

JSH	Policy Title:	Specialty Pharmacy Financial Assistance Policy	
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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 offering affordable care to uninsured, underinsured, and medically indigent patients who indicate an inability to pay for Specialty Pharmacy medications and courses of treatment provided at the Jennie Stuart Specialty Pharmacy.

DEFINITIONS:

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

- Applicant: Refers to the individual whose signature appears on the application.
- Catastrophic Charity: Financial assistance given to patients whose medical expenses exceed one-fourth of their total household income.

- **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.
 - **Financial Assistance:** Monetary aid to individuals meeting established criteria.
 - **Household:** Defined to mimic the state and federal definition of household for healthcare programs, household refers to all persons related by birth, marriage, or adoption who reside together, dependents, and others in the same tax household. Unrelated individuals who are not dependents living at the same address are considered separate households. The following compose the household:
 - The applicant and their spouse.
 - The applicant's unmarried partner if they are the parent of the applicant's child.
 - Anyone under 19 years of age who lives with and is taken care of by the applicant.
 - Anyone claimed as a dependent on the applicant's federal tax return.
 - Anyone who claims the applicant on a federal tax return and their tax dependents.
 - **Income:** The modified adjusted gross income (MAGI) as defined by the IRS and used by the state and federal agencies for healthcare programs. Income refers to all cash receipts before taxes with certain adjustments. Income does not include non-cash benefits such as SNAP, school lunch programs, clothing vouchers, or food/rent in lieu of wages. For most patients eligible for sliding fee discounts, income calculation is simple. A full definition of MAGI is available from the IRS. Common income sources included in MAGI:
 - Wages, salaries, and tips.
 - Social Security benefits.
 - Unemployment compensation.
 - Net self-employment or business income (generally the amount of money you take in from your business minus your business expenses).
 - Alimony.
 - Retirement and pension income.
 - Investment and rental income.Common income sources excluded from MAGI:
 - Child Support.
 - Supplemental Security Income (SSI).
 - Veteran's disability benefits.
 - Workers' compensation.Common Deductions from MAGI:
 - Alimony paid.
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- Student loan interest and tuition costs paid.
- Individual retirement account contributions.
- **Medically Necessary:** 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.
- **Proof of Income:** Must be current information and includes but is not limited to the following.
 - Most recent income tax return or W-2
 - 3 most recent months' pay stubs
 - Most recent unemployment check
 - Proof of other household income (Social Security, pension, etc....)
 - Complete bank statements showing direct deposits and transfers
 - Sufficient information on how patients are currently supporting themselves financially
- **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.
- **Urgent Care:** Services necessary to avoid the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12 hours.

POLICY:

Patients who demonstrate an inability to pay and who meet this policy's financial criteria for qualification will be covered under the Financial Assistance Policy for the JSMC Specialty Pharmacy. Patients are informed of JSMC's Specialty Pharmacy Financial Assistance Policy primarily through the JSMC website, Financial Counselors, Admitting and ED Registration staff, Patient Financial Services Customer Service, signage, and brochures distributed in JSMC clinics and hospital locations. The website information is listed on all billing statements with a link to a plain language summary of this policy. For patients without internet access, this policy is available when calling JSMC Patient Financial Services.

PROCEDURE

A. Eligibility Criteria

1. Financial Assistance

Eligibility determination is based on household income and family size utilizing a sliding scale of up to 400% above the Federal Income Poverty Guidelines in effect at the time of the eligibility decision. (See Attachment A.).

Attachment A will be regularly revised to reflect updates in the Federal Income Poverty Guidelines as issued by the Secretary of the Department of Health and Human Services without need for further approval of this policy.

When determining patient eligibility, JSMC Specialty Pharmacy does not consider race, gender, age, sexual orientation, religious affiliation, social or immigrant status.

Additionally, JSMC Specialty Pharmacy may refer to or rely on external sources and/or other program enrollment resources if uninsured patients lack documentation that supports eligibility. For example, JSMC Specialty Pharmacy 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 is uninsured and classified as "self-pay"
- Patient is part of other "self-pay group"

The JSMC Specialty Pharmacy may also consider the patient Presumptively Eligible if there is sufficient information identified to qualify the patient for financial assistance. The JSMC Specialty Pharmacy may utilize analytic software or an analytics services vendor to support such presumptive financial assistance processing, which may include review of credit information from consumer reporting agencies.

Covered services include all JSMC Specialty Pharmacy pharmaceuticals that are deemed medically necessary. These pharmaceuticals are covered regardless of

whether a patient resides within the JSMC geographic area. No application will be refused based on residency. Please refer to section D for the list of excluded medications.

2. Copay Assistance

For assistance with copays, JSMC will assist patients in finding rebates offered by drug manufacturers after applying traditional financial assistance. These are provided by drug makers and can help lower your out-of-pocket costs. Income and household size are not considered for copay card assistance. Copay cards cannot be used at the same time as a government insurance plan such as Medicare, VA, TRICARE, and select Federal Employee Plans.

JSMC will identify potential manufacturer rebates and assist patients with applying.

3. Foundation Support

For patients who do not qualify for financial assistance or copay assistance, JSMC will work with patients to apply for manufacturer free drug programs. These are programs offered by the drug maker. These are often offered when no other help is available. These programs often provide the medication to a patient at no cost.

B. Applying for Financial Assistance

To apply for Financial Assistance, patients must submit a complete application (Appendix B) and supporting documentation to Jennie Stuart Medical Center Financial Counseling, P.O. Box 2400, Hopkinsville, KY 42240 either in person or by mail. Patients will be encouraged to update their income information and household size annually. Jennie Stuart Medical Center will assist the patient in determining the household size and income as necessary. Individuals seeking financial assistance should be prepared to provide supporting documentation, including but not necessarily limited to:

- Most recent federal tax return

- Proof of income for applicant as well as all wage earners in household, such as W-2s, pay stubs, unemployment insurance payment stubs, or sufficient information on how patients are currently supporting themselves
- Copies of last two bank statements from all accounts
- Investment statements from all accounts
- Payment history of any outstanding accounts for prior services
- Completed application for Medicaid, along with copy of denial if patient's income is within Medicaid income levels
- Information on available assets or other financial resources

When appropriate, patients may be asked to apply for Medicaid or other publicly sponsored insurance programs. Resources will be available to assist patients in that process. The patient may be required to meet a spend down in order to have services covered by Medicaid. Any payments the patient is required to make to JSMC including, but not limited to, the spend-down amount and co-pay and/or deductible amounts are eligible for consideration in our FAP. Failure to apply or comply with the Medicaid application requirements will result in denial of financial assistance.

A patient who has been awarded financial assistance may be directed to apply for Medicaid upon review of subsequent services, if it is deemed that the Medicaid Coverage will provide better benefits to the patient(s) than the current financial assistance awarded. If the patient fails to submit a completed Kentucky Medicaid application within 90 days of the JSMC's request, JSMC may revoke the patient's financial assistance status for all services provided after the date of the revocation notice.

A patient may submit a financial assistance application at any time within one year from the first billing statement related to the covered service. Incomplete applications will be held and the applicant will be notified of the missing required information which must be supplied within 40 days from the date of the written notification. If the patient does not meet this requirement, the application will be denied, and JSMC will resume billing and collection activities. The patient retains the option to provide the required information after the 40-day deadline. If JSMC receives that information prior to one year after the date of service, JSMC will suspend billing and collection activities.

JSMC's financial assistance decision will be based on the information provided on the financial assistance application along with data obtained by external vendors or systems or a similar firm retained to help the JSMC process such applications. The Health System may also use internal criteria, which may include review of previous account history and a credit check(s). JSMC reserves the right to request additional information to support the application process.

A determination of whether a patient is qualified will be made within 30 days of receipt of a completed application. If a patient is qualified for Financial Assistance, he/she will receive written notification of the Financial Assistance discount amount as well as a Financial Assistance Approval card indicating the coverage period, discount amount, and all eligible household dependents.

Once the application has been completed or orally provided the patient may disregard bills which may have been sent in the ordinary course of business, and the patient shall be notified of such. The existing bills will be placed on hold once the application is taken.

The JSMC FAP may determine that a patient qualifies for assistance when the patient is unable to submit a written application. The patient must be screened, and information verbally supplied, validated. The validation process includes the use of third-party vendor software tools. If the patient is determined eligible for Financial Assistance, a presumptive eligibility approval will be made for the appropriate adjustment.

In certain cases where patients do not qualify for FAP discounts based on the usual criteria, the JSMC Assistance Review Committee may consider extenuating circumstances and determine that the patient is eligible.

The patient will be permitted to establish a reasonable monthly payment plan on any balance remaining after the Financial Assistance Discount. In no event will the monthly installment exceed 10% of the eligible patient's gross monthly income or contain an acceleration clause or interest penalty. Financial counseling is available to arrange affordable monthly payment plans.

Financial Assistance eligibility will be effective on the date of the covered service which the patient/guarantor applied for. The coverage period will extend for one year from the date the approval was granted. JSMC may ask patients to reapply for financial assistance when there is a change in financial

status.

C. Determining the Financial Assistance Adjustment

Financial assistance is provided in the form of a percentage discount off the net amount billed to the patient. For uninsured patients, the net amount billed is intended to reflect the amount generally billed to Medicare for the same services. The Affiliate Organization uses the look-back methodology prescribed by IRS Section 501r to determine Medicare amounts generally billed. Information regarding the calculation of the amount generally billed to Medicare may be obtained by contacting the Affiliates listed in section D. For insured patients, the net amount billed represents any patient responsibility in the form of patient responsibility balances. The percentage discount provided is based on household income and family size utilizing a sliding scale of up to 400% above the Federal Income Poverty Guidelines in effect at the time of the eligibility decision and annually updated. The following table should be used to determine the discount percentage applied:

Federal Poverty Level	Discount Percentage
0% - 224%	100%
225% - 299%	90%
300% - 349%	80%
350% - 400%	70%

D. Excluded Medications

Charges from private Physicians/Providers (not employed or contracted by JSMC) who provide services are not covered under the program. FAP will not be applied to patient balances due to coordination of benefits issues, or the patient's inability to provide the insurance with documentation they request or to provide the facility with the information needed to bill an insurance/carrier.

Patients who opt out of available insurance coverage may impact their eligibility for Financial Assistance. When evaluating patient eligibility for Financial Assistance JSMC may take into account a patient's eligibility for other available sources of payment and a patient's cooperation with securing such additional sources of payment (e.g., Medicaid) as further described in of this FAP.

International patients who come to the JSMC Specialty Pharmacy in a non-emergency situation are not eligible for Financial Assistance.

E. Actions in the Event of Non-Payment

The collection actions that JSMC Specialty Pharmacy may take if a financial assistance application and/or payments are not received are described in a separate billing and collections policy.

In brief, JSMC Specialty Pharmacy 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 JSMC Specialty Pharmacy 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 here:

<http://www.jenniestuarthealth.org/Patient-Visitors/Financial-Assistance-Guidelines>.

F. Communication of Financial Assistance

JSMC Specialty Pharmacy's financial assistance policies, financial assistance applications, and summaries of the financial assistance policies are available to patients in English and Spanish. These documents are available free of charge at all facility locations, by mail, and on our website:

<http://www.jenniestuarthealth.org/Patient-Visitors/Financial-Assistance-Guidelines>. These documents can be requested by contacting Jennie Stuart Medical Center Financial Counselors at 270-887-0332 or by mailing your request to Jennie Stuart Medical Center Financial Counseling, P.O. Box 2400, Hopkinsville, KY 42240.

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

- Posting signs and making documents available within waiting rooms,

- registration areas, and on the JSMC website.
- Personally notifying patients during registration or appointment scheduling.
 - Providing information about the policy and how to apply during verbal communication about the patient's bill.
 - 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 and other non-affiliated community physician offices about the availability of financial assistance at JSMC Specialty Pharmacy and how interested individuals can apply.
 - Sending Financial Assistance summary with billing statements.

G. Ensuring Compliance

JSMC will maintain a diverse committee to review and render application determinations or make other programmatic recommendations to the JSMC Board to ensure the program fulfills the needs of the community as well as complies with prevailing laws or regulations.

JSMC will monitor its adherence of this policy with the following activities:

- Brochures and applications shall be made available at all hospital registration areas
- Information regarding a physician's participation under the program shall be provided upon request from the patient and within a reasonable timeframe
- Reports regarding applications, denials, approvals, write offs, and presumptive eligibility determinations shall be reviewed and reported routinely
- Annual orientation of staff shall be conducted to maintain staff competencies and to review program changes or enhancements
- New hire orientation shall include education and information regarding the program

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

- A random sampling of billing statements to ensure it includes all information required

- A visit to each point of entry to ensure access to the updated financial assistance policy, as well as updated financial assistance applications.
- An audit of the website to ensure the application and policy are still easily accessible.
- A look-back to ensure the 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.

H. Providers Furnishing Care at Jennie Stuart Medical Center Locations

This FAP will not apply to any services provided by health care providers who bill separately and are not owned by Jennie Stuart Medical Center.

I. 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.

J. Refunds

If for any reason a patient makes a payment and it is determined the payment was not due based on Financial Assistance eligibility, a refund will be sent back to the patient for the amount determined to be an overpayment.

Patients concerned about their ability to pay for services or who would like to learn more about Financial Assistance should be directed to the Financial Counseling office at (270) 887-0332 or (270) 887-0100 ext. 4505.

APPENDIX A: 2024 Federal Poverty Level Guidelines

2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Household/ Family Size	Per Year							
	100%	200%	225%	275%	300%	325%	350%	400%
1	\$15,060	\$30,120	\$33,885	\$41,415	\$45,180	\$48,945	\$52,710	\$60,240
2	\$20,440	\$40,880	\$45,990	\$56,210	\$61,320	\$66,430	\$71,540	\$81,760
3	\$25,820	\$51,640	\$58,095	\$71,005	\$77,460	\$83,915	\$90,370	\$103,280
4	\$31,200	\$62,400	\$70,200	\$85,800	\$93,600	\$101,400	\$109,200	\$124,800
5	\$36,580	\$73,160	\$82,305	\$100,595	\$109,740	\$118,885	\$128,030	\$146,320
6	\$41,960	\$83,920	\$94,410	\$115,390	\$125,880	\$136,370	\$146,860	\$167,840
7	\$47,340	\$94,680	\$106,515	\$130,185	\$142,020	\$153,855	\$165,690	\$189,360
8	\$52,720	\$105,440	\$118,620	\$144,980	\$158,160	\$171,340	\$184,520	\$210,880
9	\$58,100	\$116,200	\$130,725	\$159,775	\$174,300	\$188,825	\$203,350	\$232,400
10	\$63,480	\$126,960	\$142,830	\$174,570	\$190,440	\$206,310	\$222,180	\$253,920

Household income baselines are derived from the Federal Poverty Income Levels published in the Federal Register.

*Applicants that meet this, criteria will have their application reviewed by JSMC Financial Assistance Review Committee for approval and discount percentage.

APPENDIXB: Financial Assistance Application

Download the Financial Assistance Application at:

<http://www.jenniestuarhealth.org/Patient-Visitors/Financial-Assistance-Guidelines/>