

Southwest Medical Center
Charity Care Policy-Plain Language Summary
October 1, 2015

The Southwest Medical Center Charity Care Policy exists to provide eligible patients discounted emergent or medically-necessary hospital care. Patients seeking Charity Care must apply for the program, which is summarized below.

Eligible Services- Emergent and/or medically necessary healthcare services provided by Southwest Medical Center.


Eligible Patients- Patients receiving eligible services, who meet citizenship/lawful status requirements, who submit a Charity Care Application (including related documentation/information), and who are determined eligible for Charity Care by the Southwest Medical Center Financial Services Management.

How To Apply – Charity Care Applications may be obtained/completed/submitted as follows:

- Obtain and/or complete an application at Southwest Medical Center's admissions desk or at patient financial services.
- Request to have an application mailed to you by calling 620-629-6768.
- Request an application by mail at Southwest Medical Center, PO Box 1340, Liberal, KS, 67905.
- Download an application through the Southwest Medical Center website: www.swmedcenter.com.
- Obtain information about the Charity Care Policy from the United Methodist Mexican American Ministries in Liberal.

Determination of Charity Care Eligibility- Generally, patients are eligible for charity care based on their income level. Patients with family income of 200% of the federal poverty guidelines or less may be eligible for a discount of 100%. See current monthly gross income levels on Schedule A of the Charity Care Policy at www.swmedicalcenter.com. Eligible patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) than those patients who have insurance.

This summary, the Charity Care Policy, and Charity Care Application are available in Spanish at the locations listed above.

 Liberal, KS 67901	Manual: Administrative Department: Organization Wide	Effective Date: December 1, 2015
	Title: Uncompensated Care	Policy #: FIN107
	Signature: See Signature Page	Supersedes:

I. PURPOSE:

This Policy is intended as a guideline to define the parameters of the eligibility requirements and assistance offered under the Policy. This Policy also serves to meet the requirements set forth in the Internal Revenue Code Section 501(r).

II. SCOPE:

This Charity Care Policy applies to Southwest Medical Center Hospital and the following providers:

Southwest Internal Medicine
 Southwest Medical Center Skilled Nursing Facility
 Southwest Professional Physicians Clinic

This Charity Care Policy does not apply to the following providers:

Liberal Anesthesia Consultants, LLC
 Dermatology Laser Center, LLC
 Doctors Office, LLC
 Liberal Family Medicine
 Rick J Fitzgerald, MD
 Gill Internal Medicine, LLC
 Southwest Family Medicine, LLC
 Cancer Center of Kansas
 Sharon Mitchell, MD
 Ob-Gyn Associates of SW Kansas CHR
 Suhail Ansari, MD
 Cimarron Pathology
 Southwest Pediatrics
 Mariana E Lucero, MD
 Central Care Cancer Center
 Raymond B Leidich, MD
 Um Western Kansas Mexican American (FQHC)
 Mona Rane, MD
 Southwest Medical Center Radiology
 Liberal Urgent Care, LLC
 Jury Farrar & Associates
 Seward County Health Department
 Eaglemed, LLC

Liberal Diagnostics, LLC
Fresenius Medical Care – Liberal
Rural Kansas Emergency Physicians, LLC
Seward County EMS
Southwest Guidance Center
United Radiology Group

III. POLICY

- A. Southwest Medical Center is committed to providing charity care to persons who have eligible healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for emergency or medically necessary care based on their individual financial situation. The Southwest Medical Center Charity Care Policy (“Policy”) is consistent with the hospital’s mission and values:

Mission: We Care
Values: Worth and dignity of all individuals;
Excellence in providing professional and competent services;
Compassion in the provision of care;
Accountable for quality care and continuous improvement;
Respectful of others as individuals;
Effective stewardship of community resources.

All individuals who come to the Southwest Medical Center Emergency Department, or on to Southwest Medical Center property, for an examination or treatment for a medical condition will be screened to determine whether an emergency medical condition exists consistent with Southwest Medical Center’s Emergencies Policy. Neither the initial medical screening nor life-saving treatment will be impeded by inquiries about the individual’s method of payment or insurance status.

Eligibility Criteria

1. Patients who are determined to be financially indigent with a gross household income of 0% to 200% of the Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a charity care discount of 100% reduction from gross charges (full write-off). See Schedule A of the Charity Care Discount Guidelines for current Federal Poverty Guidelines. Patients who are self-pay, or who have an outstanding bill after all insurance payments have been received, may qualify for charity care in this category.
2. Patient must be a U.S. Citizen, legal permanent resident of the United States, or lawfully present and work-authorized in the United States. Unexpired documentation of lawful status and employment authorization, as listed on the U.S. Citizenship and Immigration Services Form I-9, must be submitted.

Services Not Covered Under this Policy

Southwest Medical Center

1. Southwest Medical Center reserves the right to limit the services covered by the Policy. Services not covered by this Policy include, but are not limited to: non-medically necessary treatment.

Medical necessity will be determined based on Medicaid guidelines for coverage.

Limitation on Charges

1. In the case of emergency or other medically necessary care, a patient who is eligible for assistance under this Policy will not be charged more than the amounts generally billed (AGB) to individuals who have insurance covering such care. The AGB is 42% of gross charges, which is determined by dividing the sum of all claims for emergency and other medically necessary care that have been paid in full to the hospital during a prior 12-month period by the sum of the associated gross charges for claims paid by both Medicare fee-for-service and all private health insurers as primary payers, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-payments, co-insurance, or deductibles.

Limitation on Charges

1. Application for charity care can be initiated by a patient in person at admissions or at patient financial services; over the phone by calling 620-629-6768; through the mail at Southwest Medical Center, PO Box 1340, Liberal, KS, 67905; or via the Southwest Medical Center website www.swmedcenter.com.

It is ultimately the patient's responsibility to provide the necessary information to qualify for charity care. There is no assurance that the patient will qualify for charity care.

Measures to Publicize The Charity Care Policy

1. The following measures are used to publicize the Policy to the community and patients:
 - a. Posting the Charity Care Policy, Charity Care Application and a summary of the Policy on the Southwest Medical Center website at the following location: www.swmedcenter.com.
 - b. Providing paper copies of the Policy, application and summary of the Policy upon request in admissions and patient financial services at Southwest Medical Center.
 - c. Posting notices about the Policy in the emergency department, admitting areas and the patient financial services office of Southwest Medical Center.
 - d. Distributing an information sheet about the Policy to United Methodist Mexican American Ministries.

- e. Offering a plain language summary of the Policy and offering a charity care application to patients as part of the intake or discharge process.
- f. Informing patients about the Policy in person or during billing and customer service phone contacts.
- g. Including a conspicuous written notice on billing statements that notifies and informs patients about the availability of charity care under the Policy and includes the telephone number of the department that can provide information about the Policy and the application process, and the web site address where copies of the Policy, application form and plain language summary of the Policy may be obtained.

Billing and Collection Policy

- 1. The patient has, in general, 240 days after the date of the first post-discharge billing statement to submit a Charity Care Application. After the patient's bill is reduced by the discounts based on the Charity Care Eligibility Guidelines, the patient is responsible for the remainder of the outstanding patient account balances. Patients will be invoiced for any remaining amounts in accordance with this Policy.
 - a. Processes, Time Frames and Notifications:
 - i. The hospital must refrain from initiating Extraordinary Collection Actions (ECA's) for at least 120 days from the date of the first post-discharge billing statement.
 - ii. The hospital must notify the patient about the Charity Care Policy before initiating any Extraordinary Collection Actions. The hospital must make a reasonable effort to orally notify the individual about the Policy and how to obtain assistance with the process. The hospital must also provide a written statement to the individual with the following information:
 - 1. States availability of charity care;
 - 2. Identifies the ECA's that hospital intends to initiate;
 - 3. States deadline after which ECA's may be initiated, which can be no earlier than 30 days after this written notice; and
 - 4. Includes a plain language summary.
 - b. Southwest Medical Center may take the following Extraordinary Collection Actions (ECA's) in order to obtain payment of a bill for medical care:
 - i. Report adverse information about the individual to consumer credit reporting agencies and/or credit bureaus;
 - ii. Defer, deny or require a payment before providing medically necessary care because of an individual's nonpayment of one

- or more bills for previously provided care covered under this Policy;
- iii. Place a lien on an individual's property;
 - iv. Attach or seize an individual's bank account;
 - v. Commence a civil action against an individual;
 - vi. Garnish an individual's wages.
- c. Reasonable efforts the hospital will take to determine whether the patient is charity care eligible before engaging in Extraordinary Collection Actions (ECA's):
- i. Notify the patient about the Charity Care Policy;
 - ii. Refrain from initiating ECA's for at least 120 days from the first post-discharge billing statement;
 - iii. If the hospital aggregates outstanding bills for multiple episodes of care, the hospital will refrain from initiating ECA's for at least 120 days after the first post-discharge billing statement for the most recent episode of care included in the aggregation;
 - iv. If the patient submits an incomplete charity care application, the hospital will notify the patient in writing about how to complete the application and give the patient a reasonable opportunity to do so. If ECA's have been initiated, the hospital will suspend them;
 - v. If the patient submits a complete charity care application, the hospital will suspend any ECA's, make a determination as to whether the patient is eligible and will notify the patient in writing with the basis for the determination;
 - vi. If the patient is eligible for assistance other than free care, the hospital will provide a billing statement that indicates the amount the patient owes and how that amount was determined (or describes how the patient can get that information);
 - vii. Refund any amount the patient paid for the care that exceeds the amount the patient is determined to be responsible for, unless it is less than \$5; and
 - viii. Take all reasonably available measures to reverse any ECA.
- d. Patient Financial Services Management has the final authority for determining that the hospital has made reasonable efforts to determine

if the patient is charity care eligible and may therefore engage in ECA's against the individual.

Determination of Charity Care

1. Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Southwest Medical Center's procedures for qualifying for charity care. Charity care discounts are to be assessed only as a last resort, and all current or potential third party coverage is to be considered primary to a discount. This includes, but is not limited to, any coverage such as commercial insurance, Medicare, Workers Compensation, COBRA, Medicaid, and liability or auto insurance that covers the medical service in question.

The patient is required to apply for all applicable programs for which he/she may be eligible as a condition for applying for charity care discounts, and failure to seek eligibility from these sources may result in a denial of charity care under this policy.

a. Charity Care Assessment

- i. Determination of charity care will be made in accordance with procedures that may involve:
 1. An application process, in which the patient or patient's guarantor is required to supply information and documentation relevant to making a determination of financial need;
 2. A review of household size and the household gross income for the three months prior to the date of service;
 3. Response from Credit Inquiry;
 4. A presumptive eligibility determination in unusual or extenuating circumstances when a patient is unable to submit a complete application. Presumptive eligibility may be determined on the basis of individual life circumstances which may include, but is not limited to:
 - a. Homelessness or receipt of care from a homeless shelter;
 - b. Eligibility for out of state or out of area medical assistance programs;
 - c. Patient is deceased with no known estate;
 - d. Patient who has filed bankruptcy and whose bill has been fully discharged by the court.

b. Definition of Household Size

- i. For purposes of this Policy the household consists of the tax filer, their spouse if they have one, and their tax dependents.
- ii. If the patient/guarantor is a non-tax filing, or will not be claimed as a tax dependent by someone else, the household

consists of the patient/guarantor, the patient's/guarantor's spouse, the patient's/guarantor's minor dependent biological and/or minor dependent step-children residing in the home for more than 50% of the year.

c. Definition of Household Income

i. Household income includes, but is not limited to:

1. earned income;
2. unemployment compensation;
3. workers' compensation;
4. Social Security benefits;
5. Supplemental Security Income;
6. public assistance;
7. veterans' payments;
8. survivor benefits;
9. pension or retirement income;
10. interest, dividends, rents, royalties;
11. income from estates and trusts;
12. educational assistance;
13. alimony;
14. child support;
15. cash assistance from outside the household.

ii. Household income does not include:

1. non-cash benefits such as food stamps and subsidies;
2. capital gains or losses.

d. Income Verification

i. Income verification will be documented with the charity care application through one or more of the following mechanisms:

1. Payroll stubs showing gross income;
2. Copies of all income checks;
3. Signed letters from employers on business letterhead stating gross income for the specified time;
4. Bank statements showing direct deposits;
5. If self-employed, a statement for a certified public accountant verifying gross income, including a list of expenses, then net income. The same information is required for those who had a loss in their business income total and an explanation of how you are supporting yourself/family. If you do not have an accountant prepare your taxes, then the Federal income tax return and Schedule C from the prior calendar year;

6. Interest statements from banks, savings and loans or other investment sources;
7. IRS Income Tax Return forms;
8. W-2 forms.

Length of Eligibility

1. Once charity care has been approved, the discount is effective for 120 days.

Notification of Eligibility Determination

1. Patients/Guarantors will be notified by letter of the final determination of eligibility for charity care and basis for the determination.

SOUTHWEST MEDICAL CENTER
Liberal, Kansas 67901

APPROVALS



CEO



VP

12/1/2015
Date

12/1/2015
Date

Reviewed:

All plans, policies, and procedures will be revised (if needed) by the originating department, task force, committee, etc. on an annual basis. The above listed will review and approve this plan/policy/procedure and sign a new signature page upon each annual review.

Schedule A – Charity Care Eligibility Discount Guidelines
Southwest Medical Center

Patients may be eligible for a charity care discount if monthly gross household income is less than or equal to the following amounts:

Household Size	200% FPG
1	1,980.00
2	2,670.00
3	3,360.00
4	4,050.00
5	4,740.00
6	5,430.00
7	6,121.67
8	6,815.00

These monthly income amounts are computed at 200% of the 2016 Federal Poverty Guidelines as published by the U.S. Department of Health and Human Services (HHS) and are subject to change when HHS modifies their poverty guidelines.

For family units of more than 8 members, add \$346.67 for each additional member.