

Charity / Financial Assistance Policy for Miami County Medical Center and Family Medicine Clinics of Miami County Medical Center

Purpose statement for Miami County Medical Center and Family Medicine Clinics of Miami County Medical Center

The mission of Miami County Medical Center (MCMCI) and Family Medicine Clinics of Miami County Medical Center (RHC) is to help people through healing, health and happiness. The charity/financial assistance policy is a furtherance of Miami County Medical Center's charitable mission.

Policy statement for Miami County Medical Center and Family Medicine Clinics of Miami County Medical Center

All patients are expected to contribute to the cost of their care in accordance with their ability. Miami County Medical Center and Family Medicine Clinics of Miami County Medical Center recognize that unplanned medical expenses may have patients concerned about their ability to pay for medical services. This policy provides information for our patients regarding financial assistance for services at Miami County Medical Center and Family Medicine Clinics of Miami County Medical Center for Rural Health Care services in accordance with federal, state and industry guidelines.

This policy applies to Miami County Medical Center and Family Medicine Clinics of Miami County Medical Center for Rural Health Care services except where noted (Eligibility Criteria, How this Policy Applies to Physicians/Providers, How to Apply and Where, and Available Assistance).

Application notices for MCMC and Family Medicine Clinics of MCMC

Signs are present in all registration areas, at Patient Financial Services and at the Central Business Office to notify patients that financial assistance is available. Registration, Patient Financial Services and Central Business Office can provide instructions and applications for assistance if patients express concern about their ability to pay for services. The Charity/Financial Assistance Policy is available online at www.olathehealth.org by clicking on Patients and Visitors and then Financial Assistance. Billing statements also provide information on how to apply for financial assistance.

In addition, Miami County Medical Center and Family Medicine Clinics of MCMC informs and notifies residents of the community it serves by posting information and applications on our website, and periodically in other community publications.

Miami County Medical Center Financial Assistance Policy

Eligibility criteria for Miami County Medical Center

Patients who reside in the primary service area, defined as Miami and Linn counties in Kansas, and whose annual gross household income is up to 300% of the Federal Poverty Guidelines (based upon family size), may be eligible for financial assistance. Patients who qualify for financial assistance will not be asked to pay more than Miami County Medical Center's amount generally billed (AGB), currently at 68.2%, to individuals with insurance, based on the IRS-defined look-back method.

Amount Generally Billed (AGB) is calculated as follows (See Appendix A for the current AGB):

- A. Includes all claims paid 100% with at least one payment by a third-party payor (i.e. insurance company, Medicare, Tricare, etc.).
- B. Amount Generally Billed is total payments received by all parties (i.e. patient co-pay, deductible, insurance payment) for each claim.
- C. A percentage is calculated based on the total payments / total charges in order to determine the AGB discount.

The amount a patient is expected to pay, and the amount of financial assistance offered, depends on the patient's insurance coverage, gross household income and assets. The Federal Poverty Guidelines (FPG) will be used in determining the amount of assistance, if any, from total charges and the amount ultimately charged to the patient. In the case of extreme hardship, patients whose incomes exceed 300% of the FPG may be eligible for up to a 100% discount from total charges. Extreme hardship is defined to include patient responsibility that exceeds 25% of annual gross household income and assets.

Individuals who may be eligible for assistance include those who are uninsured and those who are insured but medically indigent. The patient's household savings, checking, investment assets, real property assets and overall financial situation will be considered in addition to the nature of the medical condition or care required.

Patients must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage options before eligibility will be considered. Patients are expected to apply for other forms of assistance, such as Medicaid, Disability, Crime Victims Compensation and Health Insurance Marketplace plans, if eligible. Miami County Medical Center contracts with specialists who will assist patients to determine whether they may qualify and help them through the application process.

Patients of the medical center who request financial assistance must provide proof of household income. Household income includes, but is not limited to, gross wages, rental income, gross income from self-employment, public assistance, Social Security, unemployment compensation, strike benefits, alimony, child support, educational assistance, military family allotments, pensions, veteran's benefits, interest income, assistance from outside the household and any other miscellaneous income and assets. The income of a spouse/partner, regardless of whether they live in the same household, will also be considered.

Presumptive eligibility for Miami County Medical Center

Some patients or guarantors may be presumed to be eligible for financial assistance. These individuals do not need to complete the application for assistance to qualify for assistance. Patients or guarantors that have documented Kansas Medicaid eligibility within the past six months, and who meet residency requirements will be presumed eligible for a discount of 100 percent after insurance. Others presumed to be eligible include individuals screened by WYJOCare, HealthPartnership, and individuals who are eligible for HUD housing, receive food stamps, are homeless or decedents with no estate or surviving spouse.

Available financial assistance for Miami County Medical Center

Household income equal to or less than 150% of the Federal Poverty Guidelines (FPG) for the household size may be eligible for assistance up to 100% off total charges for eligible services after all other options for payment have been exhausted. These are the amounts that would be typically granted; however, asset levels are also taken into consideration, so levels of financial assistance may vary. Typical discount percentages from total charges are depicted below.

The approval for financial assistance does not obligate Miami County Medical Center to provide continuing financial assistance. We reserve the right to require a patient to re-apply for financial assistance at any time.

FINANCIAL ASSISTANCE BY GROSS ANNUAL HOUSEHOLD INCOME	
Level of discount eligibility	If gross annual household income 150% FPG, discount up to 100% If gross annual household income 151%-200% FPG, discount up to 80% If gross annual household income 201%-300% FPG, discount up to 64.6%
Family size	Department of Health and Human Services (HHS) Federal Poverty Guidelines (FPG) Updated Annually
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
Each additional family member	\$4,480
Extreme hardship	In the event gross household income exceeds 300% of the FPG, individuals may still be eligible for assistance when the balance they owe is 25% or more of their gross annual income and assets.

Services eligible for financial assistance at Miami County Medical Center

All patients will receive emergency care in accordance with the Emergency Medical Treatment and Labor Act (EMTALA) without discrimination regardless of the individual's ability to pay, and as such eligible to apply for charity/ financial assistance.

In addition, financial assistance may be available for non-emergent services for medical conditions that would cause patients harm without immediate attention for residents of our primary service area, which is Miami and Linn counties in Kansas.

Patients who reside outside our primary service area may be eligible to apply for assistance if they are a current patient of one of the primary care physicians of Olathe Health Physicians (OHP). Current patient is defined as patients who have seen their primary care physician within the past 12 months.

Services excluded from financial assistance at Miami County Medical Center

- If Miami County Medical Center is considered out of network for an insurance plan, and the patient has reduced benefits, these services are not eligible for financial assistance.
- Services considered non-covered or experimental by the insurance carrier.
- Services that are already priced at a reduced rate, and are not medically necessary services are not eligible.
- Cosmetic services.
- Services whose application period has expired will not be considered for Financial Assistance. The application period generally ends 240 days from the date of the first post-discharge bill.

How this policy applies to physicians/providers who provide care to hospital patients at Miami County Medical Center

Most physicians who provide care to hospital patients bill patients for their professional services separate from the hospital. These physicians do not follow this same financial assistance policy. Patients or their guarantors should contact these providers directly to ask if they offer financial assistance. Examples of physicians who provide professional services to patients in hospitals include, but are not limited to, radiologists, anesthesiologists, pathologists, admitting physicians and other consultants and specialists. Emergency room physicians and hospitalists also provide care to hospital patients at MCMCI. These emergency physicians and hospitalists are billed by the medical center and are covered under the medical center's financial assistance policy, and are included in the listing cited below.

A list of all hospital physicians/providers who may provide services is available to you at any time. To obtain online, visit www.olathehealth.org and select "Find a Doctor." You can search the online database or download a complete printable directory. None of the physicians listed in this directory follow the Financial Assistance Policy outlined here. If you would like a copy of the directory mailed to you at no charge, please contact Patient Financial Services at 913-324-8520, or write to Patient Financial Services at 20333 W. 151st St., Olathe, KS 66061.

How to apply and where to find more information for patients of Miami County Medical Center

A copy of Miami County Medical Center's financial assistance policy, applications for assistance, instructions for completing the application and a plain-language summary of the policy are available online at www.olathehealth.org in both English and Spanish under Patients & Visitors, then clicking on "Patient Forms." In addition, these documents are available without charge in the Patient Financial Services Department in Suite 206 at 20920 W. 151st St., Olathe, KS, and in all hospital registration areas. Individuals seeking more information about financial assistance can visit this office or call 913-324-8520. A copy of the financial assistance application and instructions may be obtained by mail at no charge by writing to Patient Financial Services at 20333 W. 151st St., Olathe, KS 66061.

Completed applications, including all supporting documentation, will be reviewed by Patient Financial Services or Central Business Office staff. A written notification of the determination will be mailed, generally within 60 days of receipt of the completed action.

Uninsured discount Miami County Medical Center

Patients who do not have insurance are eligible for an uninsured discount an amount equivalent to the Amount Generally Billed. The uninsured discount does not apply to patients who have high deductible plans, and excludes services that are for automobile or liability insurance, cosmetic services, and those services already priced at a discounted rate by Miami County Medical Center.

Patients who are eligible for the uninsured discount may also apply for additional financial assistance if they meet the other criteria outlined in this policy.

The uninsured discount is included in the calculation of the total amount of financial assistance.

Collection actions Miami County Medical Center

Miami County Medical Center will not engage in extraordinary collection actions before the Patient Financial Services Department makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. This includes, but is not limited to, signs in all registration areas and Patient Financial Services information on all billing statements, and applications made available in all registration areas and online at www.olathehealth.org.

In the event of continued non-payment of the patient's portion of their bill or receipt of a completed application for financial assistance, their account will be placed with a collection agency. Miami County Medical Center will not take extraordinary collection actions such as liens on a primary residence, arrests or body attachments as part of the collection process. The Patient/Guarantor Billing and Collection Policy contains detailed information regarding extraordinary collection actions that may be taken, and are available free of charge on our website at www.olathehealth.org as well as from the Patient Financial Services department located in Suite 206 at 20920 W. 151st St., Olathe, KS 66061. A copy may be obtained by mail at no charge by calling 913-324-8520. Extraordinary collection actions will not be initiated unless approved by a member of the Patient Financial Services team.

Family Medicine Clinics Miami County Medical Center Financial Assistance Policy

Eligibility criteria for Family Medicine Clinics of Miami County Medical Center (RHC)

Patients, whose annual gross household income is up to 300% of the Federal Poverty Guidelines (based upon family size), may be eligible for financial assistance. Patients who qualify for financial assistance will not be asked to pay more than Miami County Medical Center's amount generally billed (AGB), currently at 68.2%, to individuals with insurance, based on the IRS-defined look-back method.

Amount Generally Billed (AGB) is calculated as follows (See Appendix A for the current AGB):

- A. Includes all claims paid 100% with at least one payment by a third-party payor (i.e. insurance company, Medicare, Tricare, etc.).
- B. Amount Generally Billed is total payments received by all parties (i.e. patient co-pay, deductible, insurance payment) for each claim.
- C. A percentage is calculated based on the total payments / total charges in order to determine the AGB discount.

Individuals who may be eligible for assistance include those who are uninsured and those who are insured but medically indigent. The patient's application will be evaluated on household income and family size as documented on their tax return. The application for assistance for services associated with the Family Medicine Clinics of MCMC may be obtained at the clinic, online at www.olathehealth.org by clicking on Patients & Visitors and then Financial Assistance, or by contacting the Central Business Office at 913-782-3798 or write to 14425 College Blvd., Suite 100, Lenexa, KS 66215.

Patients who request financial assistance must provide proof of household income. Household income includes, but is not limited to, gross wages, rental income, gross income from self-employment, public assistance, Social Security, unemployment compensation, strike benefits, alimony, child support, educational assistance, military family allotments, pensions, veteran's benefits, interest income, assistance from outside the household, and any other miscellaneous income. The income of a spouse or partner, regardless of whether they live in the same household, will also be considered.

Presumptive eligibility for Family Medicine Clinics of Miami County Medical Center

Some patients or guarantors may be presumed to be eligible for financial assistance. These individuals do not need to complete the application for assistance to qualify for assistance. Patients or guarantors that have documented Kansas Medicaid eligibility within the past six months, and who meet residency requirements will be presumed eligible for a discount of 100 percent. Others presumed to be eligible include individuals screened by WYJOCare, HealthPartnership, and individuals who are eligible for HUD housing, receive food stamps, are homeless or decedents with no estate or surviving spouse.

Available financial assistance for Family Medicine Clinics of Miami County Medical Center

A sliding scale is used to help determine the level of assistance for which one qualifies. Household income equal to or less than 150% of the Federal Poverty Guidelines (FPG) for the household size may be eligible for assistance up to 100% off total charges for eligible services after all other options for payment have been exhausted. The approval for financial assistance does not obligate Family Medicine Clinics of MCMC to provide continuing financial assistance. We reserve the right to require a patient to re-apply for financial assistance at any time.

FINANCIAL ASSISTANCE BY GROSS ANNUAL HOUSEHOLD INCOME	
Level of discount eligibility	If gross annual household income 150% FPG, discount up to 100% If gross annual household income 151%-200% FPG, discount up to 80% If gross annual household income 201%-300% FPG, discount up to 65%
Family size	Department of Health and Human Services (HHS) Federal Poverty Guidelines (FPG) Updated Annually
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
Each additional family member	\$4,480
Extreme hardship	In the event gross household income exceeds 300% of the FPG, individuals may still be eligible for assistance when the balance they owe is 25% or more of their gross annual income and assets.

Services eligible for financial assistance at Family Medicine Clinics of Miami County Medical Center

All patients will receive emergency care in accordance with the Emergency Medical Treatment and Labor Act (EMTALA) without discrimination regardless of the individual's ability to pay.

In addition, financial assistance may be available for non-emergent services for medical conditions that would cause patients harm without immediate attention.

Services excluded from financial assistance at Family Medicine Clinics of Miami County Medical Center

- If Family Medicine Clinics of Miami County Medical Center are considered out of network for an insurance plan, and the patient has reduced benefits, these services are not eligible for financial assistance.
- Services considered non-covered or experimental by the insurance carrier.
- Services that are already priced at a reduced rate, and are not medically necessary services are not eligible.
- Cosmetic services.
- Services whose application period has expired will not be considered for Financial Assistance. The application period generally ends 240 days from the date of the first post-discharge bill.

How this policy applies to physicians/providers who provide care to hospital patients at Family Medicine Clinics of Miami County Medical Center

Physicians and providers who provide care to patients receiving rural health care services within the Family Medicine Clinics of Miami County Medical Center follow the same financial assistance policy as the Family Medicine Clinics of Miami County Medical Center. If you would like a listing of those providers mailed to you at no charge, please contact the Central Business Office at 913-782-3798, or write to 14425 College Blvd., Suite 100, Lenexa, KS 66215.

How to apply and where to find more information for patients of Family Medicine Clinics of Miami County Medical Center

A copy of Family Medicine Clinics of Miami County Medical Center's financial assistance policy, applications for assistance, instructions for completing the application and a plain-language summary of the policy are available online at www.olathehealth.org in both English and Spanish under Patients & Visitors, then clicking on "Patient Forms." In addition, these documents are available without charge at the Central Business Office at 14425 College Blvd., Suite 100, Lenexa, KS 66215. A copy of the financial assistance application and instructions may be obtained by mail at no charge by writing to the Central Business Office at 14425 College Blvd., Suite 100, Lenexa, KS 66215, or by calling 913-782-3798.

Completed applications, including all supporting documentation, will be reviewed by the Central Business Office staff. A written notification of the determination will be mailed, generally within 60 days of receipt of the completed action.

Uninsured discount Family Medicine Clinics of Miami County Medical Center

Patients who do not have insurance coverage, and do not meet the criteria for financial assistance, are still eligible for an uninsured discount of 30 percent from total charges. The uninsured discount does not apply to patients who have high deductible plans, and excludes services that are for automobile or liability insurance, cosmetic services, and those services already priced at a discounted rate by Family Medicine Clinics of Miami County Medical Center.

Patients who are eligible for the uninsured discount may also apply for additional financial assistance if they meet the other criteria outlined in this policy.

The uninsured discount is included in the calculation of the total amount of financial assistance.

Collection actions Family Medicine Clinics of Miami County Medical Center

Family Medicine Clinics of Miami County Medical Center will not engage in extraordinary collection actions before the Central Business Office makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy. This includes, but is not limited to, signs in all registration areas and Patient Financial Services or Central Business Office, information on all billing statements, and applications made available in all registration areas and online at www.olathehealth.org.

In the event of continued non-payment of the patient's portion of their bill or receipt of a completed application for financial assistance, their account will be placed with a collection agency. Family Medicine Clinics of Miami County Medical Center will not take extraordinary collection actions such as liens on a primary residence, arrests or body attachments as part of the collection process. The Patient/Guarantor Billing and Collection Policy contains detailed information regarding extraordinary collection actions that may be taken, and are available free of charge on our website at www.olathehealth.org as well as from the Central Business Office at 14425 College Blvd., Suite 100, Lenexa, KS 66215. A copy may be obtained by mail at no charge by calling 913-782-3798. Extraordinary collection actions will not be initiated unless approved by a member of the Patient Financial Services team.

Old Policy Number: S950-1074

Updated February 2021

Appendix A:

AGB Calculation for May 01, 2020 – April 30, 2021

May 1, 2020

Patients, whose household income is up to 300% of the Federal Poverty Guidelines (based upon family size), may be eligible for financial assistance. Patients who qualify for financial assistance will not be asked to pay more than Miami Medical Center and the Family Medicine Clinics of Miami County medical Center amount generally billed (AGB) to individuals with insurance, based on the IRS-defined look-back method. For information on how the AGB discount is calculated, send inquiries to the Patient Financial Services Department, 20333 West 151st Street, Olathe, Kansas 66061 or call (913) 324-8520. The information will be mailed to you free of charge. The amount a patient is expected to pay, and the amount of financial assistance offered, depends on the patient's insurance coverage, income, assets, and expenses. The Federal Poverty Guidelines will be used in determining the amount of assistance, if any, from total charges and the amount ultimately charged to the patient. In the case of extreme hardship, patients may be eligible for up to a 100% discount from total charges.

Amount Generally Billed or AGB Effective May 1, 2018 – April 30, 2019 is 68.6% and is calculated as follows:

- Includes all claims paid 100% with at least one payment by a third party payor (i.e. insurance company, Medicare, Tricare, etc.).
- Amount Generally Billed is total payments received by all parties (i.e. patient co-pay, deductible, insurance payment) for each claim.
- A percentage is calculated based on the total payments/total charges in order to determine the AGB discount.

Rural Health Care Providers for Miami County Medical Center

Family Medicine-Paola:

- Amanda C. Sommerville, MD
- Georgina L. Green, MD
- Natalie S. Ketzner, APRN-C
- Amy S. McHenry, PA-C
- Preston J. Quick, NP
- Shandon “Andy” Anderson, APRN - prn

Family Medicine-LaCygne:

- Brian D. Cooke, MD
- Karl E. Kroen, APRN-C

Family Medicine-Louisburg:

- Michael P. McGinnis, MD
- Robin M. Spencer, APRN-C

Family Medicine-Osawatomie:

- Sara J. Cobine, DO
- Brian D. Cooke, MD
- Jonathan L. Newkirk, MD
- Katie Brand, PA-C