

Patient Financial Assistance

Definition(s):

The following terms are meant to be interpreted as follows within this policy:

Charity Care:

Medically necessary services rendered without expectation of full payment to patients meeting the criteria established by this policy.

Medically Necessary:

Hospital services or care rendered both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

Emergency Care:

Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organ or body parts.

Urgent Care:

Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.

Uninsured:

Patient with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

Underinsured:

Insured patients whose out-of-pocket medical costs exceed their ability to pay as a result of high deductibles or inadequate policy coverage.

Amount Generally Billed (AGB):

The amount generally billed to insured patients for emergent or medically necessary care (determined as described in Section IV (B) of the policy below.

Gross Charges:

The full amount charged by Kingman Regional Medical Center for items and services before any discounts, contractual allowances, or deductions are applied.

Presumptive Eligibility:

The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance.

Policy Statement(s):

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. Kingman Regional Medical Center offers both free care and discounted care, depending on individuals' family size and income.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the exchange) as appropriate before eligibility under this program is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured and underinsured patients who do not qualify for free care will receive a sliding scale discount off gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation.

Procedure:**I. Objective**

- A. Consistent with our mission to provide high quality health and wellness services for the community, Kingman Regional Medical Center is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income up to 350% of the Federal Poverty Guidelines (FPG).
- B. In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under Kingman Regional Medical Center's financial assistance policy (FAP) will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

II. Eligibility

- A. Kingman Regional Medical Center will not charge patients who are eligible for financial assistance more for emergency care than the amounts generally billed to insured patients.
- B. Services eligible for financial assistance include: emergency or urgent care, services deemed medically necessary by Kingman Regional Medical Center, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.



- C. Patients who are uninsured or underinsured and have a household income at or below 150% of the Federal Poverty Guidelines (FPG) may receive free care (100% discount) (Attachment A).
 - 1. Individuals with annual incomes between 150% and 250% of FPG will be eligible for an 80% discount off of gross charges per Attachment A. Individuals with annual incomes between 250% and 350% of FPG will be eligible for a 65% discount off of gross charges per Attachment B.
- D. Uninsured patients who do not meet the income guidelines (Attachment B) will receive a discount of 50% on gross charges for medically necessary and emergent care they receive.
- E. Determinations for financial assistance eligibility will require patients to submit a completed Medform 5349, Patient Financial Assistance Program Application, Attachment C, including all documentation required by the application and may require appointments or discussion with hospital financial counselors.
- F. When determining patients' eligibility, Kingman Regional Medical Center does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.
- G. Patients must reside in Mohave County for a minimum of six (6) months preceding the date when qualified services are rendered.
 - 1. This requirement does not apply to individuals who reside outside this service area who require emergency care while traveling through or visiting within the service area.

III. Determining Discount Amount

- A. Once eligibility for financial assistance has been established, Kingman Regional Medical Center will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.
- B. To calculate the AGB, Kingman Regional Medical Center uses the "look-back" method described in Section 4(b)(2) of the IRS and Treasury's 501(r) final rule.
- C. In this method, Kingman Regional Medical Center uses data based on claims sent to Medicare fee-for-service and all private commercial insurers for emergency and medically necessary care over the past year to determine the percentage of gross charges that is typically allowed by these insurers.



- D. The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. Kingman Regional Medical Center re-calculates the percentage each year.
1. In 2017 the AGB percentage for outpatient services is 65% and the AGB percentage for inpatient services is 65%.

IV. Applying for Financial Assistance

- A. To apply for financial assistance, patients must submit a complete application (including supporting documentation) by mail or in person to:
1. Kingman Regional Medical Center
Attn: Patient Accounting Department
3269 Stockton Hill Rd.
Kingman, AZ 86409
- B. Application can be obtained:
1. At the facility in the Admitting Department, Patient Accounting window off the main lobby or Patient Accounting Main Office at:
 - a. Patient Accounting Department
2202 N Stockton Hill Rd.
Kingman, AZ 86401
 2. By mail, if individuals make a request by phone (call 928-263-3534) or by mail (send request to:
 - a. Kingman Regional Medical Center
Attn: Patient Accounting
3269 Stockton Hill Rd.
Kingman, AZ 86409
Online at www.azkrmc.com
- C. To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternate means of assistance as necessary, including Medicare, Medicaid and the Healthcare Marketplace.
1. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other public or private payment programs.
- D. In addition to completing and application, individuals should be prepared to provide the following documentation:
1. Bank Statements
 2. Proof of income for applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, or sufficient information on patients are currently financially supporting themselves
 3. Copy of most recent federal tax return
 4. Payment history of any outstanding accounts for prior hospital services



5. Documentation of qualification for Temporary Assistance for Needy Families (welfare)
 6. In some cases, information on available assets or other financial resources
- E. External public sources like credit scores may also be used to verify eligibility.
- F. Individuals who do not have any of the documentation listed above; have questions about Kingman Regional Medical Center's financial assistance application; or would like assistance with completing the application may contact our financial counselors either in person at 3269 Stockton Hill Rd, Kingman AZ, 2202 N Stockton Hill Rd, Kingman, AZ or by phone (928-263-3534).
- G. Financial counseling office hours are M-F 8:00 AM – 4:30PM.
- V. Actions in the Event of Non-Payment**
- A. The collection actions Kingman Regional Medical Center may take if a financial assistance application and/or payment-in-full are not received are described in a separate policy.
- B. In brief Kingman Regional Medical Center will make certain efforts to provide patients with information about our financial assistance policy before we or our collection representatives take certain actions to collect their bill (these actions may include civil actions, debt sales or reporting negative information to credit bureaus).
- C. For more information on these steps Kingman Regional Medical Center will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Kingman Regional Medical Center's Billing and Collection Policy.
- D. You can request a free copy of this full policy in person at:
1. Kingman Regional Medical Center
Patient Accounting Department
2202 N Stockton Hill Rd.
Kingman, AZ 86401
- E. You may request a free copy by mail by calling us at 928-263-3534 or mailing a request to:
1. Kingman Regional Medical Center
Attn: Patient Accounting
3269 Stockton Hill Rd.
Kingman, AZ 86409
- F. A copy may be obtained online at www.azkrmc.com.



VI. Presumptive Eligibility

- A. If patients fail to supply sufficient information to support financial assistance eligibility, Kingman Regional Medical Center may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:
 - 1. Patient is homeless
 - 2. Patient is eligible for other unfunded state or local assistance programs
 - 3. Patient is eligible for food stamps or subsidized school lunch programs
 - 4. Patient is eligible for a state-funded prescription medication program
 - 5. Patient's valid address is considered low-income or subsidized housing
 - 6. Patient receives free care from a community clinic and is referred to hospital for further treatment

- B. Kingman Regional Medical Center also uses Med Assist Solutions, an eligibility vendor, to help identify patients who may be eligible for financial assistance under this policy or through other public and private programs.

- C. Kingman Regional Medical Center may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support and eligibility determination.
 - 1. Financial assistance applications on file at Kingman Regional Medical Center may be used for a time period of up to nine months after date of submission.

- D. All patients presumptively determined to be eligible for less than the most generous amount of assistance available under the policy (free care) will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further assistance.

VII. Eligible Providers

- A. In addition to care delivered by Kingman Regional Medical Center, emergency and medically necessary care delivered by the providers listed in Attachment D is also covered under this financial assistance policy.

- B. Care provided by any of the providers listed in Attachment E will NOT be covered under this policy since they are not employed by Kingman Regional Medical Center.
 - 1. As such, the bills received by Kingman Regional Medical Center patients for care provided by these providers will NOT be eligible for the discounts described in this financial assistance policy.



C. Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact the Patient Accounting Department at 928-263-3534.

Applicable Departments:
Patient Financial Services

Cross Referenced Policies: None

References: None

Forms: Medform 5349, Patient Financial Assistance Program Application

Approved by KHI Board of Directors Financial:

Approvals: Director of Patient Financial and Chief Financial Officer

REVIEWED/REVISED
INITIATED: 05/16
REVISED: 07/17
REVIEWED: 07/17
REPLACES: Qualifying Discount Program BUS 10.5



Attachment A
2016 - 2017 Federal Poverty Level Guidelines

# Individuals in Household	Annual Income 150% FPG	Annual Income 250% FPG	Annual Income 350% FPG
1	\$18,090	\$30,150	\$42,210
2	\$24,360	\$40,600	\$56,840
3	\$30,630	\$51,050	\$71,470
4	\$36,900	\$61,500	\$86,100
5	\$43,170	\$71,950	\$100,730
6	\$49,440	\$82,400	\$115,360
7	\$55,710	\$92,850	\$129,990
8*	\$61,980	\$103,300	\$144,620

**if there are more than eight (8) individuals in the family, \$4,170 should be added per each additional individual (at 100% FPL).*

Attachment B
Discount off gross charges percentages
2017 - 2018

- Qualifying patients will receive discounts based on their income guidelines:
 - 100% discount at or below 150% of Federal Poverty Guidelines (FPG)
 - 80% discount between 150% - 250% of FPG
 - 65% discount between 250% - 350% of FPG
 - 50% discount over 350% of FPG



Attachment C



Patient Financial Assistance Program Application

Patient First Name		MI	Last Name		
Guarantor's First Name	MI	Last Name	Sex	DOB	Social Security # (Optional)
Address or PO Box		City	State	Zip	Phone
# In Household:		Patient Lives in Household: <input type="checkbox"/> Yes <input type="checkbox"/> No			
# of Children Under 18 in the Household:			# of Dependent Children Over 18:		
# of Dependent Children Over 18 that are Full time Students:			# of Dependent Children That are Disabled:		
Monthly Income Sources		Husband	Wife	Children	Total
Employment					
Social Security					
Industrial Comp					
Unemployment					
Pension/Retirement/Annuities					
ADC, GA, Food Stamps					
Other (rental income, child support, spousal, etc.)					
Total Gross Income					
Employer of Responsible Party:					
Address or PO Box		City	State	Zip	Phone
Position:		Monthly Income \$		Start Date:	
Checking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Amount \$		Bank Name:		
Savings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Amount \$		Bank Name:		
I certify that the information given hereon is complete and accurate to the best of my knowledge. I understand that deliberate falsification can lead to denial of consideration. I hereby authorize the hospital to make any necessary inquiries to verify the information provided and to obtain any additional information required by facility.					
Applicant Signature:				Date:	
Co-Applicant Signature:			Witness Signature:		

Relationship of Household Members: Birth or baptismal certificate or adoption papers for minor-age children, marriage license, divorce decree or legal separation documentation.

Social Security Cards

Proof Of Residency: Current Driver's License, other documents proving residency.

Assets: Bank and credit union statements for the last three (3) months, stocks, bonds, securities, time certificates.

Income for All Household Members: Checks or check stubs/employer's statement listing gross wages, self-employment business records, income award letters/grant or education benefits letter, other documents showing income.

Income Period _____ to _____

Bank Statements for Last Three (3) Months • Previous Year Tax Return

Attachment D
Providers covered by the Financial Assistance Policy

Desert View Health Care	KRMC Urgent Care
Golden Valley Medical Center	Meadville Medical Services
High Desert Gastroenterology	Mohave Pain Management
High Desert Radiology	Mohave Surgical Specialists
Hillcrest Surgical	Pain Management Clinic
Innova Emergency Medical Associates (9/1/16)	Sunshine Canyon Family Health Care
Joshua Tree Pediatrics	
Kingman Cardiovascular Associates	
Kingman ENT	
Kingman OB/GYN Associates	
Kingman Orthopedic	
Kingman Pulmonary	
Kingman Rheumatology	
Kingman Urology	
Kingman Acute Rehab	
KRMC Anesthesia	
KRMC Cancer Center	
KRMC Neurology	
KRMC Occupational Health	
KRMC Pathology	
KRMC Primary Care	
KRMC Residents Clinic	

Attachment E

Hospital-based Providers NOT covered by the Financial Assistance Policy

Arizona Emergency Medicine (through 8/31/16)

Innova Emergency Medical Associates (effective 9/1/16)