



485 N KS HWY 2
Anthony, KS 67003
620.914.1200
pattersonhc.org

Dept: Business Office

Title: Uncompensated Care

Policies:

1. Hospital District No 6. of Harper County, KS dba Patterson Health Center will provide a discount (up to 100%) from the hospital or clinic charges for emergency or medically necessary health care services provided to patients who demonstrate that their financial resources are so limited that the payment of part or of all of the self-pay balance would be impossible or would cause serious financial hardship.
2. The determination of financial assistance will be based solely on the patient's ability to pay and not on the basis of age, race, color, religion, sex, or national origin.
3. For all who seek financial assistance at Hospital District No 6 of Harper County, KS dba Patterson Health Center confidentiality of information will be maintained. Hospital District No 6 of Harper County, KS respects and values the dignity of all patients and their families.
4. If the amount requested for uncompensated care is \$2,000 or less the determination of approval will be made by the Financial Counselor and the CFO. If the amount exceeds \$2,000 the application will go to the Finance Committee for approval.

Purpose: To provide eligibility guidelines and procedures for the approval of uncompensated care.

Definitions:

Amounts Generally Billed

Hospital District No 6 of Harper County, Kansas dba Patterson Health Center will apply the "look-back" method for determining amounts generally billed. In particular, Hospital District No 6 of Harper County, Kansas dba Patterson Health Center will determine the amounts generally billed for emergency or other medically necessary services by multiplying the gross charges for that care by the AGB percentage.

AGB Percentage

Hospital District No 6 of Harper County, Kansas dba as Patterson Health Center will calculate the AGB percentage at least annually by dividing the sum of all claims that have been paid in full for emergency or other medically necessary services by Medicare, Medicaid and all private health insurers during a prior twelve month period by the sum of the associated gross charges for those claims. For this purpose, Hospital District No 6 of Harper County, Kansas dba Patterson Health Center will include in "all claims that have been paid in full" both the portions that were paid by Medicare, Medicaid or the private insurer. This will not include gross charges or payments from Workers Compensation, Auto Insurance, or self-pay patients.

Gross Household Income

Hospital District No 6 of Harper County, Kansas dba Patterson Health Center will consider household income as the combined amount, for all account guarantors and members of the patient's household from earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Guidelines:

1. Hospital District No 6 of Harper County, KS dba Patterson Health Center will identify patients needing financial assistance during pre-registration or at registration, if possible. This presumptive eligibility will be determined by facts known about the patient at the time. For example, if the patient is on other government assistance programs (food stamps, welfare, etc.). If presumptive eligibility is determined the patient will be offered the Uncompensated Care Application for completion to determine if eligibility is met.
2. If not possible, then eligibility will be identified at the most opportune time or during the discharge process. The request for financial assistance may originate from the patient, family member or friend of the family, as well as from any employee or medical staff member of Hospital District No 6 of Harper County, KS. dba Patterson Health Center
3. A patient may qualify under this policy for free emergency or other medically necessary services when the Gross Household Income of the account guarantors or members of the patient's household are equal to or less than 125% of the current Federal Poverty Guidelines.
4. A patient may qualify under this policy for discounted emergency or other medical necessary services when the Gross Household Income of the account guarantors and other members of the patient's household is in excess of 125% but equal to or lower than 200% of the Federal Poverty Guidelines.

5. Hospital District No 6 of Harper County, KS dba Patterson Health Center will not charge patients approved for Financial Assistance under this policy for emergency or other medically necessary services more than the Amounts Generally Billed to individuals who have insurance. The amount charged to a patient will be determined after applying all deductions, discounts, and amounts paid by insurers.
6. Hospital District No 6 of Harper County, Kansas dba Patterson Health Center will not initiate collection efforts until an initial determination of uncompensated care eligibility status has been determined. If the patient fails to comply with requests for information or completion of the application collection efforts will be pursued. If at any point within 240 days of discharge the patient reengages in the application process collection efforts will be halted.
7. If the patient has other insurance, Hospital District No 6 of Harper County, KS dba Patterson Health Center will bill these before any uncompensated care is applied. It is the patient's responsibility to assist the hospital in its efforts to collect from third party payers. Co-payments and/or spend-downs from Medicaid are the patient /guarantors responsibility. These are not to be considered in the amount applying for uncompensated care.
8. This policy only applies to individuals who cooperate fully with Hospital District No 6 of Harper County, KS dba Patterson Health Center request for information. It is the patient's responsibility to respond truthfully and completely to the request for information within no more than 15 business days of the request. In addition, patient's full cooperation in applying for Medicaid or coverage by other governmental programs is required, if so requested.

Procedures:

1. The Uncompensated Care policy, application, and plain language summary is made available on the website, www.pattersonhc.com , upon request, via posted signs in the admissions, emergency, and business office areas and via a message on each billing statement.
2. Personnel will provide a copy of the uncompensated care application once a patient is identified as potentially eligible for uncompensated care or upon the patient or other's request. The patient must complete the application and provide the requested supporting documentation in order to be considered for uncompensated care. If the application is not complete or missing documentation personnel will notify the patient of the missing information in writing. The patient must submit the missing information within no more than 15 business days of the request.

3. The documentation required for an uncompensated care application is as follows:

- Copy of your most recent Federal 1040 tax return, including all applicable schedules.

And one of the following:

- Copy of last two pay stubs for any wage earner contributing to household income.
- Social Security Awards Letter or most recent 1099 if receiving Social Security (If you are receiving Social Security as well as have other income, please provide proof of additional income)

4. The Federal Poverty level information most currently available will be used to determine patient's eligibility to receive uncompensated care assistance under this policy. See exhibit A.

5. The AGB percentage will be applied to the charges to determine the amount generally billed to individuals that have insurance. This amount will be taken into consideration when the application is presented for approval. This will ensure a qualified individual will not pay more than the amount generally billed to individuals that have insurance.

6. The completed application if \$2,000 or less will go to the Financial Counselor for approval. If over \$2,000 the completed application will go to the Finance Committee for approval.

7. If the application is approved, the Financial Counselor will notify (by writing, phone, etc.) the patient of such within 5 business days. If less than a full discount is approved the Financial Counselor will negotiate a payment plan pursuant to the Payment Plan Alternatives and Collections Policy. If a payment plan cannot be negotiated or the patient does not honor the payment plan the account will be sent to an outside collection agency where collection efforts will be pursued.

8. If the application is denied the Financial Counselor will notify (by writing, phone, etc.) the patient and negotiate a payment plan pursuant to the Payment Plan Alternatives and Collections Policy within 5 business days. If a payment plan cannot be negotiated or the patient does not honor the payment plan the account will be sent to an outside collection agency where collection efforts will be pursued.

9. Upon approval of the application business office staff will make an adjustment to record the amount of uncompensated care on the patient's account.

10. The Business Office will retain a patient's completed application for six months. If circumstances arise where a patient wants to re-apply for financial assistance after the six months a new application must be completed with updated information.

11. Hospital District No 6 of Harper County, KS dba Patterson Health Center reserves the right to grant financial assistance in extraordinary circumstances to patients who do not otherwise meet the uncompensated care guidelines. Hospital District No 6 of Harper County, KS dba Patterson Health Center also reserves the right to deny uncompensated care assistance to patients who provide false information, fail to cooperate, or fail to respond to requests for information within the required timeframe.

If there are any questions concerning this policy or the application process, please contact the business office, 620-914-1200 option 1. The mailing address is 485 N KS Hwy 2 Anthony, KS 67003.

Please see Appendix 1 for the list of providers excluded from this Uncompensated Care Policy and the current AGB percentage.

Board Chairman

Date

Revenue Cycle Manager

Date

CEO

Date

EFFECTIVE DATE: 11-01-2017

REVIEWED DATES: 1-5-2022, 1-31-2025

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2026 Federal Poverty Guidelines

Household Size	100% (Base)	125%	150%	200%
1	\$15,960	\$19,950	\$23,940	\$31,920
2	\$21,640	\$27,050	\$32,460	\$43,280
3	\$27,320	\$34,150	\$40,980	\$54,640
4	\$33,000	\$41,250	\$49,500	\$66,000
5	\$38,680	\$48,350	\$58,020	\$77,360
6	\$44,360	\$55,450	\$66,540	\$88,720
7	\$50,040	\$62,550	\$75,060	\$100,080
8	\$55,720	\$69,650	\$83,580	\$111,440
Each Additional Add	\$5,680	\$7,100	\$8,520	\$11,360
% of discount	100%	100%	60%	40%

Appendix 1

All providers that provide emergency services in the Hospital District No 6 of Harper County, KS dba Patterson Health Center emergency rooms are included in this Uncompensated Care Policy.

All providers that provide services in the Patterson Medical Center Clinic, Conway Springs Clinic, and Attica Clinic are included in this Uncompensated Care Policy.

All employed or contracted providers are included in the Uncompensated Care Policy when services are provided in the Outpatient Specialty Clinic, or outpatient area of Hospital District No 6 of Harper County, KS. With the following exceptions:

Dr. Husam Bakdash
Dr. Christian Hourani
Dr. Dany Zayour
Dr. Scott Gordon
Dr. Scott Porter
Dr. Craig Sudbeck
Dr. Levi Short
Dr. Maggie Woods
Dr. Suhail Ansari
Dr. Nader Eldika
Dr. J. Andrew Jensen
Jackie Forssberg, APRN
United Radiology Group
LabCorp

The AGB percentage for 2025 is 63%. No patient that qualifies for the Uncompensated Care Policy will be charged more than 63% of their full charges. The AGB percentage will be update at least annually and applied to all financial assistance determinations made after the update.