

Charity / Financial Assistance Policy for Olathe Medical Center

Purpose statement for Olathe Medical Center

The mission of Olathe Medical Center (OMC) is to help people through healing, health and happiness. The charity/financial assistance policy is a furtherance of Olathe Medical Center's charitable mission.

Policy statement for Olathe Medical Center

All patients are expected to contribute to the cost of their care in accordance with their ability. Olathe Medical Center recognizes 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 Olathe Medical Center in accordance with federal, state and industry guidelines.

Application notices for Olathe Medical Center

Signs are present in all registration areas and in Patient Financial Services to notify patients that financial assistance is available. Registration and Patient Financial Services can provide instructions and applications for assistance if patients express concern about their ability to pay for services. Billing statements also provide information on how to apply for financial assistance.

In addition, Olathe Medical Center informs and notifies residents of the community it serves by posting information and applications on our website, and periodically in other community publications.

Eligibility criteria for Olathe Medical Center

Patients who reside in the primary service area, defined as Southwestern Johnson, Miami and Linn Counties in Kansas (See Appendix B, SW JO ZIP Codes), 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 Olathe Medical Center's amount generally billed (AGB) 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 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. 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. Olathe 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 Olathe 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 Olathe Medical Center

Household incomes 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 Olathe 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 the Amount Generally Billed (AGB) – See Appendix A
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 excluded from financial assistance at Olathe Medical Center

- If Olathe 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 Olathe 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, emergency room physicians, radiologists, anesthesiologists, pathologists, admitting physicians and other consultants and specialists.

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 Olathe Medical Center

Olathe 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 100 at 14425 College Blvd., Ste. 100, Lenexa, KS 66215, 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.

Uninsured discount Olathe 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 Olathe 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 Olathe Medical Center

Olathe 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.

Completed financial assistance applications, including all supporting documentation, will be reviewed by Patient Financial Services staff. A written notification of the determination will be mailed, generally within 60 days of receipt of the completed application.

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. Olathe 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 in Suite 100 at 14425 College Blvd., Ste. 100, Lenexa, KS 66215. 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.

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 Olathe Medical Center's 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, KS 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.