently and fairly for all patients.

**Definitions:**

“AGB” means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

“Application Period” means the period during which Gaylord Specialty Healthcare must accept and process an application for financial assistance under its FAP submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240<sup>th</sup> day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Gaylord Specialty Healthcare provides the individual with a written notice that sets a deadline after which ECAs may be initiated.

“ECAs” mean extraordinary collection actions – a list of collection activities as defined by the Internal Revenue Service and the U.S. Treasury that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions include actions that require a legal or judicial process, including placing a lien on an individual’s property (other than liens resulting from personal injuries for which the hospital provided care).

“FAP” means Gaylord Specialty Healthcare’s Financial Assistance Policy.

“FAP-Eligible Individual” means an individual eligible for financial assistance under Gaylord Specialty Healthcare’s Financial Assistance Policy.

**Reasonable Efforts to Identify Patients Eligible for Financial Assistance:**

Patients are notified of Gaylord Specialty Healthcare’s financial assistance program during the admissions/registration process. In addition all billing statements contain a plain language summary of the financial assistance policy and information about how to contact the customer service area for additional information and to obtain an application. Signage and written information regarding the Financial Assistance program are also available in patient registration areas.

**Financial Assistance Process:**

Patients applying for financial assistance are sent an application and given 15 days to complete the application and provide the information required to make an eligibility determination based on the Financial Assistance Policy. Patients deemed eligible for financial assistance are notified in writing of the discount they qualify for, as described below. This discount remains in effect for six months from the date of approval. Patients who apply for financial assistance but do not meet the criteria established are deemed not eligible and the standard billing process resumes. Patients may apply for Financial Assistance at any time during the Application Period. All billing is held during the financial assistance application process. Patients will be given a 30 day extension opportunity to provide any missing or incomplete information if needed. If a balance remains after the discount has been applied, the normal billing process applies.

**Billing Process:**

Gaylord Specialty Healthcare generates three billing statements at 30-day intervals requesting payments. After three billing statements have been generated a pre bad debt letter is generated and a phone call is placed by the self pay collector. This is a final attempt to collect balances prior to referral to a collection agency.

**Extraordinary Collection Actions:**

Gaylord Specialty Healthcare (and any collection agency or other party to which it has referred debt) will not engage in any extraordinary collection action (ECA) against an individual to obtain payment for care before making reasonable efforts to determine if a patient or representative is eligible for financial assistance under the FAP.

Final authority for determining that Gaylord Specialty Healthcare has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in ECAs against the individual rests with the Chief Financial Officer.

ECAs in which Gaylord Specialty Healthcare may engage include actions that require a legal or judicial process, including placing a lien on an individual's property (other than liens resulting from personal injuries for which the hospital provided care).

**Determining Financial Assistance Eligibility Prior to ECA:**

Gaylord Specialty Healthcare will not engage in any ECA(s) against an individual before making reasonable efforts to determine whether the individual is eligible for financial assistance. To that end, Gaylord Specialty Healthcare will notify individuals about the FAP before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the date Gaylord Specialty Healthcare provides the first post-discharge billing statement for the care.

Gaylord Specialty Healthcare will take the following actions at least 30 days before first initiating one or more of the above ECA(s) to obtain payment for care:

## Billing and Collections Policy

1. Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identify the ECA(s) that Gaylord Specialty Healthcare (or other authorized party) intends to initiate to obtain payment for the care, and state a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided.
2. Provide the individual with a plain language summary of the FAP with the written notice described above.
3. Make a reasonable effort to orally notify the individual about Gaylord Specialty Healthcare's FAP and about how the individual may obtain assistance with the FAP application process.

If Gaylord Specialty Healthcare aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECA(s) to obtain payment for those bills, it will refrain from initiating the ECA(s) until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

Gaylord Specialty Healthcare does not defer or deny, or require a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the its FAP.

**Processing Financial Assistance Applications:**

## Submission of Complete FAP Application:

- If an individual submits a complete financial assistance application during the Application Period, Gaylord Specialty Healthcare will—
  - a. Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates).
  - b. Make a determination as to whether the individual is FAP-eligible and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.
  - c. If it is determined that the individual is eligible for financial assistance, Gaylord Specialty Healthcare will:
    - i. Provide the individual with a statement that indicates the amount the individual owes for the care as a FAP-eligible individual (if the individual is eligible for assistance other than free care) and how that amount was determined and states, or describes how the individual can get information regarding, AGB for the care.

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- ii. Refund to the individual any amount he or she paid for the care (whether to the hospital or any other party to whom the individual's debt for the care is sold or referred) that exceeds the amount the individual is personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).
  - iii. Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.
- If, upon receiving a complete financial assistance application from an individual who Gaylord Specialty Healthcare believes may qualify for Medicaid, Gaylord Specialty Healthcare may postpone determining whether the individual is eligible for financial assistance for the care until after the individual's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.

## Submission of Incomplete FAP Application:

- If an individual submits an incomplete financial assistance application during the Application Period, Gaylord Specialty Healthcare will:
  - a. Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates);
  - b. Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or the application form that the individual must submit to complete his/her application. The written notice will include the relevant hospital contact information.
- If an individual who has submitted an incomplete FAP application during the Application Period subsequently completes the FAP application during the Application Period (or, if later, within a reasonable timeframe given to respond to requests for additional information and/or documentation), the individual will be considered to have submitted a complete FAP application during the Application Period.

**Miscellaneous:**

- *Anti-Abuse Rule* – Gaylord Specialty Healthcare will not base its determination that an individual is not eligible for financial assistance on information that it has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.
- *No Waiver of FAP Application* – Gaylord Specialty Healthcare will not seek to obtain a signed waiver from any individual stating that the individual does not wish to apply for assistance under the FAP in order to determine that the individual is not eligible for financial assistance.
- *Agreements with Other Parties* – If Gaylord Specialty Healthcare sells or refers an individual's debt related to care to another party, Gaylord Specialty Healthcare will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECA(s) are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care.
- *Providing Documents Electronically* – Gaylord Specialty Healthcare may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

**Hospital Contact Information:**

Gaylord Specialty Healthcare

50 Gaylord Farm Road

Wallingford, CT 06492

Business Services Office

Telephone: (203) 284-2837

Website: <https://www.gaylord.org/Patient-Info/Business-Services/Financial-Assistance>