TITLE: Financial Assistance Policy

SCOPE:

All facilities and subsidiaries affiliated with Heartland Regional Medical Center dba Mosaic Life Care, Heartland Long Term Acute Care Hospital dba Long Term Acute Care Hospital Mosaic Life Care St Joseph and Mosaic Medical Center – Maryville, Mosaic Medical Center- Albany (collectively, "Mosaic") including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, clinics, outpatient imaging centers, physician, owned pharmacies, and all service lines and/or corporate departments.

PURPOSE:

At Mosaic, our mission is to improve population health outcomes in our region by providing the right care, at the right time, place, and cost. As a part of our mission, Mosaic seeks to provide quality care to those we serve regardless of their ability to pay. To that end, Mosaic has put in place the tools and resources needed for the people we serve who qualify for financial assistance as outlined in this policy.

Mosaic does not base eligibility for financial assistance on a person's age, color, disability or handicap, gender, national origin, race, religion, sex, or sexual orientation.

PROCESSES / PROCEDURES:

ELIGIBILITY CRITERIA

The Mosaic financial assistance eligibility criteria is based on current gross household income, assets, and current household size.

Gross income, assets, and household size*: At Mosaic, a reduced price is given to eligible patients or guarantors.*

- *Full or Partial Financial Assistance is granted to eligible patients with a household income of up to 300 percent of Federal Poverty Guidelines per the below schedule.*

Percent of Federal Poverty Guidelines	0% -200%	201% - 250%	251% - 300%
Financial Assistance Discount	100%	55%	25%

It is the patient's or the guarantor's responsibility to present the information Mosaic needs to determine eligibility for financial assistance.

ELIGIBLE SERVICES

Services covered under this policy include:

- *Emergency medical services provided in an emergency room setting provided by Mosaic and its employed providers listed on Attachment C*

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- *Urgent/Emergent cases such as direct admissions and other medically necessary care provided by Mosaic and its employed providers listed on Attachment C*

- *Non-elective services provided in response to life-threatening circumstances in a non-emergency room* **setting** *provided by Mosaic and its employed providers listed on Attachment C*

Exclusions*: Services for financial assistance that are not specifically excluded are not eligible for financial assistance, include but are not limited to:*

1. *Elective procedures:*
    - *Cosmetic–type services*
        - *Breast reconstruction is an approved service*
    - *Fertility and infertility treatment and procedures (including birth control)*
    - *Hearing aids and hearing tests*
    - *Durable Medical Equipment*
    - *Weight–loss services*
    - *CT heart score*
    - *Cardiac Rehab Phase III*
    - *Sports, DOT, School, Daycare, Executive and other work, or school physicals*
    - *Bariatric services (unless post-surgical complications)*
    - *Lap Band services (if medical policy requirements are not followed)*
    - *Retail Services*
    - *Genetic testing (Outside of the scope of Cancer treatment)*
    - *Chiropractic Services*
    - *Nail debridement (if not covered or exceeds benefit max)*
    - *Outpatient Physical Therapy, Occupational Therapy, or Speech Therapy (if not covered or exceeds benefit max)*
    - *Prescriptions that are not medically necessary, prescriptions ordered by a non-Mosaic employed provider, prescriptions purchased at a non-Mosaic pharmacy.*

2. *Patients who electively come to Mosaic Health system with either an out-of-network or non-contracted payer, non-covered benefit*
3. *Patients who are not United States Citizens or Permanent Resident Aliens, except for those with emergency healthcare needs.*
4. *A patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information necessary for the third-party to determine payer's liability.*
5. *Accounts already resolved in full will not be considered retrospectively*

Providers not covered by this policy: *Services from providers who are not employed by Mosaic are not covered under this policy, including those listed on Attachment D.*

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Financial assistance is not given for*:*

- *Copayments or amounts that are due after insurance when the patient fails to get the needed referrals and/or prior authorizations, coordination of benefits, or otherwise, to insurance company requests when required.*
- *Insured patients only if the insurance contract does not allow it.*
- *Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement, or a Flexible Spending Account, prior to those funds being exhausted.*
- *Balances after "Referenced Based Pricing Plans" or "Sharing Plans" due to non-approved contractuals, or large balances due from the patient, are not eligible for FA.*

EMERGENCY MEDICAL SERVICES

Mosaic will provide emergency care in accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations. All patients are seen and given care prior to being screened for financial assistance and/or payment ability in an emergency. Care will be provided at an equal level for all patients, regardless of ability to pay.

FINANCIAL ASSISTANCE

Financial assistance may be given to patients, or their guarantors who meet the guidelines and income levels under this policy. Mosaic expects patients or guarantors to cooperate by applying for assistance or other public programs we identify as sources of help to cover the cost of services and care. Patients or guarantors who choose **not** *to cooperate may be denied financial assistance.*

Federal poverty guidelines determine if the patient or guarantor is eligible for financial assistance. Those completing the applicable financial assistance process may qualify for one of the following:

Full or Partial Financial Assistance: *For eligible services provided at Mosaic, the full or partial amount of all unpaid accounts within 1 year from the date of application, that are still outstanding from the patient, are waived and covered if the following guidelines are met:*

1. *The applicant meets eligibility criteria, provides the necessary documentation, and has a yearly household income that does not exceed 300 percent of Federal Poverty Guidelines, and*
2. *All other payment sources were explored, applied for including private coverage, federal, state, and local medical assistance programs, and other forms of financial assistance offered by third parties were exhausted.*
3. *Eligibility for full coverage out of state Medicaid can be considered as proof of meeting 300% of the federal poverty guidelines for those services considered medically necessary however not covered by Medicaid in Missouri.*
4. *Patients may receive 340b medication assistance resulting in no cost or lower cost prescriptions at owned pharmacies after presenting Mosaic Financial Assistance approval.*

COBRA premium assistance: *Patients, or guarantors, are expected to apply for programs and other funding sources*

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Mosaic identifies, including COBRA (the extension of health–care benefits for a limited time once employment ends) coverage. If Mosaic determines COBRA coverage is possible and is allowed under the contract, and the patient does not receive Medicare or Medicaid, the patient or guarantor must provide Mosaic with the COBRA premium notice. Mosaic and BlueCross BlueShield coverages are excluded under the current contract.

Payment plans: *A reasonable, no–interest payment plan may be made between Mosaic and/or Mosaic's plan vendor current payment and the patient or guarantor for any amount due that remains once all discounts for financial assistance have been applied.*

Patients or guarantors **must** *communicate with Mosaic any time an agreed–upon payment plan cannot be paid on time. Lack of communication may result in the patient's account being sent to a collection agency.*

Catastrophic/Medically Indigent: *Patients who do not qualify for financial assistance under one of the processes outlined in this policy and whose household income exceeds 300% of the federal poverty guideline but who experience a catastrophic event or illness and whose medical expenses that have depleted individual or family income and resources to the point that medical expenses exceed 25% of annual income may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances at the discretion of Mosaic Life Care. Patients may receive 340b medication assistance resulting in no cost or lower cost prescriptions at owned pharmacies after presenting Mosaic Financial Assistance approval.*

Asset Based Review: *The patient must disclose all known assets during the financial assistance process. This includes property, certificates of deposit, individual investment accounts, savings and checking accounts, retirement payments, annuities, disability payments, etc. for evaluation and potential approval of financial assistance. The assets may be considered in approval or denial of financial assistance.*

PRESUMPTIVE ELIGIBILITY

Mosaic Life Care may receive scoring from a third party who independently evaluates the propensity to pay and probability of charity. Mosaic may rely on that scoring for the basis of determining financial assistance when a non-Medicare patient does not complete a financial assistance application and provide supporting documentation as requested. Mosaic will not review for presumptive eligibility until after the third statement cycle. Patients qualifying for presumptive eligibility may receive full or partial assistance. If partial assistance is approved, the patient receives a bill for the reduced amount owed. The patient is notified in writing of partial approval and how they can apply for financial assistance to determine if additional assistance is available. The patient is provided with a reasonable time period in which to apply for additional assistance. If the patient applies for additional assistance, the application is reviewed, and the patient is notified of the decision. Patients that are not approved for full financial assistance receive a statement. Financial assistance adjustments approved based on presumptive scoring are only valid for the date of service reviewed and are not valid for subsequent dates of service. Presumptive eligibility will be re-evaluated for each date of service. If the patient provides financial information, that information will always be considered in lieu of the third-party scoring.

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AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

Basis for calculating amounts generally billed: *Following a determination of financial-assistance eligibility, an individual will not be charged more than the amounts generally billed (AGB) individuals with insurance covering the same care for emergencies or other medically necessary care.*

The AGB is calculated, or determined, using the "look-back method," which is as follows:

1. *Mosaic reviews all past claims that have been allowed by Medicare fee-for-service and all private health insurers paying claims to Mosaic for medically necessary care by the hospital in the prior calendar year. The total amount includes co–payments, deductibles and co–insurance.*
2. *The AGB percentages are calculated annually by dividing the sum of claims allowed by Medicare fee-for-service together with all private health insurers to Mosaic by the sum of the associated gross charges for those claims.*
3. *The percentages are applied by the 120th day after the end of the calendar year Mosaic uses to calculate the AGB percentage(s).*

UNINSURED PATIENT DISCOUNTS

We will discount Mosaic's regular billed charges for patients who do not have insurance or a third-party coverage benefit. This includes patients whose financial situation normally would not otherwise qualify them for financial assistance. The discount for all uninsured patients is 15% for hospital and professional services.

APPLYING FOR FINANCIAL ASSISTANCE

Patients may be eligible for presumptive charity on active patient accounts and will be notified if approved. If not, patients will be advised of the Mosaic Financial Assistance Policy and the process for submitting an application on active patient accounts. To determine if the patient or guarantor is eligible for financial assistance, Mosaic asks for the necessary information and documents to prove household size, and income. A completed application for financial assistance should be submitted within 240 days from the date of the first post-discharge billing statement.

Mosaic will make reasonable efforts to explain the Medicaid benefits, the health insurance exchange and coverage, and other public and private coverage that may apply. Mosaic will also provide the details of these programs and offer to help patients and guarantors apply for them as well as private programs and COBRA coverage. Once the patient or guarantor is screened to be potentially eligible for any of these programs, public or private, Mosaic expects them to apply and be compliant with the appropriate program's application process. If a patient or guarantor chooses not to apply or does not provide verifications required by the appropriate program, they may be denied financial assistance.

If the patient or guarantor is potentially eligible for any third-party coverage, they must provide documentation of approval or denial of that third-party coverage before a Mosaic financial assistance application will be accepted.

Information on the Mosaic Financial Assistance Policy will be communicated to patients in a culturally appropriate language. Information about the policy will be translated in the most prevalent languages in the Mosaic primary service area.

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Documentation: *All applicants seeking financial assistance must submit required documents to verify income including all assets, financial documentation, sources of income received by the household unit. If required documents are not supplied, Mosaic may ask for other information to be received within 30 days. If the applicant* **fails to provide 100%** *of the required documents, the financial assistance application will be denied.*

Income documentation may include but is not limited to the following:

1. *Money, wages (including overtime), and salaries before any deductions. Gross receipts from pay received for non-farm or farm self-employment.*
2. *Regular payment from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, and public assistance (including Aid to Families with Dependent Children).*
3. *Supplemental Security Income, General Assistance or General Relief payments, training stipends, and military family allotments or other regular support from an absent family member or someone not living in the household as well as private pensions.*
4. *Government employee pension (including military retirement pay), regular insurance, or annuity payments as well as dividends, interest, net rental income, net royalties, inheritance, and net gambling or lottery winnings, Tax Returns, K-1's, and 1099's.*
5. *Assets such as property, independent retirement accounts, certificates of deposit, investments, stocks, bonds, etc.*
6. *Alimony and/or child support.*

Income information will be used to figure, or calculate, an annual gross income on which a decision will be based.

If a submitted financial assistance application is incomplete, a letter will be mailed to the applicant requesting the required information. The application will remain active for 30 days from the date the letter was mailed to the applicant asking for additional information. If the applicant does not respond within 30 days, the application will be denied.
You may send your application either by mail, email, or fax to the following:

Mail**:** *Mosaic Life Care, Financial Counseling, 5325 Faraon Street, St. Joseph, MO 64506*
Email*: MLCFinancialAssistance@mymlc.com*
Fax: *816-271-6662*

Any Mosaic patient or guarantor may submit an application for assistance before or after receiving services.

Obtaining financial assistance information: *To obtain a copy of the Mosaic financial assistance application, Financial Assistance Policy, and financial assistance Plain Language Summary of Financial Assistance Policy Form 0917 and Financial Assistance Policy Spanish Form 5268 free of charge, call, visit, or contact us online.*

By phone:
Please call Patient Financial Services at 816-271-4006 to request a copy of the financial assistance application, Financial Assistance Policy, and/or financial assistance Plain Language Summary of Financial Assistance Policy

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Form 0917 and *Financial Assistance Policy Spanish Form 5268*

In person:
Please visit our offices at 5325 Faraon Street, St. Joseph, MO 64506 at "Entrance 4" , 2016 South Main, Maryville, MO 64468, or 705 North College St, Albany, MO 64402 to obtain a copy of the financial assistance application, Financial Assistance Policy and/or financial assistance Plain Language Summary of Financial Assistance Policy Form 0917 and Financial Assistance Policy Spanish Form 5268

***Online**:*
Please visit https://www.mymosaiclifecare.org/myFinancialOptions to access a copy of the financial assistance application, Financial Assistance Policy, and/or financial Plain Language Summary of Financial Assistance Policy Form 0917 and Financial Assistance Policy Spanish Form 5268 The Financial Assistance Policy is translated along with the Plain Language Summary in the most prevalent languages in the Mosaic primary service area and are posted on the Mosaic website.

Information on financial assistance and the notice posted in the Medical Center and Clinic locations will be translated into any language that is the primary language spoken by 1,000, or 5 percent — whichever is fewer — of the residents in the service area.

Availability of Language Assistance Services and Auxiliary Aids and Services

Spanish (Español)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-816-271-1215 o hable con su proveedor.

Vietnamese (Việt)
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-816-271-1215 hoặc trao đổi với người cung cấp dịch vụ của bạn.

Chinese (中文**)**

注意：如果您说[中文]， 我们将免费为您提供语言协助服务。我们还免费提

供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-816-271-1215 或咨询您的服务提供商.

Arabic (العربية)
تنبيه :إذا كنت تتحدث اللغة العربية، فستتوف ر لك خدمات المساعدة اللغوية المجانية .كما تتوفر وسائل
مساعدة وخدما ت مناسبة لتوفى ر المعلومات بتنسيقات يمكن الوصو ل إليها مجانا .اتصل على الر 1 618-
أو تحدث إلى مقدم الخدمة 5121 . 172-

French (Français)
ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-816-271-1215 ou parlez à votre fournisseur.

Serbian (Srpski)
PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge pomoći oko jezika. Besplatna su i odgovarajuća dodatna pomagala i usluge za pružanje informacija u pristupačnim formatima. Pozovite 1 -816-271-1215 ili razgovarajte sa svojim provajderom.

Croatian (Hrvatski)
PAŽNJA: Ako govorite hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite 1 -816-271-1215 ili se obratite svom pružatelju usluga.

German (Deutsch)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-816-271-1215 an oder sprechen Sie mit Ihrem Provider.

Swahili (Kiswahili)
MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1- 816-271-1215 au zungumza na mtoa huduma wako.

Amharic (አማርኛ)
ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-816-271-1215 ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Somali (Soomaali)
FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-816-271-1215 ama la hadal bixiyahaaga.

Thai (ไทย)
หมายเหตุ: หากคุณใช ◌้ภาษา ไทย เรามีบริการความช ◌่วยเหลือด ◌้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและ ◌่ บริการช ◌่วยเหลือเพื่อให ◌้ข ◌้อมูลในรูปแบบที ◌่ ◌่ เข ◌้าถึงได ◌้โดยไม่เสียค่าใช ◌้จ่าย โปรดโทรติดต่อ 1-816-271-1215 หรือปรึกษาผู ◌้ให ◌้บริการของคุณ.

Laos (ລາວ)
ຊິ ນຊາບ: ຖ້າທ່ານເວ ◌້າພາສາ ລາວ, ຈະມີ ບໍ ລິ ການຊ່ວຍດ້ານພາສາແບບບໍ່ ເສຍຄ່າໃຫ້ທ່ານ. ມີ ເຄ ◌່ ອງຊ່ວຍ ແລະ ການບໍ ລິ ການແບບບໍ່ ເສຍຄ່າທີ່ ເໝາະສ ມເພ ◌่ ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ ສາມາດເຂ ◌้າເຖິ ງໄດ້. ໂທຫາເບີ1-816-271-1215 ຫ ລ ມກ ບຜູ້ ໃຫ້ບໍ ລິ ການຂອງທ່ານ.

Korean (한국어)
주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-816-271-1215 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Tagalog (Tagalog)
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa -access na format. Tumawag sa 1-816-271-6080 o makipag-usap sa iyong provider.

Yiddish ((ש יידי

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נאטיץ :אויב איר רעדט יידיש, שפראך הילף סערוויסע ס זענען בארעכטיגט פאר דיר
פריי .צונעמען א ידס און באדינונגס פאר פראווייידינ ג אינפארמאציע אין צוטריטלעך
פארמאטירונגען זענען אויך בנימצא פרי .רו ן פ 1-618-172-5121 אדער רעדן מיט דיין
טרעגער.

Pennsylvania Dutch (Deitsch)
ACHTUNG: Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Passende Hilfsmittel un Dienscht, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar. Ruf 1-816-271-1215 oder schwetz mit dein Anbieter.

Ilocano (Ilocano)
PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-816-271-1215 wenno makisarita iti mangipapaay kenka.

Samoan (Samoa)
FA'AALIGA: Afai e te tautala faa-Samoa, e mafai ona e mauaina le fesoasoani mo auaunaga tau gagana e lē totogia. O fesoasoani talafeagai ma auaunaga i le saunia o faamatalaga e maua foi i isi fometi (formats) e lē totogia. Vili le 1-816-271-1215 pe talanoa i lou foma'i (provider).

Hawaiian (ʻŌlelo Hawaiʻi)
MEA HOʻOMAOPOPO: Ina walaau Hawaii oe, loaa ke kokua ma ka mahele olelo nou. Loaa no hoi na ano kokua like ole e hoomaopopo ai ia oe me ka uku ole no. E kelepona i ka helu 1-816-271-1215 a i ole e kuka me kou kauka.

Russian (РУССКИЙ)
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-816-271-1215 или обратитесь к своему поставщику услуг.

Telugu (□□□)
□వ□నం: □□ □□□□□□ □□, □□ ఉ□త □□ స□య□వ□ అం□□□□ ఉం□□□. □□□ స్ □యగల □□□ ట్ ల□ స□□ర□□□ అందం□చ□న□□ త□న స□యక స□□□ మ□□□వ□□□ ఉ□తం□ అం□□□□ ఉం□□□. 1-816-271-1215 □ □ల్ □యం□ □□ □ □□□డర్ □□□□ డండ

ELIGIBILITY DETERMINATIONS AND DISPUTE RESOLUTION

Eligibility determinations will be made in accordance with the Mosaic Financial Assistance Policy. Reasonable efforts will be made to issue a decision timely once a completed application is received. The applicant will be informed in writing of the decision within a reasonable amount of time from the date Mosaic receives a completed financial assistance application. If financial assistance is denied, Mosaic Financial Counselor will record the reason for the denial in our electronic billing system.

Determination for financial assistance will be made after all efforts to qualify the patient for Medicaid or other public programs have been exhausted. If a decision on such coverage is pending, Mosaic will not begin extraordinary collection actions.

Applicants denied assistance may reapply if there has been a change of income or status. The original, signed applications

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will be kept on file.

As noted above, if an application is incomplete, the applicant will be notified by mail that more information is needed to complete the application process. The applicant will be informed of the deadline for providing this information — 30 days from the date the letter was mailed asking for needed information. If the applicant does not respond within the 30–day timeframe, the application will be denied.

Applicants found ineligible for financial assistance may dispute the decision in writing by providing information as to the reason for the dispute and any helpful information to describe the basis for the dispute or appeal. A dispute or appeal letter must be received within 30 days of the date of the determination letter.

Disputes or appeals should be submitted to: Mosaic Life Care c/o Financial Counseling 5325 Faraon Street, St. Joseph, MO 64506.

QUALIFICATION PERIOD FOR APPROVED FINANCIAL APPLICATIONS

Once an applicant is approved for financial assistance, the decision is valid for 180 days from the date the determination is made. Assistance will be automatically applied to unpaid accounts for eligible dates of service that are one year previous to the date of the application.

NOTIFICATION OF FINANCIAL ASSISTANCE

Information on the Financial Assistance Policy and how to contact Mosaic for further information or help in applying is posted in the Medical Center and Clinic admitting locations, as well as the hospital emergency department. Financial assistance information is also included on monthly patient statements, and any time communication is made with a patient about an outstanding balance (either inbound or outbound) the patient will be verbally notified of the Financial Assistance Policy. Mosaic's Financial Assistance Policy is also given to agencies and nonprofit organizations serving people who have limited financial resources in the Mosaic service area. The Mosaic Financial Assistance Policy is available on the Mosaic website at https://www.mymosaiclifecare.org/myFinancialOptions .

REFUNDS

Mosaic will refund any amount on unpaid accounts for the specified date range included on the application that are due from the patient that otherwise meet all the requirements that the individual has paid for care that exceeds the amount they are determined to be personally responsible for paying as a Financial Assistance Policy eligible individual unless such amount is less than $5.00.

COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT

***Collection actions*:** *No account will be subject to collection actions within 120 days of issuing the first post-discharge statement and without first making reasonable efforts to determine whether the patient is eligible for financial assistance. No extraordinary collection actions will be pursued against a patient if the patient or guarantor has provided documentation*

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showing that an application has been submitted for Medicaid or other publicly sponsored health programs, and that an eligibility determination is still pending.

If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Mosaic will attempt to find a correct address. If the correct address cannot be found, Mosaic will attempt to contact the patient or guarantor by telephone at the number listed by the patient or guarantor. If efforts to communicate with the patient or guarantor fail, accounts will be sent to a collection agency.

Reasonable efforts to inform patient of financial assistance: *Prior to sending an account to a collection agency, the patient or guarantor will generally receive a minimum of five written statements including the first post-discharge statement and at least four subsequent statements. These statements will include a telephone number for information on paying patient balances and a notice about financial assistance.*

If an agreement has not been made to resolve the account, the fifth and final statement will be sent to the patient or guarantor. This statement acts as a notice to the account owner of the amount owed to Mosaic and that the account will be placed with a third–party collection agency in 30 days.

There are other times when accounts may be placed in collections including when:

1. *The patient or guarantor has not made timely payments according to the agreed–upon payment plan.*
2. *The patient or guarantor has received a financial assistance discount but is no longer working with Mosaic in good faith to pay off the remaining amount owed.*

Extraordinary collection activities: *Once an account is with the collection agency, the following actions may be taken to make sure debt for services and care is paid. They are "Extraordinary Collection Activities:"*

1. *Seizing the patient's or guarantor's bank account*
2. *Civil actions*
3. *Property liens*
4. *Garnishing of wages*

Before "Extraordinary Collection Activities" can begin, the account must be reviewed, and approval must be given by Mosaic Patient Billing Leadership. When one of these actions is to be taken against a patient or guarantor, the patient or guarantor will be given a 30–day written notice of the action to be taken.

ENFORCEMENT

Mosaic staff are expected to uphold the highest ethical standards. All business must be conducted in the name of the caller or Mosaic. Under no circumstances should any staff member provide false information or engage in deceptive practices to collect accounts. This includes refraining from misrepresenting their affiliation with credit bureaus, collection agencies, law firms, and similar entities. Every interaction with the patient or guarantor should be characterized by truthfulness, accuracy, and professionalism. Mosaic staff, as well as all third–party vendors working on behalf of Mosaic, will uphold and adhere to

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the Fair Debt Collection Practices Act.

CONFIDENTIALITY

Mosaic will protect the privacy of each patient's financial and personal health information.

REGULATORY REQUIREMENTS

Mosaic will comply with all federal, state, and local laws, rules, and regulations, as well as reporting needs that may apply to the work and actions done as a result of our Financial Assistance Policy. Aggregated information on financial assistance given under this policy will be reported once a year on an Internal Revenue Service Form 990, Schedule H.

COMMUNICATION OF THE FINANCIAL ASSISTANCE POLICY TO PATIENTS WITHIN THE COMMUNITY*.*

Notification about Financial Assistance from Mosaic will include a contact number, will be disseminated by Mosaic by various means, which may include, but are not limited to; the publication notices in patient bills and by posting. notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses and at other public places as Mosaic may elect. Mosaic also shall publish and widely publicize a summary of this Financial Assistance Policy on facility websites, in brochures available at patient access sites, and at other places within the community served by the hospital as Mosaic may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Mosaic. Referral of patients for financial assistance may be made by any member of the Mosaic staff or medical staff including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

POLICY APPROVAL

Mosaic's Board designated approval committee has approved the Mosaic Financial Assistance Policy. This policy is subject to review at any time. Any substantive changes to the policy must be approved by both Mosaic's executive team and, after that, the appropriate Board designated approval committee.

REVIEW PROCESS:

1) **Stakeholders:** *Regulatory*

2) **Review Flow:**

a) APPROVAL:

06/23/16, 03/23/17, 03/15/18, 02/21/19, 05/21/20, 05/20/21, 5/19/22, 08/24/23, 09/19/24, 06/19/25, 05/21/26 by Finance Committee

05/26/21, 05/25/22, 08/30/23, 10/02/24, 06/25/25,05/26/26 by Mosaic Health System Board of Trustees

06/24/16, 05/08/18, 05/05/20, 05/24/21 by LTACH Board

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03/29/19, 05/12/20, 08/17/21 by Mosaic Medical Center – Maryville Board
08/17/21 by Mosaic Medical Center – Albany Board
06/29/16, 03/29/17, 02/16/19, 05/27/20, 05/26/21 by Board of Trustees
06/22/16, 05/17/17, 02/11/19, 04/21/20 by Compliance Committee
May 2018 by CEO Council

b) REVISIONS:
New 02/28/16, 06/22/16, 03/22/17, 03/15/18, 07/31/18, 08/14/18, 01/23/19, 03/26/19, 01/22/20, 05/20, 05/21, 5/12/22,08/24/23, 05/02/24, 0619/25, 05/21/26

ATTACHMENT A: DEFINITIONS

The following definitions apply to all sections of this policy.

Amount generally billed (AGB): *The amount generally billed (AGB) is the maximum payment Mosaic expects directly from patients or guarantors who are eligible for financial assistance, for services that qualify under the financial assistance guidelines, after all financial assistance discounts have been applied. The amount generally billed will be figured or calculated using the Look-Back-Method. For patients with insurance, the amount generally billed applies only to the amount that they must pay, it does not include the amount insurers pay toward the bill.*

Emergency medical condition: *As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), the term "emergency medical condition" means: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in.*

1. *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,*
2. *Serious impairment to bodily functions, or*
3. *Serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions:*
    a) *There is inadequate time to affect a safe transfer to another hospital before delivery, or*
    b) *Transfer may pose a threat to the health or safety of the woman or the unborn child.*

Federal Poverty Guidelines: *The Federal Poverty Guidelines (FPG) use income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically 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 FPG can be referenced at http://aspe.hhs.gov/POVERTY/.*

Financial assistance: *Assistance given to eligible patients or guarantors, who might otherwise have financial hardship, to dismiss all or part of their financial requirements for medically necessary care provided by Mosaic.*

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Full or Partial Assistance: *All patient amounts due that are a result of having received eligible services given at Mosaic to eligible patients, or their guarantors, with yearly household incomes at or below 300 percent of the Federal Poverty Level.*

Guarantor**:** *A person, other than the patient, who is responsible to pay the patient's account.*

Gross charges: *Total charges at the full established rate for patient care services before deductions from revenue are applied.*

Household**:**
Adults: In calculating the Household Size, include the patient, the patient's spouse, and any dependents. (As defined by the Internal Revenue Service's Internal Revenue Code)
Minors: In calculating the Household Size, include the patient, the patient's mother, the patient's father, dependents of the patient's mother and dependents of the patient's father. (As defined by the Internal Revenue Service's Internal Revenue Code)

Income:
Adults: If the patient is an adult, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the patient and patient's spouse, and any adult claimed on the income tax return.
Minors: If the patient is a minor, "Yearly Household Income" means the sum of the total yearly gross income or estimated yearly income of the adult claiming the minor child on income taxes as a dependent.

Medically indigent patients, who are uninsured or underinsured and whose incurred medical liabilities owed to Mosaic Life Care are equal to, or exceed, 50% of their gross annual household income, are referred to as medically indigent patients.

Medically necessary: *As defined by Missouri Medicaid HealthNet Division as services or items that a patient could or must receive for the diagnosis or treatment of illness or injury.*

Payment plan: *A financial payment plan that Mosaic, and the patient or guarantor agrees to for out-of-pocket amounts due. The plan takes into account the patient's financial issues, the amount owed, and any prior payments.*

Presumptive eligibility policy: *Mosaic utilizes a contracted third-party vendor to perform a healthcare industry-recognized, predictive model that is based on public record database.*

Qualification period: *Applicants who are eligible for financial assistance will be given this assistance for the current service and past unpaid accounts. There will be no prospective eligibility for presumptive charity. Assistance will also be applied to eligible past unpaid accounts for eligible dates of services that are 1 year previous to the date of the application.*

Uninsured patient: *A patient with no third-party coverage such as commercial third-party insurance, an ERISA plan, a Federal Health Care Program (including without limit Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation or other third–party assistance, to assist with meeting a patient's payment obligations.*

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Attachments C and D: Providers by Group – Mosaic and Non-Mosaic

Attachment C – Mosaic Providers by Group that are subject to the Financial Assistance Policy

Adult Infectious Disease of St. Joseph	*Mosaic Family Care- Stanberry*
Anesthesia	*Mosaic Family Care physicians providing Emergency Department coverage in the Albany Emergency Department*
Arthritis and Osteoporosis	*Medical Oncology of St. Joseph*
Behavioral Health of St. Joseph	*Mosaic Life Care Home Health*
Cameron Mosaic Life Care	*Mosaic Life Care Hospice*
Cardiothoracic Surgery of St. Joseph	*Family Care North Pointe*
Cardiovascular Care	*Mosaic Medical Center- Maryville*
Care at Home-Mosaic Life Care	*Mosaic Specialty Care-East*
Continued Care Clinic	
Dana Browning, DDS	*Mosaic Specialty Care –West*
Ear, Nose, and Throat of St. Joseph	*Nephrology (as of 5/1/2019)*
Emergency Providers of St. Joseph	*Neurology*
Endocrinology	*Neurosurgery St. Joseph Mosaic Life Care*
Family Care at N 36th Street	*Northwest Medical Center Association, Inc dba Mosaic Medical Center-Albany*
Gastroenterology Clinic of St. Joseph	*Pain Management*
General Surgery	*Pathology-Mosaic Life Care*
Heartland Employee Quick Clinic	*Plastic Surgery and Dermatology St. Joseph*
Heartland Regional Medical Center dba Mosaic Life Care	*Podiatry*
Hospitalists of St. Joseph	*Pulmonary and Critical Care*
Internal Medicine & Pediatrics Mitchell Woods St. Joseph	*Radiation Oncology*
Internal Medicine, Pediatric and Family Care	*Rehab Medicine of St. Joseph*
Internal Medicine Plaza 2 St. Joseph	*Trenton Mosaic Life Care*
Interventional Radiology	*Troy Mosaic Life Care*
Mosaic Family Care- Albany	*Urgent Care Mosaic Life Care*
Mosaic Family Care- Bedford	*Women's Health*
Mosaic Family Care–Grant City	*Wound Care*
Mosaic Family Care- New Hampton	*Vascular Surgery*

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Mosaic Family Care- Savannah	*Mosaic Retail Pharmacy-Plaza 4* *Mosaic Same Day Pharmacy* *Mosaic Specialty Pharmacy*

***Non-Mosaic Providers subject to the FAP:**

Docs Who Care	
Have a Nice Day Anesthesia	
Wapiti Emergency Providers	

Attachment D – Non-Mosaic Providers by Individual/Group that are NOT subject to the Financial Assistance Policy. This list includes the following, but not limited to:

Air Ambulance	*Midwest Nephrology Associates, Inc*
Ambulance Services	*Murphy-Watson-Burr Eye Center*
Ankle & Foot Centers of MO	*Naser Soghrati, MD*
Anthony Frizzo, DMD, PC	*Northwest Health Services*
Bruce Twaddle, DDS	*NW Missouri Oral and Maxillofacial*
Buckles Family Care	*Oral and Maxillofacial Surgery of St. Joseph*
Children's Mercy Hospital and Clinics	*Orthopedic and Sports Medicine Center*
Deborah D. Stoner Bryan	*Parm Permer, MD*
Digestive Health Specialists of St. Joseph	*Peacock Pediatrics, LLC*
Downing Pediatrics	*Pediatric and Teen Care, LLC*
Eagle Telemedicine	*Perfect Sense Eye Care*
Fallon Steins, DDS	*Performance Plus Rehabilitation*
Family Foot Healthcare, LLC	*Phoenix Urology*
Frederick D. Kiehl	*Physical Medicine and Rehabilitation*
Gastroenterology Clinic of St. Joseph	*Physician's Reference Lab*
Gental Dental Care	*Plattsburg Medical Clinic*
Hicuity Health	*Radiology Specialist of St. Joseph*
Hughes Family Chiropractic	*Richard Walsh*
Jeanette Simmons, PsyD	*Robert Paolillo*
Jonathan Dyer, MD	*Shemwell Podiatry*
Kansas City Pediatric Cardiology Associates, LLC.	*Social Welfare Board/Stuber Health Clinic*
Kansas City Surgical Arts	*St. Joseph Foot Clinic*
Karen Edison	*St. Joseph Specialty Clinic*
Kosse Pediatrics, P.C.	*Stephen Brushwood*
Mary Jo Middleton, MD	*Sudarsan Chavala, MD*

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Medicus Hospitalists Services, LLC	*Total Health Associates, LLC*
Michael DePriest	*Trinity Family Care*
Mid-America Gastro-Intestinal Consultants	*Vision Radiology Professional Services*
Mullock Healthcare	*Continuum Family Care*
Urgent Care Express	*Concentra Urgent Care*
Alsara Vein Clinic	*Acute Rehabilitation Unit in Mosaic*
Care Clinic Maryville	*Swope Health*

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