Rural Health Resources of Jackson County, Inc.

Financial Assistance Policy

Date of Origin: 07/01/2004
Effective Date: 07/01/2004
Date of Last Revision: 1/26/2022
Date of Last Review: 1/26/2022

PURPOSE:

Rural Health Resources of Jackson Co-Inc (RHRJC), d.b.a. Holton Community Hospital (HCH), a not-for-profit corporation, is committed to providing financial assistance to persons who have health care needs and may not be able to pay for medically necessary or emergent care due to their financial situation

Emergency medical treatment will be provided without regard to ability to pay and regardless of whether the patient qualifies for financial assistance under this policy. Emergency medical treatment will be provided in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act ("EMTALA") and the requirements of Section 501(r) of the Internal Revenue Code. All determinations of financial assistance eligibility and financial assistance practice in general shall be consistent with Section 231(h) of the Health Insurance Portability and Accountability Act and shall be made in a manner consistent therewith. There will be no discrimination against patients based on ability to pay in the provision of emergency medical treatment.

POLICY:

Individuals expressing an inability to pay for emergency and other medically necessary care at Rural Health Resources of Jackson County (RHRJC) will be asked to complete a financial assistance application form and supply supporting documentation so they can be evaluated for Financial Assistance discounts. Financial Assistance is extended with the expectation that patients will cooperate with RHRJC procedures for applying for such financial assistance.

Locations/Facilities

This policy applies to all RHRJC facilities including but not limited to:

1) Holton Community Hospital
2) Holton Family Medicine
3) Hoyt Family Medicine
4) Wetmore Family Medicine
5) Holton Community Hospital – Home Health
6) Holton Community Hospital – Hospice

RHRJC has both Affiliated and Non-Affiliated Providers who provide professional services at the above locations. Non-Affiliated providers bill for their own services and may not adopt or follow this procedure. These providers are listed in Addendum A.

Eligibility Criteria

Financial Assistance is a resource of last resort. RHRJC reserves the right to allow or disallow assistance based on the patient's or guarantor's ability to pay as determined in the financial investigation process as set forth herein. Furthermore, the hospital reserves the right to deny financial assistance for the failure of patient to take reasonable steps in making application for Medicare, Medicaid, and other governmental medical assistance programs in which they may be entitled to participate, and for the failure to comply with the terms and conditions of this policy.

Eligibility for financial assistance will be considered for patients under the following criteria:

General Eligibility

- **Uninsured** (has no insurance or medical coverage and is not eligible for any government healthcare program or third party payment such as worker's compensation or third party liability coverage) or
- **Underinsured** (has limited insurance coverage for the medically necessary care or emergent care)

Presumptive Eligibility

Patient will be eligible if any of the following apply:

- Eligible for Medicaid in Kansas,
- Homeless,
- Food Stamp eligible,
- Deceased with no Estate

Patients determined to be presumptively eligible, financial assistance will be granted for a period of 6 months starting on the date of presumptive eligibility in addition to existing balances currently owed to RHRJC. The patient will not receive assistance for services after 6 months after the date of determination without completion of a Financial Assistance application or a new determination is made. Deceased patients with no Estate will be granted financial assistance on all outstanding balances.

Individuals will be evaluated for financial assistance eligibility under this policy. RHRJC will not deny requested health care services, and shall not discriminate in the provision of services to an individual because the individual is unable to pay for the services.

Limitation of Charges and Calculation of Amount Generally Billed (AGB)

Calculation of AGB

Once an individual has been determined to be eligible for financial assistance, that individual will not be charged more for eligible services than the amount generally billed (AGB) to those who have insurance coverage. RHRJC determines AGB by multiplying the gross charges for care provided to patients by the AGB%. RHRJC has elected to use the "look-back" method to calculate the AGB. This method is based on 12 months of paid claims for Medicare fee-for-service and private health insurers. The amount paid includes both the insurance payment and the patient's out-of-pocket responsibility for emergency and other medically necessary care. RHRJC will calculate its AGB percentages no less than annually by dividing the sum of claim payments to RHRJC by the sum of the associated gross charges for these claims. This AGB is updated annually and is maintained on our website https://holtonhospital.com/wp-content/uploads/2022/01/Financial-Assistance-Policy-HCH.pdf (Addendum B) and is free of charge by contacting the Business office at Holton Community Hospital, by calling 785-364-9658 or by mail at Holton Community Hospital, 1110 Columbine Drive, Holton, KS 66436.

Financial Assistance Discounts

Charity Care Discounts

RHRJC determines the level of financial assistance discounts based on the Federal Poverty Levels that is issued annually by the Department of Health and Human Services. For annual incomes between 0%-100%, the financial assistance discount is 100% of charges for any emergency or other medically necessary care. For annual incomes between 101%-200%, the financial assistance discount is based on the requirement of section 501 (r)(5) that limits the amount charged for any emergency or other medically necessary care to not more than the **A**mounts **G**enerally **B**illed (AGB) to individuals with insurance covering that care. Applicable rates are listed on the Financial Assistance Application. (Addendum C).

How To Apply For Financial Assistance

For the purposes of this policy the "Application Period" begins on the date the care was provided to the patient and ends on the later of the 240th day after the first post discharge billing statement is provided to the patient or not less than 30 days after the date RHRJC provides the patient the required final notice to commence extraordinary collection actions (ECAs).

A. Individuals can apply for financial assistance by:

1) Obtaining a paper Financial Assistance Application form with instructions on how to complete and required documentation to submit, free of charge, by visiting the hospital or clinic patient registration areas, or by calling the Business Office to have an application mailed.
2) Downloading/printing a Financial Assistance Application form from the RHRJC website. (https://holtonhospital.com/wp-content/uploads/2022/01/FINANCIAL-ASSISTANCE-APP.doc)
3) Requesting a Financial Assistance Application form from a collection agency if the account has been turned to collections due to non-payment and is still within the Application Period..

B. The application process can take place prior to service, at the time of service (during admission or discharge), or after the billing process.

C. The application process includes completing a form "Application for Financial Assistance". The applicant must provide copies of their previous year income tax return, pay stubs covering their previous three months of earned income, verification of Social Security, Veterans Administration benefits, pension payments, child support, alimony, rental income and bank statements. If self-employed the applicant must provide income/expense records for the previous three years. Copies of other supporting evidence may be required by the Business Office to substantiate information gathered on the Application for Financial Assistance such as titles, Medicaid determination, determination of guardianship, birth certificates, court-ordered child support, credit reports, etc. RHRJC may not deny assistance under this policy for the failure to provide information that was not required to be submitted with the application.

D. A completed application for assistance must be received during the Application Period.

E. The application must be signed by the legal responsible party of the accounts in order to be valid.

Business Office staff will be available to assist individuals with questions on how to complete financial assistance applications.

Eligibility and Financial Assistance Determination Process:

1. To determine the level of financial assistance on the sliding scale, Patient Financial Services will determine the following through review of the application information:

   a. Annual income level based on last three month employment average, annual net business income based on three-year history if self-employed.

b. Family size based on legal dependency as defined by Internal Revenue Service, NHHS, and court orders. Non-dependent children/adults are excluded from determination of family size.

2. If the patient/guarantor qualifies for assistance. The remaining balance due may be paid according to the guideline in the Financial Policy.

Actions That May Be Taken In The Event of Nonpayment

RHRJC will not engage in extraordinary collections actions (ECA) against an individual before making reasonable efforts to determine whether the individual has insurance coverage or is eligible for financial assistance.

For the purposes of this policy, ECA includes lawsuits, liens on residents, arrests, subjecting individual to writ of body attachments, garnishment of wages, foreclosure of real property, seizure of bank account or other personal properly, sale of debt to another party, and reporting to credit agencies.

For the purposes of this policy, reasonable efforts to determine financial assistance eligibility includes providing individual with a plain language summary (brochure) of the financial assistance program, a notice on all patient billing statements and other written communications regarding billings, oral communications regarding amount due, and other means available to RHRJC to identify individuals who may be eligible for insurance coverage or financial assistance.

RHRJC may send accounts to one or more collection agencies, but such action is not considered an ECA. Collection agencies will be held, in a written agreement, to the terms and conditions of this policy and will not take ECAs without prior authorization of RHRJC.

If there is no payment, or a financial assistance application has not been submitted by the 120th day after RHRJC provided the individual with the first patient billing statement RHRJC may engage in ECA. The Business Office Manager will have responsibility for determining if RHRJC made reasonable efforts to identify individuals who are eligible for financial assistance, before proceeding with ECA.

Measures to Publicize Financial Assistance Program (FAP) in the Community

RHRJC will widely publicize the financial assistance program by posting information on the RHRJC website, notifying and distributing information to patients at all RHRJC registration areas when they present for service, making information available in registration waiting rooms, including information on patient billing statements, mentioning FAP when discussing an individual's bill over the phone, and by publicizing FAP to community health centers and social service agencies.

DEPARTMENT of ORIGIN: Chief Executive Officer

DEPARTMENT POLICY APPLICABLE TO: ALL

Approved: _____ 1-26-2022
RHRJC Chief Executive Officer — Date

Approved: _____ 1-26-22
Chairman RHRJC Board of Directors — Date

Addendum A

Affiliated Billing Providers

Updated 12/1/2023

Group/Location	Provider
Holton Community Hospital	Adam Petesch, CRNA
Holton Community Hospital	Roger Moss, CRNA
Holton Community Hospital	Kristopher Carlson, MD
Holton Community Hospital	Jeffrey Schlachter, DO
Holton Community Hospital	John Thesing, MD
Holton Community Hospital	Michael Roth, CRNA
Holton Community Hospital	Katie Tonniges, CRNA
Holton Community Hospital	Jessica Winn, MD
Holton Community Hospital	Denis Jimenez, MD
Holton Community Hospital	Ryan Carr, MD
Holton Community Hospital	Aaron Brown, MD
Holton Community Hospital	Kevin Latinis MD
Holton Community Hospital	Gary Cornette, DO
Holton Community Hospital	Tiffany Engelken
Holton Community Hospital	Kurt Kessler, MD
Holton Family Medicine	Jason Poston
Holton Family Medicine	Michael Hamilton
Holton Family Medicine	Erin Schwartz
Holton Family Medicine	Clint Colberg, MD
Holton Family Medicine	Joel Hutchins, MD
Holton Family Medicine	Malia Warner, MD
Holton Family Medicine	Michael Engelken, MD
Holton Family Medicine	LaDona Schmidt, MD
Holton Family Medicine	Lee Schnee, MD
Holton Family Medicine	Marija Lawless, MD
Holton Family Medicine	Janae Nilges
Holton Family Medicine	Kristen Manning
Holton Family Medicine	Josh Moulin
Holton Family Medicine	Jill Collins
Holton Family Medicine	Kaylie Zimmerman
Holton Family Medicine	Dallas Dooley
Holton Family Medicine	Amanda Rempe
Holton Family Medicine	Jennifer Warren
Holton Family Medicine	Darlene Hirst
Holton Family Medicine	Christina Clark
Holton Family Medicine	Merica Surdez
Holton Family Medicine	Heather Aranda
Holton Family Medicine	Chandra Price
Hoyt Family Medicine	Jamie Stuke
Wetmore Family Medicine	Ashley Reinecke

Addendum A

Non-Affiliated Billing Providers

Updated 12/1/2023

Group/Location	Provider
Advanced Dermatologic Surgery	Stephen Squires, MD
Advanced Dermatologic Surgery	Thomas Hocker, MD
Advanced Dermatologic Surgery	Spyros Michael Siscos, MD
Anethesia Associates of Topeka	Adam Ingalsbe
Anethesia Associates of Topeka	Josh Luce
Children's Mercy Hospital	Luisa Waitman MD
Children's Mercy Hospital	Haley Hancock MD
Cotton O'Neil	James Hurtig MD
Cotton O'Neil	Gilbert Katz MD
Cotton O'Neil	Shawn Magee MD
Cotton O'Neil	Deepti Vellaichamy Manian, MD
Cotton O'Neil	Vlad Dimitriu, MD
Cotton O'Neil Heart Center	Kevin Bernd DO
Cotton O'Neil Heart Center	Alan Helmbold DO
Cotton O'Neil Heart Center	Bashar Ababneh MD
Cotton O'Neil Heart Center	Bashar Amr, MD
Cotton O'Neil Heart Center	Zia Rahman, MD
Cotton O'Neil Heart Center	Rashmi Thapa, MD
Cotton O'Neil Heart Center	Joseph Vaglio, MD
Cotton O'Neil Heart Center	Nilay Patel, MD
Cotton O'Neil Heart Center	J. Patrick Birkbeck MD
Cotton O'Neil Heart Center	Thomas Doyle MD
Cotton O'Neil Heart Center	Seshu Rao MD
Cotton O'Neil Heart Center	Steven Seals MD
Cotton O'Neil Heart Center	Jaime Barberena MD
Cotton O'Neil Heart Center	Chen Chow MD
Cotton O'Neil Heart Center	Craig Gernon MD
Cotton O'Neil Heart Center	Jack Jones MD
Cotton O'Neil Heart Center	Donney Kastner MD
Cotton O'Neil Heart Center	Nikhil Mehta, MD
Cotton O'Neil Heart Center	Hisham Hakeem, MD
Cotton O'Neil Heart Center	Samuel Brescia, MD
Grin Eye Care	Brian Heiniger, MD
Holton Direct Care	Vance Lassey MD
Integrated Telehealth Partners	Paul McGinnis, MD
Kansas Medical Clinic	Leah Buthorne
Lincoln Center OBGYN	Todd Trobough MD
MAWD Pathology Group	Stephen Albrecht, DO
Morrison, Potter and Associates, Inc	Mandy Graham
Morrison, Potter and Associates, Inc	Bryan Potter
OrthoKansas	Neal Lintecum MD

Addendum A

Updated 12/1/2023

Non-Affiliated Billing Providers

Group/Location	Provider
Psychiatric Medical Care	Adrian Trefz
Psychiatric Medical Care	Katrina Metzger
Psychiatric Medical Care	Mistie Wilson
Radiology and Nuclear Medicine	Matthew Malmstrom DO
Radiology and Nuclear Medicine	Timothy Allen MD
Radiology and Nuclear Medicine	J. Patrick Landes DO
Radiology and Nuclear Medicine	Thomas Helling MD
Radiology and Nuclear Medicine	Salvador Iloreta MD
Radiology and Nuclear Medicine	James Legako DO
Radiology and Nuclear Medicine	Arin Katzer DO
Radiology and Nuclear Medicine	Ramin Midia MD
Radiology and Nuclear Medicine	Kyle Miller MD
Radiology and Nuclear Medicine	Aaron Meggison MD
Radiology and Nuclear Medicine	Brett Meggison MD
Radiology and Nuclear Medicine	Daniel Marichal MD
Radiology and Nuclear Medicine	James Wilson Owen MD
Radiology and Nuclear Medicine	Harish Panicker MD
Radiology and Nuclear Medicine	Marcus Schworm MD
Radiology and Nuclear Medicine	Frank Yackovich MD
Radiology and Nuclear Medicine	Kenneth Fearn, MD
Radiology and Nuclear Medicine	Jayden Spencer, MD
Radiology and Nuclear Medicine	Jeremy Jones, MD
Radiology and Nuclear Medicine	Timothy Walmann, MD
Radiology and Nuclear Medicine	Neal Hall, MD
Radiology and Nuclear Medicine	Veeral Bhoot, DO
Radiology and Nuclear Medicine	Ernest Ostermann, MD
Radiology and Nuclear Medicine	Douglas Hughas, MD
Radiology and Nuclear Medicine	Corey Chopra, MD
Radiology and Nuclear Medicine	Amy McCann, MD
Radiology and Nuclear Medicine	Michael Glass, MD
Stormont Vail Health	Michael Keehn MD
The University of Kansas Cancer Center	Adrian Caracioni, MD
The University of Kansas Cancer Center	Manidhar Lekkala, MD
The University of Kansas St. Francis - Women's Center	Bret Heskett, MD
Topeka ENT	Jason Meyers MD
Topeka Pathology Group	Linda Wells MD
Topeka Pathology Group	Mark Synovec MD
Topeka Pathology Group	Hana Albrecht DO
Topeka Pathology Group	Paramjit Singh Bhatia MD
Topeka Pathology Group	William Schaetzel DO
Topeka Pathology Group	Jonathan Boyd MD
University of Kansas St. Francis Heart & Vascular	Ali Nayfeh, MD

Addendum A

Non-Affiliated Billing Providers

Updated 12/1/2023

Group/Location	Provider
University of Kansas St. Francis Heart & Vascular	John Joliff MD
University of Kansas St. Francis Heart & Vascular	Swapna Mamidipally MD
University of Kansas St. Francis Heart & Vascular	Hemant Boolani, MD
University of Kansas St. Francis Heart & Vascular	Angela Bachelor
University of Kansas St. Francis Heart & Vascular	Diane Wilkins
University of Kansas St. Francis Heart & Vascular	Rita Kennedy APRN
University of Kansas St. Francis Heart & Vascular	Benjamin Rawalt
University of Kansas St. Francis Heart & Vascular	Patricio Alzamore Schmatz, MD
University of Kansas St. Francis Heart & Vascular	Shawna Isakson
University of Kansas St. Francis Heart & Vascular	Sarah Pederson
University of Kansas St. Francis Heart & Vascular	Shiloh Hamilton

ADDEMDUM B

Calculation of Amounts Generally Billed

AMOUNTS GENERALLY BILLED

RHRJC determines AGB by multiplying the gross charges for care provided to patients by the AGB %. RHRJC has elected to use the look back method in which the AGB % is calculated by dividing the total of all claims allowed by Medicare fee for service and all private insurance as primary payer during the prior 12-month period by the total gross charges for those claims. This ABG is based on audited data from the last fiscal year and will be updated annually in August.

Year	AGB%
2018	48.4%
2019	49.5%
2020	52.0%
2021	56.4%
2022	51.5%
2023	52.4%

HOLTON COMMUNITY HOSPITAL

Rural Health Resources of Jackson County
Financial Assistance Application

Guarantor's Name:_____

Address: _____

_____

Phone #: _____

Date of Birth:_____ Social Security Number:_____(optional)

Please list all members of your household, their age and relationship to you.

NAME	AGE	RELATIONSHIP

Please answer the following questions:

YES__ NO__ Did anyone in your household file an Income Tax Return last year?
(If "YES" please provide a copy of the most current year)

YES__ NO __ Are you or any member of your household currently employed?
(If "YES" please provide 2 check stubs for each family member working)

YES__ NO__ Is anyone in your household receiving Unemployment Benefits?
(If "YES" please provide a copy of each benefit statement)

YES__ NO__ Is anyone in your household receiving Child Support or Alimony?
(If "YES" please provide documentation of benefits)

YES__ NO__ Is anyone in your household receiving Social Security Benefits?
(If "YES" please provide documentation of benefits)

HOLTON COMMUNITY HOSPITAL

Rural Health Resources of Jackson County
Financial Assistance Application

By signing this application I am requesting financial assistance for health care services provided by Rural Health Resources of Jackson County, Inc. I agree and understand that as a condition of receiving financial assistance I must pay and/or make payments of the remaining balance due in a timely manner. Also, any accounts that have previously been placed with a Collection Agency, and are over the 240 day deadline, will not be eligible for the financial assistance discount.

I further agree and understand that I must report all changes in my household composition and/or income in a timely manner. I further agree and understand that if I make any false statements or do not provide requested information to establish my eligibility, I will forfeit my eligibility for financial assistance and shall be the subject of legal proceedings, as permitted by Kansas Laws for recovery of funds due to RHR. If you have any questions please contact Janet Clayton, Patient Financial Services Manager, at 785-364-9666.

Applicant's Signature	*Date of Application*

2023 Federal Poverty Guidelines (Annual Income)

Family Size	*Federal Poverty 100%*	*Federal Poverty 125%*	*Federal Poverty 150%*	*Federal Poverty 175%*	*Federal Poverty 200%*
1	$14,580.00	$18,225.00	$21,870.00	$25,515.00	$29,160.00
2	$19,720.00	$24,650.00	$29,580.00	$34,510.00	$39,440.00
3	$24,860.00	$31,075.00	$37,290.00	$43,505.00	$49,720.00
4	$30,000.00	$37,500.00	$45,000.00	$52,500.00	$60,000.00
5	$35,140.00	$43,925.00	$52,710.00	$61,495.00	$70,280.00
6	$40,280.00	$50,350.00	$60,420.00	$70,490.00	$80,560.00
7	$45,420.00	$56,775.00	$68,130.00	$79,485.00	$90,840.00
8	$50,560.00	$63,200.00	$75,840.00	$88,480.00	$101,120.00
RHR Service Discount Rate	***100%***	***75%***	***50%***	***25%***	***10%***

For family units with more than eight members, add $3,820 for each additional member.

☐ Based upon the information provided by the applicant, the persons listed in this household are eligible for a Discount of _____%

☐ Based upon the information provided by the applicant, the persons listed in this household are NOT eligible for financial assistance.

Patient Financial Counselor	*Date*