

FINANCIAL ASSISTANCE POLICY (FAP)

Originator: Chief Financial Officer

Approved By: Mark T. Steele, M.D., Chief Medical Officer/Chief Operating Officer

Policy: Truman Medical Centers (TMC) Financial Counseling Center (FCC) Representatives are responsible for determining financial assistance eligibility. Financial assistance is available to persons who meet all guidelines, whose income is at or below 200% of the federal poverty level (FPL), and have no other payer source, 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 food stamps, or incarcerated in a Jackson County or Kansas City detention facility. Presumptive financial assistance is also available to Missouri Medicaid recipients for non-covered medically necessary services only.

Financial Assistance for medical services is always the payer of last resort.

Scope: Corporate Facility Department

Hospital Hill	Lakewood	Long Term Care	University Health Surgery Center
X	X		X

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 or Legal Permanent Residency (LPR) status.
 - c. Income Determination: The applicant's gross income must be at or below 200% of the FPL.
 - 1) Income of all members of the family unit is counted.
 - 2) Documentation of all income is required for approval.
 - 3) Current income tax return will be required except in certain limited situations.
 - 4) 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 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.

- 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 a 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) Significant other persons (regardless of sex) – In general, persons who merely live together and have no relationship with each other are not counted in determining discount eligibility. The following case is an exception to this general rule: when a child age 18 or younger is in the home with the father and mother, both the parents' incomes are used in determining discount status even if the parents are not married to each other.
- 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 TMC'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 currently receive Food Stamps may be found eligible without additional proof of residency or income.
 - a) Copies of current tax return or patient-signed release allowing TMC to request the patient's tax return from the IRS will be required.
 - b) Approval may be granted for the food stamp through date or up to 12 months, whichever period is greater.
- 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 are neither U.S. Citizens nor Legal Permanent Residents.
 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 ME codes 80 and 89.
 - b. Presumptive financial assistance is available to Missouri Medicaid recipients for non-covered medically necessary services.
 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. Insured persons requesting the discount for pharmacy only.
 8. 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. Hospital Hill (HH) – 2301 Holmes, 4th floor; Cardiology 5th floor; GI 3rd floor; OB 6th floor, Oncology 3rd floor.
 - b. University Health (UH) Building – 2101 Charlotte, 3rd floor.
 - c. Lakewood (LW) – 7900 Lee’s Summit Rd, Lobby Bess Truman entrance.
 - d. Behavioral Health Healing Canvas Building – 300 W 19th Terr.
 - e. Swope Health Services – 3801 Blue Parkway. Main entrance past the pharmacy.
 - f. UH Women’s Care – 3450 NE Ralph Powell Rd, Lee’s Summit.
 - g. 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 [TMC Financial Counseling website](#).
 4. Patients can complete an online application through the [TMC Financial Counseling website](#).
 5. Patients can request an application and policies by mail to Truman Medical Centers, P.O. Box 957924, St. Louis, MO 63195-7924.
- D. To process the application:
1. Applications should be submitted to the Financial Counseling Center.
 2. Requested verifications of residency and income 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 TMC financial assistance, with no co-pay, for services that are non-covered by Medicaid, if the circumstances below apply:
 - a. If 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 of Incarcerated 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, TMC 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.
- 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 TMC 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. Measures taken to widely publicize the availability of financial assistance
- A. TMC shall clearly post signage advising patients of the availability of financial assistance in accordance with section 1557 of the Affordable Care Act. All public postings will be in English, Spanish, and Chinese and include the condensed non-discrimination statement.
 - B. Each TMC facility will publish this policy, a Plain Language Summary (attached), and the [Patient Billing and Collections](#) policy to its page within the main TMC website, along with a link to the Financial Assistance Application.
 - C. In addition to the website, the *Financial Assistance Policy (FAP)* and Financial Assistance Application will be made available in the Main Lobbies, Emergency Departments, by mail, or by telephone to Financial Customer Service at (816) 404-3040.
- V. 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. TMC 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.
- VI. 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 emergency and medically necessary care 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 – 200% 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.
- VII. 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.
 - C. Certain elective services such as non-medically necessary cosmetic services and self-improvement services.
 - D. Dental clinic services at LW.
 - E. University Health On the Go clinic services.

VIII. Amount Generally Billed (AGB):

- A. Following a determination of FAP eligibility, an FAP 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 (AGB).
- B. The AGB is calculated by using the look back method. See the [TMC Financial Counseling website](#) for details of the AGB calculation.

IX. 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.
- B. FAP eligible discounts and the charity care Uninsured Discount are mutually exclusive. See the [TMC Financial Counseling website](#) for details of the Uninsured Discount calculation.

X. Pharmacy Patients

- A. Patients qualifying for TMC financial assistance at 0 – 200% FPL are eligible for assistance with select retail prescription medication.
- B. Patients may contact the Medication Assistance Program Pharmacy for a current list of available bulk replacement medications that are 100% financial assistance.
- C. Homeless patients residing in an emergency homeless shelter who need a medication not provided by the TMC Pharmacy may receive approval to receive the medication from Walgreens at the Hospital Hill and Lakewood campuses. Refer to the [Prescription Assistance for Patients in Emergency Shelters](#) policy.

XI. The actions TMC may take in the event of nonpayment are described in the [Patient Billing and Collections](#) policy available on the [TMC Financial Counseling website](#).

XII. A list of providers not covered by the FAP is available on the [TMC Financial Counseling website](#).

Replaces:

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

Truman Medical Centers Financial Assistance Policy *Plain Language Summary*

The Truman Medical Centers Financial Assistance Policy (FAP) provides Eligible Patients financial assistance for emergency or medically necessary hospital care. Patients seeking Financial Assistance must apply for the program.

What is covered?

- **Eligible Services** – Emergency and/or medically necessary healthcare services provided by Truman Medical Centers.

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 and citizenship requirements are eligible for Financial Assistance by Truman Medical Centers Financial Counseling Center.

How can you apply?

- Obtain an application in person at any of the Financial Counseling Center locations, including:
 - Hospital Hill – 2301 Holmes, 4th floor; Cardiology-5th floor; GI-3rd floor; OB-6th floor, Oncology-3rd floor.
 - University Health Building – 2101 Charlotte, 3rd floor.
 - Lakewood – 7900 Lee’s Summit Rd, Lobby Bess Truman entrance.
 - Behavioral Health Healing Canvas 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 Truman Medical Centers website:
 - www.trumed.org/patients-visitors/financial-services/financial-counseling

Determination of Financial Assistance Eligibility – Generally, patients who reside in Kansas City or Jackson County, Missouri with family income at or below 200% of the Federal Poverty Level (FPL) will receive financial assistance and 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 (AGB).

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