Camber™
Children's Mental Health
KVC HEALTH SYSTEMS
We all need connection.

Charity Care Policy

PURPOSE

At Camber Children's Mental Health (Camber), our mission is to enrich and enhance the quality of life for individuals, families and communities by providing comprehensive and compassionate trauma-focused behavioral and mental healthcare, education, and medical services. As a part of our mission, Camber seeks to provide quality care to those we serve regardless of their ability to pay. To that end, Camber has put in place the tools and resources needed for the people we serve who qualify for financial assistance as outlined in this policy that falls within Federal and State guidelines.

Those who qualify for Camber financial assistance will receive care at a reduced price. This assistance is intended to support the parents/guardians who would normally be responsible for payment of received services. To be considered, the parent/guardian will work with the Camber Business Office to complete the forms and paperwork needed to determine eligibility. In addition, Camber will work with the parent/guardian to make use of any public benefit or coverage programs available.

Patients who are covered under Camber's charity care policy and determined eligible for financial assistance will not be expected to pay gross charges for any eligible services received while covered under the Camber charity care policy.

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

ELIGIBILITY CRITERIA

Prior to consideration for eligibility, all other payment sources must have been explored and applied for, including private coverage, federal coverage, state and local medical assistance programs, and other forms of financial assistance offered by third parties.

The Camber financial assistance eligibility criteria are based on residency, gross household income, household size, and other extenuating life circumstances.

Residency: To be eligible to receive free or reduced services, the patient must be a permanent resident in the Camber primary service area. A patient who is not a permanent resident but who is attending school in the primary or secondary service area at the time care was given, is eligible to apply for assistance. A patient who is not claimed as a dependent on his or her parent's or parents' tax return will be evaluated based on the patient's income. If the patient 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.

Primary service area: State of Kansas and State of Missouri

Secondary service area: Nebraska, Arkansas, Oklahoma, Colorado, Iowa

Camber™
Children's Mental Health
KVC HEALTH SYSTEMS
We all need connection.

Gross income and household size: At Camber a reduced price may be offered to eligible patients or guarantors. Eligible patients with a household income up to 150 percent of Federal Poverty Guidelines may be granted up to a 100 percent discount for services. Eligible patients with a household income up to 300 percent of Federal Poverty Guidelines may be granted discounted care. Eligible patients with household income over 300 percent of Federal Poverty Guidelines may apply for discounted care based on extenuating circumstances.

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

ELIGIBLE SERVICES

Services eligible under this financial assistance policy include:

1. Medically necessary services, for example, inpatient health-care services given to evaluate, diagnose or treat an injury, illness, disease or its symptoms.

2. Medical services that are necessary and given in a non–emergency setting to care for issues that threaten life.

Providers not employed by Camber that are covered by this policy: A list of providers not employed by Camber that are covered by this policy are included in Attachment B to this policy.

Providers not covered by this policy: All providers that work for Camber, either as an employee or independent contractor, follow this policy unless specifically mentioned in Attachment C.

EMERGENCY MEDICAL SERVICES

Camber 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.

APPLYING FOR CHARITY CARE

Patients will be informed of the Camber charity care policy and the process for submitting an application upon determination of need. To determine if the patient or guarantor is eligible for charity care, Camber will request necessary information and documents to determine eligibility. A completed application for financial assistance must be submitted within 240 days from the date of the first post-discharge billing statement.

Camber will make a reasonable effort to explain the Medicaid benefits, the health insurance exchange and coverage, and other public and private coverage that may apply. Camber 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, Camber 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 Camber financial assistance application will be accepted.

Information on the Camber charity care policy may be communicated to patients in a culturally appropriate language.

Documentation: All applicants seeking financial assistance must submit required documents to verify income, including all sources of income received by the household unit. If required documents are not supplied, Camber may ask for other information. If the applicant cannot provide all of the required documents, then a decision about financial assistance may be made based solely on information provided.

Income documentation includes the following:

1. Income, i.e. wages (including overtime) and salaries before any deductions. (Most recent four (4) pay stubs of all individuals contributing to the household income or written verification from employer(s) of current year to date wages.)

2. Income Tax Returns (last year)

3. Farm Income, if applicable (last 3 years)

4. Personal Property tax (last 3 years).

5. 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).

6. 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.

7. Funds withdrawn from CDs stocks, bonds, government employee pension (including military retirement pay), regular insurance or annuity payments as well as dividends, interest, net rental income, net royalties, receipts from estates or trusts, inheritance and net gambling or lottery winnings used for general living expenses.

8. Funds from college or university scholarships, grants, fellowships and assistantships used for general living expenses. Income information will be used to figure, or calculate, an annual gross income on which a decision will be based.

When a patient or guarantor claims "no income," a signed and notarized letter by this person will be accepted as fair explanation or reason. If the patient is being supported by another person, that person must provide a signed and notarized letter to that effect.

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 more information. If the applicant does not respond within 30 days, the application will be denied.

Please mail or bring charity care applications to: Utilization Review Department, Camber Children's Mental Health, 4300 Brenner Drive, Kansas City, KS 66104

ACCESS TO CHARITY CARE INFORMATION:

Obtaining charity care information: To obtain a copy of the Camber charity care application, charity care policy and charity care plain language summary, call, visit or contact us online.

By phone: Please call the Utilization Review department during business hours at 785-624-6032 to request a copy of the charity care application, charity care policy and/or charity care plain language summary. It will be mailed to you free of charge.

In person: Please visit our Utilization Review Office during business hours at 4300 Brenner Drive, Kansas City, KS 66104 to obtain a copy of the charity care application, charity care policy and/or charity care plain language summary.

Online: Please visit www.cambermentalhealth.org to access a copy of the charity care application, charity care policy and/or charity care plain language summary.

The charity care application, charity care policy and/or charity care plain language summary are all free to you.

If you need help to complete the charity care application, please call our Utilization Review Specialist during business hours at 785-624-6032 to set up an appointment.

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

ELIGIBILITY DETERMINATIONS AND DISPUTE RESOLUTION

Eligibility determinations will be made in accordance with the Camber policy. Every effort will be made to issue a decision within a reasonable period from when we receive a completed application and all necessary information. Camber financial services representatives 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 and private programs have been exhausted. If a decision on such coverage is pending, Camber will not begin extraordinary collection actions.

If an applicant is determined eligible for charity care on accounts for which they have been granted assistance, they will be refunded payments made in excess of the amount determined owed by the patient or guarantor under the Camber charity care policy. In accordance with the Camber policy, financial assistance is not extended for co-payments, therefore co-payments received will not be refunded. Financial assistance is not extended for amounts that are due from insured patients who fail

to get the necessary referrals or approvals when insurance requires it, therefore these payments will not be refunded.

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: Utilization Review Office, Camber Children's Mental Health, 4300 Brenner Drive, Kansas City, KS 66104.

QUALIFICATION PERIOD

Once an applicant is approved for charity care, the decision is good for that episode of care covering services from the time the patient was admitted to the time the patient was discharged. Assistance will be automatically applied to unpaid accounts for eligible services as long as legal action has not already been taken on any of the accounts.

COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT

Collection actions: No account will be subject to collection actions within 180 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. This 180-day timeframe may be shortened if a decision has been made on financial assistance, or when a payment plan has been established and agreed to, but the patient or guarantor is no longer making the required payments.

If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Camber will attempt to find a correct address. If the correct address cannot be found, Camber 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 may 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 three written statements including the first post-discharge statement and two subsequent statements. These statements will include a

telephone number for information on paying patient balances and a conspicuous notice about financial assistance.

Camber reserves the right to further collection action if an agreement has not been made to resolve the account. Under these circumstances, a final letter will be sent to the patient or guarantor. This letter acts as a notice to the account owner of the amount owed to Camber and that the account will be placed with a third–party collection agency in 30 days. This letter 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. Oral notification will be attempted at this time as well to ensure the patient or guarantor is aware of Camber's Financial Assistance Policy and the debt they owe.

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 Camber 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. Civil actions

2. Garnishing of wages

3. Reporting adverse information to credit bureaus

Before Extraordinary Collection Activities can begin, the account must be reviewed, and approval must be given by appropriate Camber senior leadership (Executive Director or above). 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 exact action to be taken. The patient or guarantor will also be informed of the Camber charity care policy and how to apply for it. A plain language summary of the charity care policy will be included with the notice.

ENFORCEMENT

Camber staff as well as all third–party vendors working on behalf of Camber, will uphold and adhere to the Fair Debt Collection Practices Act.

CONFIDENTIALITY

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

REGULATORY REQUIREMENTS

Camber 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. Information on

financial assistance given under this policy will be reported once a year on Internal Revenue Service Form 990 Schedule H.

POLICY APPROVAL

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

Camber™
Children's Mental Health
KVC HEALTH SYSTEMS
We all need connection.

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 Camber expects directly from patients or guarantors who are eligible for charity care, for services that qualify under the charity care guidelines, after all charity care discounts have been applied. The amount generally billed will not be any more than Medicaid and all private insurers that pay hospital claims. 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.

Bad debt: An account that goes unpaid for more than 180 days after Camber has determined the amount the patient or guarantor owes and is sent the initial patient statement, or the remaining amount that a patient or guarantor fails to pay after establishing an agreed-upon payment plan.

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.

Family unit: A family is two or more persons related by marriage, birth or adoption, who reside together. All of these are considered as members of one family and therefore make up the household. This includes unmarried couples applying for assistance if they have mutual children together and same–sex married couples.

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 of all or part of their financial requirements for medically necessary care provided by Camber.

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: Family of one is a person who may be the only one living in a housing unit or who may be living in a housing unit in which one or more persons also live, but are not related to the applicant by marriage, birth or adoption. For example, people who live with others include a lodger, a foster child, a ward or an employee. A family of two or more persons includes people who are related by marriage, birth or adoption who live together; all such related persons are thought of as members of one family; an unmarried couple with a mutual child; and same-sex couples who are married. If a household includes more than one unrelated family, the poverty guidelines are applied separately to each family and not to the household as a whole. Sometimes, a copy of a divorce decree or court documents proving legal separation may be required. If married, but not living together, income documents will be required from both people.

Income: Income is how much everyone who lives in the household makes, before taxes are taken out, from all sources (gross income).

Medically necessary: As defined by Kansas Department of Children and Families as a health intervention that meets the following guidelines: 1. It is recommend by the treating physician or other appropriately licensed medical professional 2. It has the purpose of treating a medical condition. 3. It provides the most appropriate supply or level of service, considering potential harms and benefits to the patient. 4. It is known to be effective in improving health outcomes. 5. It is cost-effective for the condition being treated when compared to alternative interventions.

Camber service area: The primary service area includes the state of Kansas and the state of Missouri. The secondary service area includes the states of Nebraska, Arkansas, Oklahoma, Colorado, and Iowa.

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

Presumptive eligibility policy: In certain cases, patients or guarantors may be eligible for financial assistance because they are enrolled in other assistance programs that are based on need. Proof of enrollment in such programs will be sufficient documentation for determining eligibility.

Qualification period: Applicants who are eligible for financial assistance will be given this assistance for the duration of the episode of care; services provided from the time of admission to the time of discharge. Assistance will also be applied to unpaid accounts for eligible services as long as legal action has not been taken on the account. Uninsured patient: A patient with no third-party coverage such as commercial third-party insurance, an Employee Retirement Income Security Act plan, a Federal Health Care Program (including without limit Medicare, Medicaid, SCHIP and Tricare), Worker's Compensation or other third–party assistance to assist with meeting a patient's payment obligations.

Unrelated individual: An unrelated individual may be the only person living in a housing unit, or may be living in a housing unit in which one or more persons also reside, but are not related to the applicant by marriage, birth or adoption. Examples of unrelated individuals living with others include a lodger, a foster child, a ward or an employee.

Camber™
Children's Mental Health
KVC HEALTH SYSTEMS
We all need connection.

ATTACHMENT B: PROVIDERS COVERED BY CAMBER'S FINANCIAL ASSISTANCE POLICY – NOT EMPLOYED BY CAMBER

- Vishal Adma, M.D.
- Jyotsna Adma, M.D.
- Raghuvardan Davalapur, M.D.
- Jamie Lambotte, A.P.R.N.
- Jessica Fairchilds, A.P.R.N.
- Srinivasa Panuganti, M.D.
- Rachel Magsalin, M.D.
- Tara Richardson, M.D.
- Selia Whitney, M.D.
- Emmanuel Okeke, M.D.
- Marsha Kempf, A.P.R.N.
- Gregory Prier, M.D.
- Mia Manfredi

Camber™
Children's Mental Health
KVC HEALTH SYSTEMS
We all need connection.

ATTACHMENT C: PROVIDERS AND GROUPS NOT COVERED BY CAMBER'S FINANCIAL ASSISTANCE POLICY

The following providers and groups are NOT covered under Camber's Financial Assistance Policy. Patients or guarantors must contact these providers directly to ask if they offer financial help and if you can make a payment plan with them.

- Quest Diagnostics
- HealthDirect Pharmacy
- Biotech X-Ray, Inc.
- Kansas Mobile Solutions