



Anthony Medical Center

Primary Care Clinic • Outpatient Specialty Clinic • Hardtner Family Physicians • Home Comfort
• Wellness Center •

1101 East Spring Street • Anthony, Kansas 67003 • (620) 842-5111 • (620) 842-5144

Policy: Anthony Medical Center will provide a discount (up to 100%) from the hospital or clinic charges for emergency or medically necessary health care services provided to patients who demonstrate that their financial resources are so limited that the payment of part or of all of the self-pay balance would be impossible or would cause serious financial hardship.

Purpose: To provide eligibility guidelines and procedures for the approval of uncompensated care.

Definitions:

Amounts Generally Billed

Anthony Medical Center will apply the “look-back” method for determining amounts generally billed. In particular, Anthony Medical Center will determine the amounts generally billed for emergency or other medically necessary services by multiplying the gross charges for that care by the AGB percentage.

AGB Percentage

Anthony Medical Center will calculate the AGB percentage at least annually by dividing the sum of all claims that have been paid in full for emergency or other medically necessary services by Medicare and all private health insurers during a prior twelve month period by the sum of the associated gross charges for those claims. For this purpose, Anthony Medical Center will include in “all claims that have been paid in full” both the portions that were paid by Medicare or the private insurer and the associated portions paid by Medicare beneficiaries or insured individuals in the form of co-insurance, deductibles, or co-payments.

Household Assets

Anthony Medical Center will consider household assets as the combined assets (other than household income) of all account guarantors and members of the patient’s household. Household assets include, monies held in bank accounts and investments accounts, bonds, certificates of deposit, and property (including residence and vehicles).

Household Income

Anthony Medical Center will consider household income as the combined amount, for all account guarantors and members of the patient’s household from earnings, unemployment compensation, worker’s compensation, Social Security, Supplemental

Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Guidelines:

1. A patient is not eligible for financial assistance if combined Household Assets of any account guarantors and members of the patient's household are valued at \$25,000 or more, regardless of the account guarantors or member of household's income.
2. A patient may qualify under this policy for free emergency or other medically necessary services when both (a) the combined Household Assets of the account guarantors and other members of the patient's household are valued at less than \$25,000 and (b) combined Household Income of the account guarantors or members of the patient's household are equal to or less than 125% of the current Federal Poverty Guidelines.
3. A patient may qualify under this policy for discounted emergency or other medical necessary services when both (a) combined Household Assets of the account guarantors and other members of the patient's household are valued at less than \$25,000 and (b) the combined Household Income of the account guarantors and other members of the patient's household is in excess of 125% but equal to or lower than 200% of the Federal Poverty Guidelines.
4. Anthony Medical Center will not charge patients approved for Financial Assistance under this policy for emergency or other medically necessary services more than the Amounts Generally Billed to individuals who have insurance. The amount charged to a patient will be determined after applying all deductions, discounts, and amounts paid by insurers.
5. Anthony Medical Center will not initiate collection efforts until an initial determination of uncompensated care eligibility status has been determined. If the patient fails to comply with requests for information or completion of the application collection efforts will be pursued. If at any point the patient reengages in the application process collection efforts will be halted.
6. This policy only applies to individuals who cooperate fully with Anthony Medical Center's request for information. It is the patient's responsibility to respond truthfully and completely to the request for information within no more than 15 business days of the request. In addition, patient's full cooperation in applying for Medicaid or coverage by other governmental programs is required, if so requested.

Procedures:

1. The Uncompensated Care policy is made available on the website, www.amcks.org, upon request, via posted signs in the admissions and business office areas.
2. Personnel will provide a copy of the uncompensated care application once a patient is identified as potentially eligible for uncompensated care or upon the patient's request. The patient must complete the application and provide the requested supporting documentation in order to be considered for uncompensated care.
3. The documentation required for an uncompensated care application is as follows:
 - Paycheck stubs for at least four weeks or a statement from employer verifying wages
 - IRS W-2 issued during the past year
 - Most Recent IRS Form 1040
 - Most recent two months of entire bank statements for each checking, savings, money market or other bank or investment account
 - Written Statements for the most recent two months for all other income (e.g., Unemployment Compensation, disability, retirement, etc.)
 - Unemployment Denial letter, if applicable
 - Documentation of asset values (residence, vehicle, etc.), including, without limitation, property tax statements
 - Contribution statements from individuals who contribute income or in-kind assistance to the patient.
 - Most recent utility bill
 - Verification of rent/mortgage payments
 - Verification of any vehicle/loan payments
4. The Federal Poverty level information most currently available will be used along with evaluation of Household Assets to determine patient's eligibility to receive uncompensated care assistance under this policy. See exhibit A.
5. The AGB percentage will be applied to the charges to determine the amount generally billed to individuals that have insurance. This amount will be taken into consideration when the application is presented for approval. This will ensure a qualified individual will not pay more than the amount generally billed to individuals that have insurance.
6. The completed application will go before the Credit and Finance Committees for approval. If approved by the Credit and Finance Committees the application will

then go before the board at the next scheduled regular meeting for final approval. If denied by the Credit and Finance Committees the application will be returned to the patient accounts manager for notification.

7. If the application is approved, the patient accounts manager will notify (by writing, phone, etc) the patient of such within 5 business days. If less than a full discount is approved the patient accounts manager will negotiate a payment plan pursuant to the payment plan resolution alternatives policy. If a payment plan cannot be negotiated or the patient does not honor the payment plan the account will be sent to an outside collection agency where collection efforts will be pursued.
8. If the application is denied the patient accounts manager will notify (by writing, phone, etc) the patient and negotiate a payment plan pursuant to the payment plan resolution alternatives policy within 5 business days. If a payment plan cannot be negotiated or the patient does not honor the payment plan the account will be sent to an outside collection agency where collection efforts will be pursued.
9. Upon approval of the application the business office manager will make an adjustment to record the amount of uncompensated care on the patient's account.
10. Anthony Medical Center reserves the right to grant financial assistance in extraordinary circumstances to patients who do not otherwise meet the charity care guidelines. Anthony Medical Center also reserves the right to deny uncompensated care assistance to patients who provide false information, fail to cooperate, or fail to respond to requests for information within the required timeframe.

Please see Appendix 1 for the list of providers included in this Uncompensated Care Policy and the current AGB percentage.

Exhibit A

Family Size	12 Months Income			
	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline	200% Poverty Guideline
1	12,060	15,075	18,090	24,120
2	16,240	20,300	24,360	32,480
3	20,420	25,525	30,630	40,840
4	24,600	30,750	36,900	49,200
5	28,780	35,975	43,170	57,560
6	32,960	41,200	49,440	65,920
7	37,140	46,425	55,710	74,280
8	41,320	51,650	61,980	82,640
For each additional household member add:	4,180	5,225	6,270	8,360
Percentage of Discount	100%	100%	75%	60%

Appendix 1

All providers that provide emergency services in the Anthony Medical Center emergency room are included in this Uncompensated Care Policy.

All providers that provide services in the Anthony Primary Care Center clinic are included in this Uncompensated Care Policy.

All providers that provide inpatient services at Anthony Medical Center are included in this Uncompensated Care Policy.

The following providers are included in the Uncompensated Care Policy when services are provided in the Outpatient Specialty Clinic, or outpatient area of Anthony Medical Center. Any provider not listed is **NOT** included in the Uncompensated Care Policy when services are performed in these areas.

Dr. Sidney Stranathan, D.O.
Dr. Earl George, M.D.
Dr. Katherine Cates-Panakos, D.O.
Dr. Paul Pappademos, M.D.
Dr. Phu Troung, M.D.
Rebecca Carter, APRN
Joanne Berry, P.A.

The AGB percentage for 2017 is 88%. No patient that qualifies for the Uncompensated Care Policy will be charged more than 88% of their full charges.

Please contact the business office for questions or further information concerning this policy at 620-842-5111.