

FINANCIAL ASSISTANCE POLICY (FAP)

Originator: Chief Financial Officer

Approved By: Mark T. Steele, M.D., Executive Chief Clinical Officer

Policy: This policy is approved by the University Health (UH) Board of Directors as of the Current/Revised Approval Date noted above. UH Financial Counseling Center (FCC) Representatives are responsible for determining financial assistance eligibility. Persons who reside in Jackson County or Kansas City, Missouri who meet citizenship or legal permanent residency requirements or have a current work permit whose income is at or below 300% of the federal poverty level (FPL) may be eligible for financial assistance and pharmaceutical assistance. Other persons who reside in Jackson County or Kansas City, Missouri who are unable to provide proof of citizenship or legal permanent residency or current work permit whose income is at or below 100% of the federal poverty level may receive financial assistance, but are not eligible for pharmaceutical assistance. Financial assistance is available for Emergent and/or Medically Necessary Services. Presumptive financial assistance is available to Jackson County or Kansas City, Missouri residents in the following circumstances: currently homeless, receiving Supplemental Nutrition Assistance Program (SNAP), or incarcerated in a Jackson County or Kansas City Missouri detention facility. Presumptive financial assistance is also available to Missouri Medicaid recipients only for Medically Necessary Services not covered by Medicaid.

All applicants must have no other payer source. **Financial Assistance for medical services is always the payer of last resort.**

Scope: Corporate Facility Department

X	University Health Truman Medical Center (UHTMC)
X	University Health Lakewood Medical Center (UHLMC)
	University Health Lakewood Care Center (UHLCC)
X	University Health Surgery Center (UHSC)

Procedure:

I. Applying for Financial Assistance

A. Eligibility Guidelines

1. Eligibility is based on residency, citizenship, and family income.
 - a. Residency: The applicant must currently reside, with the intent to stay, in the City of Kansas City, Missouri or Jackson County, Missouri. Proof of address is required.
 - b. Citizenship/Alien Status: Documentation must be provided to prove the applicant's U.S. citizenship, Legal Permanent Residency (LPR), or current work permit status in order to receive full benefits under this policy. Patients who are unable to provide this documentation only qualify if

- income is under 100% of the FPL and are not be eligible for pharmaceutical assistance.
- c. Income Determination:
- 1) For applicants who can show proof of citizenship, LPR, or a current work permit, the applicant's gross income must be at or below 300% of the FPL.
 - 2) For applicants who are unable to show proof of citizenship, LPR, or a current work permit, the applicant's gross income must be at or below 100% of the FPL.
 - a) Income of all members of the family unit is counted, as described below.
 - b) Documentation of all income is required for approval.
 - c) Current income tax return will be required except in certain limited situations.
 - d) Up to nine months of prior pay stubs may be requested.
- d. 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 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.
- e. Exceptions to the above requirements are granted for the following cases:
- 1) Homeless patients may provide a Residency Letter from a homeless shelter or social rehabilitation program within Jackson County, Missouri or the City of Kansas City (the organization must have verifiable 501(c)(3) status from the Internal Revenue Service [IRS]) or from UH's Behavioral Health Outreach team. Persons providing this letter may be exempt from providing additional proof of residency. If patients

state they do not have income, the self-attestation in the form of the application will be accepted as proof of those items.

- 2) Patients who do not provide proof of citizenship will not be required to provide a tax return. These patients will not be eligible to receive pharmaceutical assistance through the Medication Assistance Pharmacy.
- 3) Patients who currently receive SNAP may be found eligible without additional proof of residency or income.
 - a) Copies of current tax return or patient-signed release allowing UH to request the patient's tax return from the IRS will be required.
 - b) Approval may be granted through the SNAP termination date or up to 12 months.

B. Persons Not Eligible for Financial Assistance

1. Persons not residing in Jackson County, Missouri or the City of Kansas City, Missouri.
2. Persons who fail to apply for other assistance they may qualify for (e.g. Missouri Medicaid).
3. Persons denied Medicaid eligibility based on non-cooperation.
4. Persons receiving Medicaid, including the Spend Down and Ticket to Work Programs.
 - a. Exceptions are granted for persons eligible with limited Medicaid under the State of Missouri Medicaid Eligibility Codes (ME Code) 80 and 89.
 - b. Presumptive financial assistance is available to Missouri Medicaid recipients for Medically Necessary Services not covered by Medicaid.
5. Persons who have commercial insurance.
6. Persons who receive Medicare. Exceptions are granted for persons who receive Part A only and who currently have a pending Medicaid application.
7. Persons on visitor visas.

C. Steps to Apply for and Submit Financial Assistance

1. Patients can obtain a Financial Assistance Application and copies of the *Financial Assistance Policy (FAP)* and [Patient Billing and Collections](#) policies in person at any of the Financial Counseling Center locations, including:
 - a. UHTMC – 2301 Holmes, 4th floor; Cardiology 5th floor; GI 3rd floor; OB 6th floor, Oncology 3rd floor.
 - b. UH 1 Building – 2101 Charlotte, 3rd floor.
 - c. UHLMC – 7900 Lee's Summit Rd, Lobby, Bess Truman entrance.
 - d. UH Behavioral Health Crossroads Building – 300 W 19th Terr.
 - e. Entry points of the main hospital facilities: Main Lobbies and Emergency Departments.
2. Patients can request to have an application and policies mailed to them by calling (816) 404-3040.
3. Patients can download an application and policies through the [UH Financial Counseling website](#).
4. Patients can complete an online application through the [UH Financial Counseling website](#).

5. Patients can request an application and policies by mail to University Health, P.O. Box 957924, St. Louis, MO 63195-7924.
- D. To process the application:
1. Applications should be submitted to the Financial Counseling Center at any of the locations above
 2. Requested verifications should be provided.

II. Presumptive Eligibility:

- A. The following individuals are presumed to be eligible for financial assistance, with no application required:
1. Missouri Medicaid recipients who have active full medical coverage may be presumed eligible for UH financial assistance, with no co-pay, for services that are non-covered by Medicaid, if the circumstances below apply:
 - a. Such services are medically necessary.
 - b. The Medicaid spend down amount is below a threshold that equates to income meeting the FAP income criteria.
 - c. The Medicaid plan in which the patient is enrolled is not one with limited benefits. A list of ME Codes with limited benefits includes but is not limited to: 14, 16, 19, 21, 24, 26, 55, 58, 59, 80, 81, 82, 83, and 89.
 - d. Exceptions:
 - 1) Patients having outpatient rehabilitation services will have a \$15 per visit co-pay due at the point of service.
 - 2) Patients having Diabetes Education will have a \$10 co-pay per class.
 2. Patients who are incarcerated at a Jackson County or KCPD detention facility and do not have any other medical coverage will be presumed eligible. Refer to the [Registration and Billing of Incarcerated Patients and Law Enforcement Escorted Patients](#) policy for specific locations or additional details.
 3. Patients who require medically necessary rehabilitation services who meet the exceptions will be presumed eligible and may receive treatments as outlined in the [Rehabilitation Services Point of Service Collections](#) policy with no co-pay.
 4. When unable to obtain application or information from the patient who is a resident of Kansas City, MO, UH may refer to, or rely on, external sources and/or other state or federal program enrollment resources that support eligibility or individual circumstances as verification of FAP program requirements. Those who are presumed eligible in this situation will have no copay or service fee.
 5. Patients whose visits are the result of sexual assault, who may incur charges that are not reimbursable by the Kansas City Sexual Assault Nurse Examiner (KCSANE) program will be presumed eligible for financial assistance.
 6. Patients who are eligible for an out of state Medicaid program that UH is not currently contracted with will be presumed eligible for financial assistance.
 7. Patients who normally receive services under a special, limited funding program, may be presumed eligible for financial assistance once it is determined funding has been exhausted until the end of the fiscal year or until funding becomes available.

8. Uninsured patients whose extended visit is the result of the inability to determine a step down facility for placement will be presumed eligible for financial assistance.
- B. Financial assistance service fees/co-pays may be adjusted if not paid by the patient.

III. Deadlines, Approval, and Denial of Financial Assistance

- A. The patient/guarantors shall be notified when UH determines eligibility for financial assistance.
- B. The application period generally ends 240 days from the date of the first post-discharge bill. The approval for financial assistance will continue to be active for up to 12 months.
- C. The patients/guarantors shall be informed in writing if financial assistance is denied and a brief explanation and date of ineligibility shall be given for the determination.
- D. If patients/guarantors disagree with the decision, they may request a review within 30 days of the denial.
 1. A review may be requested verbally by calling (816) 404-3040, in person by visiting any financial counseling location, or by mail.
 2. All requests for review will be reviewed by a Financial Assistance Committee, which is a multi-disciplinary group comprised of representatives from the Hospital and Medical Staff.
- E. Applicants will have 30 days to supply any missing information or required documentation for incomplete applications. If the information and/or documents are not submitted timely, the application will remain denied.
- F. Patients/guarantors denied Medicaid eligibility based on non-cooperation may be denied financial assistance and the discount will be revoked for those patients who were approved for financial assistance while Medicaid was pending.
- G. If an application is approved, FCC Representatives will:
 1. Notify the collection agency of the application to facilitate suspension of Extraordinary Collection Actions (ECA) if they have commenced.
 2. Notify Patient Accounts and the collection agency to facilitate refunds, if needed.

IV. Emergency Medical Treatment and Labor Act (EMTALA)

- A. Any patient seeking urgent or emergent care shall be treated without discrimination and without regard to the patient's ability to pay.
- B. UH shall operate in accordance with all federal and state requirements for the provision of urgent or emergent healthcare services, including screening, treatment, and transfer requirements under EMTALA.

V. Covered Services – Service Fees/Co-Pays

- A. Service fees/co-pays will be requested of FAP eligible patients. FAP eligible patients will get 100% financial assistance for Emergent and Medically Necessary Services with the exception of the service fees and co-pays listed below. Clinical services will not be denied without this payment.

- B. 0 – 100% FPL – patient service fee
 - 1. Outpatient Office visit \$5.00
 - 2. Emergency Department \$10.00
 - 3. Inpatient 100% financial assistance
- C. 101 – 300% FPL – patient service fee
 - 1. Outpatient Office visit \$25.00
 - 2. Emergency Department \$50.00
 - 3. Inpatient \$100.00 per inpatient day
- D. Patients having outpatient rehabilitation services will have a \$15 per visit co-pay due at the point of service.
- E. Patients having Diabetes Education will have a \$10 co-pay per class.

VI. Excluded Services – The following services are excluded from the FAP:

- A. Non-emergent and/or services that are not medically necessary.
- B. Prepaid elective procedures, unless deemed Medically Necessary Services.
- C. Certain elective services such as non-medically necessary cosmetic services and self-improvement services.
- D. Dental clinic services at UHLMC.
- E. UH On the Go clinic services.
- F. Joint replacement procedures.

VII. Amount Generally Billed (AGB):

- A. Following a determination of FAP eligibility, an FAP eligible individual will not be charged more for Emergent or other Medically Necessary Services than the amounts generally billed to individuals who have insurance covering such care (AGB).
- B. The AGB is calculated by using the look back method. See the [UH Financial Counseling website](#) for details of the AGB calculation.

VIII. Uninsured Discount

- A. A patient who does not otherwise qualify or is denied financial assistance due to not meeting the required FPL guidelines, the presumptive eligibility criteria of the program, etc. may still qualify for a charity care Uninsured Self-Pay Discount and will not be billed more than AGB for Emergent or Medically Necessary Services.
- B. FAP eligible discounts and the charity care Uninsured Discount are mutually exclusive. See the [UH Financial Counseling website](#) for details of the Uninsured Discount calculation.

IX. Pharmacy Patients

- A. Patients qualifying for UH financial assistance at 0-300% FPL are eligible for assistance with select retail prescription medication, with the exception of those who do not provide proof of citizenship, LPR,, or a current work permit.
- B. Patients may contact the Medication Assistance Program Pharmacy for a current list of available bulk replacement medications that are available at 100% financial assistance.

- C. Homeless patients residing in an emergency homeless shelter who need a medication not provided by the UH Pharmacy may receive approval to receive the medication from Walgreens at the UHTMC and UHLMC campuses. Refer to the [Prescription Assistance for Patients in Emergency Shelters](#) policy.
- X. The actions UH may take in the event of nonpayment are described in the [Patient Billing and Collections](#) policy available on the [UH Financial Counseling website](#).
- XI. A list of providers not covered by the FAP is available on the [UH Financial Counseling website](#).

Definitions:

Medically Necessary Service: Services consistent with the diagnosis and treatment of the patient's condition, in accordance with standards of good medical practice, required to meet the medical need of the patient and be reasons other than the convenience of the patient or the patient's practitioner or caregiver, and the least costly type of service that would reasonably meet the medical need of the patient. This also includes patients waiting for placement to a step down facility.

Emergent Service: (A) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part; or (B) with respect to a pregnant woman who is having contractions (i) that there is adequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child*.

ME Code: State of Missouri Medicaid Eligibility code.

References:

*42 USC § 1395dd(e)(1).

UH Financial Counseling website URL: www.universityhealthkc.org/patients-visitors/financial-services/financial-counseling

Replaces:

Eligibility for Charity Care Program policy approved 03/02/2016



University Health Financial Assistance Policy *Plain Language Summary*

The University Health Financial Assistance Policy (FAP) provides Eligible Patients financial assistance for emergency or medically necessary hospital care. Patients seeking Financial Assistance should apply for the program.

What is covered?

- **Eligible Services** – Emergency and/or medically necessary healthcare services provided by University Health.

Who is covered?

- **Eligible Patients** – Patients receiving eligible services who have no other payer source who submit a Financial Assistance Application and reside in Kansas City or Jackson County, Missouri who meet income requirements are eligible for Financial Assistance by University Health Financial Counseling Center.

How can you apply?

- Obtain an application in person at any of the Financial Counseling Center locations, including:
 - University Health Truman Medical Center – 2301 Holmes, 4th floor; Cardiology-5th floor; GI-3rd floor; OB-6th floor, Oncology-3rd floor.
 - University Health Building 1 – 2101 Charlotte, 3rd floor.
 - University Health Lakewood Medical Center– 7900 Lee’s Summit Rd, Lobby, Bess Truman entrance.
 - University Health Behavioral Health Crossroads Building – 300 W 19th Terrace.
 - Entry points of the main hospital facilities: Main Lobbies and Emergency Departments.
- Request to have an application mailed to you by calling (816) 404-3040.
- Complete an online application or download an application through the University Health website: www.universityhealthkc.org/patients-visitors/financial-services/financial-counseling

Determination of Financial Assistance Eligibility – Generally, patients who reside in Kansas City or Jackson County, Missouri, who meet citizenship or legal permanent residency requirements or have a current work permit with family income at or below 300% of the Federal Poverty Level will receive financial assistance and pharmaceutical assistance. Other patients who reside in Kansas City or Jackson County, Missouri who are unable to show proof of citizenship or legal permanent residency or a current work permit, whose family income is at or below 100% of the Federal Poverty Level will receive financial assistance, but are not eligible for pharmaceutical assistance. Following a determination of financial assistance eligibility, a financial assistance eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care).

This document, the FAP, the Patient Billing and Collections policy, and the Financial Assistance Application are available in Spanish at the locations listed above.