

**Policy:**

Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center and Caldwell Medical Associates recognizes that all persons are in need of high quality healthcare but may experience difficulties impacting their ability to pay for services. In order to ensure equality and fairness in the provision of healthcare services to patients and their families, Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center and Caldwell Medical Associates shall ensure eligible patients are supported to secure financial assistance in order to pay for their medical expenses.

Patients shall be able to get financial assistance if uninsured, underinsured, not eligible for a government program, or not qualify for governmental assistance (for example, Medicare or Medicaid). Determinations for financial assistance shall not be based upon a person's age, creed, disability, sex, race, national origin or sexual orientation. Patient care and treatment for emergency medical conditions shall not be delayed or refused based upon a person's ability to pay or their need for financial assistance.

**Purpose:**

The purpose of this policy is to establish guidelines to be utilized in the determination of a patient's need for financial assistance. The policy shall outline steps to be taken in order to identify a patient's ability to pay, as well as, payment parameters. This policy shall also establish that persons shall be provided care for emergency medical conditions regardless of their ability to pay. Implementation of this policy shall be completed in order to comply with the Internal Revenue Code Section 501 (r).

**Definitions:**

Amounts Generally Billed (AGB): usual and customary charges for covered services that are provided to patients. For persons applying for and obtaining financial assistance per this policy, Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA) entities have identified a hospital/clinic specific AGB percentage that shall be applied to all services billed the patient for which they are seeking payment assistance.

Assets: Resources available to a patient that can converted to cash for the purposes of meeting financial obligations.

Eligible: for the purposes of this policy a person who has been determined through review of required pieces of financial information to be eligible for financial assistance.

Emergency Medical Treatment and Labor Act (EMTALA): an act of the Federal Government included in Federal Regulation (codified at §1867 of the Social Security Act, (the Act) the accompanying regulations in 42 CFR §489.24 and the related requirements at 42 CFR 489.20(l), (m), (q), and (r) – Appendix V. This act has established the requirement for hospitals to ensure appropriate medical screenings are provided to patients, to include women in labor, entering hospital property regardless of ability to pay.

Emergency Medical Condition (EMC): any condition identified by a physician/APRN that a person has an acute illness or injury that requires immediate medical attention.

Extraordinary Collections Actions (ECA): any action taken by the hospital against a person in an effort to obtain payment for a services rendered and billed that requires either a legal process, involves selling the person's debt to another party or the reporting of adverse information regarding the person to a consumer credit reporting agency.

Federal Poverty Guidelines: levels utilized in the determination of eligibility for financial assistance program based upon income levels that are established and updated annually by the Department of Health and Human Services.

### **Applicable to:**

All of Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA)

### **Procedure:**

1. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA) shall comply with federal regulations regarding EMTALA and shall not deny, delay or refuse emergency medical care to anyone with an emergency medical condition seeking medical services.
2. The hospital/clinic shall support persons in securing the financial assistance they need and are eligible for on a case by case basis and following established policy and regulation.
3. The hospital/clinic shall ensure that all patients have the opportunity to access policies regarding the financial assistance program, other financial assistance programs, and payment information. This shall be completed through the following:
  - a. Face to face contact with staff
  - b. Provision of informational handouts
  - c. Posting of policy and information on the hospital's website
  - d. Posting of signage in Registration areas
  - e. Availability of the Financial Counselor through business hours
  - f. Copy of plain language summary provided to all patients at the time of registration.
4. Any person contacting the hospital seeking financial assistance shall be referred to the hospital's Business Office - Financial Counselor/designee for guidance and direction regarding available programs and assistance in the completion and submission of a Financial Assistance Application.

5. Person's seeking Financial Assistance shall be required to submit a Financial Assistance Application within 240 days after the date that the first post-discharge billing statement was provided by Caldwell Medical Center and/or Caldwell Medical Associates.
6. Patients shall be sent financial assistance information and an application at the request of other concerned parties such as family members, social services, or clergy.
7. All Financial Assistance Applications and related documentation shall be kept confidential and secured in the hospital's Business Office. Once application is approved or denied, information shall be scanned into patient electric medical record file.
8. Within 14 days following receipt of a completed Financial Assistance Application, the financial counselor shall review the information submitted and make a determination if additional information is needed. The financial counselor shall notify the patient of the needed documentation and provide them with ample time to submit needed information.
9. Within 14 days following receipt of the completed Financial Assistance Application, the final determination shall be made for the patient. The patient shall be notified in writing of the acceptance or denial of the application.

#### **Eligibility for Financial Assistance**

1. Any person seeking financial assistance shall be a resident of Kentucky. They shall meet the requirements as defined below:
  - Must reside in bordering Kentucky counties, which include Caldwell, Crittenden, Hopkins, Livingston, Lyon and Trigg .
2. Persons seeking financial assistance shall have exhausted all other state and federal assistance program options prior to being considered eligible for CMC/CMA Financial Assistance. Patients shall be provided guidance to state and federal assistance programs as needed.
3. Eligibility for financial assistance shall be determined based upon Federal Poverty Guidelines using the patient's total household income (including all working parties in the home) and total number of persons in the household.
4. Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA) shall utilize current Federal Poverty Guidelines as of the date the Financial Assistance Application was received from patient and not the date of services provided patient.

5. The following chart shall be reviewed and updated annually. Information shall be subject to change by hospital administration and/or the Board of Trustees of Caldwell County Hospital, Inc. This information shall be utilized to identify patient eligibility for financial assistance:

See Appendix A- Federal Poverty Level Table

6. Patient assets shall be required and reviewed in the process of determining their financial assistance need. The following items shall be considered:
  - a. Primary Residence, if owned
  - b. Other property owned
  - c. One (1) motor vehicle for patient; two (2) motor vehicles if married
  - d. Patient savings to include Individual Retirement Accounts & Certificates of Deposit
7. Patients eligible for financial assistance shall not be charged more than the yearly Amounts Generally Billed (AGB). This value shall be calculated using the “look back” method based on paid claims from Medicare fee-for-service and private insurance companies.
8. Please, see Appendix B for all covered and non-covered service providers.

### **Applying for Financial Assistance**

1. A free copy of the Financial Assistance Policy (FAP) and FAP Application is available on-site at Caldwell Medical Center Business Office, inside the Registration Department Monday – Friday 7:30am- 4:00pm or on the hospital’s website, [www.caldwellmedical.com](http://www.caldwellmedical.com). The FAP and FAP Application can also be mailed if requested by calling 270-365-0330.
2. To apply for financial assistance, patient must submit completed and supporting documents to Caldwell Medical Center Business Office Financial Counselor or mail to the following address:

.Caldwell Medical Center  
Attn: Financial Counselor  
P.O. Box 410  
Princeton, KY 42445

3. The following information and documents are required to process the Financial Assistance application:
  - All fields must be completed on application form or marked as “N/A”
  - Sources of income verification must be provided for household member over the age of 18, including:
    - 3 months of employment pay stubs

- 
- SSI and/or SSD award letter
  - Tax return information for all family members
  - Proof of any income source listed on form
  - Approval/denial of eligibility for Medicaid or other state funded medical assistance
  - Approval/denial of eligibility for unemployment compensation
  - Other information or supporting documents may be requested, i.e. power of attorney, guardianship documents, release of information, etc.
4. Translation services may be provided at request of patient or representative.
  5. Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center and Caldwell Medical Associates shall permit patients to apply for financial assistance for up to 240 days following the date that the first post-discharge billing statement was provided.
  6. The actions CMC and CMA may take in the event of nonpayment are described in a separate Billing and Collection policy. A free copy of this policy is available on our website at [www.caldwellmedical.com](http://www.caldwellmedical.com). Patients may also obtain a copy by visiting the Caldwell Medical Center Business Office Monday – Friday between the hours of 7:30am – 4:00pm.

**References:**

- Internal Revenue Services – 501c3 Hospitals Under the Affordable Care Act
- Internal Revenue Services – Reg. 501(r)-4 – Financial Assistance Policy and Emergency Medical Care Policy



# FINANCIAL ASSISTANCE POLICY

Number of pages: 13

Appendix A – Financial Assistance Policy  
 Policy # - BO \_\_\_\_\_

2019 Financial Adjustment Levels

Federal Poverty Level	Financial Adjustment
100% or less	100%
101% to 150%	80%
151% to 199%	60%
200% +	40%

The Amounts Generally Billed (AGB) discount percentage for calendar year 2019 is 40%.

Financial Adjustment Calculation Table

Size of Family	Family Income Less Than:		
	100%	150%	200%
1	\$12,140.00	\$18,210.00	\$24,280.00
2	\$16,460.00	\$24,690.00	\$32,920.00
3	\$20,780.00	\$31,170.00	\$41,560.00
4	\$25,100.00	\$37,650.00	\$50,200.00
5	\$29,420.00	\$44,130.00	\$58,840.00
6	\$33,740.00	\$50,610.00	\$67,480.00
7	\$38,060.00	\$57,090.00	\$76,120.00
8	\$42,380.00	\$63,570.00	\$84,760.00
Each Additional	\$4,320.00	\$6,480.00	\$8,640.00



## **Appendix B – Covered and Non-Covered Providers List**

**The following providers shall be covered under Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center and Caldwell Medical Associates' Financial Assistance Policy:**

Charles Michael Littlejohn, MD	John Mobley, MD
Sue Ellen Petty, MD	Shanna Phillips, D-PT
Sanjay Bose, MD	Sunny Neal, APRN
Scott Graham, MD	Elizabeth Scheidler, APRN
Barbara Hickman, APRN	Linda Harris, CRNA
Joseph Drawdy, APRN	Robert Wright, CRNA
Jessica Carr, PA	Jeffrey Jenkins, CRNA
Lorie Wydotis, APRN	Anthony France, CRNA
Deborah Stovall, APRN	Russell Peyton, APRN
Beverly Jones, APRN	Timothy Chang, MD
David Bealle, MD	Frederick Robbe III, MD
Anne (Caroline) Beck, PT	Melissa Crayne, OTR

**The following providers shall not be covered under Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center and Caldwell Medical Associates' Financial Assistance Policy:**

American Physician Partners (Align, MD)	Henry Garth Smith, MD
David French, MD	Mitchell Kaye, MD
Debra Wilder, MD	Lathan Ed Settle, MD
Paul Herrell, MD	Zachary A. Rohr, DPM (Gateway Foot & Ankle)
Winston Chua, MD	Dilip Unnikrishnan, MD
Scott Sanders, MD	
William Larry Long, MD	
Associated Pathologist (Pathgroup)	

---

## Appendix C - Plain Language Summary

Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center (CMC) and Caldwell Medical Associates (CMA) are committed to offering financial assistance to people who have health care needs and are not able to pay for care. You may be able to get financial assistance if you are not insured, underinsured, not eligible for a government program, or do not qualify for governmental assistance (for example, Medicare or Medicaid). Caldwell Medical Center and Caldwell Medical Associates strive to make sure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This is a summary of the organization's Financial Assistance Policy (FAP).

### Availability of Financial Assistance

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for services at the Caldwell Medical Center and Caldwell Medical Associates.

### Eligibility Requirements

Financial assistance is generally determined by a sliding scale of total household income based on the *Federal Poverty Level (FPL)*. If you and/or the responsible party's income combined is at or below 200% of the federal poverty guidelines, you may get discounted rates for the care given by the provider. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed (AGB) to individuals who have insurance covering such care. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance.

### Where to Find Information

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

- Download the information online at [www.caldwellmedical.com](http://www.caldwellmedical.com) under the Patients & Visitors tab by selecting Financial Assistance.
- Request the information by visiting the Caldwell Medical Center Business Office, inside the Registration Department, Monday – Friday 7:30am – 4:00pm at 100 Medical Center Drive, Princeton, KY 42445.
- A free copy of the FAP and FAP application can also be requested via mail by calling 270-365-0331.

### How to Apply

The application process involves filling out the financial assistance form and submitting the form along with the supporting documents to Caldwell Medical Center Business Office for processing. You may also apply in person, or request assistance with the application process, by visiting the Financial Counselor at the address listed above. Financial assistance applications are to be submitted to the following office:

Caldwell Medical Center Business Office  
Attn: Financial Counselor  
P.O. Box 410  
Princeton, KY 42445





# FINANCIAL ASSISTANCE POLICY

Number of pages: 13

## Financial Assistance Application

Patients who are unable to pay for all or part of their health care services may apply for financial assistance by completing and returning this form. Patients who meet eligibility criteria may qualify for a reduction on his or her bill.

Please, visit [www.caldwellmedical.com](http://www.caldwellmedical.com) for a copy of our Financial Assistance policy and guidelines. Patients may also contact Caldwell Medical Center Business Office Monday – Friday 7:30am- 4:00pm at (270) 365-0331 to request a copy of this information.

Patients having any questions or needing assistance completing this application should contact:

Caldwell County Hospital, Inc. d.b.a. Caldwell Medical Center and Caldwell Medical Associates  
Financial Counselor  
Monday – Friday 7:30am – 4:00pm  
(270) 365-0331

The following information and documents are required to process the Financial Assistance application:

- All fields must be completed on application form or marked as “N/A”
- Sources of income verification must be provided for household member over the age of 18, including:
  - 3 months of employment pay stubs
  - Tax return information for all family members in household
  - Proof of any income source listed on form
  - Approval/denial of eligibility for Medicaid or other state funded medical assistance
  - Approval/denial of eligibility for unemployment compensation
- Other information or supporting documents may be requested, i.e. power of attorney, guardianship documents, release of information, etc.

To submit this application, please bring application in person to Caldwell Medical Center Business Office Financial Counselor or mail to the following address:

Caldwell Medical Center Business Office  
Attn: Financial Counselor  
P.O. Box 410  
Princeton, KY 42445

Caldwell Medical Center Financial Counselor will notify applicant of the final determination of eligibility within 14 business days of receiving a completed financial application.





# FINANCIAL ASSISTANCE POLICY

Number of pages: 13

## Employment Information

Employment Status (responsible party)	Date of Hire:
<input type="checkbox"/> Employed <input type="checkbox"/> Disabled	
<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Date of Unemployment:
<input type="checkbox"/> Self Employer <input type="checkbox"/> Other	
Spouse Employment Status	Date of Hire:
<input type="checkbox"/> Employed <input type="checkbox"/> Disabled	
<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Date of Unemployment:
<input type="checkbox"/> Self Employer <input type="checkbox"/> Other	

List all family members in patient’s household, including self. This includes individuals related by birth, marriage, or adoption who live in the home. All individuals over 18 must disclose income information. Income information includes the following sources: Wages, Unemployment, Self-employment, Rental Income, Worker’s Compensation, Disability, SSI, Child/spousal support, Work Study, Pension, Retirement account distributions, any other sources of income. W-2’s will be required.

## Household Information

Name	Date Of Birth	Relationship to Patient	If 18 years or older: Employer(s) name or Source of income	If 18 years or older: Total gross monthly Income(before tax)

Income verification is required to determine financial assistance. Please, provide proof for every identified source of income.



# FINANCIAL ASSISTANCE POLICY

Number of pages: 13

**Monthly Household income:**

**Income Information**

Patient's Salary	\$
Spouse's/Responsible Party Salary	\$
Retirement/Pension	\$
Social Security	\$
Net Rental/Lease Cash Flow	\$
Interest	\$
Dividends	\$
AFDC/TANF/Welfare	\$
Child Support	\$
Unemployment Benefits	\$
Military Pay	\$
Workmen's Comp Benefits	\$
Other Income	\$
Total:	\$

**Asset Information**

Current checking account balance \$ _____	Savings account balance \$ _____
Does your family have other assets? <input type="checkbox"/> Stocks <input type="checkbox"/> 410K <input type="checkbox"/> Health Savings Account(s)  <input type="checkbox"/> Bonds <input type="checkbox"/> Trust(s) <input type="checkbox"/> Business <input type="checkbox"/> Property (other than primary residence)	
TOTAL \$ _____	

**Additional Information**

Please attach any additional documents or information regarding your current financial situation. This includes financial hardship and personal loss.



# FINANCIAL ASSISTANCE POLICY

Number of pages: 13

## Financial Assistance Patient Agreement

I understand that Caldwell County Hospital, Inc., d.b.a. Caldwell Medical Center and Caldwell Medical Associates, may verify information by reviewing credit information and obtaining information from other sources to determine eligibility for assistance.

I understand by submitting this application, applicants consent Caldwell County Hospital, Inc., d.b.a. Caldwell Medical Center and Caldwell Medical Associates, representative to make necessary inquiries to confirm financial obligations and information submitted.

I agree that above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date