**New Liberty Hospital Financial Assistance Policy**

**Version #: 9**

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<th>Last Periodic Review Date:</th>
<th>01/22/2024</th>
<th>Approval Date:</th>
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<td>Department:</td>
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<td>Approved By:</td>
<td>John Maschger (VICE PRESIDENT REVENUE CYCLE), Lindsay James (DIR QUALITY OUTCOMES &amp; CORP CO)</td>
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**PURPOSE:**

Liberty Hospital is the name commonly used to describe the New Liberty Hospital District, a hospital district and political subdivision of the State of Missouri. The New Liberty Hospital District was created pursuant to Chapter 206 of the Revised Statutes of Missouri, as amended. The New Liberty Hospital District (hereinafter referred to as “Liberty Hospital” or “LH”) serves the healthcare needs of our community. Consistent with our mission to deliver compassionate, high-quality, affordable healthcare services, Liberty Hospital (LH) strives to ensure that an individual’s ability to pay for healthcare is not a barrier for needed healthcare services and does not prevent our community from seeking or receiving care. The Hospital is committed to assuring that financial assistance options are available to medically indigent patients and guarantors who are unable to pay for emergency and medically necessary care, while ensuring Liberty Hospital’s compliance with State and Federal laws and regulatory guidance pertaining to charity care and financial assistance.

**POLICY:**

Liberty Hospital provides financial assistance for medically indigent patients who meet the criteria outlined in this policy.

Situations where the provision of financial assistance will be considered include but are not limited to the following provided such patients meet the eligibility requirements:

- Uninsured patients who do not have the ability to pay.
- Deceased patients with no estate and no living trust.
- Patients involved in catastrophic illness or injury; and,
- Insured patients who do not have the ability to pay for emergent or medically necessary portions not covered by insurance who meet the eligibility criteria outlined in this policy.

**SCOPE:**

Patients who are eligible for financial assistance in the form of free or discounted (partial charity) care under this program are any patients with services on an inpatient or outpatient account or emergency department account who are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for emergency and medically necessary care based on their individual financial situation. Financial assistance beyond the uninsured discount under this policy is generally available to residents of the hospital’s service area, which includes the following counties: Buchanan, Clay, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Jackson, Lafayette, Livingston, Mercer, Platte, Ray and Worth. Exceptions to the scope include patients that cooperate with seeking other payment sources, provide requested documentation and generally are not seeking primary care and follow up services at LH.

“Charity” or “financial assistance” refers to healthcare services provided by Liberty Hospital (LH), without charge or at a discount to qualifying patients. The following healthcare services are eligible for consideration pursuant to this policy:

1. Emergency medical services, provided in an emergency room setting (see Appendix A).
2. Services for a condition which, if not promptly treated, reasonably could be expected to result in placing the health of the individual in serious jeopardy and/or serious impairment to bodily functions and/or serious dysfunction of any bodily organ or part, as defined by a physician.
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting, as defined by a physician.
4. Liberty Hospital’s clinics will honor financial assistance for care provided at the clinics as part of their continuation of care in relation to a hospital visit that has also been approved for Financial Assistance.

Excluded Services
1. Cosmetic procedures and all associated costs related to provision of these services.
2. Patients that refuse to submit to LH peer review process and appropriate diagnostic tests in non-emergency settings performed at LH.
3. Patients who may qualify for Medicaid based on income or disability, but do not cooperate in preparing an application or providing needed follow up on the application.
4. A patient who is insured by a third-party payer that refuses to pay for services, because the patient failed to provide information necessary for the third-party payer to determine payer’s liability.
5. If a patient receives payment for services directly from an indemnity, Medicare Supplement or other payer, the patient is not eligible for Financial Assistance for the services for which payment was made.
6. Liberty Hospital may decline awarding Financial Assistance to patients who falsify information regarding family income, household size or other information in their eligibility application.
7. If the patient receives a financial settlement or judgment from a third-party, the patient must use the settlement or judgment amount to satisfy any patient account balances remaining after insurance pays, if applicable.
8. Services of some physician individual or groups, are not covered under this policy. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician’s charity care policy directly from the physician. See Appendix A for physicians who are covered and not covered by this policy.
9. Patients with insurance that is out of network with Liberty Hospital, who have acknowledged and agreed to proceed with services that are not contracted and payable by their insurance.

DEFINITIONS
Amounts Generally Billed – The Amounts Generally Billed (AGB) is the amount generally allowed by combining Medicare fee for service and private health insurers for emergency and other medically necessary care. Liberty Hospital uses the look-back method to determine AGB.

Catastrophic Medical Expense – Catastrophic medical expense is defined as patient responsibility exceeding 25% of annual income available to the patient and/or guarantor. In situations where a patient has a catastrophic medical expense, the patient’s financial responsibility may be reduced to an amount equal to 25% of annual income. The patient’s financial responsibility under catastrophic will not exceed AGB. The discount would be calculated as follows: 1.) Determine household income as defined below. 2.) Multiply household income by 25%. 3.) Determine patient responsibility 4.) If patient responsibility is not greater than 25% of income, then discontinue calculation. If patient responsibility exceeds 25% of income, multiple patient responsibility by current AGB. Patient or guarantor owes the lesser of AGB amount or 25% of household income.

Federal Poverty Guidelines - Federal Poverty Guidelines (FPG) means those guidelines issued by the Federal Government that describe poverty levels in the United States based on a person or family’s household income. The Federal Poverty Guidelines are adjusted according to inflation and published in the Federal Register. For the purposes of this policy, the most current annual guidelines will be utilized. The FPG as used for the purposes of determining Financial Assistance is outlined later in this policy.
**Look-Back Method** - Look-Back Method is a prior twelve (12) month, April 1 through March 31, period used when calculating Amounts Generally Billed.

**Medically Indigent** - A medially indigent patient is defined as a person who has demonstrated that he/she is too impoverished to meet his/her medical expenses. The medially indigent patient may or may not have an income and may or may not be covered by insurance. Each patient’s financial position will be evaluated individually using the Federal Poverty Guidelines.

**Medically Necessary Services** - Medically necessary services are services that are reasonable and medically necessary for the prevention, diagnosis or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of a disability or to attain or maintain functional capacity in accordance with accepted standards of practice in the medical community of the area in which the physical or mental health services are rendered; and, services are furnished in the most appropriate setting. Medically necessary services are not used primarily for convenience and are not considered experimental or an excessive form of treatment.

**Responsible Party** – A patient or the patient’s parents (birth or adoptive), stepparents, legal guardian or other individual who is legally responsible for the payments to Liberty Hospital for healthcare services provided to the patient.

**Uninsured Account** – Uninsured accounts will be reviewed by a contracted partner to determine if there are benefits available that a patient is able to apply for. If approved for other benefits, the accounts will be billed appropriately. Balances left after all benefits have exhausted may be considered or presumed eligible for assistance based upon information provided by the vendor. If the vendor returns the account and no medical benefits are available, an automatic uninsured discount may be applied, and the patient will not be held responsible for amounts greater than the annual calculation of Liberty Hospital’s AGB.

**Family Unit** – The determination for financial assistance is based on the income of all members of the applicant’s family unit. Persons considered part of the family unit are:

1) Patient/applicant.
2) Spouse/Partner of patient, if residing with the patient.
3) Patient’s minor children (age 18 and under), if residing with the patient. In the case of a child age 18 or younger who resides in the home with the father and mother, both parents’ incomes are used to determine eligibility, even if they are not married to each other.
4) Other persons who are supported by the patient, regardless of age, provided they are claimed as dependents on the patient’s federal income tax forms.
5) Emancipated minors – If the patient is an unmarried minor child who is determined to have emancipated status, only his/her income will be considered in calculating financial assistance. A minor will be considered emancipated if the minor is “free from the care, custody, control, and services of his parents.” If the minor child is claimed or claimable on the parent’s income taxes, the child cannot be considered as emancipated, and the parent(s) are included in the calculation of the size of the family unit and the family unit’s income.
6) Roommates (regardless of gender) – In general, persons who merely live together and do not meet one of the above relationship criteria are not counted in determining discount eligibility.

**PROCEDURE:**

**Uninsured Discount**

Patients that present with no insurance or liability information will be evaluated for an uninsured discount that will be automatically applied to the accounts. The discounted rate does not apply to any package pricing amounts and

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New Liberty Hospital District and New Liberty Hospital Corporation and their Affiliates (“Liberty Hospital”)
may not be combined with any other discounts to self-pay balances. Package pricing terms and arrangements will take precedence over the uninsured discount. At any time, if third party coverage information is discovered, the uninsured discount will be reversed, and the total charges will be billed to the third party payer. In the event of a true insurance denial, a patient may request that their account be considered for an uninsured discount if all efforts have been exhausted and no contractual discount or benefits are available from the payer.

Applying for Financial Assistance
Medical indigence must be demonstrated through documentation, and financial screening. This determination can be made while the patient is in the hospital, shortly after dismissal, during the normal internal collection efforts, and after placement with an outside collection agency. Requests for Financial Assistance are accepted for up to 240 days from the date Liberty Hospital first sent a post-discharge bill to the patient. Patients may obtain a Financial Assistance Application by requesting in writing or by contacting the business office by phone or email. The Financial Assistance Application also is available on the Liberty Hospital website.

Patients apply for financial assistance by completing a Financial Assistance Application and providing supporting documents as requested. Supporting documentation may be required including items such as Federal Income Tax Return, IRS non-filing letter, recent bank statements, recent paycheck stubs, letter from Medicaid eligibility office denying Medicaid coverage, and other documents that support the patient/household income, assets, and financial position.

The granting of Financial Assistance will be based on an individualized determination of household income, assets, and family size. Supporting documentation required for verification purposes may be determined on a case-by-case basis. For these accounts, the Financial Assistance Application must be completed, and written statements may be acceptable for determining Charity Discount application.

Request a Copy
The Liberty Hospital Financial Assistance Policy, Financial Assistance Application, AGB and Plain Language Summary, are available free of charge at www.libertyhospital.org/financialassistance. These documents and the Billing and Collection Policy are available in person at Liberty Hospital Patient Access office at 2525 Glenn Hendren Drive, Liberty MO. 64068, or by calling the Financial Counselor at 816-407-4861. Copies in English, Spanish and Vietnamese also can be requested. Under special circumstances the requirement to complete the Financial Assistance Application Form and/or provide additional documents may be waived with approval from Billing Office Management. Assistance with the application process is provided by the Financial Counselor. Assistance may be requested by phone or in person by calling or visiting the locations identified in the “Request a Copy” section of this policy. Financial assistance applications are valid for twelve (12) months after approval date or sooner if circumstances change.

Financial Assistance Determination
A patient’s eligibility for Financial Assistance is not determined until activities to identify and secure payment from Medicare, Medicaid, Crime Victims, other government programs, other funded programs, medical insurance, auto insurance personal injury protection (PIP) or medical pay, liability liens, estate claims or any other possible appropriate source for payment are exhausted. Reversal of Financial Assistance adjustments will be made if subsequent third-party payments are received. Financial Assistance is to be considered the adjustment of last resort.

A patient’s eligibility for financial assistance is based on the household income at the time assistance is sought, expressed as a percentage of the Federal Poverty Guideline for family size, and other guidelines as referenced in this policy.
**Household Income is defined as:**

Adults: If the patient is an adult, “Yearly Household Income” means the sum of the total yearly gross income or estimated yearly gross income of the patient and the patient’s spouse. The following items will be considered Income: wages, Unemployment compensation, Workers’ Compensation, Social Security, Supplemental Security Income, disability payments, Veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, and child support. (Non-cash benefits such as food stamps and housing subsidies are excluded.)

**Minors and Dependent Students:** If the patient is a minor or dependent student, “Yearly Household Income” means the sum of the total yearly gross income or estimated yearly gross income of the patient and patient’s parent(s) living in the home. The same items as listed immediately above will be considered part of “Yearly Household Income.”

**Household size is defined as:**

**Adults:** In calculating the Household Size, include the patient, the patient’s spouse or life partner, and any dependents, (as defined by the Internal Revenue Code (IRC)).

**Minors:** In calculating the Household Size, include the patient, the patient’s mother, the patient’s father, dependents of the patient’s mother and dependents of the patient’s father (as defined by IRC).

**Monetary Assets:** Financial assets that are convertible to cash without penalty, including but not limited to checking accounts, savings accounts, IRAs, CDs, retirement savings and investments may be considered when determining a patient’s ability to pay. In all cases the patient’s and responsible party's overall financial position and household income are considered when determining financial assistance. A patient or guarantor with financial resources equal to or greater than $100,000 will not receive Financial Assistance. If accessing these funds results in penalization, this can be reviewed on a case-by-case basis.

**Basis for Calculating Amounts Generally Billed, Liberty Hospital Accounts Only**

After the patient’s account is reduced by the financial assistance adjustment based on this policy and guidelines, the patient is responsible for no more than Amounts Generally Billed to individuals who have Medicare fee-for-service and private health insurers for emergency and other medically necessary care. The AGB is determined by blending these two payers. The Look-Back Method is used to determine AGB.

The AGB summary document describes the calculation and states the percentage used by Liberty Hospital. The Amounts Generally Billed summary is available on the Liberty Hospital website at www.libertyhospital.org/financial assistance; See Appendix B

Patients or members of the public may request a copy of this policy, available at no charge, at Liberty Hospital Patient Registration/Admitting Office or by contacting the Billing Office. The Liberty Hospital locations and hospital billing office contact information is provided under the “Request a Copy” section of this policy.

**Application of Federal Poverty Guidelines for determining Charity Care Discounts**

The FPG percentage guidelines are applied annually to gross charges or deductibles and co-payments; patient responsibility; as follows for medically necessary or emergent inpatient and observation admissions; Emergency Room visits; and, outpatient visits.

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<thead>
<tr>
<th>Income % of FPG</th>
<th>Charity</th>
<th>Patient Responsibility</th>
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<tbody>
<tr>
<td>200% or less FPG</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>201% up to 220% FPG</td>
<td>95%</td>
<td>5%</td>
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### Determination

1. A financial counselor will provide a Financial Assistance eligibility determination in writing within thirty (30) days of receipt of all required information. Acceptance: A letter communicating the approval of Financial Assistance and the applicable eligibility period will be sent to the Responsible Party. Upon approval, Liberty Hospital will determine if the responsible party has additional accounts that would qualify for charity discount up to 240 days prior to receipt of the complete application.

2. Denial: In the event Liberty Hospital determines that a Responsible Party is not eligible for Financial Assistance, a written denial letter will be provided to the Responsible Party within the same thirty- (30) day timeframe and will include the reason(s) for denial, the date of the decision, and the instructions for appeal or reconsideration.

3. Appeal: The Responsible Party may appeal the determination of eligibility for Financial Assistance by providing additional information on household income, family size, or medical indigence to Liberty Hospital within thirty (30) days of receipt of notification. All appeals of decisions made by a financial counselor will be reviewed by Billing Office Management. If the appeal results in affirming the previous denial of Financial Assistance, written notification will be sent to the Responsible Party. If the original determination is overturned, a letter communicating the approval will be issued as stated in (1) above.

4. The Responsible Party will continue to receive statements during the consideration of the completed application. Any accounts for such Responsible Party will not be reported to a collection agency until a determination has been made. If an account already has been placed in bad debt status, collection efforts will be suspended until a determination has been made.

### Patient Refunds

Liberty Hospital will refund any amount the individual has paid for care that exceeds the amount he/she is determined to be personally responsible for paying as a Financial Assistance Policy eligible individual, unless such amount is less than $5 (or such other amount set by notice or other guidance published in the Internal Revenue Bulletin).

### Financial Assistance Policy Availability to Patients

This Policy is available in the Primary Language(s) of Liberty Hospital’s service area. In addition, all notices/communications provided in this section shall be available in the Primary Language(s) of Liberty Hospital’s service area and in a manner consistent with all applicable federal and state laws and regulations. Information about the availability of Financial Assistance appears on patient statements and is posted on signs in Liberty Hospital’s registration areas. The Financial Assistance Policy, plain language summary of policy and the Financial Assistance Application form with instructions, is available on the Liberty Hospital website. During preadmission/registration (or as soon thereafter as practicable) Liberty Hospital shall provide all patients with a copy of a plain language summary; Found in Appendix C.

Patients or members of the public may request a copy of this Financial Assistance Policy, available at no charge, at Liberty Hospital Patient Registration/Admitting office or by contacting the Billing Office. Liberty Hospital Billing Office contact information is provided under the “Request a Copy” section of this policy.

### Patient Billing and Collection

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<td>221% up to 240%</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>241% up to 260%</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>261% up to 280%</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>281% up to 300%</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>301% up to 320%</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Greater than 300%</td>
<td>0%</td>
<td>100%</td>
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Statements are sent to the Responsible Party to advise them of balances due. Balances are considered delinquent when the Responsible Party fails to make either acceptable payment or acceptable payment arrangements before the next statement. Responsible Parties are notified of delinquent balances by messages on the statements, by phone calls, by final notices or by collection letters. Delinquent accounts may be placed for collection if the Responsible Party fails to respond. The policies and practices of the collection agency follow the Fair Debt Collection Practices Act and 501(r). The agency demonstrates a patient relations approach in all its practices. The agency utilizes a variety of collection methods including letters and phone calls.

Liberty Hospital will not engage in extraordinary collection actions, such as court proceedings, garnishing wages, initiating liens and other actions beyond normal statement generation and account follow-up before making reasonable efforts to determine whether the Responsible Party is eligible for Financial Assistance. Accounts that previously have been identified as bad debt and/or assigned to a collection agency may be subject to retroactive review. For more information on this or actions that may be taken in the event of non-payment, please access Liberty Hospital Billing and Collection Policy on Liberty Hospital’s website or contact us at 816-792-7110 or 816-407-4861.

**Collection Suit**

Liberty Hospital, the collection agency and collection law firm work with patients to avoid filing a suit for collections whenever possible. When settlement or payment arrangements are not agreed to and/or met, Liberty Hospital, or its agents, may file suit to collect on delinquent accounts. When a Responsible Party applies for or is screened for Financial Assistance and is not approved, and the Responsible Party does not start paying amounts timely, under a negotiated arrangement, Liberty Hospital may file suit to collect on delinquent accounts. All requests for suit are approved by the Liberty Hospital President/CEO or his designee.

If a Responsible Party is in contact with the collection agency or law firm prior to garnishment, an attempt is made to settle the account or negotiate a payment arrangement that is reasonable under the circumstances. If the Responsible Party makes timely payments as agreed under a negotiated arrangement, no garnishment will be requested. Garnishments are filed after judgment is received unless a court ordered stay is in place or a payment arrangement has been negotiated and has not been breached. If the law firm believes that the Responsible Parties employment has been terminated, garnishment may be held until a place of employment is located.

Responsible Parties approved for partial financial assistance may owe a balance on the account. The Responsible Party will receive a Financial Assistance partial approval letter that explains the amount approved for Financial Assistance and the amount the Responsible Party owes. The Responsible Party will receive statements requesting payment. If payment is not made, the account becomes delinquent, and a final notice is sent. If the Responsible Party does not pay the balance, make payment arrangements, or request additional Financial Assistance, the account may be placed with an agency for collection. After placement with an agency the delinquent account may be approved for a collection suit. If judgment is obtained, Liberty Hospital or its agent may garnish wages to recover payment to the extent allowed by law.

**Measures to Publicize the Financial Assistance Policy**
The measures used to widely publicize this Policy to the community and patients include, but are not limited to the following:

- Posting the Policy, Financial Assistance Application, AGB and Plain Language Summary on the Liberty Hospital website at the following location: [www.libertyhospital.org/financialassistance](http://www.libertyhospital.org/financialassistance)
- Copies of the Policy, Financial Assistance Application (Appendix C) and Plain Language Summary (Appendix D) may be downloaded and printed at the website listed above.
- Paper copies of the Policy, Financial Assistance Application, Plain Language Summary, AGB and our Billing
and Collection Policy are available to patients upon request and without charge. The patient may call to request or ask at the Liberty Hospital Business Office or Patient Registration/Admitting Department.

- Providing information when a patient arrives in person or calls the business office.
- Posting a notice in the emergency department and admitting areas of Liberty Hospital.
- Including a message on the Liberty Hospital patient statements to notify and inform patients of the availability of financial assistance and where to call for information and application.
- Communicated at time of registration in “Notification of FAP” document.

Additional resource that may reduce patient financial responsibility - Tax Levy Credit
Residents who live within the boundaries of the New Liberty Hospital District pay a small amount of the property taxes every year to help fund Liberty Hospital services and equipment. The amount of the tax is listed on the annual Clay County Personal Property Tax Statement; and, if the Responsible Party is a homeowner, it appears on the Clay County Real Estate Tax Statement form. The amount is listed next to “Hospital Tax.”

Whenever the patient or Responsible Party has an “out-of-pocket” or “patient-pay” portion of the bill, they can receive a credit or reduction to the bill for the “out-of-pocket” or “patient-pay” portion up to the amount of taxes paid in the immediately preceding tax year, if the tax is equal to or less than the “out-of-pocket” or “patient-pay” portion. If the patient is eligible for Financial Assistance, then the “out-of-pocket” or “patient-pay” portion will be reduced by the amount of the tax credit applied up to the “out-of-pocket or “patient-pay” amount.

To receive the tax credit or reduction to the bill, or to receive a refund if the patient or Responsible Party has already paid the “out-of-pocket” or “patient-pay” portion of the bill, provide the paid tax receipt to Liberty Hospital’s cashier, located at Liberty Hospital, and Liberty Hospital will process the credit or refund. If the credit is not used in total for one date of service, any balance may be applied to additional services provided.

Since taxes usually are paid at the end of a calendar year, Liberty Hospital will apply the credit or refund for services provided, in the year following the previous tax year. As a result, 2019 taxes will be paid in 2020 and can be used to reduce the “out-of-pocket” Liberty Hospital services rendered in 2020. Potential tax credits do not “roll forward” or accumulate if they are not used for “out-of-pocket” amounts within the year.

Questions regarding the Tax Levy Credit should be directed to the Liberty Hospital cashier.
Appendix A -

Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician’s charity care policy directly from their physician. This policy does not cover independent physician groups such as – surgeons, anesthesiologists, pathologists, or other physicians employed by the New Liberty Hospital Corporation.

Providers Not Covered by this Policy: Questions about whether a specific provider is covered or not covered should be directed to the Financial Counselor.

Any physician or physician group in private practice
Advanced Spine and Brain Center
Terrence Coleman, M.D., Gastroenterology
Consultants in Gastroenterology, P.C.
Liberty Cardiovascular Specialists
Liberty Cardiothoracic Surgeons
Liberty Hospital Surgeons Clinic
Liberty Hospital Orthopedics with MU Healthcare
Physicians Midwest Aortic & Vascular Institute
Nephrology Associates, P.C.
Robert A. Shemwell, D.P. M.
Ear, Nose & Throat Clinic
Shoaib Neurological Services, PLLC
Pulmonary & Sleep Clinic
Primary Care Liberty Clinic
Primary Care Excelsior Springs Clinic
Primary Care Kearney Clinic
Primary Care Plattsburg Clinic
Liberty Hospital Urgent Care Shoal Creek
Liberty Hospital Primary Care Shoal Creek
Saint Luke’s Cancer Institute
Northland Obstetrics and Gynecology
Children’s Mercy Neonatology
Professional Anesthesia Care / Northland Pain Consultants – If surgeon does not accept
Kansas City Urology Care, P.A.
Signature Medical Group
Signature Psychiatric at Liberty Hospital
Liberty Hospital Outpatient Surgery
Gates Hospitalists, LLC

Physicians and Practice Groups Covered by this Policy:
Alliance Radiology (X/Ray, CT, MRI and other imaging interpretations)
Liberty Hospital Emergency Medicine Physicians, LLC
Liberty Hospital Employed Physicians – During Inpatient or Observation hospital care or continuation of hospital care
Professional Anesthesia Care / Northland Pain Consultants – If surgeon accepts
MAWD Pathology (lab interpretations)
Arnold Katz, MD – Rheumatology
Liberty Hospital Pain Management
Breast Surgery Clinic (Non-cosmetic services only)
Appendix B –

Amounts Generally Billed Calculation

Liberty Hospital provides Financial Assistance to medically indigent patients meeting the eligibility criteria outlined in the Financial Assistance Policy for Medically Indigent Patients. After the patient’s account(s) is reduced by the Financial Assistance adjustment based on the policy, the patient/ Responsible Party is responsible for the remainder of his/her outstanding patient account, which shall be no more than Amounts Generally Billed (AGB) to individuals who have Medicare fee-for-service and private health insurers for emergency and other medically necessary care. The Look-Back Method is used to determine AGB. Patients or members of the public may obtain the Financial Assistance Policy summary or detailed Financial Assistance Policy and Application document at no charge by contacting the Liberty Hospital Financial Counselor at 816-407-4861 or by visiting the Patient Registration/Admitting Office at 2525 Glenn Hendren Drive, Liberty, MO, 64068.

Amounts Generally Billed are the sums of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

\[
AGB \% = \frac{\text{Sum of Claims Allowed Amount $}}{\text{Sum of Gross Charges $ for those claims}}
\]

AGB is calculated on an annual basis.

- Look-Back Method is used. A twelve-(12) month period, April 1 through March 1 is used;
- Includes Medicare Fee for Service and Commercial payers; and,
- Excludes Payers: Medicaid, Medicaid pending, Medicaid Managed Care, uninsured, self-pay case rates, Medicare facility billing, motor vehicle and liability, and Workers’ Compensation.

Liberty Hospital
Amounts Generally Billed: 29% Effective:
October 01, 2023
Appendix C - Plain Language Financial Assistance for Liberty Hospital Patients Financial Assistance

Assistance for Liberty Hospital Patients
If you need assistance paying your medical bills, we may be able to help. If you qualify for Financial Assistance, you can get help for your full payment or part of your bill.

Am I eligible for financial assistance?
This is determined on patient, guarantor, and household income criteria defined by Federal Poverty Guidelines. The Hospital also considers the balance of your assets such as checking accounts, savings accounts, IRAs, CDs, retirement savings, and investments. Also, you must live in one of the following counties that comprise the Hospital’s service area: Buchanan, Clay, Caldwell, Carroll, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Jackson, Lafayette, Livingston, Mercer, Platte, Ray or Worth.

If you qualify for assistance, you will not be billed for more than the amount that a patient with insurance/Medicare generally would be billed. View Amounts Generally Billed at www.libertyhospital.org/financialassistance.

What happens if I have a catastrophic medical event?
In situations such as serious medical illnesses or accidents requiring costly treatment, patients who might normally not qualify for Financial Assistance may be approved for assistance. If you qualify, your responsibility will be whichever is lower:
• 25 percent of your yearly household income; or
• The amount a patient with insurance/Medicare generally would be billed

What if I do not have insurance? Uninsured accounts may be screened for benefits by a trusted partner. You may be asked to provide them necessary information to assist in the process. If it is determined that no benefits are available to you, you may be eligible for an uninsured discount.

When can I apply for assistance?
A patient may apply at any time — before, during or up to 240 days after you receive your first post-discharge billing statement.

How do I apply?
A patient needs to complete a (free) Financial Assistance Application form and provide any requested documentation. To receive the form:
• Download the form online:  http://www.libertyhospital.org/financialassistance
• Financial Assistance Application in English at website above.
• Financial Assistance Application en Español at website above.
• Copies of the form available in English, Spanish or Vietnamese can be obtained through the Liberty Hospital Business Office or Patient Registration/Admitting Office
• Call the Liberty Hospital Business Office at 816-792-7110 or 816-407-4861.
• Visit the Patient Access office at Liberty Hospital, located at 2525 Glenn Hendren Drive, Liberty, MO. 64068.
If you have questions while completing the form, please call us at 816-407-4861.
What services are included in Financial Assistance?
Our Financial Assistance Policy, at website above, covers patient bills for services that are provided in our emergency room, except as indicated below and other medically necessary services. This policy does not cover independent physician groups such as - surgeons, anesthesiologists, pathologists, or other physicians employed by the New Liberty Hospital Corporation.

Contact us
For additional information about Financial Assistance, please contact Liberty Hospital’s Business Office at 816-792-7110, M-F, 8:00 a.m.-4:30 p.m. For physician bills, contact the Physician Billing Office number listed below:

- Liberty Hospital Clinics: 816-792-7110
- MAWD Pathology (Pathologist)/Change Healthcare: 913-348-2565
- Professional Anesthesia Care/Northland Pain Consultants: 913-617-4100
- Liberty Hospital Urgent Care Shoal Creek: 816-407-4283
- Liberty Hospital Emergency Physicians: 816-656-8648