

Newton Medical Center  
Healthcare Assistance Program  
Patient Financial Assistance Plan  
Prepared with the Assistance and Partnership of  
The Midland Group



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## **Newton Medical Center Financial Assistance Policy**

### **1.0 Policy:**

As part of its mission and commitment to provide access to health care for all people, Newton Medical Center provides financial assistance to patients who qualify for assistance pursuant to this Financial Assistance Policy, referred to as the Healthcare Assistance Program.

All individuals who come to the Newton Medical Center Emergency Department, or onto Newton Medical Center property, for an examination or treatment for a medical condition will be screened to determine whether an emergency medical condition exists consistent with Newton Medical Center's Emergency Department Plan and Care of OB Triage Patients Policy. Neither the initial medical screening nor lifesaving treatment will be impeded by inquiries about the individual's method of payment or insurance status.

### **2.0 Scope:**

This Healthcare Assistance Program applies to the following providers or practices who deliver emergency or other medically necessary medical care in the hospital facility:

Newton Medical Center  
Newton Medical Center Emergency Department  
Medical Plaza of Valley Center  
Medical Plaza of Park City  
Medical Plaza of Sedgwick  
Advanced Neurology Consultants  
Allen Eye Associates  
Area Psychiatric Services  
Newton Orthopaedics and Sports Medicine  
Newton Surgical Group  
Hospital Professional Billing  
Diabetes and Endocrinology Specialists  
Central Homecare/Newton Medical Center Home Health  
Mid Kansas Family Practice, PA  
Newton Therapy & Sports Performance

This Healthcare Assistance Program does not apply to the following providers/practices who deliver emergency or other medically necessary medical care in the hospital facility:

Anesthesia Billing, Incorporated  
Advanced General Radiology  
Axtell Clinic  
Via Christi Clinic

Axtell Ophthalmology  
Integrity Medicine  
Cardiovascular Care  
Associates in Women's Health  
Cottonwood Pediatrics  
Cancer Center of Kansas  
Central Care Cancer Center  
Kansas Foot Center  
Urology Clinic of Kansas  
Wichita Urology  
Pain Clinic  
South Central Pathology  
Advanced Physical Therapy  
Cedar Surgical  
Partners in Family Care  
Restore Your Health Center  
Greene Vision Group  
Radiology Services Corp  
Mercy Health Systems  
Medical Park Eye Center  
Health Ministries Clinic  
Tippin Dental Group  
Davidson Dental

### **3.0 Purpose:**

This Policy is intended as a guideline to define the parameters of the eligibility requirements and assistance offered under the Policy. This Policy also serves to meet the requirements set forth in the Internal Revenue Code Section 501(r).

### **4.0 Eligibility Criteria**

Eligibility for financial assistance under the Healthcare Assistance Program will be based on a number of factors, including, but not limited to: Citizenship or legal permanent resident status in the United States, Harvey County residency, bill amount, income level and assets.

- 4.1 Patients who are determined to be financially indigent with a gross household income of 0% to 250% of the Federal Poverty Guidelines, as updated by the U.S. Department of Health and Human Services, may be eligible for a financial assistance discount of 100% of gross charges. See schedule A of the Healthcare Assistance Eligibility Discount Guidelines. Patients who are self-pay, or who have an outstanding bill after all insurance payments have been

received, may qualify for financial assistance in this category.

4.2 Patients who are determined to be medically indigent with a gross household income over 250% of the Federal Poverty Guidelines may qualify for a financial assistance discount of 40% of Average General Billed amount (AGB). See Schedule A of the Financial Assistance Eligibility Discount Guidelines. Factors taken into consideration include, but are not limited to: extreme expenses as compared to income, extraordinary medical expenses, consideration of other resources available including assets, other financial obligations, catastrophic illness, loss of job or current inability to work, medically necessary versus elective services, wage earning capacity or other extenuating circumstances. Patients who are self-pay may qualify for financial assistance in this category.

4.3 The Financial Assistance Program is intended to serve residents of Harvey County or those living in zip codes: 66861, 66866, 67020, 67053, 67056, 67062, 67063, 67107, 67135, 67147, and 67154.

- College students seeking emergent or medically necessary care who have permanent or temporary addresses within these zip codes may be eligible for financial assistance.

4.4 Patients must be a US citizen, legal permanent resident of the United States or have a TIN#.

## **5.0 Services Not Covered Under This Policy**

Newton Medical Center reserves the right to limit the services covered by this Policy. Services not covered by this Policy include, but are not limited to: Private duty services and non-medically necessary treatment.

Medical necessity will be determined based on utilization review criteria and by one or more of the following: Consultation with the patient's physician/office nurse; consultation with the Case Manager or other clinical staff; Milliman or InterQual Criteria; Medicare, Medicaid, Blue Cross Blue Shield, and/or other 3<sup>rd</sup> party criteria for coverage.

## **6.0 Limitation on Charges**

6.1 In the case of emergency or other medically necessary care, a patient who is eligible for assistance under this Policy will not be charged more than the amounts generally billed (AGB) for a Medicare fee-for-service beneficiary.

6.2 In the case of all other medical care covered under this policy, a patient who is eligible under this Policy will be charged an amount less than the gross charges.

## **7.0 Method for Applying for Financial Assistance**

Application for the Healthcare Assistance Program can be initiated by a patient in person at Admissions or at Patient Financial Services; by telephone at 316-283-2700; by mail at Newton Medical Center, PO Box 308, Newton KS, 67114; or via the Newton Medical Center website [www.newtonmed.com](http://www.newtonmed.com).

It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance. There is no assurance that the patient will qualify for financial assistance.

## **8.0 Measures to Publicize the Financial Assistance Policy**

The following measures are used to publicize the Healthcare Assistance Program to the community and patients:

- 8.1 Posting the Healthcare Assistance Policy, application and a Plain Language Summary of the policy on the Newton Medical Center website at the following location: [www.newtonmed.com](http://www.newtonmed.com).
- 8.2 Providing paper copies of the policy, application and Plain Language Summary of the policy upon request in admissions and Patient Financial Services at Newton Medical Center.
- 8.3 Posting notices about the policy in the Emergency Department, admitting areas and business office of Newton Medical Center.
- 8.4 Distributing information sheets about the policy to the Newton Department for Children and Families (DCF) and Health Ministries Clinic in Newton.
- 8.5 Distributing a Plain Language Summary of the policy and offering a Healthcare Assistance Program application to patients before discharge from the hospital.
- 8.6 Informing patients about the Policy in person or during billing and customer service phone contacts.
- 8.7 Including a conspicuous written notice on billing statements that notifies and informs patients about the availability of financial assistance under the Policy and includes the telephone number of the department that can provide information about the Policy and the application process, and the web site address where

copies of the Policy, application form, and plain language summary of the Policy may be obtained.

## **9.0 Billing and Collections Policy**

After the patient's bill is reduced by the discounts based on the Financial Assistance Eligibility Discount Guidelines, the patient is responsible for the remainder of the outstanding patient account balances. Patients will be invoiced for any remaining amounts in accordance with a separate billing and collections policy.

Actions Newton Medical Center may take in the event of nonpayment of a bill for medical care is described in the billing and collections policy, entitled Private Pay & Collections 218. Patients may obtain a free copy of the billing and collections policy by calling 316-283-2700.

## **10.0 Determination of Financial Assistance**

Healthcare Assistance discounts are to be assessed only as a last resort, and all current or potential third party coverage is to be considered primary to a discount. This includes, but is not limited to, any coverage such as commercial insurance, Medicare, a healthcare sharing ministry program, Workers Compensation, COBRA, Medicaid, and liability or auto insurance that covers the medical service in question.

The patient is required to apply for all applicable programs for which he/she may be eligible as a condition for applying for financial assistance discounts, and failure to seek eligibility from these sources may result in a denial of financial assistance under this policy.

### **10.1 Financial Assistance Assessment**

Determination of financial assistance will be in accordance with procedures that may involve:

- 10.1.1 An application process, in which the patient or patient's guarantor is required to supply information and documentation relevant to making a determination of financial need;
- 10.1.2 A review of the patient's available assets;
- 10.1.3 A review of household size and the household gross income for the three months prior to the date of service;
- 10.1.4 A presumptive eligibility determination in unusual or extenuating circumstances (such as homelessness) when a patient is unable to submit

a complete application. Presumptive eligibility may be determined on the basis of individual life circumstances which may include, but is not limited to:

- State-funded prescription programs;
- Homelessness or receipt of care from a homeless shelter;
- Participation in Women, Infants, Children programs (WIC);
- Food stamp eligibility;
- Low income /subsidized housing is provided as a valid address;
- Patient is deceased with no known estate;
- Patient has filed bankruptcy and whose bill has been fully discharged by the court;
- Patient required behavioral health services, and has a behavioral health plan that is not contracted with Newton Medical Center.
- Patients with out of state Medicaid plans that do not pay out of network benefits

## 10.2 Definition of Household Size and Household Income

10.2.1 When determining household size, an unborn fetus is counted as a family member.

10.2.2 A dependent child who is 18 years old, and is still in high school, may be considered a dependent child of the household until graduation from high school.

10.2.3 If a dependent 18 year old is a full-time college student, the 18 year old may be considered a dependent of the household.

10.2.4 If the patient is a newborn and both parents live in the same household, the combined income must be included, regardless of the parents' marital status. If the parents of the newborn do not live together, each parent may be held responsible for the baby's bill and each parent may apply for Healthcare Assistance.

## 10.3 Income Verification

Income verification will be documented with the Healthcare Assistance application through one or more of the following mechanisms:

10.3.1 Payroll stubs showing gross income;

10.3.2 Copies of all income checks;

10.3.3. Signed letters from employers on business letterhead stating gross income for the specified time;

10.3.4 Bank statements showing direct deposits;

10.3.5 If self-employed, monthly or quarterly documentation, if available. Income taxes return from the previous year. Expenses deducted from income are subject to approval by the Healthcare Assistance Committee.

Depreciation on farm equipment will not be included as an expense for purposes under this policy.

10.3.6 Interest statements from banks, savings and loans or other investment sources;

10.3.7 IRS Income Tax Return forms;

10.3.8 W2 forms.

10.3.9 Proof of payment amount or declination of payment by a healthcare sharing ministry program.

#### 10.4 Asset Verification

25% of the patient's assets as defined in the policy will be included in the income Eligibility determination. Assets must be real and available to the patient. Assets to be included are, but are not limited to:

10.4.1 Cash;

10.4.2 Checking and savings accounts;

10.4.3 Certificates of Deposit;

10.4.4 Stocks;

10.4.5 Bonds;

10.4.6 Other securities;

10.4.7 The equity of real property (excluding primary residence), including income Producing property;

10.4.8 The equity of motor vehicles (excluding 1 vehicle);

#### 10.4.9 Retirement Accounts.

#### 11.0 Length of Eligibility

Once financial assistance has been approved, the discount is effective for 6 months from the date of service for the oldest applicable account.

#### 12.0 Notification of Eligibility Determination

Patients/guarantors will be notified by letter of the final determination of eligibility for financial assistance.

Newton Medical Center

**Schedule A**

Of

**Healthcare Assistance Program**

**Schedule A – Financial Assistance Eligibility Discount Guidelines**  
**Newton Medical Center**

Patients are considered financially indigent and may be eligible for a financial assistance discount of 100% if gross household income is less than or equal to the following amounts:

Family Size	Monthly Income
1	\$ 2,529.00
2	\$ 3,429.00
3	\$ 4,329.00
4	\$ 5,229.00
5	\$ 6,129.00
6	\$ 7,029.00
7	\$ 7,929.00
8	\$ 8,829.00

These monthly income amounts are computed at 250% of the 2018 Federal Poverty Guidelines as published by the U.S. Department of Health and Human Services (HHS) and are subject to change when HHS modifies their poverty guidelines.

For family units of more than 8 members, add \$900.00 for each additional member.

Patients whose gross household income is over the amounts in the table above but are determined to be medically indigent may qualify for a financial assistance discount of 40% of Average General Billed amount (AGB), per the Newton Medical Center Financial Assistance Policy.

Newton Medical Center

**Plain Language Summary**

of

**Healthcare Assistance Program  
Patient Financial Assistance Plan**

**Newton Medical Center**  
**Financial Assistance Policy-Plain Language Summary**

The Newton Medical Center Financial Assistance Policy, referred to as Healthcare Assistance, exists to provide eligible patients partially or fully discounted emergent or medically-necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

**Eligible Services** – Emergent and/or medically necessary healthcare services provided by Newton Medical Center.

**Eligible Patients** – Patients receiving eligible services, who submit a Healthcare Assistance Application (including related documentation/information), and who are determined eligible for Healthcare Assistance by the Newton Medical Center Healthcare Assistance Committee.

**How To Apply** – Healthcare Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at Newton Medical Center’s Admissions or at Patient Financial Services.
- Request to have an application mailed to you by calling 316-804-6255.
- Request an application by mail at Newton Medical Center, PO Box 308, Newton, KS, 67114.
- Download an application through the Newton Medical Center website: [www.newtonmed.com](http://www.newtonmed.com).
- Obtain information about the Healthcare Assistance Program from the Department for Children and Families (DCF) in Newton and Health Ministries Clinic in Newton.

Determination of Healthcare Assistance Eligibility- Generally, patients are eligible for financial assistance based on their income level and assets. Patients with family income of 250% of the federal poverty level or less may be eligible for a discount of 100%. Patients with family income of over 250% of the federal poverty level may be eligible for a discount of 40% of Average General Billed amount (AGB). See Schedule A of the Financial Assistance Policy at [www.newtonmed.com](http://www.newtonmed.com). Eligible patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) than those patients who have insurance.

This summary, the Healthcare Assistance Policy, and Healthcare Assistance application are available in Spanish at the locations listed above.