

FINANCIAL ASSISTANCE POLICY

Originator: Chief Financial Officer

Approved By: Mark T. Steele, M.D., Chief Medical Officer/Chief Operating Officer

Policy: Truman Medical Centers (TMC) Financial Counseling Center (FCC) Representatives are responsible for determining financial assistance eligibility. The financial assistance available for Jackson County and Kansas City residents only is based on 200% of the Federal Poverty Guidelines (FPL). Financial assistance is available to persons who meet all guidelines on the date of service, whose income is at or below 200% of Federal Poverty Guidelines, and have no other payer source, as long as all eligibility criteria are met for emergent and/or medically necessary services.

Financial Assistance for medical services is always the payer of last resort.

Scope: Corporate Facility Department

Hospital Hill	Lakewood	Long Term Care	University Health Surgery Center
X	X		X

Procedure:

I. Applying for Financial Assistance

A. Eligibility Guidelines

1. Eligibility is based on residency, citizenship, family income and resources/cash assets at the time of service.
 - a. Residency: The applicant must currently reside, with intent to stay, in the City of Kansas City, Missouri and/or Jackson County, Missouri. Proof of address is required for the date of service for which discounted services are requested.
 - b. Citizenship/Alien Status: Documentation must be provided to prove applicant's U.S. citizenship or a Legal Permanent Residency (LPR) status.
 - c. Income Determination: The applicant's gross income must be at or below 200% of the Federal Poverty Level (FPL).
 - i. Income of all members of the family unit is counted.
 - ii. Documentation of all income is required for approval.
 - iii. Current income tax return required
 - iv. Pay stubs up to nine months may be requested
 - d. Assets: The applicant's cash assets must be at or below the maximum allowable assets for Supplemental Security Income (SSI) recipients, which is \$2000 for an individual and \$3000 for two or more in a family unit.
 - i. Proof of all assets is required for all family members.
 - ii. Assets include checking accounts, savings accounts, stocks, bonds, money market accounts, individual retirement accounts (IRA), 401K,

403B, 457B and any other qualified retirement account that can be accessed without a penalty, mutual funds and certificate of deposits.

- e. Family Unit: The determination for Financial Assistance is based on the income and assets of all members of the applicant's family unit. Persons considered part of the family are :
 - i. Patient/applicant.
 - ii. Spouse of patient, if residing with the patient
 - iii. Patient's minor children (age 18 and under), if residing with patient.
 - iv. Other persons, who are supported by the patient regardless of age, provided they are claimed as dependents on the patient's federal income tax forms.
 - v. Emancipated Minors-If a minor child is determined to have emancipated status only his/her income will be considered in calculating Financial Assistance. A minor will be considered emancipated if the minor is "free from the care, custody, control and services of his parents." If the minor child is claimed or claimable on the parent's income taxes, the child cannot be considered as emancipated and the parent(s) are included in the calculation of the size of the family unit and family unit's income.
 - vi. Father of Newborn- If the father of a newborn is in the home he is counted as a family member in determining the mother's or child's discount status. This is true regardless of whether the newborn's parents are married or not married.
 - vii. Significant other persons (regardless of sex) - In general, persons who merely live together and have no relationship with each other, are not counted in determining discount eligibility. The following cases are exceptions to this general rule:
 - a) In a case where there is a child age 18 or younger in the home with the father and mother both the parent's income and assets are used in determining discount status even if the parents are not married to each other.
 - b) Persons residing together in an otherwise marital relationship are both counted in determination of the family unit. This will be true for both heterosexual and same sex relationships.
- B. Persons not eligible for Financial Assistance:
 - 1. Persons not residing in the catchment area.
 - 2. Persons denied Medicaid eligibility based on non-co-operation.
 - 3. Persons receiving Medicaid under the Spend Down Program
 - 4. Persons who have commercial insurance
 - 5. Persons that receive Medicare.
 - 6. Insured persons requesting the discount for pharmacy only.

7. Patients on visitor visas not eligible.
- C. Steps to Apply For and Submit Financial Assistance
1. Patients can obtain an application in person at any of the Financial Counseling Center locations, including:
 - a. Hospital Hill- 2301 Charlotte, 4th floor; Cardiology-5th floor; GI-3rd floor; OB-6th floor.
 - b. University Health-2101 Charlotte, 3rd floor.
 - c. Lakewood-7900 Lee's Summit Rd, Lobby Bess Truman entrance.
 - d. Behavioral Health, Canvas Building-300 W 19th Ter., KC, MO 64108.
 - e. Lakewood Counseling Center- 300 SW 2nd, Lee's Summit, MO 64063.
 - f. Entry points of the hospital facilities: Main Lobbies and Emergency Departments.
 2. Requesting to have an application mailed to them by calling (816) 404-3040.
 3. Downloading an application through the TMC website:
www.trumed.org/patients-visitors/financial-services/financial-counseling.
- D. To process the application
1. Applications should be submitted to the FCC.
 2. A face to face interview will be necessary to receive assistance. Face to face interviews are available at the following locations:
 - a. HH- walk-in appointment, 4th Floor
 - b. LW- walk-in appointments north clinic entrance
 - c. LW- Financial Customer Service 404-3040
 - d. University Health-walk-in appointments (UH)-3rd floor
 - e. Behavioral Health-walk-in appointments
- II. Deadlines, Approval and Denial of Financial Assistance:
- A. The patient/guarantors shall be notified when TMC determines eligibility for financial assistance.
 - B. The application will include services dating 240 days from the first post discharge billing statement.
 - C. The approval for financial assistance will continue to be active for any services for the same patient for 6 months following the application date.
 - D. The patients/guarantors shall be informed in writing if financial assistance is denied and a brief explanation and date of ineligibility shall be given for the determination.
 - E. Applicants will have 30 days after the denial is issued to supply any missing information or required documentation. If the information and/or documents are not submitted timely, the application will remain denied.
 - F. Patients/Guarantors denied Medicaid eligibility based on non-co-operation may be denied Financial Assistance.
 - G. Patients/Guarantors that have any type of commercial insurance, Medicare or Medicaid under the Spend Down Program are not eligible for Financial Assistance.

- H. If an application is denied, Financial Counseling will
1. Notify the collection agency of the application to facilitate suspension of Extraordinary Collection Actions (ECA) if they have commenced.
 2. Notify Patient Accounts and collection agency if the application is approved, to facilitate refunds, if needed.

III. Measures taken to widely publicize the availability of Financial Assistance:

- A. Each TMC Facility shall clearly post signage in English to advise patients of the availability of Financial Assistance. Signs shall be posted in other languages in instances when required. Each TMC Facility will publish this policy, Plain Language Summary, and Patient Collection Policy to its page within the main TMC website, along with a link to the Financial Assistance Application. In addition to the website, the Financial Assistance Policy and Application will be made available in the main lobbies, Emergency Departments, by mail, or telephone to Financial Customer Service at 816-404-3040.

IV. Emergency Medical Treatment (EMTALA):

- A. Any patient seeking urgent or emergent care shall be treated without discrimination and without regard to a patient's ability to pay. TMC shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under EMTALA.

V. Covered Services

A. Service Fees/Co-pays

1. Service fees/co-pays will be requested of patients that are between 0%-200% FPL. A patient will get 100% discounted care with the exception of service fees and co-pays listed below. Clinical services will not be denied without this payment.
2. 0-100% FPL patient service fee
 - a. Outpatient Office call \$5.00
 - b. Emergency Room \$10.00
 - c. Inpatient 100% Discount
3. 101-200% FPL patient service fee
 - a. Outpatient Office call \$25.00
 - b. Emergency Room \$50.00
 - c. Inpatient \$100.00 per inpatient day

VI. Excluded Services

- A. The following services are excluded from the financial assistance policy:
1. Prepaid elective procedures, unless deemed medically necessary.
 2. Certain elective services such as non-medically necessary cosmetic services and self-improvement services.
 3. Dental clinic services at Lakewood

VII. Oral Surgery Patients

- A. Below is a list of services covered by the TMC Oral Surgery Discount for those patients who qualify for Financial Assistance.
 - 1. Routine Extraction
 - 2. Fractures
 - 3. Medical OMFS procedures for qualifying Jackson County residents
 - a. ex. Removal of cysts and growths
 - 4. Extractions for denture purposes
- B. Below is a list of service NOT covered by the TMC Oral Surgery Discount:
 - 1. IV Sedation
 - 2. Implants
 - 3. TMJ (office visits, x-rays, or surgery)
 - 4. Orthognathic (office visits, x-rays, or surgery)
 - 5. Treatment for chronic dental disease (ex. Gingivectomy)
 - 6. Any non-medical necessary procedure

VIII. Amount Generally Billed (AGB):

- A. Once a patient is identified as eligible for financial assistance, TMC shall not charge more to patients eligible for TMC financial assistance than the amount generally billed to patients who have insurance. The AGB is calculated by the prospective Medicare method

IX. Pharmacy Patients

- A. Patients qualifying for TMC Financial Assistance at 0-200% are eligible for assistance with select retail prescription medication. Patients may contact the Medication Assistance Program pharmacy for current list of available medications which are 100% Financial Assistance for the bulk replacement drugs.

X. Billing and Collection Policy

- A. The TMC Billing and Collection Policy can be obtained at the following locations:
 - 1. Hospital Hill address: 2301 Holmes, 4th floor, Cardiology 5th Floor, GI Clinic 3rd Floor, OB clinic 6th Floor.
 - 2. Lakewood FCC: 7900 Lee's Summit Rd, Beth Truman Entrance.
 - 3. University Health FCC: 2101 Charlotte, Suite 320.
 - 4. Behavioral Health, Canvas Building, 300 W. 19th Ter., KC,MO 64108.
 - 5. Lakewood Counseling Center, Lee's Summit, 300 SW 2nd, St 100, Lee's Summit, MO 64063.
 - 6. By mail Truman Medical Center, P.O Box 957924, St. Louis, MO 63195-7924.
 - 7. TMC website: www.trumed.org/patients-visitors/financial-services/financial-counseling.
 - 8. Entry points of hospital facilities: Main lobbies and Emergency Departments.
 - 9. By telephone: Financial Customer Service 816-404-3040.