

North Kansas City Hospital

Title:	Financial Assistance Policy
Purpose:	To make financial assistance available in a fair and consistent manner to eligible individuals and in accordance with laws that apply to tax-exempt hospitals.
Audience:	All North Kansas City Hospital Employees and North Kansas City Hospital's contracted revenue cycle vendors.

Policy

North Kansas City Hospital ("NKCH") will make financial assistance available to eligible individuals in accordance with this Financial Assistance Policy ("FAP"). NKCH will comply with the procedures set forth in this FAP to determine patient eligibility for financial assistance. Patients who are determined to be eligible for financial assistance will not be charged more than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This policy is intended to comply with Section 501(r) of the Internal Revenue Code and regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations.

Procedure

1. Scope and Application of this FAP.

This FAP applies to all emergency and other medically necessary care that is provided by NKCH. For purposes of this FAP, care is medically necessary if it is deemed necessary by an examining physician acting in accordance with generally accepted standards of medicine in the community.

This FAP could apply in the following situations, but is not limited to:

- a. Uninsured patients who do not have the ability to pay.
- b. Insured patients who do not have the ability to pay for portions not covered by insurance.
- c. Deceased patients with no estate, and no living trust.
- d. Patients involved in catastrophic illness or injury.
- e. Medicaid active patients with non-covered charges including length of stay limits.

This FAP does not apply to the following services:

- f. Elective cosmetic surgery services, investigational services or other elective services not covered under a patient's health insurance plan;
- g. Any services that are deemed by a patient's insurer as ineligible due to complications of a non-covered procedure;

- h. Services that are already priced at a reduced rate if the amounts that are charged to patients is less than the amounts generally billed to individuals who have insurance for such services; and
- i. Any accounts where a first or third party is liable for services after NKCH has billed the patient's health insurance if any, such as accidents, unless it is determined there are no benefits and/or no settlement.

This FAP applies only to emergency and other medically necessary care that is provided by NKCH. A Provider List as described in IRS Notice 2015-46 of entities that provide care at NKCH is maintained at Appendix 1 to this FAP. The Provider List details which entities are and are not covered by this FAP. Appendix 1 to this FAP will be updated approximately quarterly and may be revised without re-submitting this FAP to the North Kansas City Hospital Board of Trustees for adoption.

2. Threshold Requirements for Patient Eligibility for Financial Assistance.

In order for a patient to be assessed for potential financial assistance per the eligibility criteria listed in Section 3 below, a patient must satisfy all of the following threshold requirements:

- a. Residency. The patient must reside in Missouri or Kansas and have established residency in Missouri or Kansas as evidenced by a state issued identification card, a recent utility bill, a residence lease or proof of home ownership, which documents must be submitted to NKCH upon request. If a patient is not an established resident of Missouri or Kansas, the patient will only be considered for financial assistance for specific dates of service when the patient has an unplanned, acute onset of illness and the patient is otherwise determined eligible based on the eligibility criteria listed in Section 3 below.
 - i. Patients found to be homeless with no evidence to the contrary, will be eligible for full 100% financial assistance of current outstanding balances.
- b. Cooperation with Efforts to Determine Payment Source. NKCH works with a contracted vendor to assist with the identification of and patient enrollment in applicable payment sources and possible health benefits that may be available to the patient (e.g. Medicaid, Social Security Disability, Crime Victims' Compensation). The patient must exhaust all other payment sources and possible health benefits that may be available to the patient in order to be considered for financial assistance. The patient must respond to all information requests from NKCH's contracted vendor and must timely complete all applications for payment sources and health benefits recommended by the vendor.
- c. In-Network Services. Patients who have insurance coverage are encouraged to obtain their services in-network or to secure an out-of-network exception if the plan offers

such an exception. Patients who receive services at NKCH and have an insurance plan that does not include NKCH in the coverage network are eligible only for the automatic discount described in Section 3 below, but not for presumptive eligibility or FAP Application-based financial assistance.

3. Eligibility Criteria.

Patients may be determined to be eligible for financial assistance based on an automatic discount process, a presumptive eligibility process, or a FAP application process. Each process and the eligibility criteria associated with each process will be described below. Patients may also be determined to be eligible for financial assistance in the form of COBRA premium assistance in accordance with NKCH's Temporary COBRA Premium Assistance Policy.

Automatic Discount Process. Uninsured accounts will be referred to NKCH's contracted vendor for review of possible health benefits that may be available to the patient; if a patient is found to have health benefits, the patient may still be eligible for full financial assistance under NKCH's presumptive eligibility process, and/or may also be eligible for financial assistance under NKCH's FAP Application Process. After the review by the contracted vendor is complete, if a patient is found not to have any health benefits, an automatic discount will be applied to uninsured accounts that is determined by multiplying NKCH's amounts generally billed or "AGB" percentage (as described in Section 4 below) by NKCH's gross charges for the patient's encounter for emergency or other medically necessary care.

An uninsured patient who receives an automatic discount may also be eligible for full financial assistance under NKCH's presumptive eligibility process, and/or may also be eligible for financial assistance under NKCH's FAP Application Process.

Presumptive Eligibility Process. NKCH utilizes a contracted vendor's proprietary software to assess presumptive eligibility for financial assistance. This assessment utilizes a healthcare industry-recognized, predictive model that is based on public record databases. The model analyzes public record data – including consumer public record data, estimated household federal poverty level ("FPL"), and whether a patient is a homeowner – to calculate a socio-economic and Financial Capacity Score ("FCS"). The model's rule set is designed to assess each patient against the same standards. Each patient account, including accounts of insured and of uninsured patients, will be evaluated for presumptive eligibility prior to being referred for collections. If a patient has a FCS score of less than or equal to 635 and an estimated FPL of less than or equal to 202%, the patient will receive full financial assistance and additional collections efforts will not be pursued by NKCH for emergency or other medically necessary care. If a patient is eligible for financial assistance under the presumptive eligibility process, full financial assistance will be provided in lieu of requiring the patient to complete the FAP application and the patient's account will be written off. Patients who are eligible for full financial assistance

using the presumptive eligibility process will not receive a notification of financial assistance letter.

Accounts that have been referred for collections will be assessed for presumptive financial assistance eligibility on an ongoing basis periodically throughout the year, but at least quarterly; accounts that are found to qualify for full financial assistance under the presumptive eligibility process will be recalled by NKCH from collections and the patient will receive full financial assistance.

In the event a patient does not qualify for financial assistance under the presumptive eligibility process, the patient may still apply and be considered for financial assistance under the FAP application process.

FAP Application Process. A patient may apply using NKCH's FAP Application Process for a partial or full discount from NKCH's gross charges for emergency and other medically necessary care. Additional information about how to apply for financial assistance and NKCH's process to review applications may be found in Section 5 and 6 of this FAP below. If this was not completed previously, at the time a FAP Application is received, uninsured accounts will be referred to a contracted vendor for review of possible health benefits that may be available to the patient and the patient must comply by applying for any recommended sources of possible health benefits before being considered for financial assistance under the FAP Application Process.

If a patient is uninsured and receives the automatic discount discussed above, financial assistance that is provided under the FAP Application Process is applied to the patient's balance *after* the automatic discount is applied. If a patient has insurance, financial assistance that is provided under the FAP Application Process is applied to the patient's balance that is assigned by the health insurer as patient responsibility after adjudication of the claim subject, however, to the limitation on amounts charged to FAP-eligible individuals described in Section 4 of this FAP below.

If a patient is eligible for financial assistance under the FAP Application Process, discounts will be applied based on the patient's household Federal Poverty Level as follows:

Percent of Federal Poverty Level	% of discount off of balance (after automatic discount or insurance adjudication)
202% or below	100%
203%-300%	75%
301-350%	50%

351-400%	25%
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A determination of whether a patient qualifies for financial assistance under the FAP Application Process will be made at the time sufficient information has been obtained to verify the patient’s eligibility, and as soon as possible after the patient first presents for services or indicates an inability to pay for emergency or other medically necessary services.

Catastrophic Circumstances. For patients who do not qualify for financial assistance under one of the processes defined above and who have a FPL of greater than 400% but who experience catastrophic events or illnesses and whose medical expenses have depleted individual or family income and resources to the point that medical expenses exceed 25% of annual income, NKCH may provide discounts on a case-by-case basis.

4. Limitation on Amounts Charged to Patients Eligible for Financial Assistance.

Following a determination that a patient is eligible for financial assistance under this FAP, the eligible individual will not be charged more than the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. As such, the amount that is the responsibility of the FAP-eligible individual for emergency and medically necessary care will not be more than the amounts generally billed to individuals who have insurance.

NKCH uses the look-back method described in IRS regulations at 26 C.F.R. §1.501(r)-5 to determine amounts generally billed to individuals who have insurance. To calculate amounts generally billed under the look-back method, NKCH will determine the sum of all of the allowed amounts for all claims allowed for all medical care during a prior 12-month period by Medicare fee-for-service and all private health insurers that pay claims to NKCH. The sum of such allowed amounts are then divided by the sum of NKCH’s gross charges for those claims to determine the amounts generally billed or “AGB” percentage. The AGB percentage will be multiplied by NKCH’s gross charges for the patient’s encounter to determine the maximum amount that a FAP-eligible individual may be charged for emergency and other medically necessary care. The AGB percentage is based on the 12-month period of April 1 – March 31 and will be reviewed and updated annually, with changes to take effect on July 1 of each year. To obtain the current AGB percentage and a written description of the calculation thereof, please refer to the Financial Assistance section of the NKCH website, or contact NKCH Patient Financial Services Department., Attn: Director, Patient Financial Services, 2800 Clay Edwards Drive, North Kansas City, MO 64116 or call (816)-691-2040.

If an individual is charged in excess of amounts generally billed to patients with insurance for emergency or other medically necessary care, and if the individual subsequently is determined to be eligible for financial assistance for the care, NKCH will refund any amount the individual

has paid for the care that exceeds the amount that the individual is determined to be personally responsible for paying as a FAP-eligible individual, unless such amount is less than \$5 (or such other amount as published in IRS guidance).

5. Method to Apply for Financial Assistance under the FAP Application Process.

Patients who do not qualify for full financial assistance on a presumptive basis and who request financial assistance may apply for financial assistance under the FAP application process, including filling out and submitting a FAP application and providing the required information and documentation listed on the FAP application regarding income and assets. A completed FAP application and supporting documentation is required to be considered for financial assistance under this process. Patients applying for financial assistance under this process are required to provide proof of household income (e.g. gross wages, rental income, unemployment benefits, Social Security or disability benefits, alimony/child support, pensions, public assistance, any miscellaneous income). Patients may be required to provide their two most recent pay stubs, two most recent bank statements, and/or most recent tax return. If the patient's household has no income, the patient must provide a letter explaining what, if any, aid they are receiving from family, friends, and/or any agency or organization. If the patient is unable to prove household income, the patient should contact a NKCH Resource Counselor at (816)-691-2598 to discuss other evidence that may be provided to demonstrate eligibility for financial assistance. Patients applying for financial assistance under this process also are required to provide information about their assets (e.g. property ownership, stocks and bonds, CDs, IRAs/retirement funds, and bank accounts). Patients also are required to provide information about dependents in their household and about outstanding financial obligations other than usual household expenses. An approved financial assistance award will be applied to all household members included on the application.

Patients may request a FAP application at any time beginning on the date that care is provided. NKCH shall consider a completed FAP application for at least 240 days after the date of the first post-discharge billing statement (or, if longer, until the date that is the deadline specified in a written notice provided to an individual with regard to whom NKCH intends to initiate extraordinary collections actions) regardless of whether the patient's account has been referred for collections. NKCH may consider a completed FAP application that is submitted at any later date outside of this application period.

FAP applications are always free of charge and may be obtained in-person, online or by mail as detailed below. FAP applications are available in English, Spanish and Vietnamese.

- In-Person: Obtain an application at any one of the admissions areas or at the Account Services office (via the Main entrance) at 2800 Clay Edwards Drive, North Kansas City, MO 64116.

- Online: Download an application from the Financial Assistance section of the NKCH website.
- By Mail: Request an application be mailed by calling the NKCH Patient Financial Services Department at (816) 691-2040 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.

If a patient needs information or assistance regarding a FAP application, the individual may contact a NKCH Resource Counselor at (816)-691-2598 or at 2800 Clay Edwards Drive, North Kansas City, MO 64116 in the NKCH Patient Financial Services Department.

NKCH will not deny financial assistance under this FAP based on an applicant's failure to provide information or documentation unless that information or documentation is described in this FAP or on the FAP application. NKCH may grant financial assistance notwithstanding an applicant's failure to provide information or documentation described in this FAP or on the FAP application and may, for example, rely on other evidence of eligibility, an attestation by the applicant, or oral information from the applicant to determine that the applicant is FAP-eligible.

6. Process to Review FAP Applications.

All FAP Applications are reviewed by a NKCH Resource Counselor. If a patient qualifies for financial assistance under the FAP application process, financial assistance will be awarded as described in Section 3 above under the heading "FAP Application Process."

Patients who complete a FAP application will receive a letter stating whether they were approved or denied for financial assistance and, if approved, the amount or percent of financial assistance that the patient was awarded as well as any conditions for the financial assistance. If financial assistance is provided under this FAP application, the patient will be presumptively eligible for the same level of financial assistance for six months from the date of the financial assistance approval.

If a patient does not qualify for financial assistance and the patient disagrees with this determination, the patient may request an appeal in writing within 45 days of the denial and may include any additional relevant information that may assist in the evaluation of the appeal. Appeals should be directed to NKCH Patient Financial Services Department, Attn: Director, Patient Financial Services, 2800 Clay Edwards Drive, North Kansas City, MO 64116.

7. Billing and Collections Policy.

NKCH maintains a separate billing and collections policy that describes the actions NKCH may take in the event of non-payment by patients. This policy may be obtained free of charge on the Financial Assistance section of the NKCH website, or by contacting the NKCH Patient Financial

Services Department, Attn: Director, Patient Financial Services, 2800 Clay Edwards Drive, North Kansas City, MO 64116 or call (816)-691-2040.

8. Publication of this FAP.

NKCH will take the actions described in this section to cause this FAP to be widely publicized. NKCH will make this FAP, the FAP application and a plain language summary of this FAP available on its website. NKCH also will make such documents available upon request and without charge, both by mail and in public locations of NKCH, including at least the Emergency Department and admissions areas of NKCH. NKCH will notify and inform members of the community served by NKCH about the FAP in a manner reasonably calculated to reach individuals likely to require public assistance, for instance through marketing efforts and through NKCH's work with public health organizations.

In addition, NKCH will notify and inform patients about the FAP by taking the following actions. NKCH will offer a paper copy of the plain language summary of this FAP to patients as part of the admissions process. NKCH will include a conspicuous written notice on all billing statements that notifies and informs patients about the availability of financial assistance under this FAP and includes telephone contact information for the NKCH Patient Financial Services Department and the website where copies of the FAP, the FAP application and a plain language summary of this FAP may be obtained. NKCH will set up conspicuous public displays that notify and inform patients about the FAP in public locations of NKCH, including at least the Emergency Department and admissions areas of NKCH. NKCH will accommodate its significant populations who may be of limited English proficiency by translating this FAP and related documents into Spanish and Vietnamese.

9. Payment Plans.

As an additional effort to assist patients with medical bills, NKCH offers a financing program through a contracted vendor that allows patients to pay off their balances in manageable monthly payments over an extended period of time at 0.00% APR. Accounts on which NKCH has received no payments after 30 days from the first statement date will be referred to the contracted vendor to attempt to facilitate a payment plan with the patient. If a patient prefers not to work with NKCH's contracted vendor to establish a payment plan, NKCH also may permit partial payment arrangements as mutually agreed between NKCH and the patient.

10. Adoption.

This FAP has been adopted by the North Kansas City Hospital Board of Trustees.

**Appendix 1 to FAP
Provider List
Last updated March 10, 2024**

Entities whose services are covered by this FAP:

North Kansas City Hospital

Providers and entities whose services are not covered by this FAP:

Aesthetic Surgical Arts
Amwell Psychiatric Care
Ascentist Physicians Group, LLC
Associated Plastic Surgeons
Children's Mercy Hospital
Colorectal Surgery Associates, PC
Consultants in Gastroenterology, a Division of Digestive Health Specialists, LLC
Discover Vision Centers
Dwayne E. Jones, M.D., LLC
Encompass Medical Group
Epiphany Dermatology
F. Parker Thornton, MD
Facial Surgery Group PC
Fine Foot Care Center
Gates Hospitalists, LLC
High Risk Pregnancy Center of Kansas City
John W. Gianino, M.D.
Kala Danushkodi, M.D.
Kansas City Center for Hip Preservation & Sports Medicine
Kansas City Institute of Podiatry
Kansas City Oral Surgery and Implant Center
Kansas City Surgical Arts
Kansas City Urology Care, PA
KC Infectious Disease Consultants, LLC
M.D. Electrodiagnosis, Inc, P.C.
MAWD Pathology Group, PA
McKnight Eye Center
Meritas Health Corporation
Midwest Aortic and Vascular Institute
Midwest Emergency Medical Services, P.C.
Monarch Plastic Surgery
Nephrology Associates, MD, PC
Northland Eye Specialists, PC
Northland Radiology, Inc.
Orthopedic Health of Kansas City

Orthopedic Surgeons, Inc.
Pain Source Solutions, Inc.
Pediatric Care North, Inc.
Post-Acute Physicians of Missouri, PC
Priority Care Pediatrics, LLC
Real Time Neuromonitoring Associates, PC & Affiliated Entities
Saint Luke's Physician Group
Sano Orthopedics
SanoKC.com
Seastnan Medical, LLC
Somers Eye Center
Somers Vision Center, LLC
Statrad
TeleSpecialists, LLC
The University of Kansas Cancer Center
The University of Kansas Cancer Center-Radiation Oncology Pavilion
Total Weight Loss Center
U.S. Dermatology Partners
University of Kansas Health System-Cardiovascular & Thoracic Surgery
WestGlen GI Consultants
William S Tinsley, DDS