Notice of Baptist Health Section 1557 Complaint Procedures

1. <u>NOTICE</u>: Baptist Health has adopted an internal procedure for providing prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act and its implementing regulations issued by the U.S. Department of Health and Human Services ("Section 1557"), including discrimination on the basis of race, color, national origin, sex, age, or disability.

Section 1557 may be examined in the Compliance and Internal Audit Department who has been designated to coordinate the efforts of Baptist Health to comply with Section 1557 under the direction of the Chief Compliance Officer. Please call (904) 202-5080 or email Compliance@bmcjax.com if you wish to make an appointment.

2. PROCEDURES:

- a. Filing a Complaint. If you wish to submit a complaint alleging a violation of Section 1557, please complete the form attached to this Notice and e-mail it to the Section 1557 Coordinator at Compliance@bmcjax.com. You must submit your complaint within sixty (60) days of the date you became aware of the alleged discriminatory action. The Section 1557 Coordinator will issue a written decision on your complaint no later than 30 days after you file it.
- b. Appealing the Decision. You may appeal the decision of the Section 1557 Coordinator by writing to the Baptist Health Chief Compliance Officer Andrea. Eklund@bmcjax.com within 15 days of receiving the Section 1557 Coordinator's decision. The Chief Compliance Officer will issue a written decision in response to your appeal no later than 30 days after you submit it.
- c. Availability of Assistance. Baptist Health will make appropriate arrangements to ensure individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this process. Please contact the Section 1557 Coordinator if you would like such assistance.
- **3. AVAILABILITY OF HHS COMPLAINT**: The availability and use of Baptist Health's complaint procedure does not prevent you from pursuing other legal or administrative remedies, including filing a complaint of discrimination in court or with the U.S. Department of Health and Human Services, Office for Civil Rights ("OCR"). The OCR's complaint portal is available at:

https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Baptist Health Section 1557 Complaint Form

| 1. | Complainant Name: |
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| 2. | Complainant Address: |
| 3. | Telephone Number: |
| 4. | <u>Description of Complaint</u> : Please describe the problem or action that occurred, including when it occurred, the basis for the alleged discrimination, the individuals involved, and any other information you believe is important for the Section 1557 Coordinator to consider. Attach any supporting documentation or other evidence you wish to share. |
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