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Owner	Colette Lasack: VP, Revenue Cycle Operations
Area	Fiscal Management
Applicability	UKHS: Great Bend Campus – Clinics/ UKHS: Great Bend Campus – Hospital/TUKHS Kansas City Division
Tags	Revenue Cycle, revenue cycle

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Financial Assistance

SCOPE:

This Financial Assistance Policy (FAP) applies to all patients who receive medically necessary services at The University of Kansas Health System and who meet certain financial guidelines. But delivery of charitable care and financial assistance does not obligate the Health System to provide continuous care, unless the services and support are unique to our organization. The Health System will serve the emergency health care needs of patients who present to the Emergency Room of the Health System, regardless of their ability to pay for care.

Services that are covered under this policy include:

A. Emergency medical services provided in an emergency room setting
B. Services for a condition which, if not properly treated, would lead to an adverse change in the health status of an individual
C. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting
D. Medically necessary services, including standard of are services as part of a qualifying

research trial, evaluated on a case-by-case basis

Exclusions to this policy include:

A. Patients receiving care at a Federally Qualified Health Center (FQHC);
B. Patients receiving transplant related services;
C. Patients who are not United States Citizens or Permanent Resident Aliens, except for those with emergency healthcare needs other than transplant related services.
D. Patients receiving experimental and investigational procedures
E. Patients who electively come to the Health System with either an out-of-network or non-contracted payer
F. Newly-introduced technology/services, evaluated on a case-by-case basis

PURPOSE:

In the absence of universal health care coverage and adequate funding, health systems balance an individual's need for financial assistance with the health system's broader fiscal viability.

This policy establishes the framework by which the Health System fulfills its statutory mandate and continues its historic tradition of care to medically indigent citizens of Kansas. Further, this policy will provide the guidance necessary to assist patients who do not otherwise have the ability to pay fully for medically necessary health care as prescribed by their physician.

The financial assistance provided by the Health System is not a substitute for personal responsibility. Patients are expected to cooperate with the Health System's procedures for obtaining financial assistance or other forms of payment, and when able, all financial assistance applicants are expected to contribute to the cost of their care.

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DEFINITIONS:

A. **Financial Assistance** – Healthcare services that have been or will be provided but are never expected to result in cash. Financial assistance results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established financial criteria.
B. **Uninsured** – Patient has no form of third party assistance to assist with financial responsibility for medical services
C. **Underinsured** – Patient has some form of third party assistance but still has out-of-pocket expenses that exceed his/her ability to pay
D. **Medically necessary** – Services that are reasonable or necessary for the diagnosis or treatment of an illness or injury
E. **Family Income** – Defined by the Census Bureau which includes:
    1. 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, income

from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources

2. Noncash benefits (such as food stamps and housing subsidies) do not count
3. Determined on a pre-tax basis
4. Excludes capital gains or losses
5. If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count)

F. **Gross charges** - Total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied

G. **Emergency medical conditions** – Defined within the meaning of section 1867 of the Social Security Act (42.U.S.C. 1395dd).

H. **Self pay discount** – Discount applied to amounts due from patients for uninsured services.

I. **Alien** - Any person not a citizen or national (a person owing permanent allegiance to a state) of the United States.

J. **Health System** – The University of Kansas Health System.

K. **Federal Poverty Guidelines** - In February of each year the Federal Government releases an official income level for poverty called the Federal Poverty Guidelines (FPG). The benefit levels of many low-income assistance programs are based on these poverty figures. For purposes of this policy, the Health System will use The Federal Poverty Guidelines that are issued each year in the Federal Register by the Department of Health and Human Services (HHS). For a table of the guidelines for the current year, see Addendum.

L. **Financially Indigent Patients** – Patients who are (1) uninsured or underinsured and (2) whose gross income is from 0% to 300% of the Federal Poverty Guidelines, are referred to as Financially Indigent Patients.

M. **Medically Indigent Patients** – Patients, who are (1) uninsured or underinsured and (2) whose incurred medical liabilities owed to the Health System are equal to, or exceed, 50% of their gross annual income, are referred to as Medically Indigent Patients.

N. **Out of Network Patients** – Patients who (1) have insurance coverage for which there is no out-of-network benefit payable, (2) who have been advised in advance of services that their insurer requires the services be provided by a healthcare facility other than the Health System, and (3) who still elect to receive services at the Health System knowing that they will be liable for all charges resulting from such an out of network election, are referred to as Out of Network Patients.

O. **Non-Resident Alien** – An individual granted permission by the United States Government to enter the United States on a temporary basis as a non-immigrant for purposes which include tourism, business, education, medical care, or temporary employment.

P. **Permanent Resident Alien** – An alien admitted to the United States as a lawful permanent resident. An illegal alien who entered the United States without inspection is not a permanent resident alien. Lawful permanent residents are legally accorded the privilege of residing permanently in the United States.

FINANCIAL ASSISTANCE PROGRAM

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Eligibility

Financial assistance applies to patient liability only, including but not limited to, deductibles, co-payments, and co-insurances, as determined by the patient's plan in accordance with the patient's health plan benefits and applicable state and federal law, including the federal No Surprises Act. The granting of financial assistance will be based on an individualized determination of financial need and will not take into account age, gender, race, social status, sexual orientation, or religious affiliation. Anyone who does not want to receive Medicare benefits, but who otherwise qualifies for Medicare benefits (e.g., is at least 65 years old), must present a completed IRS form 4029. Eligibility for financial assistance is determined by the patient's family income, assets, and family size. Services eligible under this policy will be made available to the patient on a sliding scale in accordance with financial need as determined in reference to the FPG in effect at the time of the determination. A patient must be Financially Indigent or Medically Indigent at the time of application. The financial assistance discount is based on a sliding scale of between 0 – 300% of the FPG for the current year, as follows:

Additional Considerations:

A. Nothing in this Policy shall prohibit the Health System from offering further discounts or more favorable financial assistance than that set forth above based upon the circumstances.

B. A Patient must have complied with all insurance requests for information such that lack of response to their insurance company requests for information is not the reason for any lack of coverage for the services being requested through the FAP.

C. A Patient must receive medically necessary services (for example, eligibility is not available for elective services such as cosmetic surgery). In general, coverage guidelines will mirror Medicare coverage guidelines.

D. Patients whose family income exceeds 300% of the FPG may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Health System.

E. Please note that modifications to previously administered discounts will be made if subsequent information indicates the information relied upon was inaccurate.

F. The Health System shall provide charity/financial assistance to patients who are provided services through any community indigent program (e.g., WyJo Care, OB Package) that the Health System has entered into a participation agreement where services will be provided as charity, as well as patients who are victims of sexual assault. Such participation is at the discretion of the Health System with these community indigent programs as well as the decision to provide charity care to victims of sexual assault.

G. Services defined and processed by State Medicaid/Medikan/Sobra programs as a non-covered benefit (e.g., remit codes of 96, 204 or 256) may be deemed as charitable services by the Health System as those State programs are defining such services as due from the patient when non covered by the State program under which benefits are paid. The Health System will also provide charity/financial assistance when the State program denies coverage of service due to days in the hospital exceeding a State defined amount of days for which they will provide coverage.

H. An insured patient with coverage denied due to exhausted benefits, pre-exisiting conditions,

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services deemed non covered and patient liability by the insurance/payer or an insurance carrier that is not under contract with the hospital that refuses to pay may be eligible for financial assistance as described in Sections B and D listed below and considered under-insured.

Methods by Which Patients May Apply for Financial Assistance

Financial assistance requests can be made by contacting the Customer Service department via telephone, email, fax, or written correspondence or by visiting the Patient Financial Services Department. The University of Kansas Health System requires re-application or additional screening for financial assistance every every 240 days. For emergent cases, FAP determination shall take place only after all medical screenings and evaluations are completed.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need and may:

A. Include an application process, in which the patient or the patient's guarantor is required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need, including but not limited to:
    1. A copy of the Applicant's most recent as-filed Federal Income Tax Return (including a copy of the Applicant's W-2 Form(s)) shall be provided by the Applicant to the Financial Advisors or, if applicable, written verification from a public welfare agency or other governmental agency attesting to the Applicant's income status;
    2. Copies of the Applicant's two most recent payroll vouchers (i.e., check stubs) shall be provided by the Applicant to the Financial Advisors;
    3. A credit report for the Applicant may be obtained by the Financial Advisors;
B. Include the use of external, publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
C. Include reasonable efforts by the Health System to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
D. Take into account the patient's available assets, and all other financial resources available to the patient; and
E. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history

Amounts Charged to Patients

For patients who are uninsured, the financial assistance discount is applied to gross charges for the eligible services after first deducting the self pay discount. In no event are gross charges billed to a patient approved for financial assistance, without a corresponding discount.

Presumptive Financial Assistance Eligibility

Separate from assessment of a formal application for financial assistance described in (B) above, patients may also be presumed to be eligible for financial assistance based on evidence provided via use

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of a third party screening tool. Presumptive financial assistance is reviewed for uninsured accounts before qualifying for bad debt placement. Presumptive financial assistance is available to non-Medicare patients only. Medicare patients are not eligible for nor will they be considered for presumptive financial assistance.

In order to qualify for a full or partial adjustment under presumptive financial assistance, the patient must have a federal poverty level no higher than 300%. The federal poverty level is obtained from the third party screening tool and accounts that meet the standard criteria are adjusted to the percentage based on the sliding scale. Presumptive financial assistance adjustments are made on the remaining account balance after the self pay discount is applied on the gross charges.

Information obtained from the third party screening tool will verify the patient's financial status and may be utilized as the sole documentation source to make a financial assistance determination.

Relationship to Collection Policies

Upon granting approval for 100% financial assistance, all collection efforts related to that amount will cease. The Health System will not turn over any account approved for 100% financial assistance to a collection agency or report it to a credit agency. Normal collection efforts will be applied to balances remaining after application of all discounts.

The Health System will not impose extraordinary collection efforts such as wage garnishment, liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this policy.

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Communication of the Financial Assistance Program to Patients and Within the Community

The Health System will make available to the public information on how financial assistance is available. Methods of providing this financial assistance information may include:

A. Placing signage, information, or brochures in appropriate areas of the Health System (e.g., the emergency department, organized registration areas, inpatient and outpatient admission areas, and the business office) stating that the Health System offers financial assistance and describing how to obtain more information about the Program.

B. Placing a note on or with the bill and statements regarding how to request information about financial assistance.

C. Information about the Financial Assistance program can be found on patient billing statements, The University of Kansas Health System's web site, or by visiting Patient Financial Services.

Referral of patients for financial assistance may be made by any member of the Health System staff or medical staff, including, but not limited to, physicians, nurses, financial advisors, social workers, case managers, chaplains, and religious sponsors. Requests for financial assistance can be made by the patient, family member, close friend, or associate of the patient, in accordance with applicable privacy laws.

Requests for financial assistance will be responded to promptly in writing within 14 days of receipt of the corresponding completed application. If approved, the response will state the amount of financial

assistance provided and remaining balance, if any.

Exceptions

For exceptions, "hardship" documentation may be required to qualify for financial assistance and will be reviewed on a case-by-case basis.

Regulatory Requirements

The Health System will comply with all applicable federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

REFERENCES:

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SUPPORTING DOCUMENTS:

Charity Care Financial Assessment Form

REVIEWED/APPROVED BY:

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Vice President - Revenue Cycle, Financial Clearance Workgroup

Director - Patient Admitting, Financial Clearance Workgroup

Financial Advising Manager, Financial Clearance Workgroup

Director - Patient Financial Services, Financial Clearance Workgroup

Assistant Director - Patient Financial Services, Financial Clearance Workgroup

Director – Physician Revenue Cycle, Financial Clearance Workgroup

Health System Controller, Financial Clearance Workgroup

Director – Shared Revenue Cycle Services, Financial Clearance Workgroup

ADDENDUM A:

See below for a table of the current Federal Poverty Guidelines:

FPL Guidelines 2025.jpg

ADDENDUM B:

If the Applicant is eligible for the FAP (as outlined in this policy), reduction or waiver of amounts will be authorized by appropriate Health System individuals:

A. Staff$0.00 – $2,999.99
B. Manager$3,000.00 – $74,999.99

C. Director$75,000.00 – $174,999.99

D. Vice President$175,000.00 and above

Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.

Attachments

2025 Federal Poverty Level Guidelines.xlsx

FPL Guidelines 2025.jpg

Approval Signatures

Step Description	Approver	Date
	Jennifer Palmer: Health System Policy Administrator	03/2025
	Douglas Gaston: SVP & Chief Financial Officer	03/2025
	Colette Lasack: VP, Revenue Cycle Operations	03/2025