

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 1 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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, 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, sex, or sexual orientation.

PROCESSES / PROCEDURES:

ELIGIBILITY CRITERIA

The Mosaic financial assistance eligibility criteria is based on residency at time of service, current gross household income, and current household size.

Residency: To be eligible to receive financial assistance, the person applying for assistance must be a resident in a zip code from the list on Attachment B. A student attending school or person residing in one of the zip codes listed, at the time care was given, is eligible to apply for assistance. A student who is not claimed as a dependent on his or her parent’s or parents’ tax return will be evaluated based on the student’s income. If the student is claimed as a dependent, the parent’s or parents’ household income will be used to determine if he or she is eligible for financial assistance.

Gross income 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	% of balance that is billed to patient	Clinic Copay amount that may be due for uninsured	Emergency Room Copay due for uninsured
0-200%	0%	\$10	\$75
201%-300%	45%	\$20-\$40	\$75

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 eligible under this Financial Assistance Policy include all emergency medical care and other medically necessary care provided by Mosaic and its employed providers listed on Attachment C.

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 2 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

Exclusions: Services not eligible for financial assistance include; items not specifically excluded are eligible for financial assistance:

1. Elective procedures:
 - Cosmetic–type services
 - Fertility and infertility treatment and procedures (including birth control)
 - Hearing aids and hearing tests
 - Weight–loss programs (unless diabetes–related)
 - CT heart score
 - Sports physicals
 - Bariatric services (unless post-surgical complications)
 - Lap Band services
 - Executive Physicals
 - Retail Services
 - Functional Medicine
 - Genetic testing (Outside of the scope of Cancer treatment)
 - Chiropractic Services
2. Depending on the patient’s or guarantor’s insurance coverage, a payment of up to \$40 will be due for a Mosaic clinic visit and \$75 for an Emergency Room visit, which may not be included in financial assistance.
3. Patients who seek services that are not covered under the patient’s benefit agreement, such as a patient who seeks out-of-network service or a patient who refuses to transfer from Mosaic to an in-network facility. *(Whether formally denied, known, or anticipated).*
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.

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.

Financial assistance is not given for co–payments or for amounts that are due after insurance when the patient fails to get the needed referrals or approvals when insurance requires it. Financial assistance is offered to insured patients only if the insurance contract allows it. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to use these funds prior to being approved for financial assistance.

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

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 3 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

Financial assistance may be given to patients, or their guarantors who meet the guidelines for what is required in terms of residency 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. Eligible applicants qualify for one of the following:

Full or Partial Financial Assistance: The full or partial amount of charges, for eligible services given at Mosaic are waived and covered for the patient, or guarantor, if the following guidelines are met;

1. The applicant meets eligibility criteria and has a yearly household income that does not exceed 300 percent of Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including; private coverage, federal, state and local medical assistance programs, and other forms of financial assistance offered by third parties.

For eligible services provided at Mosaic clinics, all amounts due from the patient, with the exception of copays, are included if the following guidelines are met;

1. The applicant meets eligibility criteria and has a yearly household income that does not exceed 300 percent of the Federal Poverty Guidelines, and
2. All other payment sources have been explored and applied for including private coverage, federal, state and local medical assistance programs, and other forms of assistance provided by third parties.

COBRA premium assistance: Patients, or guarantors, are expected to apply for programs and other funding sources 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 the patient does not receive Medicare or Medicaid, the patient or guarantor must provide Mosaic with the COBRA premium notice.

Payment plans: A reasonable, no-interest payment plan may be made between Mosaic's current payment plan vendor 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: In the event an uninsured patient receives medical care at Mosaic and the amount due from the patient is twice the amount of the household's annual income, they will qualify for financial assistance. The patient will receive financial assistance after providing the required documentation, no matter the residency of the patient.

PRESUMPTIVE ELIGIBILITY

For patients, or their Guarantors, who are non-responsive to the Mosaic's application process, other sources of information may be used to make an individual assessment of financial need. This information will enable Mosaic to make an informed

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 4 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

decision on the financial need of non-responsive patients, utilizing the best estimates available in the absence of information provided directly by the patient.

Electronic presumptive screening provides a community benefit by enabling Mosaic to systematically identify financially needy patients, reduce administrative burdens and provide Financial Assistance to patients and their Guarantors, some of whom may have not been responsive to the financial assistance application process.

Mosaic may use a third party to electronically review a patient or the patient's Guarantor information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases and does not access the patient or guarantor's credit file. The model's rule set is designed to assess each patient based upon the same standards and is calibrated against historical Financial Assistance approvals by Mosaic. This enables Mosaic to assess whether a patient is characteristic of other patients who have historically qualified for Financial Assistance under the traditional application process.

When the model is utilized, it will be deployed prior to bad debt assignment or after all other eligibility and payment sources have been exhausted. This allows Mosaic to screen all patients for Financial Assistance prior to pursuing any extraordinary collection actions. The data returned from this review will constitute adequate documentation of financial need under this Policy.

In the event a patient does not qualify for presumptive eligibility based on this model, the patient may still provide requisite information and be considered under the traditional financial assistance application process.

Patient accounts granted presumptive eligibility based on this predictive model will be reclassified as financial assistance and any remaining balance due will be forgiven. For these accounts, refunds will only be granted if the patient subsequently completes the application process.

Patient accounts granted presumptive eligibility status will be provided care at no charge for eligible services for retrospective dates of service only. This decision will not constitute a state of care at no charge as available through the traditional application process. These accounts will be treated as eligible for Financial Assistance under this Policy. They will not be sent to a collection agency, will not be subject to further collection action, and will not be included in Mosaic bad debt expense. Patients will not be notified to inform them of this decision when the patient qualifies for the most generous level of 100% Financial Assistance.

If the electronic screening process is used to provide the patient with any discount level less than the most generous level of 100% Financial Assistance, Mosaic will notify the patient of the partial discount, provide information on what information was accessed to reach that decision, provide the patient and/or guarantor with information on how to apply for the most generous level, and provide the patient with time to apply as required by law.

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 emergency or other medically necessary care.

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

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 5 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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 will be informed of the Mosaic Financial Assistance Policy and the process for submitting an application. to determine if the patient or guarantor is eligible for financial assistance, Mosaic asks for the necessary information and documents to prove household size, income, and residency. 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 him or her to apply. If a patient or guarantor chooses not to apply, he or she may be denied financial assistance.

If the patient or guarantor is potentially eligible for any third-party coverage, he or she 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.

Documentation: All applicants seeking financial assistance must submit required documents, if any, to verify income including all 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, then a decision about financial assistance may be made based solely on the information provided.

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

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 6 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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, alimony 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.

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.

Please mail your financial assistance application to:

Mosaic Life Care, Financial Counseling, 5325 Faraon Street, St. Joseph, MO 64506,
Mosaic Medical Center – Maryville, Financial Counseling, 2016 South Main, Maryville, MO 64468, or
Mosaic Medical Center-Albany, Financial Counseling, 705 North College St, Albany, MO 64402

You may also call 816-271-7524 or 800-447-1095 to schedule an appointment for Financial Assistance if you prefer an appointment.

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 form # [0917](#) and ([#5268](#) - Spanish), call, visit, or contact us online.

By phone:

Please call Patient Financial Services at 844-261-7266 or 816-271-7524 to request a copy of the financial assistance application, Financial Assistance Policy, and/or financial assistance plain language summary form # [0917](#) and ([#5268](#) - Spanish). It will be mailed to you at no charge.

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 form # [0917](#) and ([#5268](#) - Spanish).

Online:

Please visit <https://www.mymosaiclifecare.org/myFinancialOptions> to access a copy of the financial assistance

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 7 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

application, Financial Assistance Policy, and/or financial assistance plain language summary form # [0917](#) and (#[5268](#) - Spanish),.

The financial assistance application, Financial Assistance Policy, and/or financial assistance plain language summary are provided at no charge.

If you need help completing the financial assistance application, please call Patient Financial Services to make an appointment with one of our Benefit Advisors.

Information on financial assistance and the notice posted in the Medical Center and Clinic locations will be translated in 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 TRANSLATIONS

Spanish (Español)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-816-271-1215.

Vietnamese (Tiếng Việt)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-816-271-1215.

Chinese (繁體中文)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-816-271-1215。

Serbo-Croatian (Srpsko-hrvatski)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-816-271-1215.

German (Deutsch)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-816-271-1215.

Arabic (العربية)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 5121-172-618.

Korean (한국어)

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 8 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-816-271-1215 번으로 전화해 주십시오.

French (Français)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-816-271-1215.

Russian (Русский)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-816-271-1215.

Laotian (ພາສາລາວ)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-816-271-1215.

Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-816-271-1215.

Cushite (Oroomiffa)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-816-271-1215.

Karen (unD)

ဟ်သုဉ်ဟ်သး- နမုာ်ကတိာ် ကညိ် ကျိာ်အသိ်, နမုာ်န့ၣ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1-816-271-1215.

Pennsylvania Dutch (Deutsch)

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-816-271-1215.

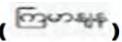
Japanese (日本語)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-816-271-1215 まで、お電話にてご連絡ください。

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 9 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

Trukese (Foosun Chuuk)

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-816-271-1215.

Burmese (,

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခွဲ၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 1-816-271-1215 သို့ ခေါ်ဆိုပါ။

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 Benefit Advisors 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 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 , Mosaic Medical Center-Maryville c/o Financial Counseling 2016 South Main, Maryville, MO 64468, or Mosaic Medical Center-Albany c/o Financial Counseling 705 North College, Albany, MO 64402.

QUALIFICATION PERIOD

Once an applicant is approved for financial assistance, the decision is valid for 365 days from the date the determination is

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 10 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

made. Assistance will be automatically applied to unpaid accounts for eligible services.

NOTIFICATION OF FINANCIAL ASSISTANCE

Information on the Mosaic Financial Assistance Policy is offered in the patient admission or discharge information packet. 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 that the individual has paid for care that exceeds the amount he or she is determined to be personally responsible for paying as a Financial Assistance Policy eligible individual, unless such amount is less than \$9.99, excluding Clinic and Emergency Room copays if those payments occurred within 240 days from the date of the financial assistance application (or such other amount set by notice of other guidance published by the Internal Revenue Bulletin).

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 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 four written statements including the first post-discharge statement and three 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 fourth 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. This statement will include a plain language summary and will outline any collection actions that may be taken if a plan is not put in place to settle the account.

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

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 11 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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
5. Reporting adverse information to credit bureaus

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. The patient or guarantor will also be informed of the Mosaic Financial Assistance Policy and how to apply for it. A plain language summary of the Financial Assistance Policy will be included with the notice.

ENFORCEMENT

Mosaic staff are expected to uphold the highest ethical standards. At no time should any staff member use false information or lie in an attempt to collect an account. All business must be conducted in the name of the caller or Mosaic. By no means should staff lie about being an employee of a credit bureau, collection agency, law firm, etc. Everything a staff member says must be true and correct using a professional approach. Mosaic staff as well as, all third-party vendors working on behalf of Mosaic, will uphold and adhere to 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.

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 12 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

notices in emergency rooms, in the Conditions of Admission form, at 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 served by Mosaic. Referral of patients for financial assistance may be made by any member of the Mosaic staff or medical staff including; physicians, nurses, benefit advisors, 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:**

- 06/22/2016, 05/17/2017, 02-11-19, 04/21/20 by Compliance Committee
- 06/23/2016, 03-23-17, 03-15-18, 02-21-19, 05/21/20 by Finance Committee
- 06/24/2016, 05-08-18, 05/05/20 by LTACH Board
- 03/29/19, 05/12/20 by Mosaic Medical Center – Maryville Board
- 06/29/2016, March 29, 2017, 02-16-19, 05/27/20 by Board of Trustees
- May 2018 by CEO Council

b) **REVISIONS:**

- New 02/28/16, 06-22-16, 3-22-17, 03/15/2018, 07/31/2018, 8/14/18, 1/23/2019 CMS, 03-26-19, 1/22/2020 CMS, 05/2020

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.

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 13 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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.

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 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.

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 14 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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 90 days. Assistance will also be applied to eligible past unpaid accounts for eligible services.

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.

Attachment B: Eligible Zip Codes
Financial Assistance Zip Code Eligibility in Ascending Zip Code Order

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 15 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

**Zip
Code**

50065	51639	64442	64485	64648	66066	68355
50067	51640	64443	64486	64649	66070	68376
50074	51645	64444	64487	64650	66073	68378
50103	51646	64445	64489	64652	66086	68379
50108	51647	64446	64490	64654	66087	68414
50123	51648	64448	64491	64656	66088	68421
50133	51649	64449	64492	64657	66090	68431
50140	51650	64451	64493	64661	66094	68433
50144	51651	64453	64494	64664	66097	68437
50147	51652	64454	64496	64670	66416	68442
50262	51653	64455	64497	64671	66418	68447
50264	51654	64456	64498	64673	66419	68448
50833	51656	64457	64499	64679	66422	68457
50835	64401	64458	64501	64683	66424	64062
50836	64402	64459	64502	64686	66425	66550
50840	64420	64461	64503	64688	66429	
50841	64421	64463	64504	64689	66434	
50845	64423	64465	64505	66002	66436	
50848	64422	64466	64506	66007	66439	
50851	64424	64467	64507	66008	66440	
50854	64426	64468	64508	66016	66509	
50857	64427	64469	64601	66017	66512	
50860	64428	64470	64620	66020	66515	
50861	64429	64471	64624	66023	66516	
50862	64430	64473	64625	66024	66527	
50863	64431	64474	64632	66027	66532	
50864	64432	64475	64635	66035	66534	
51601	64433	64476	64636	66041	66540	
51603	64434	64477	64637	66043	66552	
51630	64436	64479	64638	66044	66617	
51631	64437	64480	64640	66048	68305	
51632	64438	64481	64641	66052	68321	
51636	64439	64482	64642	66054	68337	
51637	64440	64483	64644	66058	68345	
51638	64441	64484	64647	66060	68348	

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

STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 16 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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	Mosaic Life Care North Pointe
Cardiovascular Care	Mosaic Medical Center- Maryville
Care at Home-Mosaic Life Care	Mosaic Specialty Care-East
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 36 th Street	Northwest Medical Center Association, Inc dba Mosaic
Gastroenterology Clinic of St. Joseph	Medical Center of Albany
General Surgery	Pain Management
Heartland Employee Quick Clinic	Pathology-Mosaic Life Care
Heartland Regional Medical Center dba Mosaic Life Care	Plastic Surgery and Dermatology St. Joseph
Hospitalists of St. Joseph	Podiatry
Internal Medicine Beck Rd St. Joseph	Pulmonary and Critical Care
Internal Medicine 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
Mosaic Family Care- Albany	Troy Mosaic Life Care
Mosaic Family Care- Bedford	Urgent Care Mosaic Life Care
Mosaic Family Care–Grant City	Women’s Health
Mosaic Family Care- New Hampton	Wound Care
Mosaic Family Care- Savannah	

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

Docs Who Care	
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STANDARD TITLE: Financial Assistance Policy	STANDARD INDEX NUMBER: LD6466
PAGE: 17 of 17	OWNER: Patient Access
APPROVAL DATE: 05/20/2021	

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	Norhtwest 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	Pheonix Urology
Frederick D. Kiehl	Physical Medicine and Rehabilitation
Gastroenterolgy Cline of St. Joseph	Phyiscian'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 Cardiolgy Associates, LLC.	Social Welfare Board
Kansas City Surgical Arts	St. Joseph Foot Clinic
Karen Edison	St. Joseph Speciality Clinic
Kosse Pediatrics, P.C.	Stephen Brushwood
Mary Jo Middleton, MD	Sudarsan Chavala, MD
Medicus Hospitalists Services, LLC	Total Health Associates, LLC
Michael DePriest	Trinity Family Care
Mid-America Gastro-Intestinal Consultants	Vision Radiology Professional Services