

# T.J. Regional Health

## Charity and Financial Assistance

**Original Effective Date:** 5/1/2016

**Effective Date:** Date Approved

**Last Revision Date:** Date Last Modified  
**Date**

**Last Review Date:** Last Periodic Review

**Department:** Administration, Business Office, Financial Counseling, Patient Access

**Page:** 1 of 12

### **Purpose:**

The purpose of this policy is to provide patients with information on the Financial Assistance (Charity Care) available at T.J. Regional Health (TJRH) facilities and to outline the process for determining eligibility for Financial Assistance. In addition, this policy will provide clear directives for TJRH facilities to conduct billing and collections functions in a manner that complies with applicable laws issued by the United States Department of the Treasury under section 501(r) of the Internal Revenue Code.

### **Definitions:**

**Application Period:** This is the period during which TJRH must accept and process an application for financial assistance. The Application Period begins on the date the care is provided and ends on the 240<sup>th</sup> day after TJRH provides the first post-discharge billing statement.

**Charity Care:** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity Care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

**Extraordinary Collection Action:** Extraordinary Collection Actions can be any of the following:

- (i) Any action to obtain payment from a patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;
- (ii) Selling a patient's debt to the organization to another party, including without limitation to a collection agency;
- (iii) Reporting adverse information about a patient to a consumer credit reporting agency or credit bureau;
- (iv) Seizing a bank account;
- (v) Causing an arrest in connection with collection of a debt;
- (vi) Wage garnishment;

- (vii) Lien on a residence or other personal or real property;
- (viii) Foreclosure on real or personal property;
- (ix) Delay or denial of medically necessary care based on the existence of an outstanding balance for prior services(s); or
- (x) Obtaining an order for examination.

Extraordinary Collection Actions do not include the assertion of, or collection under, a lien asserted under Civil Code sections 3040 or 3045. Further, filing a claim in a bankruptcy proceeding is not an Extraordinary Collection Action.

Emergency Medical Conditions: Defined with the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return they may be considered a dependent for the purposes of the provision of financial assistance.

Family Income: Family Income is determined by using the following:

- (i) Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources (such as food stamps, housing subsidies, and investment gains);
- (ii) Determined on a before-tax basis;
- (iii) If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Federal Poverty Level (FPL): The "Federal Poverty Level" is the measure of income level that is published annually by the United States Department of Health and Human Services (HHS) and is used by hospitals for determining eligibility for Financial Assistance.

Gross Charges: The total of charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Medically Necessary: Services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be Medically Necessary taking into account the most appropriate level of care. Depending on a patient's medical condition, the most appropriate setting for the provision of care may be a home, a physician's office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. To be Medically Necessary, a service must:

1. Be required to treat an illness or injury;
2. Be consistent with the diagnosis and treatment of the Patient's conditions;
3. Be in accordance with the standards of good medical practice;
4. Not be for the convenience of the Patient or the Patient's physician; and
5. Be that level of care most appropriate for the Patient as determined by the Patient's medical condition and not the Patient's financial or family situation.

Medically Necessary does **NOT** include the following:

1. Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity);
2. Surgical weight loss procedures;
3. Experimental procedures, including non-FDA approved procedures and devices or implants;
4. Services for which prior authorization is denied by the Patient's insurance carrier;
5. Fertility treatment;
6. Services or procedures for which there is a reasonable substitute or if the Patient's insurance company will provide a service or procedure that is a covered service or procedure.

Patient Responsibility: The amount that an insured patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits.

Plain Language Summary: A summary of the Financial Assistance Policy that is easy to understand and distributed at intake, discharge, with billing statements, and publically displayed. This is attached to Exhibit E of this policy.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Uninsured: The patient has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability.

## **Policy:**

TJRH is committed to providing Charity Care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its' mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, TJRH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. TJRH will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance – free and discounted care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the organization will publicize the policy within the community served by the organization

- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to the individuals eligible for financial assistance to amount generally billed (received by) the organization for commercially insured or Medicare patients

Charity Care is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with TJRH's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. In order to manage its resources responsibly and to allow TJRH to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

## **Procedure:**

### **A. Services Eligible Under this Policy**

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition, which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting, and
4. Medically necessary services, evaluated on a case-by-case basis at TJRH's discretion.

### **B. Eligibility**

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

All Patients identified as Uninsured Patients will be referred to a TJRH Financial Counselor who will screen the Uninsured Patient for Financial Assistance Program eligibility. If the Uninsured Patient is eligible for Medicaid or other State or Federal programs, the Patient will be asked to apply for these programs. Should the Patient not be a candidate for such State or Federal programs, the TJRH Financial Assistance application will be given to the patient.

### **C. Application Process**

1. TJRH shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by TJRH to a patient. A patient who indicates at any time during the Application Period defined above, shall be evaluated for Financial Assistance. In order to qualify as an uninsured patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.
2. Patients who wish to apply for Financial Assistance shall use the TJRH standardized application form, the "Application for Financial Assistance". (Exhibit B) This may be obtained by downloading and printing the application through the TJRH website ([www.tjsamson.org](http://www.tjsamson.org)) or requesting a copy be mailed by calling 270-659-5875 or 270-384-4753 ext.100.
3. Patients may request assistance with completing the Application for Financial Assistance, in person at TJ Samson Community Hospital or TJ Health Pavilion or over the phone at 270-659-5875 or 270-384-4753 ext.100.
4. Patients should mail Application for Financial Assistance to T.J. Regional Health, 1301 North Race Street, Glasgow, KY 42141 Attn: Financial Assistance Application.
5. Patients should complete the Application for Financial Assistance as soon as possible after receiving services. Failure to complete and return the application within 240 days of the date that TJRH first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

### **D. Financial Assistance Determination**

1. TJRH will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the following criteria and has received (or will receive) services:
  - a) **Calculating Family Income:** To determine a patient's eligibility for Financial Assistance, TJRH shall first calculate the patient's family income, as follows:
    - i. **Patient Family:** The patient family shall be determined as follows:
      - (i) Adult Patients: for patients over 18 years of age, the patient family includes their spouse, domestic partner, and dependent children less than 18 years of age, whether living at home or not.
      - (ii) Minor Patients: for patients under 18 years of age, the patient family includes their parents, caretaker relatives, and other children less than 18 years of age of the parent(s) or caretaker relatives.
    - ii. **Proof of Family Income:** Patient shall only be required to provide the last 30 days of pay stubs or tax returns as proof of income. Family income is annual earning of all members of the patient family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns. Income included in this calculation is every form of

income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date family income. TJRH may validate income by using external presumptive eligibility service providers, provided that such service only determines eligibility using only information permitted by this policy.

iii. Calculating Family Income for Expired Patients: Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of family income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for financial assistance.

b) Calculating Family Income as a Percentage of FPL: After determining family income, TJRH shall calculate the family income level in comparison to the Federal Poverty Level (FPL), expressed as a percentage of the FPL. For example, if the federal poverty level for a family of three is \$20,000 and the patient's family income is \$60,000, TJRH shall calculate the patient's family income to be 300% of the FPL. TJRH shall use this calculation during the application process to determine whether a patient meets the income criteria for financial assistance.

2. Once a patient has been determined by TJRH to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts TJRH will charge patients qualifying for financial assistance is as follows:

- a) Patients whose family income is at or below 100% of the FPL are eligible to receive 100% discount, or, free care;
- b) Patients whose family income is above 100% but not more than 200% of the FPL are eligible to receive services at but not exceeding the amounts generally billed to commercially insured or Medicare patients.

#### Calculate the Amounts Generally Billed (AGB)

- To calculate the AGB, TJRH uses the "Look Back" method described in section 4(b)(2) of the IRS and Treasury's 501(r) final rule.
- In this method, TJRH uses data based on claims sent to Medicare fee-for-service and all private insurers for Emergency Care and Medically Necessary Care over the past year to determine the percentage of gross charges that are typically allowed by these insurers (total claims paid in full/gross charges).
- The AGB percentage is then multiplied by gross charges for the Emergency Care and Medically Necessary Care for the patient to determine the AGB. TJRH re-calculates the percentage each year. See Exhibit A for current AGB percentages.

3. Once the determination has been made, a “Notification Form” (Exhibit C), will be sent to each applicant advising the patient of TJRH’s decision.
4. Patients are presumed to be eligible for financial assistance for a period of six months after TJRH issues the Notification Form to the patient. After six months, patients must re-apply for financial assistance.
5. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
  - a) TJRH should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the Kentucky Health Benefit Exchange (i.e. Kentucky Kynect).
  - b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for financial assistance, the application for coverage under another health coverage program shall not preclude the patient’s eligibility for financial assistance.
6. There are instances when a patient may appear eligible for Charity Care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient’s eligibility for Charity Care, TJRH could use outside agencies in determine estimate income amounts for the basis of determining Charity Care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the Patient’s charges will be discounted to the AGB. At this point, a Financial Assistance application as well as a Plain Language Summary shall be sent to the Patient for further possible discounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
  - State-funded prescription programs;
  - Homeless or received care from a homeless clinic;
  - Participation in Women, Infants and Children program (WIC)
  - Food stamp eligibility;
  - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
  - Low income/subsidized housing is provided as a valid address; and
  - Patient is deceased with no known estate.
7. The following are circumstances in which financial assistance is not available under this policy:
  - a) An insured patient who elects to seek services that are not covered under the patient’s benefit agreement (such as an HMO patient who seeks out-of-network services, or a patient who refuses to transfer from TJRH to an in-network facility) is not eligible for financial assistance.
  - b) An insured patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer’s liability is not eligible for financial assistance.

- c) If a patient receives payment for service directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for financial assistance.
- d) TJRH may refuse to award financial assistance to patients who falsify information regarding family income, household size or other information in their eligibility application.
- e) If the patient receives a financial settlement or judgment from a third-party tort that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for financial assistance.
- f) Services of some physicians are not covered under this policy. For a list of providers who follow this Financial Assistance Policy, please see Exhibit D. Providers not listed on Exhibit D do not follow this Policy.

#### **E. Other Discounts Available**

##### **1. Self-Pay Discount**

To receive the discount, the Responsible Individual must not have insurance coverage (excluding indemnity policies) and may have to be screened for existing programs such as Medicaid or Financial Assistance as required by Patient Financial Services. An automatic 5% self-pay discount will be deducted from the account's gross charges when TJRH produces the bill.

##### **2. DSH**

##### **3. Prompt-Pay Discount**

To receive this discount, the Responsible Individual must pay on the date of service. The Responsible Individual will receive 4% off total gross charges.

#### **F. Signature Authority for Discounts:** Financial Assistance Program Discounts will be granted subject to the following approval limits and shall be executed in daily operational processes, with Financial Audit Review by CFO on a monthly basis:

- 1. Up to \$5,000 – Financial Counselor or Business Office Supervisor
- 2. Up to \$15,000 – Business Office Director
- 3. Over \$15,000 – Chief Financial Office

#### **G. Billing**

- 1. All statements sent to patients shall include a written notice that informs the patient as to the availability of financial assistance along with a phone number, address and a website in which they can obtain the Financial Assistance application, the Plain Language Summary, and the Financial Assistance policy.
- 2. Any patient may dispute an item or charge on their bill. Patients may initiate a dispute in writing or over the phone with a representative from the billing office. If a



patient requests documentation regarding the bill, staff members will use reasonable efforts to provide the requested documentation within 10 days. TJRH will hold the account for at least thirty days after the patient initiates the dispute before engaging in further collection activities.

#### **H. Collection Practices**

Prior to submitting claims to a collection agency, TJRH will issue a written notice to the last known address of each Responsible Individual that (i) describes the specific collection activities it intends to initiate, (ii) provides a deadline after which such action(s) will be initiated, and (iii) includes a copy of the Plain Language Summary. TJRH will also make a reasonable effort to orally notify the Responsible Individual about the Financial Assistance Policy and how he or she can get help with the application process. TJRH may initiate collection activities no sooner than 30 days from the date on which it issues the notice, either by mail or electronic mail. Billing statements will not be submitted to collection agencies until at least 120 days after a post-discharge statement was delivered.

TJRH will not engage in ECAs, either directly or indirectly, before “reasonable efforts” are made to determine if a Responsible Individual is eligible for Financial Assistance. The following are considered “reasonable efforts”:

1. Failure to Apply. If all Responsible Individuals fail to apply for Financial Assistance under the FAP by the billing deadline and the Responsible Individual(s) has received the 30-day written notice described above, then TJRH may initiate ECAs.
2. Less than 100% Discount. If all Responsible Individuals apply for Financial Assistance, and it is determined that the Responsible Individuals are ineligible for a 100% discount, then TJRH may initiate ECAs to collect the remaining balance once the Responsible Individual(s) has received the 30-day written notice described above.
3. Incomplete Applications. If a Responsible Individual submits an incomplete application for Financial Assistance during the Application Period (240 days), TJRH will:
  - a. Suspend any collection activities being undertaken against the individual; and
  - b. Provide the individual with the list of the missing information or documentation and give the individual 30 days to provide the missing information. The notice concerning missing information will include contact information for Financial Counseling staff who will help the individual to complete the application.
  - c. If the Responsible Individual does not provide the missing information within this 30-day period, TJRH may commence (or resume) ECAs assuming it has provided the ECA notice described above.
  - d. If the Responsible Individual completes the application for Financial Assistance before the completion deadline, Financial Counseling will make an eligibility determination as set forth in Section D.

4. Complete Applications. If a Responsible Individual submits a complete application for Financial Assistance during the Application Period (240 days), Financial Counseling will review the application and make and document its eligibility determination in a timely manner.
  - a. Ineligible for Financial Assistance. If Financial Counseling determines that the Responsible Individual is ineligible for any Financial Assistance, then TJRH may initiate ECAs after providing notice to the Responsible Individual of the FAP determination and the basis for such determination.
  - b. Eligible for Financial Assistance. If Financial Counseling determines that the Responsible Individual is eligible for Financial Assistance, then TJRH will do the following:
    - a. Send written notification to the Responsible Individual of the assistance determination, and
    - b. If the discount is less than 100%, TJRH will:
      - (i) Provide the Responsible Individual with a billing statement showing the amount owed and how the amount was determined;
      - (ii) Issue refunds to the Responsible Individual if he or she previously paid an amount to TJRH exceeding what he or she is personally responsible to pay; and
      - (iii) Take all reasonable measures to reverse any ECAs taken against the Responsible Individual to the extent possible.

After all reasonable efforts have been established, TJRH has the right to pursue ECAs directly or working with a third-party collection agency. TJRH will pursue collection actions against individuals determined to be ineligible for assistance, individuals determined eligible to receive discounted but not free care, or individuals who failed to cooperate with TJRH and are not making payments in accordance with established payment plans.

**Binding Third Parties:** If TJRH refers Responsible Individuals' debts to another party during the Application Period, the written agreement with such party must obligate such party to:

1. Refrain from engaging in ECAs until the Billing deadline;
2. Suspend any ECAs if the individual submits a Financial Assistance application during the Application Period;
3. If the Responsible Individual is determined to be eligible for Financial Assistance, ensure that the individual does not pay and is not obligated to pay more than required, and to reverse any ECA previously taken.

#### **I. Communication of the Charity Care / Financial Assistance Program to Patients and Within the Community**

1. **Languages:** This policy shall be available in the primary language(s) of the TJRH service area. In addition, all notices/communications provided in this section shall

be available in primary language(s) of TJRH service area in a manner consistent with all applicable federal and state law regulations.

2. **Information Provided to Patients During the Provision of Hospital/Clinic Services:**

- a) **Preadmission or Registration:** During preadmission or registration (or as soon thereafter as practicable), TJRH shall offer all patients a copy of a plain language summary of the Financial Assistance Policy and information regarding their right to request an estimate of their financial responsibility for services (Exhibit E).
- b) **Financial Assistance Counselors:** Patients who may be uninsured patients shall be assigned financial counselors, who shall visit with the patients in person during their visit or schedule a time soon after their visit. Financial Counselors shall give such patients a Financial Assistance application, as well as offer assistance with the application process.
- c) **Emergency Services:** In the case of emergency services, TJRH shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.

3. **Information Provided to Patients at Other Times:**

- a) **Contact Information:** Patients may call 270-659-5875 or 270-384-4753 ext.100 to speak with a Financial Counselor for additional information about the Financial Assistance Policy and assistance with the application process.
- b) **Billing Statements:** Billing statements to patients shall include a conspicuous statement that details a phone number for patients to call with questions about financial assistance and the website address where patients can obtain additional information about financial assistance, including the financial assistance policy, a plain language summary of the policy, and the application for financial assistance. A plain language summary is included in Exhibit E and also included on the patient's final billing statement prior to being turned over to a collection agency.
- c) **Upon Request:** TJRH shall provide patients with paper copies of the financial assistance policy, the application for financial assistance, and the plain language summary of the financial assistance policy upon request and without charge.

4. **Publicity of Financial Assistance Information:**

- a) **Public Posting:** TJRH shall post notices of the financial assistance policy, the application for financial assistance, and the plain language summary of the financial assistance policy in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for services.
- b) **Website:** The financial assistance policy, application for financial assistance and plain language summary shall be available in a prominent place on the TJRH website ([www.tjsamson.org](http://www.tjsamson.org)). Persons seeking information about financial assistance shall not be required to create an account or provide any personal information before receiving information about financial assistance.

- c) Mail: Patients may request a copy of the financial assistance policy, application for financial assistance and plain language summary be sent by mail, at no cost to the patient.
- d) Community Awareness: TJRH will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require financial assistance) about the availability of financial assistance.

#### J. **Recordkeeping**

Records relating to financial assistance must be readily accessible. TJRH must maintain information regarding the number of uninsured patients who have received services from the organization, the number of financial assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for financial assistance should be entered into the patient's account.

#### **References:**

Internal Revenue Code section 501(r)  
26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

Approvers: AP Both

**Exhibit A – Federal Poverty Guidelines and Corresponding Discounts**

**2016 FEDERAL POVERTY LEVELS**

| Household size | 100%     | 133%   | 150%   | 200%   | 250%    | 300%    | 400%    |
|----------------|----------|--------|--------|--------|---------|---------|---------|
| 1              | \$11,880 | 15,800 | 17,820 | 23,760 | 29,700  | 35,640  | 47,520  |
| 2              | 16,020   | 21,307 | 24,030 | 32,040 | 40,050  | 48,060  | 64,080  |
| 3              | 20,160   | 26,813 | 30,240 | 40,320 | 50,400  | 60,480  | 80,640  |
| 4              | 24,300   | 32,319 | 36,450 | 48,600 | 60,750  | 72,900  | 97,200  |
| 5              | 28,440   | 37,825 | 42,660 | 56,880 | 71,100  | 85,320  | 113,760 |
| 6              | 32,580   | 43,331 | 48,870 | 65,160 | 81,450  | 97,740  | 130,320 |
| 7              | 36,730   | 48,851 | 55,095 | 73,460 | 91,825  | 110,190 | 146,920 |
| 8              | 40,890   | 54,384 | 61,335 | 81,780 | 102,225 | 122,670 | 163,560 |

**2016 TJ REGIONAL HEALTH AGB DISCOUNT**

|   |                      |                             |
|---|----------------------|-----------------------------|
| <b>AGB (Amount Generally Billed)</b><br><b>Calculated as on Overall % of Charges</b><br><b>Based on all Insured Claims Cleared from April 2015 through March 2016</b><br><b>Discount to be reviewed annually each year.</b> |                      |                             |
|   | <b>Actual AGB</b>    | <b>AGB % Applied in FAP</b> |
| T.J. Samson Community Hospital  | <b><u>58.28%</u></b> | <b><u>58.3%</u></b>         |
| T.J. Health Columbia  | <b><u>58.28%</u></b> | <b><u>58.3%</u></b>         |

## **Exhibit B – Financial Assistance Application**

### Charity/Financial Assistance Application Instructions:

1. Complete the financial assistance application.
2. Include all monthly income and expenses in the spaces provided.
3. Provide proof of income, including:
  - a. Last 2 pay stubs AND most recent filed W-2;
  - b. Most Recent Tax Returns;
  - c. Attestation Letter;
  - d. Benefit awards letters or 1099 forms showing Social Security, Disability, Worker's Compensation, or Veteran's Administration benefits;
  - e. Copies of benefit award letters or 1099 forms showing Unemployment, Retirement\*, or Pension benefits;
  - f. Proof of Assets which may include, but not limited to checking, savings, investments, holdings, and retirement accounts for most recent three months;
  - g. Verification of self-employment status and income received:
    - i. Receipts from clients,
    - ii. Signed Federal income taxes from the most recent filing year which include the appropriate schedule showing income from self-employment, S-corp, or other such entity.
4. Sign the financial assistance application.

If you have no income, you will need to provide an explanation for how you meet your daily living expenses.

\*If you have questions or need assistance completing this application, please call (270) 659-5875 or (270) 384-4753 ext.100 or visit the Business Office, located at 310 N. L. Rogers Wells Blvd., Glasgow, KY 42141 Monday thru Friday, 8:00 A.M. to 4:30 P.M.

Mail the completed application and documents to:

**Attn: Financial Counselors**  
**TJ Regional Health**  
**1301 N Race Street**  
**Glasgow, KY 42141-3454**

Once we have received all of the information and documentation requested, we will notify you by mail of your eligibility for participation in the Financial Assistance Program within 30 days.



MRN# \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Did not return Info \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse/Parent Name: \_\_\_\_\_ Spouse/Parent Date of Birth: \_\_\_\_\_ Spouse/Parent SSN: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_ Insured Person: \_\_\_\_\_

Accident/Crime? \_\_\_\_\_ Someone else responsible? \_\_\_\_\_ Have you recently applied for Disability? Y or N

If yes, what is your filing date: \_\_\_\_\_ & status? Pending: ( ) Hearing ( ) Reconsideration ( ) Judge's decision:

Attorney's Name? \_\_\_\_\_

Have you received an Eligibility Review for Medicaid by the local Family Service Office? Y or N If yes, please provide copy of Letter. If no, refer to Family Service.

Contact name/telephone number of a person not living with you: \_\_\_\_\_

| Household Member's Name | Relationship | SSN | Age |
|-------------------------|--------------|-----|-----|
|                         |              |     |     |

Add additional Household members on back of page. Number of people in the household (including patient) \_\_\_\_\_

**EMPLOYMENT:**

Patient/Parent 1 Employer: \_\_\_\_\_ Length of Employment or Hire Date: \_\_\_\_\_

Spouse/Parent 2 Employer: \_\_\_\_\_ Spouse Length of Employment or Hire Date: \_\_\_\_\_

**GROSS INCOME:**

Patient/Parent 1 gross wages from paychecks/W2's \_\_\_\_\_

Any other household gross wages from paychecks/W2's \_\_\_\_\_

Social Security/SSI/Disability/K-Tap: \_\_\_\_\_

Pension \_\_\_\_\_

Food Stamps: \_\_\_\_\_

Other Income (Ex: Alimony, Unemployment) \_\_\_\_\_

**TOTAL MONTHLY INCOME** \_\_\_\_\_

**EXPENSES:**

Rent/Mortgage: \_\_\_\_\_

Utilities: \_\_\_\_\_

Medical Expenses: \_\_\_\_\_

Prescribed Meds: \_\_\_\_\_

Health & Auto Insurance: \_\_\_\_\_

Other Expenses (Ex: DayCare) \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

**RESOURCES:**

Checking and Savings Accounts: \_\_\_\_\_ \$ \_\_\_\_\_

Stocks and Bonds Value: \_\_\_\_\_ \$ \_\_\_\_\_

Other resources? Yes or No; If yes, list: \_\_\_\_\_

Real Estate other than primary residence:

Value: \$ \_\_\_\_\_ Balanced Owed: \$ \_\_\_\_\_

**TOTAL RESOURCES:** \_\_\_\_\_

I certify that the information provided in this application is correct and true to the best of my knowledge and belief. I understand that if I give false information or withhold information in applying for assistance, my application may be denied and TJ Regional Health may pursue collection of any outstanding balance due. In that instance, I may also be subject to prosecution for fraud. I agree to notify TJ of any changes to the information provided in this form including address, telephone number, and income.

\_\_\_\_\_  
(Patient/Parent 1 Signature) (Date)

\_\_\_\_\_  
(Spouse/Parent 2 Signature) (Date)

Discount % Approved \_\_\_\_\_

FC Signature & Date \_\_\_\_\_

Approval Signature & Date \_\_\_\_\_

**Exhibit C – Notification Form**

**NOTIFICATION FORM  
T.J. REGIONAL HEALTH  
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE**

T.J. Regional Health has conducted an eligibility determination for financial assistance for:

\_\_\_\_\_  
PATIENT'S NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
DATE(S) OF SERVICE

The request for financial assistance was made by the patient or on behalf of the patient on \_\_\_\_\_. This determination was completed on \_\_\_\_\_.

Based on the information supplied by the patient or on behalf of the patient, the following determination has been made: *(select one below)*

Your request for financial assistance has been **approved** for services rendered on \_\_\_\_\_.  
***After applying the financial assistance reduction, the amount owed is \$***\_\_\_\_\_.

Your request for financial assistance is **pending approval**. However, the following information is required before any adjustment can be applied to your account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request for financial assistance has been **denied** because:

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Granting of financial assistance is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance, or provided incomplete or inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant Financial Assistance and hold you and/or third parties responsible for the hospital's charges.

If an application has been submitted for another health coverage program at the same time that you submit an application for Financial Assistance, neither application shall preclude eligibility for the other program.

If you have any questions on this determination, please contact:

\_\_\_\_\_  
Patient Financial Services 270-659-5875



**Exhibit D – Providers Covered and Not Covered by Policy**

All services performed and billed by TJRH will be **covered** under this policy.

The providers listed are **covered** under this Policy:

- A) All providers employed by TJ Regional Health that practice at TJ Samson Community Hospital, TJ Health Columbia, TJ Health Pavilion, and TJ Regional Health outlying clinics (including but not limited to The Clinic at Walmart, TJ Health Columbia Clinic, TJ Health Edmonton, TJ Health Russell Springs, The Cave City Clinic, Residency Clinic, TJ Residency Clinic, TJ Health Tompkinsville, Edmonton Clinic, and Munfordville Clinic).
- B) The Providers of Team Health (TJ Samson Community Hospital Emergency Department and TJ Health Pavilion Urgent Care providers)
- C) TJ Health Columbia Emergency Department providers = Inspire Emergency Physicians
- D) TJ Home Health, TJ Hospice, and TJ DME

The providers listed are **not covered** under this Policy:

- A) TJ Retail Pharmacy at the Pavilion
- B) Any provider not listed above

## **Exhibit E -- Financial Assistance Plain Language Summary**

Thank you for selecting T.J. Regional Health for your recent services. As part of our mission and commitment to the community, T.J. Regional Health provides financial assistance to patients who qualify for assistance pursuant to our Charity and Financial Assistance Policy.

### **ELIGIBILITY REQUIREMENTS:**

In order to be eligible for financial assistance for medically necessary health care services, the patient must qualify for assistance under T.J. Regional Health's Charity and Financial Assistance Policy. The Federal Poverty Guidelines will be used as the basis for determining whether a person or family is Medically Eligible.

The necessity for medical treatment of any patient will be based on the clinical judgment of the health care provider without regard to the financial status of the patient. All patients will be treated for emergency medical conditions regardless of ability to pay or to qualify for financial assistance, in accordance with federal and state law.

### **HOW TO APPLY FOR FINANCIAL ASSISTANCE:**

Free copies of the Financial Assistance Policy and the Financial Assistance Application can be obtained through these sources:

- In person at any of our Patient Access/Registration Departments, Financial Counseling Department, or Billing Department
- Over the phone at 270-659-5875 or 270-384-4753 ext.100
- Online through our T.J. website ([www.tjsamson.org](http://www.tjsamson.org))
- By mail: T.J. Regional Health, Attn: Financial Assistance Dept.  
1301 North Race Street  
Glasgow, KY 42141

### **THE APPLICATION PROCESS:**

During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub, bank statement, or tax records to assist us with verifying your income. The patient's situation will be evaluated according to relevant circumstances, such as income, assets, or other resources available to patient or patient's family and the outstanding balance.

After submitting the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at 270-659-5875 or 270-384-4753 ext.100.