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Policy Title: Northern California Medical Financial Assistance Policy	Policy Number: NCAL.CB.001
Business Owner: Yvette Radford, Vice President, External and Community Affairs	Effective Date: September 1, 2014
Custodian: Sherry Novick, Managing Director, Community Benefit Programs	Page: 1 of 15

1.0 Policy Statement

Kaiser Foundation Hospital (KFH) and Kaiser Foundation Health Plans (KFHP) are committed to providing programs that facilitate access to care for vulnerable populations including the provision of medical financial assistance to uninsured and low income insured patients where the ability to pay for services is a barrier to accessing emergency and medically necessary care. This policy sets the requirements for KFH/HP Medical Financial Assistance (MFA) program.

2.0 Purpose

This policy is issued in compliance with section 501 (r) of the Internal Revenue code. The principles described also constitute the minimum policy provisions and are in compliance with Chapter 2 of Part 2 of Division 107 of the California Health & Safety Code (Hospital Fair Pricing Policy), AB 1503 and AB 774 in communicating the availability of KP assistance programs, how to obtain access and the eligibility criteria for discounted payments.

3.0 Scope

This policy applies to all employees who are employed by the following entities and their subsidiaries (collectively referred to as "KFH/HP"):

3.1 Kaiser Foundation Hospitals

3.2 Kaiser Foundation Health Plan, Inc.

3.3 The Permanente Medical Group (TPMG) / Southern California Permanente Medical Group (SCPMG)

3.3.1 Emergency Room physicians are exclusively contracted with KFHP, and as part of that contract they must agree to abide by the Medical Financial Assistance policy and are not excluded from the Charity Care Policy including the Uninsured Discount as implemented by KFHP (AB 1503).

3.4 KFH/HP's subsidiaries

4.0 Definitions

Refer to Appendix A - Glossary of Policy Terms.

5.0 Provisions

KFH/HP maintains a means-tested MFA program to mitigate financial barriers to receiving emergency and medically necessary care for eligible patients regardless of a patient's age, disability, gender, race, religious affiliation, social or immigrant status, sexual orientation, national origin, or membership status.

5.1 Services Eligible Under the Medical Financial Assistance Policy

5.1.1 MFA may be applied to any emergency and medically necessary health care services as well as pharmacy and medical supplies provided at KFH/HP facilities or by KFH/HP providers including KFH/HP outpatient pharmacies.

5.1.1.1 MFA covers prescriptions written by TMPG / SCPMG providers, Non-KFH Emergency Department providers, Non-KFHP Urgent Care providers and KFHP contracted providers.

5.1.1.2 MFA covers generic medication, whenever a brand name prescription is written unless the KFH/HP physician has indicated an exception and noted Dispense as Written (DAW). Other medications without a generic equivalent may be covered only if the prescription is written by a KFH/HP physician.

5.1.1.3 In addition to medically necessary hospital and physician services, special circumstances awards apply in circumstances which include, but are not limited to, the following categories of expense:

5.1.1.3.1 Skilled nursing care at a contracted KP facility for a limited duration to facilitate discharge from a KFH facility

5.1.1.3.2 Durable Medical Equipment (DME). An MFA Award for DME is provided to a patient who qualifies for MFA under Special Circumstances. The DME item must be prescribed by a Kaiser Permanente physician in accordance with the Kaiser Permanente DME formulary guidelines.

5.1.1.3.2.1 The DME item(s) must be ordered from a contracted DME vendor through a Kaiser Permanente DME department.

5.1.1.3.2.2 Payments and co-pays for either based or supplemental DME items qualify under the program.

5.1.1.3.2.3 The prescribed DME item(s) must meet the medical necessity criteria as outlined by the DME formulary.

5.1.2 MFA may not be applied to any of the following:

- **5.1.2.1** Premiums, Dues and Medi-Cal Share of Cost
- **5.1.2.2** Non-KPH/KFHP Care Facilities, except contracted Skilled Nursing under Special Circumstances
- **5.1.2.3** Non- KPH/KFHP retail pharmacy
- **5.1.2.4** Non- KPH/KFHP Home Health, Hospice, Recuperative Care and Custodial Care
- **5.1.2.5** Services that are not considered emergency or medically necessary as determined by a KFH/HP physician
- **5.1.2.6** Surrogacy, Third Party Liability, and / or Workers Compensation services
- **5.1.2.7** Lifestyle services that are not considered emergency or medically necessary as determined by a KFH/HP physician (e.g. Cosmetic Services, Fertility, Health Education Classes / Fee for Service Classes, Fee for Service Podiatry Visit, etc.)
- **5.1.2.8** Optical, hearing aids, retail medical supplies and soft goods
- **5.1.2.9** Specific pharmacy services, including:
  - **5.1.2.9.1** Over-the-counter drugs or supplies
  - **5.1.2.9.2** Specifically excluded drugs (e.g. fertility, cosmetic, lifestyle)
- **5.1.2.10** Uninsured discount excludes KP Outpatient Pharmacies

5.1.3 MFA may not be applied to, but may be considered under the special circumstances provision of this policy, and on a case-by-case basis:

- **5.1.3.1** Skilled Nursing Care – limited duration
- **5.1.3.2** Durable Medical Equipment (DME)

5.1.4 MFA may be applied on a case-by-case basis:

- **5.1.4.1** Non-emergency transport for homeless patients
- **5.1.4.2** Emergency transport for homeless patients

5.2 How to apply for MFA

5.2.1 A patient must apply for MFA within 6 months of the date of service for which the MFA is requested.

5.2.2 Patients or the patient's guarantor must complete and submit an MFA program application to apply for the MFA program.

5.2.2.1 The MFA program application describes the personal, financial and other information and documentation a patient must submit to support eligibility determination for public and private health coverage programs as well as the MFA program.

5.2.2.2 Documentation may not be required in the event that KFH/HP financial counselors can utilize external data sources or electronic eligibility tools to verify the patient's or patient's guarantor's financial status, to support eligibility determination.

5.2.3 Completed applications including all required information and documentation should be submitted to KFH/HP for eligibility determination. Completed applications can be:

5.2.3.1 Submitted by mail to P.O Box 30006, Walnut Creek, CA 94598, or

5.2.3.2 Delivered in person at the following locations:

5.2.3.2.1

5.2.3.2.2

5.2.4 KFH/HP reviews submitted applications only once they are complete, and will determine whether the patient is eligible according to the KFH/HP MFA Policy

5.2.5 Incomplete applications are not considered. Patients are notified by mail or by phone when their application is incomplete and provided an opportunity to send in the missing documentation or information within 30 days from patient notification (i.e., date of patient mailing or phone conversation).

5.2.6 KFH/HP has the right to, and may, revoke, rescind or amend awards at our discretion when:

5.2.6.1 A case of fraud, misrepresentation, theft, changes in a patient's financial situation or other circumstances that undermine the integrity of the MFA program.

5.2.6.2 A patient has been screened for a public or private health coverage program and is presumed to be eligible, but is not cooperating with the process to apply for the public or private health coverage program.

5.2.6.3 If health coverage information or other payment sources are identified after a patient receives an MFA award, retroactive billing will occur. If this occurs, patients will not be billed for their portion of the charges.

5.2.7 In the event that a patient believes their application was not properly considered, they may submit a written request for reconsideration. The request should include information that was not submitted with the original application to help support their reason for appealing the decision. The denial letter provides information about the appeal process. Appeals are reviewed by designated staff of KFH/HP.

5.3 Program Eligibility

Patients are evaluated for eligibility for the MFA and pharmacy waiver programs at the earliest possible opportunity. Evaluation of a patient's eligibility for MFA includes the following steps:

5.3.1 Patients receive financial counseling, referral and assistance to identify potential public or private health coverage programs to assist with long term needs.

5.3.1.1 Patients are required to apply for any public or private health coverage programs for which they are presumed to be eligible.

5.3.2 Patients are evaluated to determine if they meet presumptive eligibility criteria.

5.3.2.1 Presumptive eligibility exists under the following conditions:

5.3.2.1.1 Homelessness.

5.3.2.1.2 An event that has left patients without health care, insurance or financial documentation. The event must meet the following conditions:

5.3.2.1.2.1 A national or regional event that is generally well-known and has been qualified as a disaster by the state or federal government.

5.3.2.1.2.2 An event that has caused loss of, or inability to inhabit their residence, and an inability to have access to any financial records or health insurance information.

5.3.2.1.3 A Community MFA program where patients have been referred and pre-screened through a community-based organization, or at a KFH/HP sponsored community health event.

5.3.2.1.3.1 Individuals referred to KFH/HP through a community MFA initiative are required to meet all of the eligibility requirements established in this policy.

5.3.2.1.4 A patient has no income.

5.3.2.1.5 A patient does not receive a formal pay stub from their employer.

5.3.2.1.6 A patient receives monetary gifts.

5.3.2.1.7 A patient was / is not required to file a current Federal or State tax return.

5.3.2.1.8 When a patient presents a KP written prescription at a KP pharmacy, and expresses an inability to pay, the patient will be afforded a presumptive one-time pharmacy award for this one instance (once in a life-time). The prescribing KP physician shall determine the reasonable supply of the medication as is medically appropriate.

5.3.2.1.9 An MFA Regional Director or designee may approve, deny, extend, amend or retract MFA awards when a case of exceptional circumstances occurs that may result in medical financial hardship.

5.3.2.2 Patients who meet presumptive eligibility are required to complete basic financial information and attest to its validity.

5.3.2.3 Any patient who meets presumptive eligibility criteria is eligible for financial assistance and pharmacy waivers.

5.3.3 Patients who do not meet presumptive eligibility criteria are evaluated to determine if they meet means-testing eligibility criteria.

5.3.3.1 Income requirements apply to the family members of the household.

5.3.3.2 Any patient with an income less than or equal to 350% of the federal poverty guidelines (FPG) is eligible for financial assistance and pharmacy waivers.

5.3.3.2.1 KFH/HP uses the FPG guidelines that are updated annually by the United States Department of Health and Human Services.

5.3.4 Patients who do not meet means-testing criteria are evaluated to determine if they meet special circumstance eligibility for high medical expenses.

5.3.4.1 Special circumstance criteria for high medical expenses can apply to any income level.

5.3.4.2 Eligibility for special circumstance for high medical expenses exists when incurred out-of-pocket medical and pharmacy expenses over a 12 month period is equal to or exceeds 10% of annual income.

5.3.4.2.1 All out-of-pocket medical expenses, such as incurred expenses, including those rendered outside of KFH/HP, may be used to determine these costs.

5.3.4.2.2 Out-of-pocket medical expenses include: copayments, deposits, or coinsurance related to emergency and medically necessary service(s), dental expense(s) (itemized invoice required) and / or prescribed medication expense(s).

5.3.4.3 Any patient who meets special circumstance eligibility criteria for high medical expenses is eligible for financial assistance and pharmacy waivers.

5.4 MFA Award Structure

5.4.1 MFA Awards will be applied to balances only. Pre-payments and payments submitted as part of a payment plan are not included.

5.4.2 KFH/HP provides medical financial assistance and pharmacy waiver awards to eligible patients in any of the following manners:

5.4.2.1 Up to twelve (12) months from the initial eligibility determination or from the date of service / date of dispensed medication, for which the award is being requested based on patient request.

5.4.2.1.1 Patients may request an MFA award extension as long as they continue to meet the MFA eligibility requirements. Extension requests are evaluated on a case-by-case basis.

5.4.2.2 For a particular course of treatment and /or episode of care.

5.4.2.3 Financial assistance for Skilled Nursing Facility placement may be awarded up to 1 month for patient approved for MFA under Special Circumstances, based on a prescribed medical need determination.

5.4.2.4 Financial assistance for Durable Medical Equipment may be awarded up to 6 months for a patient who was approved under Special Circumstances based on an order / referral from a KP Physician.

5.4.3 Basis for Calculating Amount Charged for Financial Assistance

5.4.3.1 Eligible uninsured patients receive a 100% discount on all eligible services and medical supplies.

5.4.3.2 Eligible insured patients receive 100% discount for the portion of the bill that is not covered by insurance, including copayments, deductibles and coinsurance on all eligible services and medical supplies.

5.4.3.2.1 Eligible insured patients may be asked to provide documentation (e.g. Explanation of Benefits or EOB) to determine the portion of the bill not covered by insurance.

5.4.3.2.2 Eligible insured patients are required to provide KFH/HP with the payments received from their insurer.

5.4.3.3 KFH/HP will pursue reimbursement from third party liability settlements or other legally responsible parties as applicable.

5.4.4 As set forth in AB 774 Hospital Fair Pricing Policies sections 127405 and 127440, in cases where a patient has applied, and been approved for MFA, and where the patient has already made payments for those services approved under the application, the hospital will reimburse the patient 100% of the amount (excluding pre-payments and payment plans) actually paid in excess of the amount due, including interest. If a patient has an outstanding balance from a time period outside the MFA award period, the patient's payment will be applied against the outstanding balance prior to issuing any applicable refund.

5.4.4.1 Interest shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure; beginning on the date payment by the patient is received by the hospital. The current rate is 10%.

5.4.4.2 For patients who have been approved under the Uninsured Discount provision, the hospital can expect to be paid no more than the greater amount expected under Medi-Cal, Medicare, or any other government programs.

5.5 Uninsured Discount

Uninsured individuals receive a discount on hospital and professional charges for emergency or other medically necessary care without application and regardless of income level. The discount is provided to ensure that an uninsured individual is not charged more for emergency or other medically necessary care than the amounts generally billed to insured individuals who receive the equivalent care.

5.5.1 Basis for Calculating Amounts Charged for Uninsured Discount

5.5.1.1 The uninsured discount is determined by reviewing paid Medicare claims over a recent 12-month period. The sum of the paid claims is divided by the sum of the claims' gross charges to calculate the discount percentage. The discount percentage is reassessed annually.

5.5.1.2 The use of gross charges when billing uninsured individuals is prohibited.

5.6 Action in the Event of Non-payment

5.6.1 KFH/HP does not conduct, or permit collection agencies to conduct on their behalf, extraordinary collection actions against individuals before reasonable efforts have been made to determine whether the patient is eligible for medical financial assistance. Even after reasonable efforts have been made, extraordinary collection efforts are only pursued in compelling circumstances and after approval from KFHP Legal and KFHP Compliance personnel.

5.6.1.1 Prohibited extraordinary collection actions include, but are not limited to:

5.6.1.1.1 Wage garnishment

5.6.1.1.2 Lawsuit

5.6.1.1.3 Residence lien

5.6.1.1.4 Property foreclosure or account seizure

5.6.1.1.5 Arrest

5.6.1.1.6 Writ of body attachments

5.6.2 Before engaging in any collection action(s) or reporting to a credit or collection agency, patients/guarantors are informed of the MFA program.

5.6.3 KFH/HP or outside collection agencies cancel and return on a retrospective basis, any accounts that qualify for charity care according to the eligibility criteria outlined in the MFA program.

5.6.4 Before taking legal action for non-payment of medical bills, financial counseling is offered to determine whether the patient/guarantor is eligible for applicable public assistance programs or the MFA program.

5.6.5 Legal action is not pursued for non-payment of medical bills against any individual who is unemployed and without other significant income.

5.6.6 When reasonable collection efforts have occurred and the patient/guarantor debt is deemed uncollectible within a minimum of 120 days after the initial billing statement, qualified receivables of $5 or greater may be considered for

placement with a collection agency. Placement prior to 120 days is permitted in the following situations:

5.6.6.1 The patient/guarantor bill/statement is returned due to an invalid mailing address.

5.6.6.2 The patient/guarantor has communicated that he/she does not intend to pay the charges.

5.6.6.3 The patient/guarantor defaulted on a payment plan and does not meet the FPG requirements.

5.6.6.4 The patient/guarantor has filed bankruptcy. (Some bankruptcy debts may be referred to an agency in order to file a creditor claim if the debt is significant enough to warrant).

5.6.6.5 The patient/guarantor is deceased.

5.6.7 KFH/HP may contract with outside collection services to pursue collection of delinquent accounts. All unpaid accounts without prior exception or payment arrangements are placed in outside collection after a minimum of 120 days from the initial billing statement and the delivery of all scheduled patient account statements to the patient/guarantor has occurred.

5.6.8 Collection agencies may report adverse information to a consumer credit reporting agency or commence civil action against the patient/guarantor for nonpayment only after completing appropriate collections per contract and laws and receiving approval from KFHP Legal. The KFH/HP minimum threshold for reporting adverse information to a consumer credit reporting agency is $200.00 KFH/HP reserves the right to request deletions of accounts reported to a credit bureau only due to errors.

5.7 Measures to Publicize the MFA Program

Information about the MFA program and the availability of financial counseling is communicated broadly. MFA Program communications include, but are not limited to the following:

5.7.1 Counseling for medical financial assistance from KFH/HP as well as for other financial assistance programs is available to all patients.

5.7.2 Information about the MFA program including copies of the medical financial assistance policy, how to apply for medical financial assistance (e.g. application form) and program brochures are available to the general public without charge. This information is available in any of the following ways:

5.7.2.1 Electronic copies can be accessed on the KFH/HP website at kp.org/mfa/ncal.

5.7.2.2 Paper copies are available:

5.7.2.2.1 By mail at: Kaiser Permanente MFA Program P.O Box 30006, Walnut Creek, CA 94598

5.7.2.2.2 By calling: 1-866-399-7696, or

5.7.2.2.3 Upon request from the at the following locations:
5.7.2.2.3.3 KFH/HP

5.7.2.3 Provided to patients upon admission to and discharge from an inpatient care facility.

5.7.2.4 On billing statements/invoices.

5.7.2.5 From KFH/HP personnel upon request.

5.7.3 KFH/KFHP informs local public agencies and community organizations that address the health needs of the community's low-income populations.

6.0 References

6.1 Appendix A – Glossary of Policy Terms

6.2 Catholic Health Association of the United States – *A Guide for Planning & Reporting Community Benefit, 2012 Edition*

6.3 Department of the Treasury, Internal Revenue Service Publications

6.3.1 2012 Instructions for Schedule H (Form 990)

6.3.2 Notice 2010-39

6.3.3 26 CFR Part 1 [REG-130266-11], RIN 1545-BK57, Additional Requirements for Charitable Hospitals

6.4 Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

6.5 Hospital Fair Pricing Policies - Article 3, Section 127400 to Ch 2 of Part 2 of Div107 of the California Health and Safety Code

6.6 US Department of Health and Human Services: Federal Register and the Annual Federal Poverty Guidelines

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7.0 Signature Line(s)

This policy was approved by the following representative of KFH/HP and their subsidiaries.

Yvette Radford, Vice President of External and Community Affairs

Signature: Yvette Radford Date: 7/28/14

This policy was approved by the following representative of The Kaiser Permanente Medical Group.

Sameer Awsare, M.D., Associate Executive Director, The Permanente Medical Group

Signature: _____ Date: 7/17/14

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Appendix A - Glossary of Policy Terms

Charitable care is medical/health services, products or medication provided at reduced or no cost to patients who do not have the ability to pay and/or are not covered by health care insurance. Per Internal Revenue Service, charity care does not include bad debt; uncollectible charges that were recorded as revenue but wrote off due to the patient's failure to pay, or the cost of providing such care to such patients; the difference between the cost of care provided Medicaid or other means-tested government programs or under Medicare and the revenue derived there from; contractual arrangements with any third-party payors; or free health services to KFHP employer groups; or cost-based losses associated Kaiser Permanente charitable health coverage programs.

Community MFA (CMFA) refers to planned charity care programs that collaborate with community based and safety net organizations to provide charity care services to low income uninsured and underserved patients at KFH/HP facilities. Patients who participate in the CMFA programs may be qualified by the partnering community based organization using the applicable regional MFA program eligibility criteria.

Durable Medical Equipment (DME) includes but is not limited to standard canes, crutches, nebulizers, intended benefitted supplies, over the door traction units for the use in the home, wheelchairs, walkers, hospital beds and oxygen for use in the home as specified by DME criteria. DME does not include Orthotics, prosthetics (e.g. dynamic splints/orthoses, and artificial larynx and supplies) and over the counter supplies and soft goods (e.g. urological supplies and wound supplies).

Eligible patients include uninsured patients, nonmembers that have other commercial coverage or participate in public programs, and KFHP members.

Extensions apply when a KFH/HP Physician requests an extension to an award to follow a patient during a clinical treatment plan. Full application and documentation is not required.

Family members of the household include spouses, qualified domestic partners, and children and caretaker's relatives if present. A *family* is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same housing unit (house or apartment); they would all be considered members of a single family.

Federal Poverty Guidelines (FPG) establishes the levels of annual income for poverty as determined by the United States Department of Health and Human Services. The federal income guidelines are updated annually in the Federal Register.

Financial Counseling is the process used to assist patients in exploring various financing and health coverage options available to them to pay for services rendered in KFH/HP facilities. The types of patients that may seek financial counseling include but are not limited to self-pay, uninsured, underinsured and those who have expressed an inability to pay the full patient liability.

Gaps in medical coverage also referred to as a 'gap coverage' or 'coverage gap', is the interim period between the termination of a patient's medical coverage and the patient obtaining another source of coverage.

Homelessness A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); or
- In an emergency shelter; or
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit or is fleeing a domestic violence situation with no subsequent residence identified and the person lacks the resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the financial resources and social support networks needed to obtain housing.

KP Affiliated Practitioner is any licensed physician that is designated by, and contracts with KP to provide medical services to patients, and who is not an employee of the TPMG/ SCPMG (includes physicians who contract only to provide referral services)

KP Affiliated Facility is any facility that KP contracts with to provide medical services to patients

Means-tested is the method to determine if an individual meets a need based on income or income and assets for patients with FPG greater than 200%. Methods may include the use of electronic screening tools or manual processes.

Medical financial assistance offers individuals (members and nonmembers) who are unable to pay for all or part of medically necessary services and who have exhausted private and public payor sources. Individuals must meet the program's criteria for assistance that may either cover some or all the cost of their care. The Medical Financial Assistance Program is one of KFH/HP's charitable care and coverage programs. The amount reported for the MFA Program includes only charity care as defined above.

Medical supplies refer to non-reusable medical supplies, such as splints, slings, and wound dressing, including bandages and ace wrap bandages, are limited to those supplied and applied by a licensed KFH/HP health care provider, while providing a medically necessary service. Non-reusable medical supplies that a patient purchases or obtains from another source are excluded.

Medically necessary care (medical necessity) is any care, treatment or services ordered by or provided by a licensed health care provider that are needed for the diagnosis or treatment of a medical

condition and are not mainly for the convenience of the patient or medical care provider. Note: Regions should use a definition consistent with their Evidence of Coverage if it differs from above.

Nonmember refers to individuals who are not enrolled in KFHP coverage and who may be classified as self-pay or either have public or private health care coverage.

Pharmacy Waiver Program provides financial assistance to low-income Kaiser Permanente (KP) Senior Advantage Medicare Part D members who are unable to afford their cost share for outpatient prescription drugs covered under Medicare Part D.

Presumptive eligibility exists when KFH/HP personnel or designated community organizations qualify a patient for the MFA program using preliminary information because providing documentation to support their application is not feasible.

Reasonable efforts include notification by KFH/HP of its medical financial assistance policy upon admission, and in written and oral communications with the patient/guarantor regarding the patient's bill, including invoices and telephone calls, before collection action or reporting to credit rating agencies are initiated.

Safety net refers to a system of nonprofit organizations and/or government agencies that provide direct medical care services for the uninsured in a community setting such as a public hospital, community clinic, church, homeless shelter, mobile health unit, school, etc.

Special circumstance is an extraordinary financial situation which constitutes a barrier to care. When evaluating special circumstances, medical expenses in relationship to the patient's income should be considered. Special circumstances may be evaluated anytime a patient identifies financial hardship.

Uninsured is an individual who does not have any health care insurance or any financial assistance (federal or state) in paying their financial obligation for services rendered.

Vulnerable Populations include demographic groups whose health and well-being are considered to be more at-risk than the general population due to socioeconomic status, illness, ethnicity, age, or other disabling factors.

Writ of body attachments is similar to arrest warrants, this is a process issued by the court directing the authorities to bring a person who has been found in civil contempt before the court.