

## ASCENSION VIA CHRISTI

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Manual Name:	Ascension Via Christi Policy Manual
Section Name:	Financial
Policy Number:	F-22
Title of Policy:	Patient Financial Assistance
Original Effective Date:	March 30, 2006
Board Approval Date:	March 30, 2006
Review Date:	June 15, 2020
Revision Date:	July 1, 2019
Revision Number:	2016(09)
Responsible Senior Leader:	Chief Financial Officer

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### 1. POLICY / PRINCIPLES:

It is the policy of Ascension 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. SCOPE:

This policy applies to all Ascension Via Christi ministries, including Ascension Via Christi Health, Inc., and its wholly owned or controlled subsidiaries.

### 3. DEFINITIONS:

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

- a. **501(r)** - refers to Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- b. **Amount Generally Billed** or "**AGB**" -, 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. Ascension Via Christi Hospital Manhattan and Wamego Health Center community is defined as Riley, Pottawatomie and Geary counties. Ascension Via Christi Hospital Pittsburg community is defined as Crawford, Bourbon, Cherokee and Linn counties.
- d. **Emergency Care** - 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** - 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** - Ascension Via Christi Health.
- g. **Patient** - 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.
- h. **Catchment** - defines those communities who fall within the Community Health Needs Assessment (CHNA) and therefore are eligible for financial assistance, if meeting the qualifications of the application process and policy guidelines.

#### 4. PROCEDURES:

##### a. Financial Assistance Provided

- (1) 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.
- (2) 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 = 85% write off
  - 301% - 350% FPL Base = 80% write off
  - 351% - 399% FPL Base = 75% write off
- (3) 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. Ascension 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 an 85% write off.

- (4) 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.
- (5) 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”).
- (6) Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
- (7) The process for Patients and families to appeal an Organization’s decisions regarding eligibility for financial assistance is as follows:
  - (a) 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.
  - (b) All appeals will be considered by Ascension 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.
- (8) Self pay copays are required per visit per encounter.

Standard Self Pay Copay Amounts:

- ED: \$100/visit
- Observation Stay: \$100/visit
- Inpatient Stay: \$100/visit

NOTE: Inpatient co-pay is inclusive of all visits the patient has while an inpatient.

- Hospital Based Outpatient Visit: \$25/visit
- Ambulatory Clinics: \$25/visit
- Wichita Residency Clinic: \$15/visit
  - VC Psych Clinic
  - S Clifton Family Medicine
  - Chang Family Medicine

- (9) If a patient lives outside of the defined catchment area where they are seeking services, they are not eligible to apply for financial assistance and other means of payment should be established if the patient chooses to have treatment at an Ascension Via Christi facility. In addition, the patients’ location to other facilities in their home community, who provide the same services will be explored.
  - (a) If a patient is treated through the Emergency Department for an emergent service, is admitted to the hospital from the Emergency Department or is a Direct Admit, the catchment area will be waived for that date of service only.
  - (b) If a patient who lives outside the defined catchment area is referred to an Ascension Via Christi facility and has an order from the referring physician for a service not available within their home community and the service is medically necessary. Ascension Via Christi will review those services that qualify for financial assistance

with a completed application and supporting documents. The patient must fully comply with the application process and policy guidelines.

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

- (1) 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 included here for the convenience of the community served by Ascension Via Christi Health.
- (2) 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.

c. **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). A free copy of the AGB calculation and percentage may be obtained by contacting the Financial Assistance Department at 316-268-5178, option #2.

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

- (1) 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 an AVCH ministry. Written information about the AVCH 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 AVCH Financial Assistance Program. In addition, a copy of this policy is posted on the AVCH website under the Patients and Visitors tab by following the Billing and Collections link. Patients may access both the policy and the AVCH Financial Assistance Application. AVCH 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.
- (2) Patients or patient's families may also contact the following locations for information and assistance with the financial assistance program:
  - Ascension Via Christi Hospitals in Wichita, 929 N. St. Francis, Wichita, KS 67214, 316-268-5178, option #2

- Ascension Via Christi Hospitals in Pittsburg, One Mt. Carmel Way, Pittsburg, KS 66762, 620-232-0198, option #2
- Ascension 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

e. **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 AVCH website (viachristi.org) under the Patients and Visitors tab by following the Billing and Collections link.

f. **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.

5. **References:**

B - Provider Listing

C - Amount Generally Billed Calculations

(Note: Contact Sr. Director of Patient Access for most current copies of references.)

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Responsible Executive - Signature

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Board Committee Chairperson -Signature (if required)

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Title