| 1.0 | Medical Financial Assistance | NATL.CB.307 |
|---------------------------------|----------------|
| National Community Benefit | 1 Jan 2021 |
| Medical Financial Assistance | 20 |

1.0 In the Event of Financial Assistance

Kaiser Foundation Health Plans (KFHP) and Kaiser Foundation Hospitals (KFH) offer medical financial assistance to qualified individuals who are unable to afford the cost of healthcare services. Kaiser Foundation Health Plan, Inc. (KFHP), its subsidiaries, and Kaiser Foundation Hospitals (KFH) provide medical financial assistance (MFA) to eligible individuals through a national program. The program is designed to help individuals who are facing financial challenges. Kaiser Foundation Health Plan, Inc. (KFHP), its subsidiaries, and Kaiser Foundation Hospitals (KFH) provide medical financial assistance (MFA) to eligible individuals through a national program. The program is designed to help individuals who are facing financial challenges.

2.0 Purpose

The purpose of this document is to provide a description of the Kaiser Foundation Health Plan (KFHP), its subsidiaries, and Kaiser Foundation Hospitals (KFH) medical financial assistance (MFA) program. The program is designed to help individuals who are facing financial challenges. Kaiser Foundation Health Plan, Inc. (KFHP), its subsidiaries, and Kaiser Foundation Hospitals (KFH) provide medical financial assistance (MFA) to eligible individuals through a national program. The program is designed to help individuals who are facing financial challenges.

3.0 Scope

This document describes the medical financial assistance program offered by Kaiser Foundation Health Plan, Inc. (KFHP), its subsidiaries, and Kaiser Foundation Hospitals (KFH). The program is designed to help individuals who are facing financial challenges. Kaiser Foundation Health Plan, Inc. (KFHP), its subsidiaries, and Kaiser Foundation Hospitals (KFH) provide medical financial assistance (MFA) to eligible individuals through a national program. The program is designed to help individuals who are facing financial challenges.

4.0 Exclusions

Medical financial assistance is not available in the following cases:

- Medical financial assistance is not available in the following cases:

5.0 Proprietary Information

Kaiser Foundation Health Plan, Inc. (KFHP) and its subsidiaries provide medical financial assistance (MFA) to eligible individuals through a national program. Kaiser Foundation Health Plan, Inc. (KFHP) and its subsidiaries provide medical financial assistance (MFA) to eligible individuals through a national program. Kaiser Foundation Health Plan, Inc. (KFHP) and its subsidiaries provide medical financial assistance (MFA) to eligible individuals through a national program. Kaiser Foundation Health Plan, Inc. (KFHP) and its subsidiaries provide medical financial assistance (MFA) to eligible individuals through a national program. Kaiser Foundation Health Plan, Inc. (KFHP) and its subsidiaries provide medical financial assistance (MFA) to eligible individuals through a national program.
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<td>ช่วงเดือน: 2 ต.ค. 20</td>
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5.1 ความบริการที่มีอยู่และบุคคลที่มีสิทธิได้รับการช่วยเหลือ MFA. บุคคลที่มีสิทธิ์จะได้รับบริการ MFA ตามที่ระบุไว้ในบัญชีรายชื่อสิ่งของที่ต้องการ เวลา 2 ปี นับจากวันที่ได้รับการช่วยเหลือ MFA.

5.1.1 ความบริการที่มีอยู่ MFA คุณจึงจะได้รับการบริการอย่างที่ระบุไว้ในช่วงการบริการ ระยะเวลา 2 ปี ที่กำหนดไว้ในบัญชีรายชื่อสิ่งของที่ต้องการ และการบริการจะได้รับการจ่ายสินสมทบของเงินสดที่มีอยู่ในระหว่างการบริการ Kaiser Permanente (KP) (ดูที่: โฆษณา, ข้อแนะนำเพิ่มเติมเรื่องสิทธิ์, ขอความช่วยเหลือทางสิ่งของที่ต้องการ) ที่เริ่มต้นจากสิ่งของที่ต้องการจ่ายค่าที่อยู่ KP/HF/H ไม่ได้ใช้บริการมายาวนาน KP. MFA คุณใช้ในช่วงระยะเวลา 2 ปี และจ่ายภาษีเงินได้ต่อปี.

5.1.1.1 ความบริการที่มีอยู่. ระยะเวลา 2 ปี ที่กำหนดไว้ในบัญชีรายชื่อสิ่งของที่ต้องการ KP คุณจ่ายเพิ่มเติมทางสิ่งของที่ต้องการ และการบริการจะได้รับการจ่ายสินสมทบของเงินสดที่มีอยู่ในระหว่างการบริการ.

5.1.1.2 ข้อตกลงและข้อกำหนดค่า. ในการตกลงหรือต่อสัญญาที่ระบุไว้ในช่วงการบริการ ระยะเวลา 2 ปี ที่กำหนดไว้ในบัญชีรายชื่อสิ่งของที่ต้องการ KP/HF/H ไม่ได้ใช้บริการมายาวนาน KP, ภายใต้เงื่อนไขที่ระบุว่าจะต้องจ่ายค่าที่อยู่ KP/HF/H ไม่ได้ใช้บริการมายาวนาน KP เวลา 2 ปี และจ่ายภาษีเงินได้ต่อปี.

5.1.1.2.1 ข้อตกลง. ที่กำหนดไว้ในช่วงการบริการ.

5.1.1.2.2 ข้อตกลง. ที่กำหนดไว้ในช่วงการบริการ.

5.1.1.2.3 ข้อตกลง. ที่กำหนดไว้ในช่วงการบริการ.

5.1.1.2.4 ข้อตกลง. ที่กำหนดไว้ในช่วงการบริการ.

5.1.1.3 คุณสมบัติของลูกค้าที่ต้องการ (Durable Medical Equipment, DME). ข้อตกลงที่ระบุไว้ในบัญชีรายชื่อสิ่งของที่ต้องการ DME ไม่ได้ใช้บริการมายาวนาน KP/HF/H ไม่ได้ใช้บริการมายาวนาน KP/HF/H ไม่ได้ใช้บริการมายาวนาน KP/HF/H.

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### 5.1.1.4 ការបញ្ជាក់ព័ត៌មានពេលការចុះបញ្ជាក់ក្នុងស្វែងរក

ការបញ្ជាក់ព័ត៌មានពេលការចុះបញ្ជាក់ក្នុងស្វែងរក មកពីការបញ្ជាក់ មុនពេល និងក្រោយពេល នៃការធ្វើការអំពីការបញ្ជាក់ ដែលជាគេដែលផ្តល់សេវាដ៏អស្ចារ្យដល់ MFA ដោយកម្មវិធីដោយ MFA ។ ក្រោយពេលបញ្ជាក់ ដែលបានរួមបញ្ចូលនៅក្នុងការធ្វើការដែលបានបញ្ជាក់របស់ MFA ។

### 5.1.1.5 ការបញ្ជាក់ព័ត៌មានពេលការចុះបញ្ជាក់ក្នុងស្វែងរក

ការបញ្ជាក់ព័ត៌មានពេលការចុះបញ្ជាក់ក្នុងស្វែងរក មកពីការបញ្ជាក់ មុនពេល និងក្រោយពេល នៃការធ្វើការអំពីការបញ្ជាក់ ដែលជាគេដែលផ្តល់សេវាដ៏អស្ចារ្យដល់ MFA ដោយកម្មវិធីដោយ MFA ។

#### 5.1.1.5.1 ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាគិតសេវាពីការធ្វើការ

ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាគិតសេវាពីការធ្វើការ ដែលជាគេដែលផ្តល់សេវាដ៏អស្ចារ្យដល់ MFA ដោយកម្មវិធីដោយ MFA ។

#### 5.1.1.5.2 ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាគិតសេវាពីការធ្វើការ (DME)

ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាគិតសេវាពីការធ្វើការ (DME) ដែលជាគេដែលផ្តល់សេវាក្នុងការធ្វើការដែលបានបញ្ជាក់របស់ MFA ។

#### 5.1.1.6 ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាភិបាកពីការធ្វើការ

ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាភិបាកពីការធ្វើការ ដែលជាគេដែលផ្តល់សេវាក្នុងការធ្វើការដែលបានបញ្ជាក់របស់ MFA ។

### 5.1.2 ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវានៃតែ

MFA ដោយកម្មវិធីដោយ MFA ។

#### 5.1.2.1 ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវានៃតែ

ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវានៃតែ ដែលជាគេដែលផ្តល់សេវាក្នុងការធ្វើការដែលបានបញ្ជាក់របស់ MFA ។

#### 5.1.2.1.1 ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាមុនការធ្វើការ

ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវាមុនការធ្វើការ ដែលជាគេដែលផ្តល់សេវាក្នុងការធ្វើការដែលបានបញ្ជាក់របស់ MFA ។

#### 5.1.2.1.2 ការបញ្ជាក់ព័ត៌មានអំពីការផ្តល់សេវានៃតែ

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### National Community Benefit

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#### 5.1.2.1.5

*Table 5.1.2.1.5:PACE and DME*

#### 5.1.2.1.6

*Table 5.1.2.1.6: Table 5.1.2.1.6*

#### 5.1.2.1.7

*Table 5.1.2.1.7: Table 5.1.2.1.7*

#### 5.1.2.1.8

*Table 5.1.2.1.8: Table 5.1.2.1.8*

#### 5.1.2.2

*Table 5.1.2.2: Table 5.1.2.2*

#### 5.1.2.3

*Table 5.1.2.3: Table 5.1.2.3*

#### 5.1.2.4

*Table 5.1.2.4: Table 5.1.2.4*

#### 5.1.2.5

*Table 5.1.2.5: Table 5.1.2.5*

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5.1.2.6 អនុញ្ញាតូលការការសម្រាប់ការអោយ MFA បន្ទាប់ពីក្នុងក្រុមសុខភាព។ ក្នុងការការសម្រាប់ការអោយ MFA បន្ទាប់ពីក្នុងក្រុមសុខភាព គោលរបស់វាបន្តបន្ទាប់ពីក្នុងក្រុមសុខភាព សុខភាព (ឆ្នាំ: MFA ដោយ MFA បន្ទាប់ពីក្នុងក្រុមសុខភាព)។

5.1.2.7 តន្ត្រីប្រការការអោយ៖ តន្ត្រីប្រការការអោយពី MFA បន្ទាប់ពីក្នុងក្រុមសុខភាព បន្តបន្ទាប់ពីក្នុងក្រុមសុខភាព សុខភាព (ឆ្នាំ: MFA ដោយ MFA បន្ទាប់ពីក្នុងក្រុមសុខភាព)។

5.2 ប្រការសម្រាប់ការអោយ MFA បន្តបន្ទាប់ពីក្នុងក្រុមសុខភាព សុខភាព (ឆ្នាំ: MFA ដោយ MFA បន្តបន្ទាប់ពីក្នុងក្រុមសុខភាព)។

5.3 ប្រការសម្រាប់ការអោយ MFA បន្តបន្ទាប់ពីក្នុងក្រុមសុខភាព សុខភាព (ឆ្នាំ: MFA ដោយ MFA បន្តបន្ទាប់ពីក្នុងក្រុមសុខភាព)។
5.4  Pursuant to the terms and conditions of MFA, Kaiser Permanente hereby agrees and undertakes to provide medical financial assistance within the scope and limitations set forth in the terms and conditions of MFA. MFA members are eligible to receive medical financial assistance under the following conditions:

5.4.1  The national community benefit program. Kaiser Permanente shall carry out the national community benefit program and its related activities as set forth in the terms and conditions of MFA. Kaiser Permanente shall implement and carry out the national community benefit program in the form of (1) a national community benefit program, and (2) a national community benefit program.

5.4.2  The national community benefit program.

5.4.2.1  In order to carry out the requirements of the national community benefit program, Kaiser Permanente is required to provide medical financial assistance under the following conditions:

5.4.2.2  In order to carry out the requirements of the national community benefit program, Kaiser Permanente is required to provide medical financial assistance under the following conditions:

5.4.2.3  In order to carry out the requirements of the national community benefit program, Kaiser Permanente is required to provide medical financial assistance under the following conditions:

5.4.2.4  In order to carry out the requirements of the national community benefit program, Kaiser Permanente is required to provide medical financial assistance under the following conditions:

5.4.2.4.1  In order to carry out the requirements of the national community benefit program, Kaiser Permanente is required to provide medical financial assistance under the following conditions:

5.4.2.4.2  In order to carry out the requirements of the national community benefit program, Kaiser Permanente is required to provide medical financial assistance under the following conditions:
5.4.2.4.3 ក海口ປະກວດການລະບູບຄວາມງາມ ແລະມື້ນະໂຍບາຍຊາດ ເລກການບັນຊ້າມອາດ ມູນຈາກກະຊວງບ້ານໄດ້ ແລະ ແມ່ນຈາກກະຊວງບ້ານໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.4.3 ກະທຽມກັນຮຽນກາງ. ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.5 ກະທຽມກັນຮຽນກາງ. ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.5.1 ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.5.1.1 ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.5.1.2 ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.5.1.3 ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.5.1.4 ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.

5.6 ເຂດສະມາຊິກນະໂຍບາຍຊາດ ການບັນຊ້າມອາດໄດ້ ແລະ ຜຳນວນຄວາມງາມເພີ່ມຂຶ້ນການບັນຊ້າມອາດ 5.11 ຄວາມງາມ 5.11 ຄວາມງາມ.
National Community Benefit

Medical Financial Assistance

NATL.CB.307

National Community Benefit

August 1, 2021

Number of eligible

Population threshold:

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5.6.1 Payment terms and conditions. Amounts may be subject to change without

advance notice. Kaiser Permanente reserves the right to change payment

amounts at any time.

5.6.1.1 Payments may be subject to change without advance notice. Kaiser Permanente

may adjust payment amounts at any time.

5.6.1.2 Payment terms and conditions. Amounts may be subject to change without

advance notice. Kaiser Permanente reserves the right to change payment

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National Community Benefit

**Medical Financial Assistance**

**NATL.CB.307**

**National Community Benefit**

**Medical Financial Assistance**

**NATL.CB.307**

**National Community Benefit**

5.6.2.1.3

5.7

5.7.1

5.7.2

5.8

5.8.1

5.8.1.1

5.8.1.2

5.8.1.3

5.8.1.4

5.8.1.5

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5.8.1.4 The maximum amount for each year is $365. KFHP/H Kaiser Permanente will pay at least $365 for each year if the member is enrolled in the HMO. If the member is enrolled in the HMO, the benefit will be paid in full for each year.

5.8.2 National Community Benefit. The benefit is paid in full each year. Kaiser Permanente will pay at least $365 for each year if the member is enrolled in the HMO. If the member is enrolled in the HMO, the benefit will be paid in full for each year.

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5.8.2.7 The maximum amount for each year is $365. Kaiser Permanente will pay at least $365 for each year if the member is enrolled in the HMO. If the member is enrolled in the HMO, the benefit will be paid in full for each year.

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| 5.8.3.2  | Medical Financial Assistance (MFA) amounts are confidential. The amounts billed by Kaiser Permanente during the contract year shall be published in accordance with the terms of the agreement. Amounts published shall be accurate and subject to audit.  |
| 5.8.3.3  | Kaiser Permanente shall provide, on request, information about the amount billed for each service provided to a member under the terms of the agreement. Members may request an explanation of any charges in writing.  |
| 5.8.3.4  | Kaiser Permanente shall promptly respond to any inquiries regarding the amount billed for services provided to members.  |

**Medical Financial Assistance (MFA)**

| 5.10.1  | Medical Financial Assistance (MFA) amounts are confidential. The amounts billed by Kaiser Permanente during the contract year shall be published in accordance with the terms of the agreement. Amounts published shall be accurate and subject to audit.  |
| 5.10.1.1 | Kaiser Permanente shall provide, on request, information about the amount billed for each service provided to a member under the terms of the agreement. Members may request an explanation of any charges in writing.  |

**Kaiser Permanente National Community Benefit**

| 5.9   | Kaiser Permanente shall provide, on request, information about the amount billed for each service provided to a member under the terms of the agreement. Members may request an explanation of any charges in writing.  |

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National Community Benefit

<table>
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<th>Issue Date: Medical Financial Assistance</th>
<th>Month: NATL.CB.307</th>
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<tr>
<td>National Community Benefit</td>
<td>1 January 2021</td>
</tr>
<tr>
<td>Page 12 of 20</td>
<td></td>
</tr>
</tbody>
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5.10.1.2 Where the Kaiser Permanente Holmes Medical Foundation (KPMF) determines that extraordinary collection actions (ECA) are necessary in order to collect amounts owed, KPMF may initiate such actions.

5.10.1.3 When amounts are uncollectible, KPMF may report amounts as uncollectible.

5.10.1.4 Upon determination of amounts due, KPMF may initiate extraordinary collection actions to collect amounts owed.

5.10.1.5 Upon determination, KPMF may report amounts as uncollectible.

5.10.2 Where circumstances permit, KPMF/H may initiate extraordinary collection actions (ECA) to collect amounts owed.

5.10.2.1 For amounts, MFA may provide the following:

5.10.2.2 For amounts, MFA may provide the following:

5.10.3 When amounts are reported as uncollectible, KPMF/H must report amounts as uncollectible.

5.10.3.1 When amounts are reported as uncollectible, KPMF/H must report amounts as uncollectible.

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<td>The initial page was: 1 January 2021</td>
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<td>120 Days</td>
<td>13 to 20 Days</td>
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5.10.3.3.1 MFA. Lump sum MFA, prorates benefits based on:
- Benefits received by the insured
- The amount of benefits received

5.10.3.3.1.1 Lump sum MFA, prorates benefits based on:
- The amount of benefits received by the insured
- The amount of benefits received

5.10.4 Lump sum MFA, prorates benefits based on:
- The amount of benefits received by the insured
- The amount of benefits received

5.11 Lump sum MFA, prorates benefits based on:
- The amount of benefits received by the insured
- The amount of benefits received

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5.11.2.1 ทบทวนบุคคลโดยทั่วไปที่สามารถมีสิทธิ์ฟื้นฟูร่างกาย (รวมถึง ผู้ป่วยที่ล้าชั่วอายุการณ์ เริ่มต้นหรือมีอาการทางกายภาพ ที่อาจมี (1) ประกอบด้วยสิทธิ์ทั่วไปในการรักษา (2) กู้ฟื้นจากการเจ็บป่วยและการรักษา (3) กู้ฟื้นจากการเจ็บป่วยและการรักษา ที่เหมาะสมในที่การให้บริการ.

5.11.2.2 ผู้มีสิทธิ์ที่จะรักษาผู้ป่วยในระบบการรักษาใน กลุ่มผู้ป่วยที่ได้รับการรักษาด้วยการรักษาที่ดี.

5.11.3 ผู้มีสิทธิ์ที่จะรักษาผู้ป่วย. ผู้มีสิทธิ์ที่จะรักษาผู้ป่วยใน ระบบที่มี MFA แบบมีสิทธิ์รักษาผู้ป่วยในระบบที่มี MFA และ ไม่ระบุการรักษาผู้ป่วย KP ในระบบที่มีสิทธิ์รักษาผู้ป่วย.

6.0 วงจรบริการ/แนวทางการดำเนินการ

6.1 แนวทางการดำเนินการที่ – ระบบการขอ

6.2 การดำเนินการ ดำเนินการ ผู้มีสิทธิ์ในระบบ

6.2.1 ผู้มีสิทธิ์ในการรักษา ดำเนินการ ระบบที่มีสิทธิ์ในการรักษา (ระบบการขั้น 111-148 (124 บันทึกที่ 119 (2010))

6.2.2 ระบบการรักษาผู้ป่วย และ ผู้มีสิทธิ์ในการรักษาผู้ป่วยที่มีสิทธิ์.

6.2.3 การดำเนินการบัตรที่มีสิทธิ์ในระบบที่มีสิทธิ์, 2014 ผู้มีสิทธิ์การรักษาต่อ ถึง (แบบที่ 990)

6.2.4 จัดการรับใช้การรักษาเด็กไทยใน 2010-39

6.2.5 ระบบการรักษาเด็กไทยใน 26 CFR ช่วง 1, 53 ตอน 602, RIN 1545-BK57; RIN 1545-BL30; RIN 1545-BL58 – ข้อบังคับการมีสิทธิ์ในระบบที่มีสิทธิ์

6.2.6 ระบบการรักษาเด็กไทยใน 26 CFR - ข้อบังคับการมีสิทธิ์ในระบบที่มีสิทธิ์, ระบุปี 2015

6.2.7 ระบบการรักษาเด็กไทยใน 26 CFR - ข้อบังคับการมีสิทธิ์ในระบบที่มีสิทธิ์, ระบุปี 2012

6.3 วิธีการใช้บริการ

6.3.1 วิธีการใช้บริการที่ระบุใน KFHP/H ส่วน:

6.3.1.1 Kaiser Permanente of Hawaii

6.3.1.2 Kaiser Permanente of Northwest

6.3.1.3 Kaiser Permanente of Northern California

6.3.1.4 Kaiser Permanente of Southern California

6.3.1.5 Kaiser Permanente of Washington
National Community Benefit

Medical Financial Assistance

声明编号: NATL.CB.307

公布日期: 2021年1月

适用地区: 国家社区福利

禁用范围: 15 - 20

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Medical Financial Assistance

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National Community Benefit

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<td>Dated: 1 January 2021</td>
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For more information, please contact:

Kaiser Permanente (KP)

For information on benefits and services, call 1-800-713-4300 (TTY: 1-877-438-KPAS) or visit kp.org.

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<table>
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<tbody>
<tr>
<td>Medical Financial Assistance</td>
<td>NATL.CB.307</td>
<td>1 January 2021</td>
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National Community Benefit

The National Community Benefit (NCB) is a program that provides medical financial assistance to low-income households. The benefit is available to households who are enrolled in Kaiser Permanente's Advantage Medicare Part D plan. Benefits include:

- **Medical Financial Assistance**: This benefit provides financial assistance to eligible households to help cover their medical expenses. The benefit is available to households who are enrolled in Kaiser Permanente's Advantage Medicare Part D plan.

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**Kaiser Permanente Washington**

**Benefit Period** Gets underway on January 1, 2022

**I. Kaiser Foundation Hospitals.** By January 1, a new Washington Health Benefit Exchange (Kaiser Foundation Hospitals in Washington) will be: Kaiser Permanente Central Hospital.

**II. What to know about medical financial assistance (MFA).**

   a. What to know about medical financial assistance
      i. Kaiser Foundation Hospitals and Kaiser Foundation Health Plan (KFHP) facilities (e.g., hospitals, ambulatory care centers, urgent care centers, etc.) will be: Kaiser Foundation Hospitals in Washington.

   b. Limitations of medical financial assistance
      i. Limitations of medical financial assistance

**III. What to know about other benefits for MFA.** By January 1, a new Washington Health Benefit Exchange (Kaiser Foundation Hospitals in Washington) will be: Kaiser Permanente Central Hospital.

**IV. What to know about Medicaid benefits.** Medicaid benefits for MFA recipients include: MFA, KP, KFHP/H facilities (e.g., hospitals, ambulatory care centers, urgent care centers, etc.) will be: Kaiser Permanente Central Hospital.

   a. Limitations of Medicaid benefits
      i. Limitations of Medicaid benefits

---

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Medical Financial Assistance

Benefit

National Community

Kaiser Permanente MFA Program

PO Box 34584

Seattle, Washington 98124

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<table>
<thead>
<tr>
<th>Percentage of Amount Generally Billed</th>
<th>Medical Financial Assistance Coverage Percentage</th>
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<tr>
<td>0% - 200%</td>
<td>100%</td>
</tr>
<tr>
<td>201% - 250%</td>
<td>75%</td>
</tr>
<tr>
<td>251% - 300%</td>
<td>50%</td>
</tr>
</tbody>
</table>

If the amount billed exceeds 100% (for amounts greater than 100%), the reimbursement is determined based on the amount actually billed.

b. Continuing Medical Assistance for groups and individuals mandated by law. If the amount billed exceeds 100%, the reimbursement is determined based on the amount actually billed.

VII. Amounts Generally Billed (AGB). The amounts billed include all medically necessary and reasonable charges as defined in the insurance contract. KFHP/H determines the amounts billed for services provided by the KFHP/H and KAHP. Details on how to access your medical bills are available on the Kaiser Permanente website at www.kp.org/mfa/wa.