

Bayhealth Patient's Rights, Responsibilities and Financial Assistance Program



Patient's Rights

Bayhealth is dedicated to providing quality medical care while preserving patients' dignity and importance as individuals. You have the right to reasonable access to care. We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and talk openly with your doctors and other health professionals you are promoting your own safety and making your care as effective as possible. Your rights as a patient are an important element of our care for you.

While you are a patient we respect your rights including the following:

NOTIFICATION OF ADMISSION

To expect that a family member or representative and your physician will be notified promptly of your admission to the hospital. Please provide your nurse with the name of the family member or representative and physician you wish to have notified.

CONSIDERATE AND RESPECTFUL CARE

To a patient-centered environment and communication free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression (The Joint Commission RI.01.01.01, EP 29).

To considerate and respectful care of your personal values and beliefs, at all times and under all circumstances, provided within a safe and comfortable environment.

To care that responds to your psychological, social, emotional, spiritual, and cultural needs.

To have a family member, friend, or other individual of your choice be present with you for emotional support throughout your stay unless it compromises safety or if it is medically or therapeutically contraindicated for your support person to be present (The Joint Commission RI.01.01.01, EP 28).

To be informed in advance of receiving care of your rights as provided under federal and state rules and regulations.

To know the identity of physicians, nurses, and others involved in your care, as well as when those involved are students, residents, trainees or volunteers.

To have the opportunity to understand, discuss and request information related to specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the risks and benefits of medically reasonable alternatives (unless in an emergency where the need for treatment is urgent and you lack the ability to make decisions).

To ask all personnel involved in your care to introduce themselves, state their role in your care, and explain what they are going to do for you.

To be free from restraints imposed as a means of coercion, discipline, convenience or retaliation by staff.

COMMUNICATION AND INFORMATION ABOUT TREATMENT

To participate in the development and implementation of your inpatient treatment/care plan, outpatient treatment/care plan, your discharge plan, and your pain management plan.

To have effective communication about your care and treatment.

To obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment and prognosis.

To obtain your informed consent before the start of a procedure or treatment (other than in a medical emergency). The physician is responsible for explaining the treatment or procedure to you or your legal representative and obtaining your consent before the start of a procedure or treatment.

To be informed if the hospital proposes to engage in research affecting care and to have a full explanation prior to consent. You have the right to refuse to participate and to be assured that care won't be negatively affected by such a refusal.

To ask and be informed of the existence of business relationships among the hospitals, educational institutions, and other healthcare providers or payers that may influence your treatment or care.

To be informed by your physician about outcomes of care, treatment and services provided, including unanticipated outcomes.

To be billed only for those services provided as allowed by law and regulation. Regardless of the source of payment, you have the right to request a summarized list of charges and to obtain information about those charges.

PARTICIPATION IN DECISIONS ABOUT YOUR CARE

To make decisions about care and treatment prior to and during the course of treatment; to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy, and to be informed of the medical consequences of this action. If the refusal of treatment prevents the hospital from providing appropriate care in accordance with professional standards, the hospital and/or physician may terminate its relationship with you after reasonable notice and may make other arrangements for transfer, discharge or continuing care as necessary.

To designate a decision-maker in case you are incapable of understanding a proposed treatment or procedure or are unable to communicate your wishes regarding care.

To have family participate in care decisions or to exclude any or all family members from participating in your care decisions.

To have help in obtaining consultation with another physician at your request.

If you are a minor, your family and/or legal guardian will be involved in all treatment decisions for you, unless otherwise provided by law.

To have help with learning more about your health, treatment and educational programs available to you upon discharge from the hospital.

To be given information about realistic care alternatives when hospital care is not indicated.

To be cared for by staff who have been educated about patient rights and their role in supporting those rights.

To access protective services.

To have Bayhealth extend these same rights, including sharing of essential information, to your legally designated decision-maker or representative if you are unable to exercise these rights.

ADVANCE DIRECTIVES

To receive written information regarding Advance Directives utilizing our Five Wishes (Living Will instructions regarding care) and appointment of an Agent for making healthcare decisions.

To receive assistance in making an Advance Directive.

To expect that you will receive appropriate medical care regardless of whether you have made an Advance Directive.

To have care at the end of life.

To receive timely information about hospital policy that may limit its ability to fully implement a legally valid Advance Directive.

To provide a copy of your Advance Directive, if you have one, to be placed in your medical record.

PRIVACY AND SECURITY

To be interviewed, examined and treated in surroundings designed to give reasonable visual and auditory privacy.

To not remain disrobed any longer than necessary and to expect that staff will use privacy curtains and doors to ensure your privacy.

To refuse to talk with or see anyone not directly involved in your care.

To request confidential status to protect your identity as a hospitalized patient.

To be in a safe and secure patient environment free from abuse and/or harassment.

To have a chaperone (all patients). To be advised of the right to a third party or chaperone (for minors 15 years of age or younger) to be present during certain portions of a physical examination (Reference 24Del.C. § 1769B). A nominal fee may be charged.

MEDICAL RECORDS AND CONFIDENTIALITY

To security, personal privacy and confidentiality of your information.

To obtain information in your medical record while in the hospital or after discharge, or after services at one of the Bayhealth ambulatory service sites, upon request, unless such information is specifically restricted by your attending physician for medical reasons. Your medical record belongs to Bayhealth but you may request a copy of your record after discharge by contacting Health Information Services at Bayhealth Hospital, Kent Campus at 302-744-7041 or at Bayhealth Hospital, Sussex Campus at 302-430-5787. A nominal fee may be charged.

To expect that all communication and records pertaining to your care will be treated as confidential by Bayhealth and all employees, unless you have given permission for release of information, or reporting is permitted or required by law.

To OPT OUT of electronic information transfer to the Delaware Health Information Network (DHIN).

To expect only the individuals directly involved in your treatment, individuals with responsibility for monitoring the quality of care, or individuals authorized by law or regulations to have access to your medical record.

To review the medical records pertaining to your medical care and to have the information explained or interpreted as necessary, except when restricted by law.

REASONABLE RESPONSE TO REQUESTS AND NEEDS

To a reasonable response to the request for appropriate and medically indicated care and services regardless of race, creed, age, sex, sexual orientation, national origin, or sources of payment for care. The hospital will provide evaluation service and/or referral as indicated by the urgency of the case.

To be transferred upon your request and/or if your condition requires a level of care not provided by the hospital. The receiving hospital and receiving physician must first accept you for transfer. In some instances, you or your family may be asked to make initial contact with the receiving physician and/or hospital.

GRIEVANCES

To voice concerns or have complaints/grievances reviewed and, when possible, resolved. Care won't be conditioned or compromised as a result of a grievance/complaint.

To voice a grievance/complaint using the hospital's internal process, write or call the Patient Advocacy department at Bayhealth at 302-744-7085.

To contact the following external state licensing and certification agencies if your grievances/complaints have not been resolved by Bayhealth:

Delaware Department of Health & Social Services, Division of Health Care Quality, Office of Health Facilities Licensing & Certification: Mail to 261 Chapman Rd., Suite 200, Stockton Building, Newark, DE 19702; Call 302-292-3930; Fax to 302-292-3931; or Hotline 800-942-7373.

Unresolved quality of care and/or patient safety concerns may be reported to The Joint Commission: Online at JointCommission.org, using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website; Fax to 630-792-5636; or Mail to Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 6018.

For Patients with Medicare, grievances/complaints can be addressed through LIVANTA: call 1-866-815-5440 or go on-line @ www.bfcqioarea1.com/states/nh.html to fill out a complaint form which can be mailed to: BFCQ-QIO Program Area 1, 10820 Guilford Road, Suite 202, Annapolis Junction, MD 20701-1105.

Patients with TRICARE can address grievances/complaints: Online at Tricare.mil/ContactUS/FileComplaint/Grievance and follow the instructions for mailing a written complaint to Regional Grievance Coordinator, Humana Military, 8123 Datapoint Dr., Suite 400, San Antonio, TX 78229.

ETHICAL DECISIONS

To express and have addressed ethical questions that arise in the course of your care. This includes issues of conflict resolution, withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment, and participation in investigational studies or clinical trials.

To have ethical concerns brought before the Bayhealth Ethics Committee. This can be arranged through your physician, nurse, social worker, or the Patient Advocacy department.

Patient's Responsibilities

Patients must be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. Hospital rules and regulations are designed to help the hospital meet this obligation.

RESPECT AND CONSIDERATION

You're responsible for being considerate of other patients and hospital personnel by:

- Using television, telephone, radio, and lights in a manner that does not disturb others
- Honoring the confidentiality and privacy of other patients
- Respecting the property of others
- Reminding visitors to maintain a quiet atmosphere

PRIVACY

You or your family are responsible for giving items containing identifying

information that you wish to be discarded to your nurse, if you are concerned about the privacy of such information. The nurse will make sure these items are discarded in a manner to ensure confidentiality.

PROVIDING INFORMATION

You are responsible to:

Be honest about your health and provide accurate and complete information about present and past grievances, illness, hospitalizations, medications, allergies, and other matters relating to your health.

Tell your doctor or nurse about unexpected changes in your condition, or if you have questions or do not understand your plan of care and what is expected of you in terms of participating in your care. Please don't be afraid or ashamed to tell us when you do not understand something.

Inform your physician and other caregivers if you anticipate problems in following the prescribed treatment.

Let your nurse and your family know if you feel you are receiving too many visitors or telephone calls.

Notify the Patient Advocacy department if you have a complaint or grievance or feel your rights are being violated.

HOSPITAL CHARGES

You are responsible for providing complete and accurate information for payment, including insurance claims.

Billing inquiries and questions can be addressed to the Billing Customer Service Representatives at 877-744-7081.

FOLLOWING INSTRUCTIONS

You are responsible for your actions if you refuse treatment or don't follow the instructions of physicians or other healthcare personnel. You're responsible for keeping appointments and for giving notice if unable to do so.

RULES AND REGULATIONS

You're responsible for following hospital rules and regulations affecting patient care and conduct and acquainting yourself with the patient handbook and safety guide.

PATIENT PROPERTY

You or your family are responsible for the safekeeping of valuable items not placed in the hospital safe. Patients are encouraged to leave or send valuables home.

SMOKING

You're responsible for following and ensuring that your visitors follow the no smoking policy and state law.

Financial Assistance Program

Bayhealth Medical Center is committed to providing Health Care Services to patients in the Kent and Sussex counties and surrounding areas regardless of their ability to pay. The Financial Assistance program was established to provide financial relief to those who are unable to meet their obligation to Bayhealth Medical Center, regardless of age, gender, race, national origin, social or immigration status, sexual orientation or religious affiliation.

Financial Assistance applies to all emergent and medically necessary services provided at Bayhealth owned and operated entities for patients whose income is at or below 250% of the Federal Poverty Level.

ELIGIBILITY REQUIREMENTS

Eligibility for Financial Assistance is based on an individual assessment of financial need. Financial assessment includes a review of (1) completed application (2) prior year's tax return or W2, current pay stubs and bank statements, (3) publically available data that provides information on a patient's ability to pay; (4) a review of the patient's available funds, and other financial resources available to the patient. Financial Assistance Program (FAP) approved individuals receive a 100% discount on patient responsibility balances; gross charges for uninsured and balance after insurance for insured. FAP approved patients are not charged more than Amounts Generally Billed (AGB). Patients have 240 days from the first statement date after the care was provided to apply for Financial Assistance.

HOW TO OBTAIN A COPY OF THE POLICY AND APPLICATION

To obtain a copy of the policy and/or application, or to speak with someone regarding the policy or to apply for financial assistance, contact our Billing Support office at one of the locations below.

Bayhealth Kent Campus

640 South State St, Dover, DE 19901 877-744-7081

Bayhealth Sussex Campus

100 Wellness Way, Milford, DE 19963 877-744-7081

Our complete financial assistance policy is available on our website at the following location:

www.Bayhealth.org

The financial assistance application can be printed from our website at the following location:

www.Bayhealth.org

TO APPLY FOR FINANCIAL ASSISTANCE

Patients may apply for Financial Assistance by completing the application form. Instructions for completion and submission of the application form are on the form itself.

LIMITED ENGLISH PROFICIENCY (LEP)

TRANSLATION SERVICES

Patients with LEP may come to our office at one of the addresses above and Bayhealth will call the Language Line (800-481-3289) with the patient to have an interpreter assist in communication.

Copies of the Financial Assistance Policy are available in Spanish.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. Further, the law requires your plan to cover emergency services without an authorization if the provider is out of network. Your plan is not permitted to assign a copay/coinsurance or deductible amount higher than your in-network benefit amounts. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Centers for Medicare and Medicaid Services (CMS) No Surprises Helpdesk at 1-800-985-3059.

Visit www.cms.gov/nosurprises for more information about your rights under federal law.

