

Department/Unit: Patient Financial Services
Policy #: 805.1.001
Subject/Title: Financial Assistance
Effective Date: July 1, 2016
Revision Dates: August 10, 2017

Approved By: _____
Distribution: Patient Financial Services

1. **PURPOSE**

The mission of McPherson Hospital, Inc. (the "Hospital") is to provide superior healthcare and exceptional service for each person, every time. In order to fulfill that mission and to provide for community needs, it is the policy of McPherson Hospital to provide emergency or other medically necessary care to all patients regardless of their ability to pay. The primary beneficiaries of this Financial Assistance Policy (the Policy) are intended to be uninsured and underinsured patients requiring emergency and medically necessary care when their annual Family Income does not exceed 200% of the Federal Poverty Guidelines as published by the U.S. Department of Health and Human Services.

2. **DEFINITIONS**

For the purposes of this Policy, the following definitions apply:

- a. **"Applicant"** is the person who applies for financial assistance. Generally, this is the patient. If the patient is a minor child or has a legal guardian, the applicant is the parent or legal guardian of the patient.
- b. **"Amount Generally Billed" or "AGB"** means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- c. **"Assets"** are resources or property easily convertible to cash and not required for the patient's daily living needs. Examples include, but are not limited to:
 - i. Monies in a checking account
 - ii. Monies in a savings account
 - iii. Monies in a Certificate of Deposit (CD)
 - iv. Cash in a safety deposit box, personal safe, and/or cash on hand
 - v. Stocks and/or Bonds and/or other investments

The following are excluded from the definition of assets: equity in a primary residence, retirement plan accounts owned by the patient or patient's spouse, irrevocable trusts for burial purposes, and federal or state administered college savings plans.

- d. **"Community"** means McPherson County, a metropolitan statistical area as defined by the United States Office of Management and Budget.
- e. **"Days"** - All references to days will mean calendar days unless otherwise specified therein.

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- f. **“Dependent”** - A spouse, minor child, or parent who relies on a family member for his/her support (see definition of Family).
- g. **Emergency Medical Condition**” - Pursuant to 42 U.S.C. §1359dd, an emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) 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
- h. **“EMTALA”** is the Emergency Medical Treatment and Active Labor Act (42 U.S.C. §1359dd)
- i. **“Extraordinary Collection Actions”** – Collection actions, as defined by IRC Section 501(r) , including: i) certain sales of a patient’s debt to another party, ii) reporting adverse information about the patient or guarantor to consumer credit reporting agencies or credit bureaus, iii) deferring or denying, or requiring payment before providing, medically necessary care because of an individual’s nonpayment of bills for previously provided care, and iv) actions that require a legal or judicial process, including but not limited to: liens on property or residences, foreclosures on property, seizure of bank accounts, civil actions against an individual, causing an individual’s arrest, and garnishment of an individual’s wages.
- j. **“Family”** includes all persons who are legally responsible for the financial obligations of the patient as well as all persons for whom the patient is legally responsible. Family also includes anyone who has claimed the patient as a Dependent on his/her most recent federal income tax return, and/or anyone who claims the federal earned income tax credit for the patient. Spouses are included, including individuals in civil unions, domestic partnerships, and same sex marriages. Common law marriages are included in the Family definition if the couple meets all of the following conditions:
 - i. They agree that they are married
 - ii. They are legally eligible to marry, and
 - iii. They represent themselves or hold out to others that they are married to one another

Family members may or may not live in the same home as the patient. Spouses who live apart, but who are not divorced are included with separate addresses, separate financial accounts, and separate income tax returns.

For the purposes of this Policy, Family does not include: 1) non-custodial parents who are not legally obligated to support the patient and who do not claim the patient as a Dependent; and 2) adult children (age 18 or over) or siblings with no financial responsibility for the patient.

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- k. **"Family Income"** - Family Income includes the income of all persons defined as family members (see definition of Family). Family income includes, but is not limited to: salaries and wages (before taxes and deductions), unemployment compensation, self-employment income, child support, educational scholarships and grants, Medical Support Obligations, alimony, social security income, disability payments, pension or retirement income, rents, royalties, income from estates and trusts, legal judgments, and dividends and interest earnings.
- l. **"Federal Poverty Guidelines"** are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.
- m. **"Financial Assistance"** is defined as free or discounted health care services provided to persons who cannot afford to pay all or a portion of their financial liability and who meet the Hospital's financial assistance policy criteria.
- n. **"Gross Charges"** are McPherson Hospital's fully established rates and total charges for the provision of patient care services before contractual allowances, adjustments, or discounts are applied.
- o. **"Medical Hardship"** is defined as significant out-of-pocket obligations or otherwise oppressive and difficult circumstances in a person's life that make reasonable efforts for repayment of debt a sincere life burden. These catastrophic circumstances only apply for eligible services that were provided by McPherson Hospital.
- p. **"Medical Support Obligation"** is the obligation of either or both parents to provide health insurance coverage for a dependent child and/or to pay a monetary sum toward the cost of health insurance provided by a public entity, parent or other person.
- q. **"Medically Necessary Care"** means services which are reasonable and necessary to diagnose and provide preventive, palliative, curative, or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.
- r. **"Patient"** – For this Policy, "patient" can mean the person who receives care, but it can also mean the person who is, or agrees to be, legally responsible for the bills or debts of the person receiving care.
- s. **"Presumptive Eligibility"** under certain circumstances, patients may be presumed or deemed eligible for financial assistance based on their enrollment in other programs or on information that is not provided in the Application for Financial Assistance.
- t. **"Uninsured Patients"** are individuals who do not have governmental or private health insurance or whose insurance benefits have been exhausted.

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3. Policy Related to Emergency Medical Care

McPherson Hospital will provide, without discrimination, care for emergency medical conditions without regard to the patient's eligibility for Financial Assistance. Consistent with EMTALA, McPherson Hospital requires an appropriate medical screening be provided to any individual requesting treatment for a potential Emergency Medical Condition – regardless of ability to pay. If, following an appropriate medical screening, facility personnel determine that the individual has an Emergency Medical Condition, the Hospital will provide services, within its capability, necessary to stabilize the individual's Emergency Medical Condition, or will facilitate an appropriate transfer as defined by EMTALA.

McPherson Hospital prohibits any actions, such as demanding payment before receiving treatment for Emergency Medical Conditions or conducting debt collection activities that may interfere with or delay the provision, without discrimination, of emergency medical care (§1.501(r) – 4(c)2, see 79FR79007).

4. Services Eligible for Financial Assistance

Services eligible for Financial Assistance include care to treat Emergency Medical Conditions and other Medically Necessary Care provided by the Hospital and its employed physicians and mid-level providers. Physicians and other professionals who provide services at the Hospital and who are not employed by the Hospital are not subject to this policy. They may or may not offer financial assistance to patients. Exhibit C provides a list of providers who are covered by this Policy and a list of those who are not. This list will be updated quarterly.

Charges for services that are already steeply discounted for a specific purpose are ineligible for Financial Assistance. Examples include Corporate Health services and health fair screening tests. Charges for services that are elective or not medically necessary are also ineligible for Financial Assistance. Examples include:

- a. Extensions of patient stays that don't meet medical necessity criteria but are provided at the request of the patient.
- b. Cosmetic or bariatric procedures determined not medically necessary by a licensed physician.
- c. "Out of network" patient liability balances that result from the patient receiving non-emergent care at McPherson Hospital rather than at an "in network" provider.

5. Eligibility Criteria for Financial Assistance

In general, patients whose annual Family Income does not exceed 200% of the Federal Poverty Guidelines (FPG), who meet the other criteria set forth in this Policy, and who apply for assistance as required below are eligible for free or discounted care under this Policy.

6. Determining Financial Assistance Amounts

The amount of Financial Assistance provided is based on currently published Federal Poverty Guidelines, as adjusted for the size of the applicant's Family. The minimum financial assistance

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begins with annual Family Incomes at or below 200% of Federal Poverty Guidelines and continues to increase as income drops to 100% of FPG or below. Any applicant with Family Income at or below 100% of the FPG will be entitled to financial assistance for the full amount (100%) of patient responsibility for eligible services.

See the table below for these financial assistance guidelines:

| Family Income as % of FPG | Discount Percent (see below) | |
|--|------------------------------|-----------------|
| Below 100% | 100% | Free Care |
| Between 101-150% | 75% | Discounted Care |
| Between 151-200% | 50% | Discounted Care |
| For uninsured patients, the discount will be applied to gross charges. | | |
| For insured patients, the discount will be applied to patient liability. | | |

Example 1: A patient has a family income of \$28,000 and the FPG for that family size is \$20,000. Divide the family income of \$28,000 by the FPG of \$20,000 which yields 140%. The patient would qualify for 75% financial assistance. That is, the patient would be responsible for 25% of the patient liability portion for eligible services.

Example 2: A patient has a family income of \$58,000 and the FPG for that family size is \$20,000. Divide the family income of \$58,000 by the FPG of \$20,000 which yields 290%. The patient would not qualify for financial assistance.

The amounts charged to patients eligible for Financial Assistance under this Policy will not exceed Amounts Generally Billed (AGB) to individuals who have insurance covering emergency and other medically necessary care. McPherson Hospital calculates the AGB percentage based on all claims allowed by Medicare fee-for-service and all private health insurers over a 12-month period, divided by the associated Gross Charges for those claims. As the AGB changes from year to year, the discounts under this Policy will be reviewed and adjusted, if necessary, so that patients eligible for Financial Assistance will not be charged more than AGB.

An information sheet that explains how the AGB is calculated is attached as Exhibit B.

7. Applying for Financial Assistance

Patients may request information about financial assistance by contacting a Financial Counselor at (620) 241-2250, by visiting the Patient Financial Services department located at 1000 Hospital Drive, McPherson, Kansas, and/or by using the online resources at McPherson Hospital's website, www.mcphersonhospital.org.

There are two ways a patient may qualify for Financial Assistance: i) based on Presumptive Eligibility, or ii) based on a completed Application for Financial Assistance.

Under Presumptive Eligibility, the Hospital may use information from sources other than the Application for Financial Assistance to determine a patient's inability to pay the balances due.

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Presumptive Eligibility may be granted to patients based on their eligibility for other means-tested public programs such as:

- a. Women, Infants and Children (WIC) programs
- b. Supplemental Nutritional Assistance Program (SNAP) programs

Presumptive Eligibility may also be granted based on life circumstances such as:

- a. Homelessness
- b. Patient is deceased with no known estate
- c. Patient balances remain after all assets in an estate have been distributed
- d. Patient balances have been discharged by a bankruptcy court

If a patient is presumptively determined to be eligible for discounted care (rather than free care), the Hospital will notify the patient regarding the basis for the presumptive eligibility and how to apply for more generous assistance by completing an Application for Financial Assistance. The patient will then be given a reasonable period of time to apply for more generous assistance before initiating any Extraordinary Collection Actions to obtain the discounted amount owed for the care.

McPherson Hospital does not use prior Financial Assistance determinations to presumptively determine current eligibility, unless the Application for Financial Assistance was submitted less than 180 days prior to the current date of medical service.

Patients who are not presumed eligible for Financial Assistance (as outlined above) must complete the Application for Financial Assistance as shown in Exhibit A. The Application for Financial Assistance will be considered complete only if all required supporting documentation, as listed on the application, is provided.

All current or potential third party coverage is to be considered primary to Financial Assistance. As part of the application process, the patient (with reasonable Hospital assistance) will be required to apply for programs and/or coverage for which he or she may be eligible. A patient's failure to complete the application process and seek eligibility from any identified source of payment may result in a denial of Financial Assistance. Potential sources of coverage may include: COBRA, Medicare, Medicaid, VA medical benefits, Federal Employees Health Benefit program (FEHB), State Indigent Health Care programs, Victims of Crime, commercially sponsored charitable funding programs, medical cost sharing programs, and pharmaceutical manufacturer assistance.

8. Approvals, Denials, and Appeals

The Application for Financial Assistance must be complete and all supporting documentation provided in order for a request to be considered. If an application is incomplete, a written notice will be provided to the patient outlining the additional information required. The patient will have 30 days from the date of the letter to provide the requested information. If the requested

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information is not received within 30 days, the application will be denied and the account will proceed through the Hospital's regular collection process.

Complete applications will be processed within 30 days. Patients will be notified in writing of the decision via US Mail to the address listed on the application.

If an application is denied, the notice to the patient will include the reason for the denial, and provide information on the appeal process. The appeal process is as follows:

- a. Patients denied financial assistance may appeal the decision in writing. An appeal letter and any additional information must be received within 30 days of the date of the denial letter.
- b. The initial application, appeal letter, and any additional information provided by the patient will be reviewed by the Appeals Committee (the Finance Committee of the Hospital's Board of Trustees).
- c. The patient will be notified of the appeal decision within 30 days. The decision of the Appeals Committee will be final.

9. Eligibility Effective Dates

An approved Application for Financial Assistance will be valid for services provided up to 6 months after the date of application submission. It is the patient's responsibility to inform the Hospital of any significant changes in the patient's financial situation and/or family composition, and in this instance, McPherson Hospital reserves the right to re-assess a patient's continued prospective eligibility for financial assistance.

An approved Application for Financial Assistance will also be valid for account balances for which the first post-discharge billing statement was provided up to and including 240 days prior to the date of the application.

10. Billing and Collections Process

In order to remain financially viable and continue to serve its community, McPherson Hospital must collect payment for the medical services it provides. The Hospital's policy is to pursue collection of patient balances due, including the use of Extraordinary Collection Actions as defined by IRC Section 501(r), if patients do not pay their liability or make acceptable payment arrangements within 120 days of the first post-discharge billing statement.

McPherson Hospital will not engage in Extraordinary Collection Actions against an individual to obtain payment before making reasonable efforts to determine whether the patient is eligible for financial assistance. ECAs will not be initiated for at least 120 days from the date the Hospital provides the first post-discharge billing statement.

At least 30 days before initiating any ECAs, the Hospital will:

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- a. Provide a written notice to the patient that states financial assistance is available, identifies the ECAs the Hospital intends to take, and provides the deadline after which ECAs may be initiated.
- b. Provide the patient with a plain language summary of the Financial Assistance Policy.
- c. Make a reasonable effort to orally notify the patient about the Financial Assistance Policy and how to obtain assistance.

If the patient completes an Application for Financial Assistance within 240 days from the date of the first post-discharge billing statement, any Extraordinary Collection Actions in progress will be suspended until eligibility for Financial Assistance is determined:

If the application is incomplete, McPherson Hospital will notify the patient in writing describing the additional information required and providing contact information for the Hospital. If the patient submits the missing information within 30 days (even if the 30 days goes beyond 240 days from the date of the first post-discharge billing statement), the application will be considered timely, and will be processed as a complete application (see below).

If the application is complete, a determination will be made within 30 days, and the patient will be notified in writing of the decision. If the patient is eligible for discounted care (rather than free care), a billing statement will be provided stating the amount owed for the care, how it was determined, and how the patient can get information regarding the AGB for the care. If the individual has already paid an amount greater than what he or she is responsible for paying under this Policy, the excess will be refunded to the patient (unless it is less than \$5.00). McPherson Hospital will then take all reasonable measures to reverse any ECA previously taken against the individual to obtain payment.

McPherson Hospital may resume collection actions against patients found ineligible for Financial Assistance, or patients who are no longer cooperating in good faith to pay balances remaining after applying a financial assistance discount.

No collection agency, law firm, or individual may initiate legal action (for example, liens and reports to credit agencies) against a patient for nonpayment of a McPherson Hospital bill without the approval of an authorized McPherson Hospital employee.

11. Authorization

The Hospital reserves the right to modify this Policy at any time upon approval of the Finance Committee of the Board of Trustees. This policy will be reviewed and approved at least annually. All write-offs made under this policy will be classified as financial assistance on the books of McPherson Hospital.

Applications for Financial Assistance can be approved by the following individuals or committees, dependent upon the dollar amount of Financial Assistance granted:

- Under \$3,000 – Director, Patient Financial Services
- From \$3,001-\$6,000 – Vice President, Finance/CFO
- From \$6,001-\$12,000 – President/CEO

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Over \$12,000 – Finance Committee

The Finance Committee of McPherson Hospital's Board of Trustees will be consulted in the case of applicants with extenuating circumstances, including Medical Hardships, that may warrant a more generous discount than otherwise specified in this Policy.

12. Measures to Publicize the Financial Assistance Policy

McPherson Hospital is committed to widely publicizing this Policy within the community it serves. To that end, McPherson Hospital will take the following steps:

- a. McPherson Hospital will post this Policy, the Application for Financial Assistance, and a plain language summary of this Policy on its website at <http://www.mcphersonhospital.org/patients-visitors/billing-financial-assistance>.
- b. Paper copies of this Policy, the Application for Financial Assistance, and plain language summaries of this Policy will be available upon request (without charge) both by mail and in public locations at the Hospital including the emergency room and admissions areas. To request documents by mail, call a Financial Counselor at (620) 241-2250.
- c. Patients of the Hospital will be offered a copy of the plain language summary upon intake or discharge. Billing statements will include a written notice about the availability of financial assistance and how information and application forms can be obtained.
- d. Community members most likely to require financial assistance will be notified and informed by providing plain language summaries and Applications for Financial Assistance to the McPherson County Health Department for distribution.

This Policy, the Application for Financial Assistance, and a plain language summary of this Policy will be translated into the primary language of limited English proficiency populations that constitute the lesser of 1,000 individuals or 5% of the community served by McPherson Hospital.

13. Interpretation

McPherson Hospital, Inc. is a hospital organization recognized as tax exempt under Internal Revenue Code (IRC) 501(c)(3). This policy is intended to comply with IRC Section 501(r) and the regulations promulgated thereunder.

14. Reference

Exhibit A: Application for Financial Assistance
Exhibit B: AGB Calculation
Exhibit C: Physicians or Physician Groups Covered and Not Covered Under Policy

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Approved by: 
Chief Financial Officer

Approved by: 
Chief Executive Officer

Approved by: 
Chairman, Finance Committee

Financial Assistance Application Form Instructions

This is an application for financial assistance at McPherson Hospital. Hospitals are required to provide financial assistance to people and families who meet certain income requirements. You may qualify for Financial Assistance based on your family size and income, even if you have health insurance. Assistance is awarded if you meet the Financial Assistance guidelines which includes if your household income is 200% or less of the Federal Poverty Level. You can request more information or refer to our Financial Assistance website at <http://www.mcphersonhospital.org/patients-visitors>.

What does financial assistance cover? The hospital financial assistance covers appropriate hospital-based services provided by McPherson Hospital depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations. In order for your application to be processed, you must:

- Provide us information about your family
 - Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide us information about your family's gross monthly income (income before taxes & deductions)
- Provide documentation for family income and declare assets
- Attach additional information if needed, for example, letters of support to validate your information
- Sign and date the form

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA." Submit your completed application with all documentation to:

- McPherson Hospital
Att: Financial Counseling
1000 Hospital Drive
McPherson, Kansas 67460

Be sure to keep a copy for yourself. If you have questions and need help completing this application please contact financial counseling at 620 241-2251, ext 106.

You may obtain help for any reason, including disability and language assistance. We will notify you of the final determination of eligibility and appeal rights, if applicable, within 30 calendar days of receiving a complete financial assistance application, including documentation of income. By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information. We want to help.

Please submit your application promptly!
You may receive bills until we receive your information.

Exhibit A**Financial Assistance Application
McPherson Hospital Inc.**Is this application for future or past services? ☐ Future Services ☐ Past Dates of Service

Acct# _____

Patient's Information:

Last Name First Name Middle Initial Social Security Number Date of Birth

Street Address City State Zip

Mailing Address City State Zip

Please check appropriate box: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ WidowedGender: ☐ Male ☐ Female Language: ☐ English ☐ Spanish ☐ Other

Home Phone Number _____ Work Phone Number _____

Person Responsible for Paying the Bill:

Last Name First Name Middle Initial Relationship to Patient Social Security Number

Name of Insurance Company (VA, Medicare, Commercial, AFLAC, etc.) Effective Date

Please indicate ALL people living in the household, including applicant. Indicate who you are claiming on your tax return: (Use additional sheet of paper if needed)

| NAME | RELATIONSHIP TO PATIENT | DATE OF BIRTH | SOCIAL SECURITY NUMBER | TAX DEPENDENT(Y/N) |
|------|-------------------------|---------------|------------------------|--------------------|
| 1. | Self | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

Are services related to a workers' compensation or motor vehicle accident claim? ☐ Yes ☐ No

Is anyone in your household: (Check all that apply)

☐ Pregnant Who? _____☐ A victim of a crime that caused injury Who? _____☐ Disabled Who? _____☐ Not a U.S. citizen Who? _____

If LPR how many years? _____ Immigration status: _____

☐ Eligible for COBRA insurance Who? _____Do you have or plan to file a personal injury claim ☐ Yes ☐ No to compensate for injuries received?

If you have no monthly income, please attach an explanation of how you are meeting your monthly living expenses.

Do you receive subsidized Housing, Food Stamps or Women's Infants and Children's Program (WIC) ☐ Yes ☐ No

Exhibit A

Monthly Household Income Information:

| | Patient | Spouse/Co-Applicant |
|---|---------|---------------------|
| Gross Income (before deductions) | | |
| Self Employment Income | | |
| Unemployment | | |
| Social Security/SSI (please specify): | | |
| Retirement (Pension, Annuity) | | |
| Alimony or Child Support | | |
| Interest and Dividends from Investment Accounts | | |
| Real Estate Rental Income | | |
| Other Income | | |
| Total Income | | |

Total Household Income

Monthly Household Expense Information:

| | Total | | Total |
|------------------|-------|-----------------------|-------|
| Mortgage/Rent | | Groceries | |
| Electricity | | Car Payment (s) | |
| Household Gas | | Day Care | |
| Water/Sewer | | Child Support/Alimony | |
| Phone/Cell Phone | | Student Loans | |
| Cable/Internet | | Medical Expenses | |

Total Household Expense

If you have no monthly income, please attach an explanation of how you are meeting your monthly living expenses.

INFORMATION OBTAINED FROM: _____ RELATIONSHIP TO PATIENT: _____

I would like to apply for financial assistance with McPherson Hospital, Inc. I understand that it is the expectation of McPherson Hospital that patients use all of their available financial resources to pay their medical bills before financial assistance will be considered or granted. The information I have provided in this Application and supporting documents are true and complete. By signing this form, I agree to allow McPherson Hospital to verify my employment and credit history for the purpose of determining eligibility for financial assistance. I also authorize all organizations and facilities to release information concerning my credit or financial status to McPherson Hospital for this same purpose. I understand that McPherson Hospital requires more specific proof of any information on this FAA and supporting documents will be provided. If any information in this FAA and supporting documents is found to be false, misleading, or incomplete, my application for assistance will be denied. McPherson Hospital reserves the right to re-evaluate and/or reverse any charitable service designation if material information is not disclosed, or information was misrepresented or deliberately withheld, or if I (or my heirs) make demand for or file a civil action against a third party for personal injuries or damages (including medical charges/expenses). I understand and agree that any financial assistance granted by McPherson Hospital may not be used by me or my legal representatives in any negotiations, settlements or lawsuit for the purpose of enhancing an award of monetary damages. Should this occur, I agree that McPherson Hospital has the right to reverse any charitable service designation and pursue full charges. The undersigned agrees that the hospital may file and maintain a hospital lien before or after financial assistance is granted on all potential recovery sources.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Required Documents for Financial Aid Application

- a. Proof of Kansas residency, except for non-residents eligible for financial assistance as described in this Policy
- b. Copy of denial letter from Medicaid (including Medicaid waiver programs). If the patient immigrated to the country within the past five (5) years and is ineligible for Medicaid, documentation or explanation of the situation is required.
- c. Complete copy of the most current tax return including all schedules, if filed; or non-filing statement if tax return or filed in most recent tax year.
- d. A copy of three (3) most recent pay stubs from each income earner within the family. (If more than one employer within a calendar year, proof of gross income earned at each employer, with corresponding dates of employment will be required).
- e. If social security income: a copy of check or a copy of bank statement showing the most recent social security deposit
- f. If unemployed; verification of any compensation received. Example: unemployment compensation, workers compensation.
- g. If no income; a notarized letter of support written by the person or persons who are providing financial support.
- h. Copy of the most recent bank statements (checking, savings, money market accounts) from financial institution(s).
- i. Copy(s) of mortgage statements and tax values of all real property with the exception of the primary residence.
- j. If all required documentation is not received (i.e., the application is incomplete), the applicant will be provided with information relevant to completing the application along with a summary of this financial assistance policy.
- k. Eligibility for persons who are self-employed will be based on the guarantor's income as reflected in the most current year's federal income tax return. The responsible person shall be advised of his/her responsibilities to report any changes in the family unit income, employment, composition, etc.

Exhibit B

McPherson Hospital

AMOUNT GENERALLY BILLED CALCULATION

6/27/16

McPherson Hospital calculates two AGB percentages – one for hospital facility charges and one for professional fees – both using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentages for McPherson Hospital are as follows:

AGB for hospital facility charges:

Facility Name

McPherson Hospital

52.0%

These AGB percentages are calculated by dividing the sum of the amounts of all of the hospital facility’s claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility (separately for facility charges and professional services) by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

Written by: _____

Approved by: _____

Approved by: _____

Exhibit C
Updated Quarterly - last updated 3/30/2017

Providers Covered and Not Covered Under Financial Assistance Policy

| Covered Providers | |
|-------------------|------------------|
| | Name |
| Alexander, ARNP | Jennifer L. |
| Anschutz | Carl E. |
| Bingham | Hannah D. |
| Blackman, PA | Sara E. |
| Bloustine | Michael P. |
| Buller | David L. |
| Chennell | Alicia R. |
| Claassen | Samuel D. |
| Coffey | Charles W. |
| Cooper, PA | Melisa D. |
| Downen | A. Matthew |
| Eppinger | Benjamin J. |
| Fetsch | Clayton D. |
| Gorman | Robert J. |
| Gorman | Sheila W. |
| Hellman | David W. |
| Heskett | Bret E. |
| Hughes | Tyler G. |
| Hunt | Brian J. |
| Janzen | Kimberly J. |
| Kenyon | Jessup (Jake) W. |
| Kimball | Jason P. |
| Lichty | Dan M. |
| Magee | Michael D. |
| McGahan | Michael J. |
| Miggiani | Wolfgang P. |
| Porter | Samuel G. |
| Scarbrough | Marcus L. |
| Schwartz | Kenneth A. |
| Selzer, PA | Erica |
| Sigsbee, PA | Jill R. |
| Sinclair | Aaron D. |
| Stanton | Edward S. |
| Stephens | G. Marcus |
| Stucky | Rachel |
| Sweat, PA | Tracy L. |
| Taylor | Harold I. |
| Thomas | Gregory M. |
| Turner | Carl E. |
| VanEaton | Trenton J. |
| VanPetter | Molly a. |
| Vaughn | Delane H. |
| Weller | Rebecca L. |
| Whitely | Randolph R. |
| Wilgers, APRN-C | Autumn L. |

Name

Non-Covered Providers

| | |
|------------------|-------------|
| Bajaj | Ravi K. |
| Bell | Mark |
| Bellah | Karil L. |
| Benning | Timothy C. |
| Billings | Brian M. |
| Bowser | Bruce A. |
| Brewer | Nicholas M. |
| Carlson, LSCSW | Anoria L. |
| Carpenter, LSCSW | Cindy K. |
| Cooper | James L. |
| Cox | Thomas D. |
| Daily | Bradley C. |
| Degner | James C. |
| DeWitt | Peter E. |
| Ediger, LSCSW | Marilyn B. |
| Epp | Robert A. |
| Estephan | Fadi |
| Fluck | Patrick S. |
| Flynn | Thomas J. |
| Fritze | Mark H. |
| Gaeddert | Wade A. |
| Gillespie | Daniel J. |
| Graham | Larry C. |
| Gregg | Adam T. |
| Gutschenritter | David A. |
| Harkins | Brenda L. |
| Herrera | Andrea K. |
| Hutsey | Paul J. |
| Ide, LMSW | Brent R. |
| Izard | Ahmad Y. |
| Johnson | Michael J. |
| Kater | Eric D. |
| Kater | Marcus A. |
| Kempke | Stefanie M. |
| Kuhn, CRNA | Ryan D. |
| Kynaston | Brian L. |
| Larzalere | James R. |
| Luca | Eddy D. |
| Mauch | William D. |
| McKenzie | David A. |
| McPherson | Jeffrey L. |
| Miller, LP | Phillip J. |
| Moore | Julie A. |
| Nason, CRNA | Michael T. |
| Orme | Darren K. |
| Page | Seth J. |
| Perry, DMD | Matthew A. |
| Reddy | S. Kumar |
| Redelman | Kyle N. |

| | |
|---------------------------|-------------|
| Reed | Matthew T. |
| Rettig | Esther V. |
| Schmaltz | Robert A. |
| Schrader, LCP | Matthew S. |
| Stambaugh-Groth, LCMFT, L | Anecea D. |
| Steinle | Pamela J. |
| Stevenson, LSCSW | Nicole D. |
| Suwan | Tariq Z. |
| Tanner | Jessica B. |
| Taylor | Kimberly A. |
| Timson, DPM | Trent J. |
| Wagner | David G. |
| Werner, LMSW | Coleen S. |
| Williamson, CRNA | Marc R. |