



Hospital District #6 Harper County
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 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 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 Patient Account's Manager 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 will apply the "look-back" method for determining amounts generally billed. In particular, Hospital District No 6 of Harper County, Kansas 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 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 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 will include in "all claims that have been paid in full" both the portions that were paid by Medicare or the private insurer and the associated portions paid by Medicare beneficiaries or insured individuals in the form of co-insurance, deductibles, or co-payments.

Household Income

Hospital District No 6 of Harper County, Kansas 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 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.
3. A patient may qualify under this policy for free emergency or other medically necessary services when the combined 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 combined 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 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 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 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's 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.org , 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:
 - Paycheck stubs for at least four weeks or a statement from employer verifying wages
 - IRS W-2 issued during the past year or most recent recently filed IRS Tax Form (for example 1040,1040EZ)
 - Most recent two months of entire bank statements for each checking, savings, money market or other bank or investment account
 - Written Statements for the most recent two months for all other income (e.g., Unemployment Compensation, disability, retirement, etc.)
 - Unemployment Denial letter, if applicable
 - Contribution statements from individuals who contribute income or in-kind assistance to the patient.
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 Patient Account's Manager and CFO for approval. If over \$2,000 the completed application will go to the Finance Committee for approval. If denied by either the application will be returned to the patient accounts manager for notification.
7. If the application is approved, the patient accounts manager will notify (by writing, phone, etc.) the patient of such within 5 business days. If less than a full discount is approved the patient accounts manager will negotiate a payment plan pursuant to the payment plan resolution alternatives 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 patient accounts manager will notify (by writing, phone, etc.) the patient and negotiate a payment plan pursuant to the payment plan resolution alternatives 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 a new application must be completed with updated information.
11. Hospital District No 6 of Harper County, KS 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 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 at Patterson Health Center at 620-914-1200 ext. 5011 or in person or by mail 485 N KS HWY2 Anthony, KS 67003

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


Board Chairman

Date


CEO

Date


CFO – Anthony Campus

Date


CFO – Harper Campus

Date

Exhibit A

Family Size	12 Months Income			
	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline	200% Poverty Guideline
1	\$12,490	\$15,613	\$18,735	\$24,980
2	\$16,910	\$21,138	\$25,365	\$33,820
3	\$21,330	\$26,663	\$31,995	\$42,660
4	\$25,750	\$32,188	\$38,625	\$51,500
5	\$30,170	\$37,713	\$45,255	\$60,340
6	\$34,590	\$43,238	\$51,885	\$69,180
7	\$39,010	\$48,763	\$58,515	\$78,020
8	\$43,430	\$54,288	\$65,145	\$86,860
For each additional household member add:	4,320	5,400	6,480	8,640
Percentage of Discount	100%	100%	60%	30%

Appendix 1

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

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

All providers that provide inpatient services at Hospital District No 6 of Harper County, KS are included in this Uncompensated Care Policy.

The following 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. Any provider not listed is **NOT** included in the Uncompensated Care Policy when services are performed in these areas.

Dr. Sidney Stranathan, D.O.
Dr. Phu Troung, M.D.
Joanne Berry, P.A.
Leah Gerdes, APRN
Karlle Parker, APRN
Dr. Janet Bradshaw, DO
Dr. Ralph Imlay, MD
Richard Aldis, PA
Charles Caddy, PA
Leonard Wedman, PA
Cynthia Martling, APRN
Krisha McLaughlin, PA
Elizabeth Caudillo, PA

The AGB percentage for 2018 is 90%. No patient that qualifies for the Uncompensated Care Policy will be charged more than 90% of their full charges.