

It is the policy of Via Christi Health (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

- a. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
- b. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
- c. Attachment B provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

2. DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- a. “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- b. “**Amount Generally Billed**” or “**AGB**” means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- c. “**Community**” means that Sedgwick County is part of the Wichita, Kansas Metropolitan Statistical Area (MSA), as defined by the United States Office of Management and Budget. The MSA is an area consisting of five counties in south central Kansas, anchored by the city of Wichita. The five counties include Butler, Harvey, Sedgwick, Sumner and Kingman and had a combined population of 637,989 in the 2013 American Community Survey.
- d. “**Emergency Care**” means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- e. “**Medically Necessary Care**” means care that is determined to be medically necessary following a determination of clinical merit by a licensed physician in consultation with

the admitting physician. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by admitting or referring physician.

- f. **“Organization”** means Via Christi Health.
- g. **“Patient”** means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

3. **Financial Assistance Provided**

- a. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
- b. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

251% - 300% FPL Base = 80% write off
301% - 350% FPL Base = 75% write off
351% - 399% FPL Base = 70% write of
- c. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Via Christi Health will consider Medical Indigence for applicants exceeding 400% of the FPL. When the total outstanding medical debt exceeds the gross household income for the past year the patient will be eligible for financial assistance not to exceed a 80% write off.
- d. For a Patient that participates in certain insurance plans that deem the Organization to be “out of network”, the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient’s insurance information and other pertinent facts and circumstances.
- e. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP Application”).
- f. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.

g. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:

1. Patient or family can appeal the Organization's decision regarding eligibility for charity care or financial assistance, by providing a written request of appeal to the financial counseling department. The reason for the appeal should be documented in the request. All requests should be mailed to: Financial Counseling/Appeals at 2770 N. Webb Road Wichita, KS 67226. Additional documentation may be requested during the appeal process.
2. All appeals will be considered by Kansas Surgery & Recovery Center's 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

4. **Other Assistance for Patients Not Eligible for Financial Assistance**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are not included here for the convenience of the community served by Via Christi Health.

- a. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

5. **Limitations on Charges for Patients Eligible for Financial Assistance**

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization will calculate the AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation and percentage may be obtained at Kansas Surgery & Recovery Center's physical location (2770 N. Webb Road Wichita, KS 67226).

6. **Applying for Financial Assistance and Other Assistance**

- a. A Patient may qualify for financial assistance by applying for financial assistance by submitting a completed FAP Application. A patient may be denied financial assistance if the

Patient provides false information on a FAP application . The FAP Application and FAP Application Instructions are available to any person seeking health care services at a VCH ministry. Written information about the VCH Financial Assistance Program and how to apply for financial assistance is provided as part of the admission process. Written notices, printed in any language commonly spoken in the communities we serve, are also posted in the ministry's general waiting area. In addition, a copy of this policy is posted on the ministry's website under the Financial Planning link. Patients may access both the policy and the VCH Financial Assistance Application. KSRC patient statements include a statement regarding financial assistance. Additional income and expenses information, such as investment documentation, bank statements, proof of any source of income, property appraisals, whole life insurance, burial policies and proof of any expenses may be requested upon review of the completed financial assistance application.

b. Patients or patient's families may also contact the following locations for information and assistance with the financial assistance program:

- Kansas Surgery & Recovery Center, 2770 N. Webb Road Wichita, KS 67226, 316-634-0090

7. **Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. This information may be obtained by accessing the KSRC website (ksrc.org) under the Financial Planning link.

8. **Interpretation**

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

9. **Reference**

Exhibit B
Exhibit C