October 15, 2019

System-Wide Administrative Policies and Procedures of The Queen’s Health Systems

Subject: FINANCIAL ASSISTANCE POLICY

This policy applies to all employees of the following entities, (collectively “Queen’s”):

- The Queen’s Health Systems
- The Queen’s Medical Center (QMC)
- QMC – West Oahu
- QMC at Hale Pulama Mau
- Molokai General Hospital
- North Hawaii Community Hospital, Inc.

- Queen’s Development Corporation
- Queen Emma Land Company
- Diagnostic Laboratory Services, Inc.
- Queen’s Insurance Exchange, Inc.
- CareResource Hawaii
- All Entities, and any other current and future subsidiaries

Mich Ricciom
Executive Vice President & CFO
The Queen’s Health System

Jill Hoggard Green
President and CEO
The Queen’s Health Systems

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Date approved by System Leadership Council</th>
<th>Date approved by QMC Board</th>
<th>Prior Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/19</td>
<td>09/13/19</td>
<td>10/15/19</td>
<td>10/23/18</td>
</tr>
</tbody>
</table>

Distribution: All Queen’s Companies and Affiliates. Available via The Queen’s Health Systems Intranet. The master signed original is located in the office of the VP Community Development.
1. PURPOSE

1.1. It is recognized that many patients served by The Queen’s Medical Center at Punchbowl (QMC/P) and West Oahu (QMC/WO), Molokai General Hospital (MGH) and North Hawaii Community Hospital, Inc. (NHCH) may be unable to access health care services without financial assistance. To be consistent with the mission and values of The Queen’s Health System’s, each patient’s financial ability to pay for hospital services received will be reviewed and objectively considered for financial assistance. This policy outlines the process and the qualification requirements for applying financial assistance discounts for services provided to those uninsured and underinsured patients of QMC/P, QMC/WO, MGH and NHCH.

1.2. This policy is consistent with the mission and values of The Queen’s Medical Center, Molokai General Hospital and North Hawaii Community Hospital and objectively considers each patient’s financial ability to pay for the cost of hospital services.

2. DEFINITIONS

2.1. Medically Necessary: Hospital inpatient and outpatient services, and physician services rendered that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a patient.

2.2. Local, State or Federal Health Care Programs: Local, State, Federal Health Care Programs are Medicare, Medicare Advantage, Medicare Private Fee For Service, Medicaid, QUEST, TRICARE, Department of Veterans Administration or a locally administered program that receives Federal and State funding.

2.3. U.S. Coverage: U.S. coverage is either a health plan or insurance carrier which is incorporated in one of the 50 United States or operating within the boundaries of the U.S. (including U.S. territories), or a U.S. government health program (such as Medicare, Medicaid, TRICARE or the VA).

2.4. Uninsured: Patient who has no medical insurance coverage and is also referred to as a true self-pay.

2.5. Underinsured: Includes patients who:

- Have medical insurance coverage, however, services provided are not covered by the insurer.
- Have No Fault coverage for services provided.
3. POLICY

3.1. Discounts shall be provided for medically necessary care and health care services to eligible patients for any patient who does not have or cannot obtain adequate financial resources or the means to pay for their medical care.

3.2. Health care services provided by independent physicians who are not employed by QMC/P, QMC/WO, MGH and NHCH are not covered by this policy (i.e., anesthesiology, radiology and private practice physicians). Exhibit A (Providers Covered by Policy) is a list of the providers delivering medically necessary care that is covered by this policy.

3.3. Every attempt will be made at pre-admission, registration, admission or prior to discharge to screen patients for documentation or evidence of medical insurance for possible eligibility for qualification for Medicaid, Medicaid Managed Care or hospital financial assistance coverage.

The hospital shall provide assistance and guidance to patients in applying potentially eligible patients to State and/or Federal Health Care Programs.

3.4. Uninsured patients will be informed about the financial assistance application and Financial Assistance Policy in all oral communications regarding any discussion related to payment.

3.5. Financial assistance discounts do not apply to services that have been denied by Medicaid due to cost share not being met or potential third party liability identified. Primary financial obligations as determined by Medicaid must be met before financial assistance discounts can be applied.

3.6. Queen Emma Clinics (QEC), Dental Clinic and Pharmacy charges may be discounted to a minimum co-payment.

3.7. Financial assistance discount for qualifying patients under this Financial Assistance policy is valid for one year starting from the earliest of 1) the financial assistance application submission date or 2) the most recent inpatient date of admission. Qualification will terminate prior to one year when a patient’s income changes pursuant to Exhibit A.

A patient may re-apply for financial assistance discount.
4. ELIGIBILITY

4.1. A patient may be eligible for a financial assistance discount if the patient’s annual income meets criteria as set in Exhibit B and the patient has completed the Financial Assistance Application (Exhibit C) including submission of income verification documents.

Income eligibility criteria will be based on U.S. Federal Poverty Level for U.S. citizens and U.S. residents, and country minimum wage for residents of foreign countries and assets less than $25,000. See Exhibit B.

4.2. Patients who have prior or post Medicaid/Quest eligibility within one year of service date will be deemed qualified and the financial assistance application requirement is waived.

5. HOW TO APPLY FOR FINANCIAL ASSISTANCE

5.1. A Patient may apply for financial assistance under this policy by completing and submitting a financial assistance application to any QHS Hospital Patient Access department or to any QHS Business Services department. A copy of a patient’s Med­­Quest application may be used in lieu of the financial assistance application.

5.2. The financial assistance application is available at each hospital’s internet website.

5.3. Billing statements for uninsured patients will have a written notice that financial assistance is available.

6. PROCEDURE FOR REVIEW OF FINANCIAL ASSISTANCE APPLICATIONS AND FINANCIAL ASSISTANCE DISCOUNTS

6.1. To determine the patient’s qualification for a discount pursuant to Exhibit B, the financial assistance application shall be reviewed by Patient Access or Business Services staff to verify the patient’s income amounts.

- Both income and asset information will be considered in qualification for a discount. The amount of the discount will be calculated based on percentages in Exhibit B. Payment plans will be arranged for any account balance after the discount.

Patient Access or Business Services staff shall determine the amount of discount based on Exhibit B.
Patient Access or Business Services staff shall notify the patient of the discount, and payment plans will be arranged for any balance after the discount.

6.2. Patient Access or Business Services staff shall review self-pay accounts for patients for whom Medicaid/QUEST eligibility has been verified.

6.3. A patient who is determined to be entitled to financial assistance under this policy will not be charged more for hospital services than the amount generally billed by the hospital for such emergency or other medically necessary care.

6.4. All uninsured patients who meet the income and assets criteria listed in Schedule B, are presumptively eligible for the lowest level of discount. The hospital will notify such patients that they may apply for financial assistance under this policy.

6.5. Those uninsured patients who do not meet the eligibility for financial assistance may be entitled to the 30% self-pay discount available to all uninsured patients under the Self-Pay Discount and Package Pricing Policy SW-xx-072.

7. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON-PAYMENT. Hospitals may take the following actions in the event that a patient does not pay a bill for medical care and reasonable collection actions have been made.

7.1. Patient’s account may be assigned to a collection agency.

7.2. Legal collection actions against the patient for any unpaid account may be taken within the following limitations:

- Patient account aging must be at least 120 days from the date of the first post-discharge billing statement to the patient for the care.

- Hospital has made reasonable efforts to determine whether the patient is eligible for financial assistance under this policy.

- A reasonable effort to verbally notify the patient about this policy and how the patient may obtain financial assistance has been attempted.

- Accounts in which the patient initiates legal action against a third party due to injuries received are exempt from the above limitations.

- Account has been approved by QHS Legal Department for legal collection action.
8. ACCOUNT DOCUMENTATION AND PROCESSING

8.1. All patient contact related to a financial assistance request and all financial assistance validations/verifications, shall be documented in each patient’s account records.

8.2. Once qualifications have been determined, timely adjustments of the financial assistance shall be processed and documented.

9. COMMUNICATION OF THE FINANCIAL ASSISTANCE POLICY TO PATIENTS AND THE PUBLIC

9.1. Notification of financial assistance availability shall be disseminated by various means which include, but not limited to, publication of notices in patient bills and posting of notices in hospital departments and in admitting and registration areas. Information shall also be included in each hospital’s internet website.

9.2. Financial Assistance Policy Plain Language Summary is attached as Exhibit D.

9.3. A paper copy of this Financial Assistance Policy is available upon request and without charge from any Patient Access representative or any Business Services Account Representative at any hospital location.


9.5. Copies of this policy will be distributed to Hawaii community organizations whose members are likely to require financial assistance from the hospital facility (e.g., Institute for Human Services, Kokua Kalihi Palama, Wai‘anae Coast Comprehensive Health Center, Waimanalo Health Clinic).

If you have any questions regarding this policy, please contact the Billing Inquiry Department at 691-5300.

Attachments: 
Exhibit A – Providers Covered by Policy
Exhibit B – Income & Assets Discount Qualifiers
Exhibit C – Financial Assistance Application
Exhibit D – Financial Assistance Policy Plain Language Summary
Exhibit A

The providers listed at the following websites are covered under this policy:

https://www.queens.org/media/file/QueensMedicalCenter_EmployedPhysicians_2018.pdf

https://www.queens.org/media/file/MolokaiGeneralHospital_CoveredProviders_2018.pdf

https://www.queens.org/media/file/NorthHawaiiCommunityHospital_EmployedPhysicians_2018.pdf
THE QUEEN'S HEALTH SYSTEMS
CHARITY CARE POLICY
Confidential and Proprietary

EXHIBIT B
INCOME & ASSET QUALIFIERS AND DISCOUNT RATES

<table>
<thead>
<tr>
<th>Financial Criteria for</th>
<th>Asset Qualifying Level</th>
<th>Income Qualifying Level</th>
<th>QHS Discount</th>
<th>Income Qualifying Level</th>
<th>QHS Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. US Citizens</td>
<td>&lt;$25,000</td>
<td>&lt; 150% of US Federal Poverty Level</td>
<td>100%</td>
<td>&gt; 150% and &lt; 250% of US Federal Poverty Level</td>
<td>65%</td>
</tr>
<tr>
<td>2. Individuals born in Puerto Rico, US Virgin Islands, Guam</td>
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<td></td>
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<tr>
<td>3. Resident Aliens with green cards</td>
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<td></td>
</tr>
<tr>
<td>4. Citizens of US Compact of Free Association nations</td>
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</table>

<table>
<thead>
<tr>
<th>Financial Criteria for</th>
<th>Asset Qualifying Level</th>
<th>Income Qualifying Level</th>
<th>QHS Discount</th>
<th>Income Qualifying Level</th>
<th>QHS Discount</th>
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</thead>
<tbody>
<tr>
<td>Citizens of foreign countries (not listed above)</td>
<td>&lt;$25,000</td>
<td>&lt; 150% of Resident's country's minimum wage</td>
<td>100%</td>
<td>&gt; 150% and &lt; 225% of Resident's country's minimum wage</td>
<td>65%</td>
</tr>
</tbody>
</table>

* use current currency conversion rate.
** Income limits may be adjusted in 25% increments due to family sizes > 3.

COPAYMENTS

<table>
<thead>
<tr>
<th>Amount</th>
<th>Clinic / Department</th>
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<tr>
<td>$15</td>
<td>QEC office visit</td>
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<tr>
<td>$25</td>
<td>Dental Clinic visit</td>
</tr>
<tr>
<td>$xx</td>
<td>Minimum for RX, determined by Pharmacy</td>
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</table>
The Queen's Health Systems - Hawaii

Financial Assistance Application

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>SSN and/or DATE OF BIRTH</th>
<th>CONTACT PHONE NO.</th>
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<tr>
<th>PATIENT SPOUSE</th>
<th>SSN and/or DATE OF BIRTH</th>
<th>OTHER RESPONSIBLE PARTY and SOCIAL SECURITY NO.</th>
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<thead>
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<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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**LIST ALL DEPENDENTS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>NAME</th>
<th>AGE</th>
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**FINANCIAL AND EMPLOYMENT INFORMATION**

List all sources of household income (Employment, Disability, Social Security, Unemployment, etc.)

<table>
<thead>
<tr>
<th>Name of person receiving income</th>
<th>Income source (employer/position)</th>
<th>Annual amount of income</th>
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<tbody>
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</table>

Total annual household income $ 

Assets greater than $3,000 □ No □ Yes (list below) Amount

<table>
<thead>
<tr>
<th></th>
<th>DEBTOR</th>
<th>AMOUNT OWED</th>
<th>MONTHLY PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD $</td>
<td>1.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>UTILITIES $</td>
<td>2.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>RENT/MORTGAGE $</td>
<td>3.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CAR PAYMENT $</td>
<td>4.</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Total assets $ 

**LOCAL, STATE, FEDERAL HEALTH CARE AND OTHER FINANCIAL AID PROGRAM INFORMATION**

Have you applied for QUEST or Medicaid? No _______ Yes _______ Date Applied _______ 

Result of application and reason for denial, if applicable: ____________________________________________
The Queen's Health Systems - Hawaii
Financial Assistance Application

Documents Needed To Process Your Application

Attach documentation (if not previously submitted) on your identity, income and assets:

1. ___ Your driver’s license, birth certificate and/or other picture ID or alien card
2. ___ Two most current pay stubs
3. ___ Bank/Credit Union statements for current month
4. ___ Bank/Credit Union statements for two previous months
5. ___ Appraisals or ownership documents for property, motor vehicles, stocks and bonds, jewelry, life insurance and items of value; and provide verifications of any balance due
6. ___ Receipts for rent and any expenses

NOTE:
• If married, patient and spouse are required to sign the Discounted Care Policy Application and verifications are required for both.
• Applications are accepted at each hospital location.
• Mail completed application and verifications to:
  The Queen’s Medical Center, Attention Business Services
  P.O. Box 861, Honolulu HI 96808-0861
  The Queen’s Medical Center West Oahu
  91-2141 Fort Weaver Road, Ewa Beach, HI 96706
  Molokai General Hospital
  280 Home Olu Place, Kaunakakai, HI 96748
  North Hawaii Community Hospital
  67-1125 Mamalahoa Highway, Waimea, HI 96743

I certify that the above is true and correct and is a complete list of all income/assets and expenses/liabilities. You are authorized to obtain such information as you may require to verify the accuracy of the above statements and representations. I understand that any intentional omissions of information will disqualify me from any Discounted Care Program offered by the Queen's Medical Center or subject me to legal action to recover discounted care already approved.

PATIENT SIGNATURE ___________________________ DATE ___________________________

PATIENT SPOUSE/OTHER RESPONSIBLE PARTY SIGNATURE ___________________________ DATE ___________________________
Financial Assistance Policy
(Charity Care)

The Financial Assistance Policy, also known as Charity Care, offers emergency and other medical necessary services at low or no cost to the patient. A discounted rate is applied to an eligible patient who does not have or cannot obtain adequate financial resources to pay for their medical care. Our staff will assist individuals, free of charge, in applying for eligible governmental health insurance programs, such as Medicare and Medicaid/Quest. Upon approval of the Financial assistance application, individuals will receive a 100% or 65% discount.

Applicants may be screened for Medicaid eligibility and requested to cooperate with applying for Medicaid-Quest.

Eligibility Requirements

Financial assistance is generally determined by a sliding scale of total household income based on Federal Poverty Guidelines for US citizens and US residents or based on country minimum wage annualized for non-US citizens and non-US residents.

How and Where to Obtain Information and Assistance Regarding Our Financial Assistance Policy

Please visit the Patient Access or Business Services offices at any of our hospitals where a representative will provide you with an application upon request.

You may also contact a Patient Account Representative at (808) 691-5300, Monday through Friday from 8:00 a.m. to 4:30 p.m. at each hospital (addresses listed at the bottom of this sheet). Applications are available at each hospital.

You may obtain a copy of the Financial Assistance Policy, financial assistance application and this plain language summary at each of the hospital's websites:

www.queens.org/financialassistance
www.molokaigeneralhospital.org/financialassistance
www.nhch.com/financialassistance

Availability of Translations

Financial Assistance Application and Plain Language Summary are available in Japanese, Samoan, Vietnamese, Korean, Chinese, Tongan, Chuukese and Tagalog.