

**RESOLUTION OF THE BOARD OF DIRECTORS OF WAMEGO HEALTH CENTER
2015 – 2018 IMPLEMENTATION PLAN**

The Board of Directors of Wamego Health Center adopts the following resolutions at a meeting duly held on May 31st, 2016, at which a quorum of Directors was present.

RECITALS

- A. Section 501(r) of the Internal Revenue Code and the regulations promulgated hereunder (collectively, "501(r)") imposes certain requirements on 501(c)(3) "hospital organizations" and "hospital facilities" (as those terms are defined in 501(r)). Each hospital facility is required, among other things, to conduct a community health needs assessment ("CHNA") and adopt an implementation strategy ("IS") to meet the identified health needs at least once every three (3) tax years.
- B. Pursuant to 501(r), Hospital conducted a CHNA for the community the Hospital serves, which the Board of Directors approved at its meeting on May 31st 2015-2016.
- C. Pursuant to 501(r), Hospital prepared an IS to meet the community health needs identified through the CHNA (each a "health need") that, with respect to each significant health need, either (1) describes how the Hospital plans to address the health need, or (2) identifies the health need as one the Hospital does not intend to address and explains the reason(s) for that determination.
- D. The Hospital's IS report is attached as Exhibit A.
- E. 501(r) requires that the Corporation's Board of Directors adopt the IS. Corporation's Bylaws require that the Wamego Health Center Board of Directors approve the strategies necessary to meeting community needs, which are set forth in the IS.

NOW, THEREFORE, in consideration of the foregoing:

BE IT RESOLVED that the Board of Directors hereby approves and adopts the IS that meets the community health needs identified in the CHNA for Corporation, attached as Exhibit A, subject to the approval and adoption of the Via Christi Health Board of Directors.

BE IT FURTHER RESOLVED that, subject to the approval and adoption of the Via Christi Health Board of Directors, the officers and management of the Corporation be, and they hereby are authorized and directed to take such other actions necessary or advisable to effect the IS in accordance with 501(r).

The above resolutions are adopted this 31st day of May, 2016, and made effective as of the same day.

 - Board Chairman
Wamego Health Center - Wamego, Kansas
Board of Directors Secretary

Wamego Health Center
2015 – 2018 Implementation Strategy Plan

Implementation Strategy Narrative

Overview

Service to the poor is a primary value at Wamego Health Center. In 2015, WHC contributed over \$612.4 thousand in community benefit; this included \$65,000 specifically to community benefit initiatives. Some examples of ways WHC has contributed include:

- Physicians volunteering at Community Health Ministries' Clinic
- Offering a free sports medicine clinic and concussion awareness program to all USD 320 athletes
- Providing the support of Licensed Clinical Therapists to Community Health Ministries' Clinic clients
- Coordinating Get Fit Wamego

In an effort to gain insights from the community for the purposes of planning and community improvement, Wichita State University's Center for Community Support and Research (CCSR) was contracted to conduct a community-wide needs assessment for Pottawatomie County, which included both secondary data and survey data. Secondary data, which is publicly available such as that from the Census survey, Kansas Behavioral Risk Factor Surveillance System (BRFSS), and others, was compiled for the most recent years available as a reference point for community input. Additionally, a community survey was conducted via the internet, mail, phone, and through administration at public locations or meetings to gather input from residents regarding their perceptions of community strengths and needs in 11 different topic areas (Quality of Life, Health, Mental Health, Social Issues, Children and Youth, Education, Aging, Housing, Transportation, Infrastructure, and Economics and Personal Finance). A total of 487 surveys were completed by Pottawatomie County residents. Although significant efforts were made to solicit participation by a representative sample of community members, the survey respondents were largely white, female, middle-aged or older, and more highly educated than the general population. While it is possible that opinions and concerns specific to underrepresented populations were not adequately reflected in the community survey, the overall picture of community perceptions of strengths and needs should provide a good starting point for further discussion and planning.

In the spring of 2015, WHC hosted a community listening session where input from the community was gathered. With community input, WHC identified top community health goals for the next 3 years.

The assessment and formal report is in alignment with the federal IRS community benefit reporting requirements that affect all State-licensed 501(c)(3) hospitals. The priorities identified in the assessment have been accepted by the Wamego Health Center Board of Directors.

Prioritized Needs

Physical Health (including physical activity, nutrition and tobacco use)

Data from sources such as the 2013 BRFSS indicate that residents of Pottawatomie County show fewer serious health concerns (e.g., hypertension, cancer, etc.) than average for Kansas and better than average rates of healthy behaviors. Additionally, the number reporting fair or poor health or lacking healthcare are lower than state averages. Community needs assessment survey data support this evidence that Pottawatomie County residents report being relatively healthy on average.

Both secondary data and survey data indicate that a large percentage of Pottawatomie residents get less physical activity than recommended, but nearly 60% believe that the community offers enough options for physical activity and that physical activity is valued.

“Get Fit Wamego” is a collaborative partnership in which WHC is a part. Get Fit Wamego is a 7-week program that includes a back to basics approach for a lifetime of health and wellness and is sponsored by WHC, Flint Hills Fitness, Wamego Public Library and Wamego Technology Center. Participants in this program learn the skills and strategies to build a lifetime health and fitness plan. Led by fitness and nutrition specialists, participants are inspired to set and reach their health goals. The program offers wellness training, accountability coaches, screenings (e.g. cholesterol, BMI, blood pressure, assessment by a certified dietician) and fitness classes led by certified instructors.

Secondary data show that Pottawatomie County residents are slightly less likely to consume enough fruits and vegetables than the state average; however, the majority of survey respondents indicate that they eat healthy in general. Responses were mixed on the survey questions regarding whether the community values healthy eating and the presence of adequate access to healthy food.

WHC volunteer gardeners work together to grow produce for those who are low-income and/or elderly who can no longer afford or unable to plant their own vegetable gardens. The Wamego Community Garden is located at the site of the First Baptist Church. Gardeners work together to grow produce and extra produce realized is donated to the local food pantry, WIC and nearby low-income housing communities. WHC assisted in writing a grant proposal that was funded and allowed for the construction of a greenhouse so that vegetables, hearty fruits and spices could be grown year-round.

Secondary data show that the number of persons who smoke in Pottawatomie County is slightly lower than state average (17.7% for Pottawatomie; 20% for Kansas). A relatively small number of survey respondents (8.6%) reported being current cigarette or tobacco product users, but 7.4% of respondents did not answer this question.

The top ranked needs for physical health in Pottawatomie County were facilities for physical activity (including parks, trails, and recreation centers), affordable health services, and affordable health insurance.

Mental Health

Secondary data from the 2013 BRFSS show that the percentage of Pottawatomie County residents who have experienced poor mental health is higher than the state average (12.9% for Pottawatomie, 9.7% for Kansas). The same is true for those who have experienced a depressive disorder in particular (26.6% for Pottawatomie versus 18.1% for Kansas). The community assessment survey also found that 7.6% of respondents had been diagnosed with mental illness of some type, with depression being the most common diagnosis.

Less than a quarter (21.6%) of the survey respondents agreed or strongly agreed with the statement, "This community has adequate mental health services for people who need them." Secondary data support this concern about a lack of accessible services.

The top needs related to mental health were focused on affordability and access to quality services, including more providers of mental health services, affordable mental health services and insurance, high quality services, and increased education and prevention regarding mental health. In order to address this need, WHC has made its licensed therapists available to work in partnership with the Community Health Ministries' Clinic through the Heritage Program. This program serves as a mental health clinic for senior adults in the City of Wamego and allows a person access to mental health care without driving to nearby Manhattan or Topeka Kansas in order to gain access.

Children and Youth

Secondary data show that children and youth in Pottawatomie County tend to be less likely to experience issues like poverty, perinatal and neonatal risks, substance use, and dropping out than is typical for the state.

Sixteen percent (16%) of respondents who have children reported that their child has been afraid to attend school or activities due to bullying.

Survey data indicate that while respondents are positive about the child care services and schools their children attend, they have concerns about the availability and affordability of child care, activities for children and youth, and employment opportunities for teens. Respondents also rated the community low in meeting the needs of mothers and children for whom English is not their first language.

Because achieving educational goals is important to the overall economic and health status of every resident living in and around Wamego, WHC is a proud partner in the mentoring program with the school district. Every year, all students entering into the Wamego High School, are assigned a mentor who will stay with that student for their four years of high school. That adult volunteer helps the student to realize their goal of academic success, and many times steers their career aspirations, into areas the student never thought about prior to their mentor encounter.

Aging

Although Pottawatomie County has a lower percentage of adults age 65 or older than is average for Kansas (7.3% vs. 14.0%), respondents to the survey were fairly positive about the community being supportive of healthy aging and the availability of resources for older adults. In an effort to make sure all Wamego residents have access to healthy food, WHC associates regularly assist in delivering Meals on Wheels to low income and/or home-bound elderly who are no longer able to prepare healthy meals.

Caregivers of older adults reported that there are not enough services specific to their needs (e.g., caregiver respite); however, respondents did not provide examples of services that might be helpful.

The top priorities as identified by respondents who were 55 or over were related to maintenance of health, independence, and relationships. The top needs as identified by all respondents (regardless of age) were focused on affordable and independent living options, mobility in the community, and affordable prescriptions.

Infrastructure

While the environment (i.e., clean, good air quality) and many of the essential services (e.g., fire department, library) in Pottawatomie County are rated highly, options for navigating the county and lack of affordable housing were again rated lower than many other features; however, even the lower rated services/ features were still considered to be “fair.”

WHC is very concerned about the “green” spaces and keeping them clean. So, in partnership with their employees work to keep a mile of their highway clean by periodically performing clean-up duty to avoid road hazards and sanitary conditions in their city.

Needs That Will Not Be Addressed

Social Issues

Both secondary and survey data paint a fairly positive picture of Pottawatomie County regarding common social issues (e.g., crime, poverty, drop-out rates). Rates of poverty, youth substance abuse, and crime are lower than state averages, but secondary data show a possible issue with adult binge drinking. Survey responses note concerns about substance abuse for youth and adults, manufacture and selling of drugs (e.g., methamphetamine), inattentive driving, and poverty.

While these issues are considered disparities in health care, they ultimately are related to a person’s overall wellbeing. However, the cost of directly impacting a person with these co-morbid issues is challenging when substance abuse is identified as a major player. Given the resources the hospital currently has to address this need, becoming a primary player is slim except through community partnerships. WHC is willing to partner with other groups, including law enforcement, on combatting these issues when adequate resources are available; however, the State of Kansas has seen a substantial drop in funding for many programs that fall into this area of concern.

Education

Secondary data from Kansas Action for Children (Kansas Kids Count) show that Pottawatomie County fares well regarding education except when comparing the number of Early Head Start slots and schools offerings to all-day/every day Kindergarten to the state average.

Survey respondents rated the quality of schools and updated technology high. The availability of afterschool activities and the amount spent per student were the lowest rated items. The primary needs as identified by respondents were recruiting and keeping good teachers, increased expectations for students and parental involvement, equality in funding among districts, and more arts activities for students.

Given the high ranking of the schools, and the continued and growing partnership between the district and WHC, future programming was not seen to be a priority need at the present time.

Housing

Housing values in Pottawatomie County are well above average for the state (\$152,900 versus \$129,500 for Kansas). At the same time, residents in Pottawatomie County are more likely than is typical to own their home (77.9% as compared to 68.2% for Kansas).

Over 60% of survey respondents agreed that there is a lack of affordable housing in the community. Variety of affordable housing options was identified as the number one need for Pottawatomie County along with higher quality rentals, neighborhood improvement, and issues related to the maintenance of properties

Housing costs are beyond the scope and financial resources of WHC. While, active in the Chamber, WHC keeps an eye on housing costs but there is relatively little WHC can do to influence the prices to become more affordable when the demand for housing continues to grow in the area.

Economics and Personal Finance

Secondary data show Pottawatomie County to be relatively prosperous with higher than average median household income, median housing value, and per capita sales; however, survey respondents indicate a lack of well-paying job opportunities. The goods and services that are most often purchased in the community are banking, grooming/salon, and medical. The primary needs identified by respondents are related to availability of jobs and small business development, assistance to families for basic needs, assistance in finding jobs, and assistance with personal financial management.

Transportation

Pottawatomie County residents are more likely to have access to multiple vehicles for daily use than is typical for the state, but also experience more commute time alone and issues with traffic safety (i.e., lack of seat belt use, traffic-related injuries and death).

Although few survey respondents reported lack of transportation as a daily impediment, the needs they identified were largely related to increasing transportation options and routes (i.e., for bikes and pedestrians) and the maintenance and improvements of road conditions.

Transportation for medical appointments, when doctors are located outside of Wamego area, can be challenging for elderly drivers. So, WHC is aware of the issue and continues to work with its neighboring hospital (Via Christi Hospital – Manhattan) in providing access to specialists when needed.

Summary of Implementation Strategy

- **Physical Health**

Strategy:

- Low-income households and elderly populations living in and around Wamego will have greater access to fresh vegetables and fruits through the Wamego Community Garden.
- WHA staff, in collaboration with other community partners, will look for additional resources to expand the Wamego Community Garden produce.

Anticipated impact:

- Increase in the number of Wamego residents participating in harvesting the produce at the Wamego Community Garden.
- Increase the percentage of Wamego residents reported eating fresh vegetables and fruits per day in future survey efforts.

- **Mental Health**

Strategy:

- Low-income households who rely on the Community Health Ministries Clinic as their medical home will be able to access mental health services when needed.
- WHC staff, in collaboration with Community Health Ministries Clinic will continue to work together to ensure adequate mental health services are available to people living and/or working in the Wamego area.

Anticipated impact:

- Decrease in the number of domestic violence cases being reported in the Wamego area.
- Increase in awareness that mental health assistance is available through the collaboration between Community Health Ministries Clinic and WHC.
- Decrease in the number of suicides among adults in Wamego area.

- **Children and Youth**

Strategy:

- Continuation and support of the high school mentoring project through the donation of time, talent and treasure.

Anticipated impact:

- Continuation and increase in the number of youth graduating from Wamego High School due to the one-on-one matches of adult mentors when compared to the State of Kansas as a whole.
- An increase in the number of youth registering for college courses and/or technical training.

- **Aging**

Strategy:

- Continuation and support of the delivery of Meals on Wheels to homebound elderly living in and around Wamego.

Anticipated impact:

- Continuation and increase in the number of elderly being able to live independently in their own homes.
- An increase in awareness of other needs that home-bound elderly could benefit from in order to increase their quality of life.

- **Infrastructure**

Strategy:

- In collaboration with Via Christi Hospital – Manhattan, participate in area-wide green team initiatives.

Anticipated impact:

- Increase awareness for people's need to recycle limited resources.
- Increase awareness of the need to keep yards free from debris and trash to keep the community clean, safe and relatively attractive for all who live and visit Wamego.

To see complete Community Health Needs Assessment go to:

<http://wamegohealthcenter.org/wp-content/uploads/2014/10/Community-Needs-Assessment-2015.pdf>

**UNANIMOUS CONSENT RESOLUTION
OF THE BOARD OF DIRECTORS
OF WAMEGO HOSPITAL ASSOCIATION**

The Board of Directors of Wamego Hospital Association (“Hospital”) adopts the following resolutions by unanimous written consent as though such action was taken at a duly noticed and called meeting of the Board of Directors:

RECITALS

- A. Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder (collectively, “501(r)”) impose certain requirements on 501(c)(3) “hospital organizations” and “hospital facilities” (as those terms are defined in 501(r)). Each hospital organization is required, among other things, to adopt one or more policies that are intended to satisfy the requirements of 501(r) and address the manner in which the hospital facility (1) provides financial assistance for emergency and medically necessary care to patients who qualify, (2) limits charges to patients who qualify for financial assistance, and (3) bills and collects from patients.
- B. Ascension Health has adopted revised Policy 16 (Financial Assistance for Those in Need and Billing and Collection Practices), and new Procedures M-1 (Financial Assistance for Those in Need) and M-2 (Billing and Collection Practices), which collectively set forth the general terms on which Ascension Health and its subsidiaries, including Hospital, provide financial assistance to patients, limit charges to patients, and will engage in billing and collection practices, all in accordance with 501(r).
- C. Included within Procedure M-1 is a financial assistance policy (“FAP”) template (including attachments thereto) that specifies the terms on which Hospital will provide financial assistance to patients and specifies the limitations on charges to such patients, all in a manner intended to satisfy the requirements of 501(r). Hospital staff has tailored that FAP template to include details specific to Hospital and to include any related additional legal requirements imposed on Hospital by applicable state law. The Hospital’s finalized FAP is attached as **Exhibit A**.
- D. Included within Procedure M-2 is a billing and collection policy (“BCP”) template that specifies the terms on which Hospital will engage in billing and collection practices in a manner intended to satisfy the requirements of 501(r). Hospital staff has tailored that BCP template to include details specific to Hospital and to include any related additional legal requirements imposed on Hospital by applicable state law. The Hospital’s finalized BCP is attached as **Exhibit B**.
- E. 501(r) requires that the Hospital’s Board of Directors adopt the FAP and BCP.

NOW, THEREFORE, in consideration of the foregoing:

BE IT RESOLVED that the Board of Directors hereby approves and adopts the FAP and BCP for Hospital, attached as **Exhibits A and B**, respectively.

BE IT FURTHER RESOLVED that the officers and management of the Hospital be, and they hereby are authorized and directed to make the FAP and BCP available to the public in compliance with 501(r) and Procedures M-1 and M-2, take such other actions necessary or advisable to comply with Policy 16 and Procedures M-1 and M-2, and to give effect to the FAP and BCP in accordance with 501(r).

The above resolutions are adopted by unanimous written consent and made effective June 30, 21016.



Robert Copple

Michael Leitch

William Ditto, DDS

Sr. Lois O'Malley, CSJ

Dwight Faulkner

Merl Page

Dave Gambino

Casey Poell, M.D.

Mark Knackendoffel

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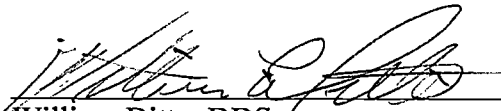
NOW, THEREFORE, in consideration of the foregoing:

BE IT RESOLVED that the Board of Directors hereby approves and adopts the FAP and BCP for Hospital, attached as **Exhibits A and B**, respectively.

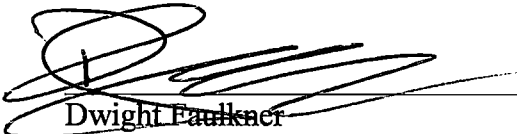
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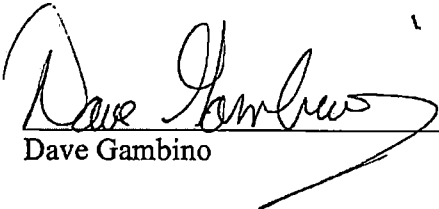
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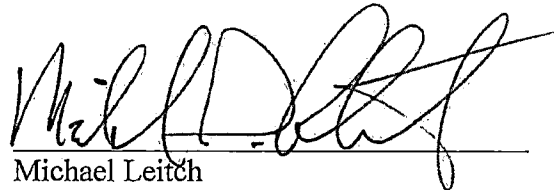
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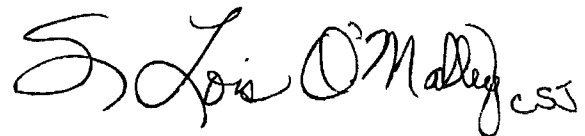
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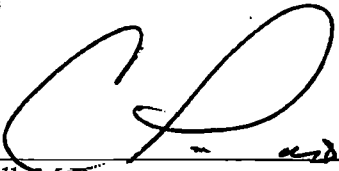
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1. POLICY/PRINCIPLES

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.

Via Christi Hospital Manhattan and Wamego Health Center community is defined as Riley, Pottawatomie and Geary counties.

Via Christi Hospital Pittsburg community is defined as Crawford, Bourbon and Cherokee County.
- 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 P.O. Box 3870, Wichita, KS 67201. Additional documentation may be requested during the appeal process.
2. All appeals will be considered by Via Christi Health'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 two AGB percentages – one for inpatient services and one for outpatient services – both 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). See Attachment/Exhibit C. A free copy of the AGB calculation and percentage may be obtained by accessing the VCH website (viachristi.org) under the Patients and Visitors tab by following the Billing and Collections link.

6. Applying for Financial Assistance and Other Assistance

- a. A Patient may qualify for financial assistance through presumptive scoring eligibility or 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 or in connection with the presumptive scoring eligibility process. 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, emergency department and in such other locations as the ministry deems likely to inform patients of the existence of the VCH Financial Assistance Program. In addition, a copy of this policy is posted on the VCH website under the Patients and Visitors tab by following the Billing and Collections link. Patients may access both the policy and the VCH Financial Assistance Application. VCH 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:
- Via Christi Hospitals in Wichita, 929 N. St. Francis Wichita KS 67214, 316-268-5178, option #2
 - Via Christi Hospitals in Pittsburg, One Mt. Carmel Way Pittsburg KS 66762, 620-232-0198, option #2
 - Via Christi Hospitals in Manhattan, 1823 College Avenue Manhattan KS 66502, 785-565-4794, option #2
 - Wamego Health Center, 711 Genn Drive Wamego KS 66547, 785-458-7000, option #2

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. A free copy of the billing and collections policy may be obtained by accessing the VCH website (viachristi.org) under the Patients and Visitors tab by following the Billing and Collections 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**

Attachment / Exhibit B
Attachment / Exhibit C

Attachment / Exhibit B

Via Christi Health, Inc.

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

5/23/16

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP).

Via Christi Hospitals Wichita, Inc.
Via Christi Hospital St. Teresa, Inc.
Via Christi Rehabilitation Hospital
Via Christi Hospitals in Pittsburg, Inc.
Via Christi Hospitals in Manhattan, Inc.
Wamego Health Center

Physicians covered by the FAP:

South Sound Inpatient Physicians, PLLC d/b/a Sound Physicians of Kansas
Via Christi Hospital employed physicians
CEP America, LLC
Southcentral Pathology Laboratory, P.A.
Kansas Imaging Consultants, P.A.
Anesthesia Consulting Services, P.A.
Kansas Professional Anesthesia, P.A.
Pathology Laboratory Associates, Inc.
Peterson Laboratory Services, P.A.
Manhattan imaging, LLC
Via Christi Clinic, P.A.
Anesthesia Associates
Anesthesia Care of Manhattan

Attachment / Exhibit C

Via Christi Health

AMOUNT GENERALLY BILLED CALCULATION

6/17/16

Via Christi Health calculates two AGB percentages – one for hospital facility charges and one for professional fees – both 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 IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentages for Via Christi Health are as follows:

AGB for hospital facility charges:

<u>Facility Name</u>	
McPherson Hospital	52.0%
Via Christi Hospital Manhattan	36.0%
Via Christi Hospitals Wichita	27.6%
Via Christi Hospital Pittsburg	40.4%
Via Christi Rehabilitation Center	43.8%
Wamego City Hospital	71.6%

AGB for physicians’ professional fees:

<u>Facility Name</u>	
Via Christi Clinic’s	56.1%

These AGB percentages are calculated by dividing the sum of the amounts of all of the hospital facility’s claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility (separately for facility charges and professional services) by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

Notwithstanding the foregoing AGB calculation, Via Christi Hospital St. Teresa has chosen to apply a lower AGB percentage as follows:

AGB:	27.6%
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1. POLICY/PRINCIPLES

- A. It is the policy of Via Christi Health (the “Organization”) to ensure a socially just practice for providing emergency or medically necessary care at the Organization pursuant to its Financial Assistance Policy (or FAP). This Billing and Collection Policy is specifically designed to address the billing and collection practices for Patients who are in need of financial assistance and receive care at the Organization.
- B. All billing and collection practices 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. The Organization’s employees and agents shall behave in a manner that reflects the policies and values of a Catholic-sponsored facility, including treating Patients and their families with dignity, respect and compassion.
- C. This Billing and Collection Policy applies to all emergency and other medically necessary services provided in the Organization, including employed physician services and behavioral health. This Billing and Collection Policy does not apply to payment arrangements for elective procedures.

2. DEFINITIONS

- A. “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- B. “**Application Period**” means the period during which a FAP Application may be submitted to the Organization. The Application Period begins on the earlier of the date the FAP Application is submitted or the date care is provided and ends on the date specified in an Application Period Termination Notice.
- C. “**Application Period Termination Notice**” means a written notice stating the deadline after which the Organization will no longer accept and process a FAP Application submitted (or, if applicable, completed) by the Patient for the previously provided care at issue, with the deadline specified in the written notice being no earlier than the later of (a) thirty (30) days after the date that the written notice is provided, (b) 240 days after the date that the first post-discharge billing statement was provided for the previously provided care, or (c) in the case of a Patient who has been deemed presumptively eligible for Financial Assistance less than 100%, then end of a reasonable time to apply for Financial Assistance as described herein. The Application Period Termination Notice may be a separate written document or may be language included within another written notice sent to Patient.
- D. “**Extraordinary Collections Actions**” or “**ECAs**” means any of the following collection activities that are subject to restrictions under 501(r):
 - a. Selling a Patient’s debt to another party, unless the purchaser is subjected to certain restrictions as described below.

- b. Reporting adverse information about the Patient to consumer credit reporting agencies or credit bureaus.
 - c. Deferring or denying, or requiring a payment before providing, medically necessary care because of a Patient's nonpayment of one or more bills for previously provided care covered under the FAP.
 - d. Actions that require legal or judicial process, except for claims filed in a bankruptcy or personal injury proceeding. These actions include, but are not limited to,
 - i. placing a lien on the Patient's property,
 - ii. foreclosing on a Patient's property,
 - iii. placing a levy against or otherwise attaching or seizing a Patient's bank account or other personal property,
 - iv. commencing a civil action against a Patient, and
 - v. garnishing a Patient's wages.
 - e. An ECA does not include any of the following (even if the criteria for an ECA as set forth above are otherwise generally met):
 - i. the sale of a Patient's debt if, prior to the sale, a legally binding written agreement exists with the purchaser of the debt pursuant to which
 - ii. the purchaser is prohibited from engaging in any ECAs to obtain payment for the care;
 - iii. the purchaser is prohibited from charging interest on the debt in excess of the rate in effect under section 6621(a)(2) of the Internal Revenue Code at the time the debt is sold (or such other interest rate set by notice or other guidance published in the Internal Revenue Bulletin);
 - iv. the debt is returnable to or callable by the Organization upon a determination by the Organization or the purchaser that the Patient is eligible for Financial Assistance; and
 - v. the purchaser is required to adhere to procedures specified in the agreement that ensure that the Patient does not pay, and has no obligation to pay, the purchaser and the Organization together more than he or she is personally responsible for paying pursuant to the FAP if the Patient is determined to be eligible for Financial Assistance and the debt is not returned to or recalled by the Organization;
 - f. any lien that the Organization is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to a Patient as a result of personal injuries for which the Organization provided care; or
 - g. the filing of a claim in any bankruptcy proceeding.
- E. "FAP" means the Organization's Financial Assistance Policy, which is a policy to provide Financial Assistance to eligible Patients in furtherance of the Organization's and Ascension Health's mission and in compliance with 501(r).

- F. **“FAP Application”** means the application for Financial Assistance.
- G. **“Financial Assistance”** means the assistance the Organization may provide to a Patient pursuant to the Organization’s FAP.
- H. **“Organization”** means Via Christi Health , which is part of Ascension Health. To request additional information, submit questions or comments, or submit an appeal, you may contact the office listed below or as listed in any applicable notice or communication you receive from the Organization:
- Via Christi Hospitals in Wichita, 929 N. St. Francis Wichita KS 67214, 316-268-5178, option #2
 - Via Christi Hospitals in Pittsburg, One Mt. Carmel Way Pittsburg KS 66762, 620-232-0198, option #2
 - Via Christi Hospitals in Manhattan, 1823 College Avenue Manhattan KS 66502, 785-565-4794, option #2
 - Wamego Health Center, 711 Genn Drive Wamego KS 66547, 785-458-7000, option #2
- I. **“Patient”** means an individual receiving care (or who has received care) from the Organization and any other person financially responsible for such care (including family members and guardians).

3. **BILLING AND COLLECTION PRACTICES**

- A. The Organization maintains an orderly process for regularly issuing billing statements to Patients for services rendered and for communicating with Patients. In the event of nonpayment by a Patient for services provided by the Organization, the Organization may engage in actions to obtain payment, including, but not limited to, attempts to communicate by telephone, email, and in-person, and one (1) or more ECAs, subject to the provisions and restrictions contained in this Billing and Collection Policy.
- B. Pursuant to 501(r), this Billing and Collection Policy identifies the reasonable efforts the Organization must undertake to determine whether a Patient is eligible under its FAP for Financial Assistance before it engages in an extraordinary collection action, or ECA. Once a determination is made, the Organization may proceed with one or more ECAs, as described herein.
- 1) FAP Application Processing. Except as provided below, a Patient may submit a FAP Application at any time during the Application Period. The Organization will not be obligated to accept a FAP Application after the Application Period unless otherwise specifically required by 501(r). Determinations of eligibility for Financial Assistance will be processed based on the following general categories.
 - 2) Complete FAP Applications. In the case of a Patient who submits a complete FAP Application during the Application Period, the Organization shall, in a timely manner,

suspend any ECAs to obtain payment for the care, make an eligibility determination, and provide written notification, as provided below.

- 3) **Presumptive Eligibility Determinations.** If a Patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP (for example, the determination of eligibility is based on an application submitted with respect to prior care), the Organization will notify the Patient of the basis for the determination and give the Patient a reasonable period of time to apply for more generous assistance before initiating an ECA.
- 4) **Notice and Process Where No Application Submitted.** Unless a complete FAP Application is submitted or eligibility is determined under the presumptive eligibility criteria of the FAP, the Organization will refrain from initiating ECAs for at least 120 days from the date the first post-discharge billing statement for the care is sent to the Patient. In the case of multiple episodes of care, these notification provisions may be aggregated, in which case the timeframes would be based on the most recent episode of care included in the aggregation. Before initiating one (1) or more ECA(s) to obtain payment for care from a Patient who has not submitted a FAP Application, the Organization shall take the following actions:
 - i. Provide the Patient with a written notice that indicates Financial Assistance is available for eligible Patients, identifies the ECA(s) that are intended to be taken to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date the written notice is provided;
 - ii. Provide the Patient with the plain language summary of the FAP; and
 - iii. Make a reasonable effort to orally notify the Patient about the FAP and the FAP Application process.
- 5) **Incomplete FAP Applications.** In the case of a Patient who submits an incomplete FAP Application during the Application Period, the Organization shall notify the Patient in writing about how to complete the FAP Application and give the Patient thirty (30) calendar days to do so. Any pending ECAs shall be suspended during this time, and the written notice shall (i) describe the additional information and/or documentation required under the FAP or the FAP Application that is needed to complete the application, and (ii) include appropriate contact information.
- 6) **Termination of the FAP Application Period.** The Application Period may be terminated by the Organization by delivering a written Application Period Termination Notice to the Patient.
- 7) **Restrictions on Deferring or Denying Care.** In a situation where the Organization intends to defer or deny, or require a payment before providing, medically necessary care, as defined in the FAP, because of a Patient's nonpayment of one or more bills for previously provided care covered under the FAP, the Patient will be provided a

FAP Application and a written notice indicating that Financial Assistance is available for eligible Patients. Patient may also be given an Application Period Termination Notice.

8) Determination Notification.

i. Determinations. Once a completed FAP Application is received on a Patient's account, the Organization will evaluate the FAP Application to determine eligibility and notify the Patient in writing of the final determination within forty-five (45) calendar days. The notification will include a determination of the amount for which the Patient will be financially responsible to pay. If the application for the FAP is denied, a notice will be sent explaining the reason for the denial and instructions for appeal or reconsideration.

ii. Refunds. The Organization will provide a refund for the amount a Patient has paid for care that exceeds the amount the Patient is determined to be personally responsible for paying under the FAP, unless such excess amount is less than \$5.00.

iii. Reversal of ECA(s). To the extent a Patient is determined to be eligible for Financial Assistance under the FAP, the Organization will take all reasonably available measures to reverse any ECA taken against the Patient to obtain payment for the care. Such reasonably available measures generally include, but are not limited to, measures to vacate any judgment against the Patient, lift any levy or lien on the Patient's property, and remove from the Patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.

9) Appeals. The Patient may appeal a denial of eligibility for Financial Assistance by providing additional information to the Organization within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Organization for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. An appeal does not otherwise extend or reset the application process provided in this Billing and Collection Policy.

10) Collections. Upon conclusion of the above procedures, the Organization may proceed with ECAs against uninsured and underinsured Patients with delinquent accounts, as determined in the Organization's procedures for establishing, processing, and monitoring Patient bills and payment plans. Subject to the restrictions identified herein, the Organization may utilize a reputable external bad debt collection agency or other service provider for processing bad debt accounts, and such agencies or service providers shall comply with the provisions of 501(r) applicable to third parties.