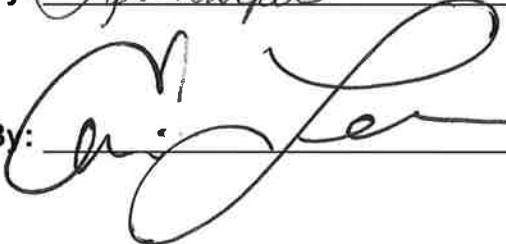


JSMC	Policy Title:	Financial Assistance Policy		
Issue Date:	Revision Dates:		Effective Date:	
01012016				
Manual:	Developed by:	Approved by:	Pages with attachments:	
Finance	Finance Division	JSMC Finance Committee	10	

Approved By:  Date: 1/28/16

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PURPOSE:

Consistent with its mission to commitment to excellence in service and accommodation to the growing healthcare needs of our community, Jennie Stuart Medical Center is committed to providing affordable care to individuals who are in need of emergency or medically necessary treatment and have a household income below 400% of the Federal Poverty Level (FPL) Guidelines.

In accordance with the federal Patient Protection and Affordable Care Act (PPACA) and section 501(r) of the Internal Revenue Service code, all other uninsured patients will not be charged more than the amount generally billed to insured patients for emergency or medically necessary care.

DEFINITIONS:

The following terms are meant to be interpreted as follows within this policy:

- **Financial assistance:** Healthcare services provided which are not expected to result in cash inflows; medically necessary services rendered without expected payment to individuals meeting established criteria.
- **Medically Necessary:** Hospital services or care rendered to a patient, both inpatient and outpatient, in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
- **Emergency Care:** Immediate care which is necessary to prevent serious jeopardy to a patient's health; serious impairment to bodily functions, and/or serious

dysfunction of any organs or body parts.

- Urgent Care: Services necessary in order to avoid the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12 hours.
- Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
- Underinsured: Patients who have limited healthcare coverage, or coverage that leaves the patient with an out of pocket liability, and therefore may still require financial assistance.
- Catastrophic Charity: Financial assistance given to patients whose medical expenses exceed one-fourth of their total household income.

POLICY:

Discounted care is provided only when care is deemed medically necessary and after uninsured (or underinsured) financial assistance eligible patients have been found to meet all qualifying criteria.

Patients seeking financial assistance may be assisted with applications for other means of payment (e.g., Medicaid, other local funding programs) BEFORE approval for financial assistance.

Uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so in order to ensure healthcare accessibility and overall well-being. Jennie Stuart Medical Center is equipped with financial counselors to assist in this process.

PROCEDURE:

A. Emergency and Medically Necessary Care

Services eligible for financial assistance include:

- Emergent or urgent care; and,
- Services deemed medically necessary by Jennie Stuart Medical Center; and,
- Care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

B. Hospital Facility and Other Providers Furnishing Care in the Hospital Facility

Jennie Stuart Medical Center will make available a list of all providers (Appendix A), other than the hospital itself, delivering emergency or other medically necessary care in the Hospital facility and whether they are (or are not) covered

by Jennie Stuart Medical Center's financial assistance policy.

C. Eligibility Criteria for Financial Assistance

Jennie Stuart Medical Center patients who are deemed financial assistance eligible will not be charge more than amounts generally billed to insured patients for emergency or medically necessary care.

Services eligible for financial assistance include: emergent or urgent care, services deemed medically necessary by Jennie Stuart Medical Center, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

Patients who have a household income below 400% of the Federal Poverty Level (Appendix B) may qualify for a reduction of total charges (see sliding scale, Appendix B).

Determinations for eligibility for discounted care will require patients to submit a complete financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors.

When determining patient eligibility, Jennie Stuart Medical Center does not take into account race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or age of the patient's account.

Additionally, Jennie Stuart Medical Center may refer to or rely on external sources and/or other program enrollment resources if uninsured patients lack documentation that supports eligibility. For example, Jennie Stuart Medical Center may provide discounted care when:

- Patient is homeless
- Patient is eligible for other state or local assistance programs that are unfunded
- Patient is eligible for food stamps or subsidized school lunch program
- Patient is eligible for a state-funded prescription medication program
- Patient's valid address is considered low-income or subsidized housing
- Patient receives discounted care from a community clinic and is referred to hospital for further treatment

D. Determining the Financial Assistance Adjustment

Individuals eligible for financial assistance under this policy shall not be charged more than the amounts generally billed (AGB) to individuals who have insurance.

This value shall be calculated using the "look-back" method based on actual paid claims from Medicare fee-for-service and private health insurers.

E. Catastrophic Charity Eligibility

Individuals whose household income exceeds 400% of the federal poverty guidelines, and have a catastrophic illness resulting in expenses that are greater than one-fourth of their annual income, may receive a catastrophic charity adjustment.

F. Applying for Financial Assistance

To apply for financial assistance, patients must submit a complete application (Appendix C) (including supporting documents) to Jennie Stuart Medical Center Business Office, P.O. Box 2400, Hopkinsville, KY 42240 either in person or by mail.

Applications can be accessed:

- At the facility at all registration and access points on the main hospital campus as well as offsite Jennie Stuart Campuses.
- By mail, if individuals make a request by phone (call (270) 887-0328) or by mail (send request to P.O. Box 2400, Hopkinsville, KY 42240)
- Online at <http://www.jsmc.org>

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application, individuals should be prepared to supply the following documentation:

- Bank statements
- Proof of income for applicant (and spouse if applicable), such as recent pay stubs (3 months' worth), unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves
- Copy of most recent tax return
- Payment history of any outstanding accounts for prior hospital services
- In some cases, information on available assets or other financial resources

External public sources may also be used to verify eligibility as well.

Financial counselors are available Monday through Friday, from 8:00am until 4:30pm to discuss the application process at (270) 887-0100 or you can dial direct at (270) 887-0332 or (270) 887-0234.

**Note: Jennie Stuart Medical Center has access to translators who can assist patients who are unable to speak English.*

G. Actions in the Event of Non-Payment

The collection actions that Jennie Stuart Medical Center may take if a financial assistance application and/or payments are not received are described in a separate billing and collections policy.

In brief, Jennie Stuart Medical Center will make certain efforts to provide uninsured patients with information about our financial assistance policy, such as including a summary of it with billing statements, before we or our collection vendors take certain actions to collect your bill (these actions may include charging of interest, some civil actions, or reporting of outstanding debt to credit bureaus).

For more information on the steps Jennie Stuart Medical Center will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Jennie Stuart Medical Center's billing and collections policy.

You can request a free copy of this policy by:

- In person at Jennie Stuart Medical Center located at P.O. Box 2400, Hopkinsville, KY 42240; or,
- Request a free copy by mail by calling ((270) 887-0332); or,
- Mailing a request to Jennie Stuart Medical Center Business Office, P.O. Box 2400, Hopkinsville, KY 42240 or access it free of charge online here: <http://www.jsmc.org>

H. Communication of Financial Assistance

Jennie Stuart Medical Center's financial assistance policy, financial assistance application, and summary of the financial assistance policy are available to patients in English and Spanish.

These documents are available free of charge at our facility, by mail, and online.

- In person at Jennie Stuart Medical Center located at P.O. Box 2400, Hopkinsville, KY 42240; or,
- Request a free copy by mail by calling (270) 887-0332); or,
- Mailing a request to Jennie Stuart Medical Center Business Office, P.O.

Box 2400, Hopkinsville, KY 42240 or access it free of charge online here:
<http://www.jsmc.org/>

Jennie Stuart Medical Center communicates the availability of financial assistance through means which include:

- Posting signs within waiting rooms and registration areas, as well as emergency rooms, urgent care centers, and financial services departments
- Providing brochures in waiting rooms and registration areas in the emergency department, urgent care, outpatient areas, and inpatient areas
- Creating a document that summarizes the financial assistance policy, which is given to patients by hospital team members at discharge and sent with patient statements
- Ensuring free copies of financial assistance documents (policy, application, and summary) can be obtained within the facility and by mail
- Posting information about financial assistance (including summary, application, and policy) on Jennie Stuart Medical Center's website
- Providing information about the policy and how to apply during verbal communication about the patient's bill (e.g., phone calls)
- Ensuring designated staff are knowledgeable of the financial assistance policy and can answer patients' questions or refer patients to the program
- Notifying local physician practices and representatives of community and social service agencies, including Jennie Stuart Medical Group, and other non-affiliated community physician offices about the availability of financial assistance at Jennie Stuart Medical Center and how interested individuals can apply
- Providing brochures and copies of the summary of our assistance policy to local physician offices and community agencies, including all Jennie Stuart Medical Group
- Inclusion of the financial assistance application with billing statement for uninsured and underinsured patients.

I. Ensuring Compliance

On an annual basis, the Director of Patient Financial Services or designee will perform an audit to include:

- a random sampling of billing statements to ensure it includes all information required,
- a visit to each physician office and registration point within the hospital to ensure each point of entry has access to the updated financial assistance policy, as well as updated financial assistance applications and staff are informed on how to inform patients of each,

- an audit of the website to ensure the application and policy are still easily accessible,
- And a look-back to ensure the then reimbursement rates of the payers being used to calculate an average of "amounts generally billed" does not fall below that of what a patient who qualifies for financial assistance is being billed.

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should be directed to the Patient Financial Services Department at (270) 887-0332.

APPENDIX B:

2015 POVERTY GUIDELINES
 ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

Family Size	Annual Percent of Poverty Guideline													
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%	300%	350%	400%
1	11,770	14,124	15,654	15,890	16,478	17,067	17,655	20,598	21,775	23,540	29,425	35,310	41,195	47,080
2	15,930	19,116	21,187	21,506	22,302	23,099	23,895	27,878	29,471	31,860	39,825	47,790	55,755	63,720
3	20,090	24,108	26,720	27,122	28,126	29,131	30,135	35,158	37,167	40,180	50,225	60,270	70,315	80,360
4	24,250	29,100	32,253	32,738	33,950	35,163	36,375	42,438	44,863	48,500	60,625	72,750	84,875	97,000
5	28,410	34,092	37,785	38,354	39,774	41,195	42,615	49,718	52,559	56,820	71,025	85,230	99,435	113,640
6	32,570	39,084	43,318	43,970	45,598	47,227	48,855	56,998	60,255	65,140	81,425	97,710	113,995	130,280
7	36,730	44,076	48,851	49,586	51,422	53,259	55,095	64,278	67,951	73,460	91,825	110,190	128,555	146,920
8	40,890	49,068	54,384	55,202	57,246	59,291	61,335	71,558	75,647	81,780	102,225	122,670	143,115	163,560

Family Size	Monthly Percent of Poverty Guideline													
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%	300%	350%	400%
1	980.83	1,177.00	1,304.51	1,324.13	1,373.17	1,422.21	1,471.25	1,716.46	1,814.54	1,961.67	2,452.08	2,942.49	4,119.50	5,218.04
2	1,327.50	1,593.00	1,765.58	1,792.13	1,858.50	1,924.88	1,991.25	2,323.13	2,455.88	2,655.00	3,318.75	3,982.50	5,575.50	7,062.32
3	1,674.17	2,009.00	2,226.64	2,260.13	2,343.83	2,427.54	2,511.25	2,929.79	3,097.21	3,348.33	4,185.42	5,022.51	7,031.50	8,906.56
4	2,020.83	2,425.00	2,687.71	2,728.13	2,829.17	2,930.21	3,031.25	3,536.46	3,738.54	4,041.67	5,052.08	6,062.49	8,487.50	10,750.84
5	2,367.50	2,841.00	3,148.78	3,196.13	3,314.50	3,432.88	3,551.25	4,143.13	4,379.88	4,735.00	5,918.75	7,102.50	9,943.50	12,595.12
6	2,714.17	3,257.00	3,609.84	3,664.13	3,799.83	3,935.54	4,071.25	4,749.79	5,021.21	5,428.33	6,785.42	8,142.51	11,399.50	14,439.36
7	3,060.83	3,673.00	4,070.91	4,132.13	4,285.17	4,438.21	4,591.25	5,356.46	5,662.54	6,121.67	7,652.08	9,182.49	12,855.50	16,283.64
8	3,407.50	4,089.00	4,531.98	4,600.13	4,770.50	4,940.88	5,111.25	5,963.13	6,303.88	6,815.00	8,518.75	10,222.50	14,311.50	18,127.92

APPENDIX D:**"Plan Language Summary"**

In accordance of the 501 (r) charity requirements, below is considered the "Plan Language Summary" of the Jennie Stuart Medical Center Financial Assistance Policy which will accompany all billing statements and be presented to patients during all financial discussions.

Consistent with its mission to provide high quality health and wellness services for the community, Jennie Stuart Medical Center is committed to providing affordable care to individuals who are in need of emergency or medically necessary treatment and have a household income below 400% of the Federal Poverty Level (FPL) Guidelines. Individuals who qualify for financial assistance will not be charged more than the average amounts generally billed to insured patients, for emergency or medically necessary care.

Financial counselors are available Monday through Friday, from 8:00am until 4:30pm to discuss the application process at (270) 887-0100 or you can dial direct at (270) 887-0332 or (270) 887-0234.

Jennie Stuart Medical Center will not pursue extraordinary collections actions against an individual without first using reasonable efforts to determine if such individual is eligible for financial assistance.

For a free copy of the entire Financial Assistance Policy and/or an Application for Financial Assistance in English or Spanish, patients can:

- Request in person at Jennie Stuart Medical Center located at P.O. Box 2400, Hopkinsville, KY 42240; or,
- Request a copy by mail by calling ((270) 887-0332); or,
- Mail a request to Jennie Stuart Medical Center Business Office, P.O. Box 2400, Hopkinsville, KY 42240; or,
- Access it online: <http://www.jsmc.org>