

DEPARTMENT: Administration

SUBJECT: Caldwell Medical Center Financial Assistance Policy

APPROVAL DATE: 08/31/2015

PURPOSE:

A. As part of its mission to improve the health of its patients and community through innovations and excellence in care, education, and service, Caldwell Medical Center (CMC) values charity, equality and justice in healthcare.

B. CMC is committed to serving the healthcare needs of all of its patients, regardless of their ability to pay for such services.

C. To assist those needs, the hospital has established this Financial Assistance Policy to provide Financial Assistance to eligible patients receiving Emergency or Medically-Necessary Services. This Policy was developed and is utilized to determine patient's financial ability to pay for services.

POLICY STATEMENTS:

A. General

1. CMC will not refuse, delay or discourage emergent services based on a patient's ability to pay for the cost of such services.
2. Financial Assistance determinations will be made without regard to a patient's age, sex, race, creed, disability, sexual orientation or national origin.
3. CMC will actively promote all patients' awareness of the availability of Financial Assistance.
4. All patients who wish to make an appointment for financial assistance are to be referred to the financial counselors.

B. Eligibility

1. Kentucky Resident Requirement
 - a. Financial Assistance will only be made available to residents of the State of Kentucky.
 - b. CMC will employ the same residency test as set forth in Kentucky Code 103 KAR 17:010 to define a resident:
 - i. The term Resident includes any individual who was domiciled in Kentucky during the taxable year, or any individual who maintains a permanent place of residence in the state and spends more than one hundred eighty-three (183) days of the taxable year in Kentucky.
2. Alternate Sources of Assistance
 - a. When technically feasible, patient will exhaust all other state and federal assistance programs prior to receiving an award from CMC's Financial Assistance Program.

- b. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowner's,
 - c. Eligible patients who receive medical care from a CMC facility as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award to which CMC is entitled.
3. Federal Poverty Guidelines
- a. Eligibility for Financial Assistance will be determined based upon a patient's household income and number of members in the household, known as the Federal Poverty Level (FPL).
 - b. CMC will utilize the most recent FPL data available and will apply the FPL data to a patient's account based upon the calendar date a completed Financial Assistance Application was received, not a patient's date of service.
 - c. A patient is eligible for Financial Assistance in 2015 according to the following chart:

2015 Financial Adjustment Levels

Federal Poverty Level	Financial Adjustment
100% or less	100%
101% to 150%	75%
151% to 200%	50%
200% +	25%

Size of Family	Family Income Less Than:		
	100%	150%	200%
1	\$11,770.00	\$17,655.00	\$23,540.00
2	\$15,930.00	\$23,895.00	\$31,860.00
3	\$20,090.00	\$30,135.00	\$40,180.00
4	\$24,250.00	\$36,375.00	\$48,500.00
5	\$28,410.00	\$42,615.00	\$56,820.00
6	\$32,570.00	\$48,855.00	\$65,140.00
7	\$36,730.00	\$55,095.00	\$73,460.00
8	\$40,890.00	\$61,335.00	\$81,780.00
Each Add'tl	\$4,160.00	\$6,240.00	\$8,320.00

- d. The above rates are subject to change at the discretion of Hospital Administration and the CMC Board of Directors.

C. Patient Assets

1. CMC will consider patient Assets in the calculation of a patient's true financial burden. A patient's primary residence and one (1) motor vehicle will be exempted from consideration on most cases. (2 vehicles for a married couple).
 - a. A patient's primary residence is defined as the patient's principal place of residence and will be excluded from a patient's extraordinary asset calculation so long as the patient's equity is less than two-hundred thousand dollars (\$200,000).
2. CMC reserves the right to adjust a patient's Federal Poverty Level if the patient demonstrates a claim or clear title to any extraordinary Assets not excluded from consideration under the above guidance.

PROCEDURE STATEMENTS:

A. Financial Assistance Policy Publication

1. CMC will broadly publicize the availability of its Financial Assistance Policy within the communities it serves by taking the following action:
 - a. CMC will post this Policy and its Financial Assistance Application on its website.
 - b. Signs will be posted in appropriate departments and registration areas describing the available assistance and directing eligible patients to the Financial Assistance Application.
 - c. Financial Counselor representatives will be available to address questions related to Financial Assistance. Representatives will also mail paper applications to a patient at their request.
 - d. Uninsured patients will receive notice 30 days prior to the end of the 120 day notification period regarding Financial Assistance.

B. Financial Assistance Application

1. Patients or their guarantors wishing to apply for Financial Assistance must submit a Financial Assistance Application with supporting documentation within twenty-one (21) days of receiving their first billing statement from CMC.
2. Individuals other than the patient, such as the patient's physician, family members, community or religious groups, social services or hospital personnel may request a Financial Assistance Application to be mailed to a patient's primary mailing address free of charge.
3. CMC keeps all applications and supporting documentation confidential.

C. Eligibility Determination

1. CMC will inform patients or guarantors of the results of their application by providing the patient or guarantor with a Financial Assistance Determination

within ninety (90) days of receiving a completed Application and all requested documentation.

2. If a patient or guarantor is granted less than full assistance and the patient or guarantor provides additional information for reconsideration, the Hospital Administration and the CMC Board of Directors may amend a prior financial assistance determination.
3. If a patient or guarantor seeks to appeal the Financial Assistance Determination, a written request may be submitted along with the supporting documentation, to the Financial Counselors for additional review before a determination can be made by the Hospital Administration and the CMC Board of Directors.
4. All decisions of the Hospital Administration and the CMC Board of Directors are final.
5. A patient's Financial Assistance Application and eligibility determination will remain in effect for six months from date received of a completed application.
6. Prior to applying for Financial Assistance, if there are accounts in bad debt, those accounts will be considered to be included, pending approval by Administration and the CMC Board of Directors.

D. Extraordinary Collection Actions

1. CMC will only implement Extraordinary Collection Action 120 days after it has made reasonable efforts to determine whether the patient account is eligible for assistance under this Financial Assistance Policy.
2. When it is necessary to engage in such action, CMC and its contracted third Parties, will engage in fair, respectful and transparent collections activities.
3. Patients or guarantors who have not applied for Financial Assistance and whose accounts have been engaged in Extraordinary Collection Actions may request Financial Assistance, complete an Application with requested documentation, and be considered for a reduction in their bill if it is within the two-hundred-forty (240) days of receiving their first billing statement from CMC.
 - a. CMC may suspend collection activity on an account while an Application is being processed and considered.
4. CMC and its collection agencies will not provide assistance after an account has entered into legal proceedings without first obtaining consent from the Hospital Administration and the CMC Hospital Board of Directors.
5. The award of Financial Assistance may be subject to successful completion of a payment plan. In the event a patient or guarantor who is receiving Financial Assistance fails to complete the terms of their payment plan, CMC reserves the right to submit the unadjusted account balance, less any amount previously paid by the patient to an Extraordinary Collection Action.