



IMPLEMENTATION OF DISPROPORTIONATE SHARE HOSPITAL PROGRAM

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Policy:

Caldwell County Hospital, Inc d.b.a. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA) shall support patients in accessing and utilizing the Disproportionate Share Hospital Program (DSH) to assist them in paying for their hospital expenses for emergency and medically necessary services. This shall include completion of required documentation, processing of forms, and providing consultation regarding the application process.

Purpose:

The purpose of this policy shall be to:

- a. To ensure Caldwell County Hospital, Inc d.b.a. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA) provides quality healthcare services to the community in a caring and cost effective manner.
- b. To ensure the healthcare needs of all patients, regardless of the ability to pay.
- c. To establish guidelines on when an uninsured individual shall be offered a Disproportionate Share Hospital Program (DSH) application.

Definitions:

Disproportionate Share Hospital Program (DSH): DSH provides assistance to all uninsured individuals based on household size and income. Additionally, DSH will help the individual apply for Medicaid and Social Security Disability as well as represent an individual for a disability claim.

Procedure:

1. When an individual who is uninsured presents for services at the hospital they shall be screened for Medicaid eligibility.

To be eligible for Medicaid, an individual must meet the following criteria:

- Be pregnant
 - Be disabled (as defined by KY Medicaid)
 - Be the parent of a minor child
 - Be a Kentucky Resident
2. If the individual is not Medicaid Eligible, they shall be screened in order to determine if they are eligible for DSH.
 3. In order to be determined DSH Eligible, an individual shall meet all the following criteria:
 - Be a resident of Kentucky
 - Not eligible for Medicaid or Kentucky Children's Health Insurance Program (KCHIP)
 - Not covered by a 3rd party payor
 - Not in the custody of a unit of government which is responsible for coverage of the acute care needs of the individual.



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- Meet the following income and resource criteria:

*The below rates are subject to change at the discretion of DSH or Hospital Administration and the Board of Directors of Caldwell County Hospital, Inc.

Household Size	Resource Limit	100% of the Poverty Level (Monthly Income Limit)*	(Annual Income Limit)*
1	\$2,000	\$1,012	\$12,140
2	\$4,000	\$1,372	\$16,460
3	\$4,050	\$1,732	\$20,780
4	\$4,100	\$2,092	\$25,100
5	\$4,150	\$2,452	\$29,420

Add an additional \$4,180.00 for each person. *Income Limits are effective April 1, 2017.

4. The following parameters shall be utilized when determining DSH eligibility:
 - a. All income of a family unit is to be counted. The family unit shall include:
 - The individual;
 - The individual spouse who lives in the home;
 - A parent or parents, of a minor child, who lives in the home;
 - All minor children who live in the home.
 - b. Related and nonrelated household member(s) who do not fall into one of the groups listed above shall be considered a separate family unit.
 - c. Countable resources shall be limited to cash, checking and savings accounts, stocks, bonds, certificates of deposit, and money market accounts.
 - d. Countable resources may be reduced by unpaid medical expenses of the family unit to determine eligibility.
5. All eligible individuals shall be offered a DSH application at the time of registration unless the individual is within a correctional system. This shall include status as an inmate of a jail/prison or in the custody of a unit of government which is responsible for coverage of the acute care needs of the individual.
6. Non Urgent Emergency Room patients that are triaged and discharged to primary care, express track shall not be given a DSH application as no charges were incurred.
7. The DSH application shall be forwarded to Disability and Medical Consultants, Ltd. (DMC) for processing. A Collect Code P shall be added to each account and the account documented.

Approval:

At the time an approval is received from DMC each account shall be logged and account(s) shall be adjusted accordingly.

Denial:

At the time of denial, the account shall be documented and begin the patient billing cycle. Accounts determined ineligible shall be moved to self-pay status. Please reference Financial Assistance Policy and Application if patient desires to apply for financial assistance.

8. The hospital shall ensure the patient is informed of their responsibility to contact the hospital to establish a payment plan. Each patient shall be mailed a denial letter stating the amount of their financial responsibility.
9. Caldwell County Hospital, Inc d.b.a. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA) shall publicize the availability of supports and assistance to complete the DSH application process within the communities it serves by taking the following action:
 - a. CMC/CMA shall post this policy, DSH Application, and Financial Assistance Application on its website.
 - b. CMC/CMA shall ensure a Financial Counselor representative shall be available to address questions related to Financial Assistance.
 - c. Representatives shall also mail paper applications to a patient at their request.
 - d. CMC/CMA shall ensure contact information is available to patients through Caldwell Medical Center webpage.

Contact information:
Caldwell Medical Center Business Office
Patient Representative- (270)365-0300
Financial Counselor- (270)365-0331

10. Caldwell Medical Center and Caldwell Medical Associates shall ensure all information provided by patient or legal representative given regarding the ability to pay, third-party insurance, employment, and other demographic data, will be subject to verification. If information cannot be verified, patient will be asked to make payment before non-emergency services are rendered.

References:

None Noted