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Ascension Saint Agnes Financial Assistance Policy

POLICY/PRINCIPLES

It is the policy of the organizations listed below this paragraph (each one being the "Organization") to ensure a socially just practice for providing emergency and other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization. This policy applies to each of the following Organizations within Ascension Saint Agnes:

Ascension Saint Agnes, Ascension Medical Group, Seton Imaging, Lab Outreach, Integrated Specialist Group, Radiologists Professional Services, Anesthesia Professional Services

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary care provided by the Organization, including employed physician services and behavioral health. This policy does not apply to charges for care that is not emergency and other medically necessary care.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

SCOPE

This policy applies to all entities of the Ascension Saint Agnes.

DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- "501(r)" means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.

- **"Amount Generally Billed" or "AGB"** means, with respect to emergency and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **"Community"** means patients residing in the following zip codes consistent with the Organization's Community Health Needs Assessment (CHNA): Arbutus/Halethorpe 21227, Brooklyn/Linthicum 21225, Catonsville 21250, 21228, Gwynn Oak 21207, South Baltimore City 21223, 21230, Southwest Baltimore City 21229, West Baltimore City 21215, 21216, 21217, Windsor Mill 21244, Elkridge 21075, Ellicott City 21043. A Patient will also be deemed to be a member of the Organization's Community if the emergency and medically necessary care the Patient requires is continuity of emergency and medically necessary care received at another Ascension Health facility where the Patient has qualified for financial assistance for such emergency and medically necessary care.
- **"Emergency care"** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
 - b. Serious impairment to bodily functions, or
 - c. Serious dysfunction of any bodily organ or part.
- **"Medically necessary care"** means care that is (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient's condition; (2) the most appropriate supply or level of service for the Patient's condition that can be provided safely; (3) not provided primarily for the convenience of the Patient, the Patient's family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be "medically necessary care," the care and the timing of care must be approved by the Organization's Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Organization's discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **"Organization"** means Ascension Saint Agnes.
- **"Patient"** means those persons who receive emergency and other medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Financial assistance described in this section is limited to Patients that live in the Community:

1. Subject to the other provisions of this Financial Assistance Policy, Patients with income less than or equal to 250% of the Federal Poverty Level income ("FPL"), will be eligible for 100% charity care on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 7 below) or submits a financial assistance application (an "FAP Application") on or prior to the 240th day after the Patient's first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for up to 100% financial assistance if Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is

limited to Patient's unpaid balance after taking into account any payments made on Patient's account, unless a refund is prescribed under Maryland Law and Section 3(b) of the Organization's Billing and Collections Policy.¹ A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.

- Subject to the other provisions of this Financial Assistance Policy, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient submits a FAP Application on or prior to the 240th day after the Patient's first discharge bill and the Application is approved by the Organization. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less. The sliding scale discount is as follows:

FINANCIAL ASSISTANCE SCALE

As of July 1, 2023

For Hospital Facility Services Only (Regulated)

Household Size	Charity Care				Financial Assistance Program					
	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$14,580	\$29,160	\$32,810	\$36,450	\$40,100	\$43,740	\$47,390	\$51,030	\$54,680	\$58,320
2	\$19,720	\$39,440	\$44,370	\$49,300	\$54,230	\$59,160	\$64,090	\$69,020	\$73,950	\$78,880
3	\$24,860	\$49,720	\$55,940	\$62,150	\$68,370	\$74,580	\$80,800	\$87,010	\$93,230	\$99,440
4	\$30,000	\$60,000	\$67,500	\$75,000	\$82,500	\$90,000	\$97,500	\$105,000	\$112,500	\$120,000
Saint Agnes Discount	100%	100%	100%	100%	75%	50%	25%	15%	12%	11.4%

For Professional Services (Deregulated)*

Household Size	Charity Care				Financial Assistance Program					
	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$14,580	\$29,160	\$32,810	\$36,450	\$40,100	\$43,740	\$47,390	\$51,030	\$54,680	\$58,320
2	\$19,720	\$39,440	\$44,370	\$49,300	\$54,230	\$59,160	\$64,090	\$69,020	\$73,950	\$78,880
3	\$24,860	\$49,720	\$55,940	\$62,150	\$68,370	\$74,580	\$80,800	\$87,010	\$93,230	\$99,440
4	\$30,000	\$60,000	\$67,500	\$75,000	\$82,500	\$90,000	\$97,500	\$105,000	\$112,500	\$120,000
Saint Agnes Discount	100%	100%	100%	100%	90%	80%	70%	60%	55%	47.6%

*Includes the following services:

Seton Imaging

Lab Outreach

Seton Medical Group

Ascension Medical Group

Ascension Saint Agnes Medical Group

Integrated Specialist Group

Radiologists Professional Services

Anesthesia Professional Services

3. Subject to the other provisions of this Financial Assistance Policy, a Patient with i) income greater than 400% of the FPL but not exceeding 500% of the FPL and ii) medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is incurred by the Patient over a twelve (12) month period that is equal to or greater than 25% of such Patient's household's gross income; will be eligible for financial assistance as set forth in this paragraph. The level of financial assistance provided is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits a FAP Application on or prior to the 240th day after the Patient's first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for such financial assistance if the Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.
4. Subject to the other provisions of this Financial Assistance Policy, a Patient with income greater than 500% of the FPL may be eligible for financial assistance under a "Means Test" for some discount of Patient's charges for services from the Organization based on a Patient's total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is equal to or greater than such Patient's household's gross income. The level of financial assistance provided pursuant to the Means Test is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits a FAP Application on or prior to the 240th day after the Patient's first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for the means test discount financial assistance if such Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.
5. A patient will be eligible for a payment plan if Patient's income is between 200% and 500% of the FPL and Patient requests assistance by submitting a FAP Application.
6. The determination of a Patient's income shall include consideration of the household size of the Patient, which consists of the Patient and the following individuals: (1) a spouse (regardless of whether the patient and spouse expect to file a joint federal or State tax return); (2) biological, adopted, or stepchildren; and (3) anyone for whom Patient claims a personal exemption in federal or State tax returns. If the Patient is a child, the household size shall consist of the child and the following individuals: (1) biological parents, adopted parents, or stepparents or guardians, (2) biological siblings, adopted siblings, or stepsiblings; and (3) anyone for whom the Patient's parents or guardians claim a personal exemption in a federal or State tax return.
7. A Patient may not be eligible for the financial assistance described in Paragraphs 1 through 4 above if such Patient is deemed to have sufficient assets to pay pursuant to an "Asset Test²." The Asset Test involves a substantive assessment of a Patient's ability to pay based on the categories of assets measured in the FAP Application. A Patient with such assets that exceed 250% of such Patient's FPL amount may not be eligible for financial assistance.
8. Eligibility for financial assistance may be determined at any point in the revenue cycle, provided that patient shall remain eligible for at least a twelve (12) month period beginning on date when

care was first received, and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient's first discharge bill to determine eligibility for 100% charity care notwithstanding Patient's failure to complete an FAP Application. If Patient is granted 100% charity care without submitting a completed FAP Application and via presumptive scoring only, the amount of financial assistance for which Patient is eligible is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.

9. For a Patient that participates in certain insurance plans that deem the Organization to be "out-of-network," the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient's insurance information and other pertinent facts and circumstances.
10. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the following means-tested social service programs are deemed eligible for charity care, provided that the patient submits proof or enrollment within 30 days unless the patient or the patient's representative requests an additional 30 days:
 - a. Households with children in the free or reduced lunch program;
 - b. Supplemental Nutritional Assistance Program (SNAP);
 - c. Low-income household energy assistance Program;
 - d. Women, Infants and Children (WIC);
 - e. Other means-tested social services program deemed eligible for hospital free care by the Department of Health and Mental Hygiene and the HSCRC.
11. The Patient may appeal any denial of eligibility for Financial Assistance by providing additional information to the Organization within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Organization for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. The process for Patients and families to appeal the Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. Patients will be notified of ineligibility of financial assistance through the hospital's financial assistance denial letter. Patients or families may appeal decisions regarding eligibility for financial assistance by contacting: Patient Financial Services in writing at 900 Caton Ave., Baltimore, Md. 21229.
 - b. All appeals will be considered by the Organization's financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

Other Assistance for Patients Not Eligible for Financial Assistance (applicable to non-hospital services only)

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by the Organization.

1. Uninsured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who

are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

Limitations on Charges for Patients Eligible for Financial Assistance

- a. Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained on the Organization's website or by contacting Patient Financial Services in writing/in person at 900 S. Caton Ave., Baltimore, MD 21229.

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP Application Instructions are available on the Organization's website or by calling Patient Financial Assistance at 1-667-234-2140. FAP applications are also available at various Registrations Locations throughout the hospital. The Organization will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process, if the patient refuses to assign insurance proceeds or the right to be paid directly by an insurance company that may be obligated to pay for the care provided, or if the patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). The Organization may consider a FAP Application completed less than six months prior to any eligibility determination date in making a determination about eligibility for a current episode of care. The Organization will not consider a FAP Application completed more than six months prior to any eligibility determination date.

Billing and Collections

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained on the Organization's website or by contacting Patient Financial Services at 1-667-234-2140.

Interpretation

This policy, together with all applicable procedures, is intended to comply with and shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

Ascension Saint Agnes

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

As of March 31, 2024

The list below specifies which providers of emergency and other medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). **Please note that any care that is not emergency and other medically necessary care is not covered by the FAP for any providers.**

Providers covered by FAP	Providers not covered by FAP
Seton Medical Group Ascension Medical Group Integrated Specialist Group Saint Agnes Medical Group Vituity CEP America	ABDELHADY, HEIDI MD ABDUR-RAHMAN, NAJLA MD ABERNATHY, THOMAS MD ADAMS, SCOTT MD ADDO M.D., RICHARD O ADIB, FARSHAD MD AFZAL, MUHAMMAD MD AHLUWALIA, GURDEEP S MD AHMED, AZRA MD AHUJA, NAVNEET K MD AKABUDIKE, NGOZI M MD AKHTAR, YASMIN DO AKHTER, NABEEL M M.D. ALBRECHT, ROBERT A MD ALEX, BIJU K MD ALI, LIAQAT MD ALI, PREETHA MD ALLEN, DANISHA MD ALONSO, ADOLFO M MD AMDEMICHAEL, EDEN T MD AMERI, MARIAM MD AMIN, SHAHRIAR MD ANANDAKRISHNAN, RAVI K MD ANDRADE, JORGE R MD ANSARI, MOHSIN MD APGAR, LESLIE MD APOSTOLIDES, GEORGE Y MD ARCHER, CORRIS E MD ARIAS VILLELA, NATALIA MD ARSHAD, RAJA R MD ASHLEY JR, WILLIAM W MD AWAN, HASAN A MD AWAN, MATEEN A MD AZIE, JULIET C MD AZIZ, SHAHID MD BAJAJ, BHAVANDEEP MD

	BAJAJ,HARJIT S MD
	BAKER,CHRISTINE M MD
	BAKER,MARTHA MD
	BANEGURA,ALLEN T MD
	BARBOUR,WALID K MD
	BASKARAN,DEEPAK MD
	BASKARAN,SAMBANDAM MD
	BASTACKY,DAVID C DMD
	BEHRENS,MARY T MD
	BELTRAN,JUAN A MD
	BENVENUTO,VICTOR MD
	BERGER,LESLY MD
	BERKENBLIT,SCOTT I MD
	BERNIER,MEGHAN M.D.
	BEZIRDJIAN,LAWRENCE C MD
	BHARGAVA,NALINI MD
	BHASIN,SUSHMA MD
	BHATTI,NASIR I MD
	BITTLE,GREGORY J MD
	BLAM,OREN G MD
	BLANK,MICHAEL DDS
	BODDETI,ANURADHA MD
	BODDU,ROHINI MD
	BOWER,ELIZABETH S MD
	BOYKIN,DIANE MD
	BRITT,CHRISTOPHER J MD
	BRITTON,KRISTEN D.O.
	BROOKLAND,ROBERT K M.D.
	BROUILLET, JR.,GEORGE H MD
	BROWN,JACQUELINE A MD
	CAHILL,EDWARD H MD
	CALLAHAN,CHARLES W DO
	CALLENDER,MARC MD
	CARPENTER,MYLA MD
	CARTER,MIHAELA M.D.
	CHANG,HENRY MD
	CHATTERJEE,CHANDANA MD
	CHEIKH,EYAD MD
	CHETTIAR,SUNDARAM K MD
	CHEUNG,AMY M MD
	CHINSKY,JEFFREY M MD
	CHOUDHRY,SHABBIR A MD
	CLONMELL,DIANE J LCPC
	COHEN GLICKMAN,KAREN MD
	COHEN,GORDON MD
	COLANDREA,JEAN MD
	COSENTINO,ENZO MD
	CROSBY,EMILY MD
	CROW,KEVIN J MD
	CROWLEY,HELENA M MD

	CURTIS,CHARLES MD
	CURTIS,LAUREN MD
	DA SILVA,MONICA L MD
	DAVALOS,JULIO MD
	DAVIS,NNEKA N DMD
	DAVIS ROLAND,LASHEA MD
	DEBORJA,LILIA L MD
	DEJARNETTE,JUDITH MD
	DE JESUS-ACOSTA,ANA MARIA CRIS
	DELLABADIA JR,JOHN MD
	DEOL,DILRAJ MD
	DESAI,KIRTIKANT I MD
	DESAI,MONALI Y MD
	DESAI,SHAUN C MD
	DESIKAN,SARAIJHAA K MD
	DIAZ-MONTES,TERESA P MD
	DIB,SALIM I MD
	DICKSTEIN,RIAN MD
	DIDOLKAR,MUKUND S MD
	DOHERTY,BRENDAN MD
	DONOHUE,CHRISTOPHER MD
	DORIA,JOSEPH W M.D.
	DOVE,JOSEPH DPM
	DROSSNER,MICHAEL N MD
	DAULAT,WENDY C DDS
	DUA,VINEET MD
	DUBOIS,BENJAMIN MD
	DUNNE,MEAGAN MD
	DUONG,BICH T MD
	DURST,GEORGE A MD
	DUSON,SIRA M MD
	DZIUBA,SYLWESTER MD
	EGERTON,WALTER E MD
	EISENMAN,DAVID J MD
	ELFREY,MARY K D.O.
	EMERSON,CAROL MD
	ENELOW,THOMAS MD
	ENGLUM,BRIAN R MD
	EPSTEIN,DAVID K MD
	ERAS,JENNIFER L MD
	FALCAO,KEITH D MD
	FATTERPAKER,ANIL MD
	FELTON,PATRICK M. DPM
	FERNANDEZ,RODOLFO E MD
	FILDERMAN,PETER S MD
	FLOYD,DEBORA M LCPC
	FRAZIER,TIMOTHY S MD
	FREEMAN,SARAH E MD
	FUGOSO,VALERIANO P MD
	GABLE,ASHLEY D MD

GABLE,NICOLE J MD
 GALITA,OLIVER C MD
 GANGALAM,AJAY B M.D.
 GARCIA LOPEZ de VICTORIA,ELIZA
 GARCIA,PABLO MD
 GARG,AKASH MD
 GARG,PRADEEP MD
 GELFMAN,DANIEL M MD
 GEORGIA,JEFFREY MD
 GERSH,STEVEN DPM
 GERSTENBLITH,DANIEL DPM
 GIARDINA,VITO N DPM
 GILLILAN,RONALD E MD
 GLASER,STEPHEN R MD
 GOBRIAL,EVEIT E MD
 GOLDMAN,MICHAEL H MD
 GOMA,MONIQUE L MD
 GORMLEY,PAUL E MD
 GORMLEY,WILLIAM B MD
 GRAHAM, JR.,CHARLES R MD
 GREENE,CAROL L MD
 GREEN-SU,FRANCES M MD
 GROSSO,NICHOLAS MD
 GRUNEBERG,SHERRI L MD
 GUARDIANI,ELIZABETH A MD
 GUPTA,DEEPAK MD
 GURETZKY,TARA MD
 GURSKY,ANDREI MD
 HABIB,FADI M.D.
 HANSEN,CHRISTIAN H MD
 HAQUE,MAHMUDUL MD
 HAROUN,RAYMOND I MD
 HASAN,NAVEED MD
 HATTEN,KYLE M MD
 HAYWARD,GERALD MD
 HEBERT,ANDREA M MD
 HENNESSY,ROBERT G MD
 HENRY,GAVIN MD
 HICKEN,WILLIAM J MD
 HILLSLEY,RUSSELL E MD
 HILL,TERRI MD
 HOCHULI,STEPHAN U MD
 HOFFLER,HAYDEN L DPM
 HORMOZI,DARAB MD
 HORTON,AMANDA L MD
 HUBER,RISA W MD
 HUDES,RICHARD MD
 HUNDLEY,JEAN C MD
 HYSLOP,ANI MD
 IM,DWIGHT D MD

	IMIRU,ABEBE MD
	INCE,CARLOS MD
	ISAIAH,AMAL MD
	IWEALA,UCHECHI A MD
	JACKSON,PRUDENCE MD
	JACOB,ASHOK C MD
	JACOBS,MARIANNE B DO
	JAMES,EVITA G. M.D.
	JANZ,BRIAN A MD
	JENNINGS,SHANNON M MD
	JOHNSON,GLEN E MD
	JOHNSON,KELLY MD
	JULKA,SURJIT S MD
	KAHL,LAUREN MD
	KALRA,KAVITA B MD
	KANTER,MITCHEL A MD
	KANTER,WILLIAM R MD
	KAUFMAN,ADAM C M.D.
	KENIGSBERG,ALEXANDER P MD
	KHAN,JAVEED MD
	KHAN,RAO A MD
	KHULPATEEA,BEMAN R MD
	KHURANA,ARUNA Y MD
	KILMORE,DONNA L MSW
	KIM,CHRISTOPHER MD
	KIM,LISA MD
	KIM,SOON JA MD
	KLEBANOW,KENNETH M MD
	KLEINMAN,BENJAMIN DPM
	KOPACK,ANGELA M MD
	KRUPNICK,ALEXANDER S MD
	KUHN,FREDERICK MD
	KUMAR,AJAY V. MD
	KUMAR,RAMESH MD
	KUPPUSAMY,TAMIL S MD
	KWON,JI MD
	KYERE M.D.,SAMPSON A
	LALA,PADMA M MD
	LAL,BRAJESH K M.D.
	LANCELOTTA,CHARLES J MD
	LANDIS,JEFFREY T MD
	LANDRUM,B. MARK MD
	LANDRUM,DIANNE J MD
	LANDSMAN,JENNIFER MD
	LANE,ANNE D MD
	LANGER,KENNETH F MD
	LANTZ,JENNIFER MS, CCC/A
	LEBLANC,DIANA M.D.
	LEE,DANA M MD
	LEVIN,BRIAN M MD

	LEVY,DAVID MD
	LIN,ANNIE Z MD
	LIPTON,MARC DPM
	LI,ROBIN Z MD
	LIU,JIA MD
	LONG,ADRIAN E MD
	LOSHAKOV,VADIM MD
	LOTLIKAR,JEFFREY P MD
	LOWDER,GERARD M MD
	LUMPKINS,KIMBERLY M. M.D.
	LUTZ,MELISSA R MD
	MACIEJEWSKI,SHARON PT
	MADDEN,JOSHUA S MD
	MAKONNEN,ZELELEM MD
	MALLALIEU,JARED DO
	MALONEY,PATRICK MD
	MAMO,GEORGE J MD
	MARK, TIFFANY MD
	MARTINEZ MORALES,ANDY J MD
	MARTINEZ,ANTHONY MD
	MASON,KAREN T MD
	MASTERSON,JAMES MD
	MATSUNAGA,MARK T MD
	MAUNG,TIN O MD
	MAYO,LINDA D OTS
	MCCARUS,DAVID MD
	MEDWIN,IRINA MD
	MEININGER,GLENN R MD
	MENDHIRATTA,NEIL MD
	MENDIOLAZA,JESUS M.D.
	METZGER,DIANA MD
	MILLER,KAREN J MD
	MILLER,PAUL R MD
	MILLER,RACHAEL B MD
	MITCHELL,ANTHONY L M.D.
	MITCHERLING,JOHN J DDS
	MITCHERLING,WILLIAM W DDS
	MOORE,JAMES T MD
	MOORE,ROBERT F M.D.
	MORRIS,RODETTA MD
	MOUSSAIDE,GHITA MD
	MUMTAZ,M. ANWAR MD
	MUNIRA,SIRAJUM MD
	MURPHY,ANNE MD
	MURTHY,KALPANA MD
	MYDLARZ,WOJCIECH MD
	NAKAZAWA,HIROSHI MD
	NALLU,ANITHA M.D.
	NARAYEN,GEETANJALI MD
	NEUNER,GEOFFREY MD

	NEUZIL,DANIEL F MD NILES JR,JOHN H NOKURI,SAMUEL MD NOUR,SEEMA M.D. NWODIM,CHUKWUEMEKA MD O'BRIEN,CAITLIN MD O'CONNOR,MEGHAN P MD ODUYEBO,TITILOPE M.D. OLLAYOS,CURTIS MD OTTO,DAVID I MD OTTO,JAMES MD OWENS,KERRY MD OWUSU-ANTWI,KOFI MD PAIVANAS,BRITTANY M MD PARISI,CHRISTINA A MD PARK,CHARLES MD PATAKI,ANDREW M MD PATEL,ALPEN MD PATEL,ANOOP MD PERVAIZ,KHURRAM MD PETERS,MATTHEW N MD PETIT,LISA MD PHILLIPS JR,GREGORY D MD PIEPRZAK,MARY A MD PIROUZ,BABAK MD PLANTHOLT,STEPHEN J MD POLSKY,MORRIS B MD POON,THAW MD PRESTI,MICHAEL S DPM PROCHASKA,ERICA C MD PULLMANN,RUDOLF MD PURDY,ANGEL MD QURESHI,JAZIBETH A MD RAIKAR,RAJESH V MD RAJA,GEETHA MD RAMOS,ALBERTO R MD RANKIN,ROBERT MD RAVENDHRAN,NATARAJAN MD REDDY,ANURADHA MD REED,ANN MD REHMAN,MALIK A MD REILLY,CHRISTINE MD REINER,BARRY J MD RICHARDSON,JAMES P MD RICHARDSON,LEONARD A MD RITTER,CAROL E MD ROBERTSON,KAISER MD RODRIGUEZ,ISMAEL MD ROTH,JOHN DPM ROTTMANN,EVA I DO
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	RUSSELL,JONATHON O MD
	RYU,HYUNG MD
	SABAH, HANI S
	SABOURY SICHANI,BABAK MD
	SAIEDY,SAMER MD
	SAINI,ANJALI MD
	SAINI,RUMNEET K MD
	SAKIANI,SANAZ MD
	SALAS,LOUIS MD
	SALENGER,RAWN V MD
	SALIM,MUBADDA MD
	SALVO,EUGENE C MD
	SANDERSON,SEAN O M.D.
	SANDHU,RUPINDER MD
	SANGHAVI,MILAN MD
	SANTOS,MARIA L MD
	SARDANA,NEERAJ MD
	SARKAR,RAJABRATA MD
	SAVAGE,ANGELA Y DPM
	SCHNEYER,MARK MD
	SCHULTHEISS,KIM E M.D.
	SCHWEITZER,EUGENE M.D.
	SCURRY,TANYA MD
	SEIBEL,JEFFREY L MD
	SEKICKI,VUK MD
	SETYA,VINEY R MD
	SHAH,RAJESH M MD
	SHAIKH,NAOMI N MD
	SHAPIRO ,BRUCE K
	SHORTS,ALISON MSCCC-SLP
	SHUSTER,JERI MD
	SILBER,GLENN MD
	SILBER,MOLLY H MD
	SILHAN,LEANN MD
	SILVERSTEIN,SCOTT MD
	SIMLOTE,KAPIL MD
	SIMMONS,SHELTON MD
	SIMO,ARMEL MD
	SINGH,GURTEJ MD
	SINGH,NOVIA DO
	SINNO,FADY MD
	SKLAR,GEOFFREY MD
	SMENTKOWSKI,KATHERINE E MD
	SMITH,BRANDON M MD
	SMITH,DENNIS MD
	SMITH,RACHELLE MD
	SMITH,WARREN J MD
	SNOW,GRACE E MD
	SOILEAU-BURKE,MONIQUE J MD
	SOLOMON,MISSALE MD

	SPIOTTO,ERNEST MD
	SRIVALI,NARAT MD
	STAUBER,ZIVA Y MD
	STERN,MELVIN S MD
	STEWART,SHELBY J MD
	STRAUCH,ERIC MD
	SUNDEL,ERIC M.D.
	SURMAK,ANDREW J MD
	SWANTON,EDWARD MD
	SWETT,JEFFREY T DO
	SYDNEY,SAM V MD
	TAGHIZADEH,MAAKAN MD
	TAN,SIMON S MD
	TANSINDA,JAMES MD
	TAYLOR,RODNEY J MD
	TEPLITZKY,TAYLOR B MD
	THOMAS,MICHELLE D M.D.
	THOMAS,RADCLIFFE MD
	THOMPSON III,WILLIAM R MD
	TIBUAKUU,MARTIN M.D.
	TOLLEY,MATTHEW DPM
	TUCHMAN,DAVID N MD
	TURAKHIA,BIPIN K MD
	TUUR-SAUNDERS,SYLVANA MD
	TWIGG,AARON MD
	UCUZIAN,ARECK A MD
	UDOCHI,NJIDEKA MD
	VAKHARIA,KALPESH T MD
	VALLECILLO,JORGE MD
	VAN DEN BROEK,JEFFREY W DO
	VASANTHAKUMAR,MUTHUKRISHNAN MD
	VITHANA,RUKMALEE E MD
	VOIGT,ROGER W MD
	VON WALDNER,CHRISTINA A LCPC
	VYAS,RITU MD
	WAHEED,USMAN MD
	WALLACE,MICHAEL MD
	WALTROUS,JUSTIN D MD
	WARDEN,MARJORIE K MD
	WARD,FRANCISCO A DO
	WHIPPS,RANDOLPH G MD
	WHITE,PATRICK W MD
	WILLIAMS,SAMUEL R MD
	WINAKUR,SHANNON MD
	WOLF,JEFFREY S MD
	WORMSER,BENJAMIN K MD
	XIE,KE MD
	YADAV,RAJ N MD
	YI,MING MD
	YIM,KENNETH MD

ZADE,RALPH MD ZHANG,LINDY MD ZHAO,JUN MD ZHU,WEIMIN MD ZUNIGA,LUIS M MD

AMOUNT GENERALLY BILLED CALCULATION

07/01/2023

Ascension Saint Agnes calculates two AGB percentages – one for hospital facility charges and one for professional fees – both using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentages for Ascension Saint Agnes are as follows:

AGB for hospital facility charges: 91.7%

AGB for physicians' professional fees: 52.4%

These AGB percentages are calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility (separately for facility charges and professional services) by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

*Notwithstanding the foregoing AGB calculation, Ascension Saint Agnes has chosen to apply a lower AGB percentage for hospital facility charges as follows:

AGB: 88.6%

Ascension Saint Agnes

Ascension Saint Agnes, Ascension Medical Group, Seton Imaging, Lab Outreach, Integrated Specialist Group, Radiologists Professional Services, Anesthesia Professional Services

Summary of Financial Assistance Policy

Ascension Saint Agnes, including the health ministries listed above, have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension Saint Agnes has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Saint Agnes provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension Saint Agnes. This summary provides a brief overview of Ascension Saint Agnes's Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance if you live in Arbutus 21227, Brooklyn/Linthicum,21225,

Catonsville 21250,21228, , Gwynn Oak 21207, South Baltimore City 21223, 21230, Southwest Baltimore City 21229 West Baltimore City 21215,21216,21217, Windsor Mill 21244, Elkridge 21075, Ellicott City 21043. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 500% of the Federal Poverty Level, you may receive discounted rates on a sliding scale or a based on a means test. If you have medical debt for emergency and medically necessary care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more than the charges minus the hospital mark-up or the amounts generally billed to patients with insurance coverage, whichever is less.

Written Estimate.

Patients shall have the right to request and receive a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided for professional services by the hospital.

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. Physician charges are not included in the hospital bill and will be billed separately. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. For an application, please contact 667-234-2140.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact Patient Financial Services at 667-234-2140, the Maryland Medical Assistance at 1-855-642-8572 or internet www.dhr.state.md.us, or your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/Locations/Maryland/MDBAL/Baltimore-Saint-Agnes-Hospital> and at 900 S. Caton Avenue, Baltimore, MD 21229, Patient Financial Services Department. Free copies of the Financial Assistance Policy and Financial Assistance Application also can be obtained by mail by contacting the Patient Financial Services Department at 667-234-2140.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Patient Financial Services Department, 900 S. Caton Avenue, Baltimore, MD 21229 or by telephone at 667-234-2140.

Translations of the Financial Assistance Policy, the Financial Assistance Application and instructions, and this plain language summary are available in the following languages on our website and upon request:

Arabic
Burmese
Chinese (Simplified)
Chinese (Traditional)
English
French
Gujarati
Italian
Korean
Russian
Spanish
Tagalog
Urdu
Vietnamese

¹ Pursuant to Maryland Code Section 19-214.2(c)(1-3), if Organization discovers that Patient was eligible for free care on a specific date of service (using Organization's eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts the Organization received from Patient or Patient's guarantor exceeding twenty-five dollars. If Organization documents a lack of cooperation from the patient or guarantor in providing information needed to determine Patient's eligibility for free care, the two (2) year period may be reduced to thirty (30) days from the date of initial request for Patient's information. If the Patient is enrolled in a means-tested government health plan that requires Patient to pay out-of-pocket healthcare expenses, then Patient shall not be refunded any amount that may result in patient losing financial eligibility for such health plan coverage.

² Pursuant to COMAR .26 (A-2)(8) and Maryland Statutes Section 19-213-1(b)(8)(ii), the following assets that are convertible to cash shall be excluded from the Asset Test: (1) the first \$10,000 of monetary assets; (2) a "Safe harbor" equity of \$150,000 in a primary residence; (3) retirement assets to which the IRS has granted preferential tax treatment as a retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred-compensation plans; (4) one motor vehicle used for the transportation needs of the patient or any family member of the patient; (5) any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act; and (6) prepaid higher education funds in a Maryland 529 Program account. The monetary assets excluded from the determination of eligibility under this Financial Assistance Policy shall be adjusted annually for inflation in accordance with the Consumer Price Index.

Attachments

[Image 1](#)

Approval Signatures

Step Description	Approver	Date
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