

DEPARTMENT: Administration

SUBJECT: Monroe County Medical Center Financial Assistance Policy

APPROVAL DATE: December 21, 2015

Effective Date: February 1, 2016

PURPOSE:

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

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

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

POLICY STATEMENTS:

A. General

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

B. Eligible Services

Emergent and/or medically necessary services provided by MCMC hospital.

Services not eligible for financial assistance include: professional services which are related to the hospital visit and billed by Louisville Radiology Imaging Consultants, Saint Thomas Health Services, Cardiovascular Specialists, local physicians when providing and billing their own services and the services provided by the Monroe County Medical Center Medical Practice.

B. Eligible Patients

1. All patients who complete the financial assistance application and meet the requirements of the Financial Assistance Policy.
2. Alternate Sources of Assistance
 - a. When technically feasible, patient will exhaust all other state and federal assistance programs prior to receiving an award from MCMC's Financial Assistance Program.

- b. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowner's, must exhaust those coverages prior to receiving an award from MCMC's financial assistance program.
 - c. Eligible patients who receive medical care from a MCMC facility as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award to which MCMC is entitled.
3. Federal Poverty Guidelines
- a. Eligibility for Financial Assistance will be determined based upon a patient's household income and number of members in the household, known as the Federal Poverty Level (FPL).
 - b. MCMC will utilize the most recent FPL data available and will apply the FPL data to a patient's account based upon the calendar date a completed Financial Assistance Application was received, not a patient's date of service.
 - c. A patient is eligible for Financial Assistance in 2016 according to the following chart:

2016 Financial Adjustment Levels

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

Size of Family	Family Income Less Than:		
	100%	150%	200%
1	\$11,880.00	\$17,820.00	\$23,760.00
2	\$16,020.00	\$24,030.00	\$32,040.00
3	\$20,160.00	\$30,240.00	\$40,320.00
4	\$24,300.00	\$36,450.00	\$48,600.00
5	\$28,440.00	\$42,660.00	\$56,880.00
6	\$32,580.00	\$48,870.00	\$65,160.00
7	\$36,730.00	\$55,095.00	\$73,460.00
8	\$40,890.00	\$61,335.00	\$81,780.00
Each Add'tl	\$4,160.00	\$6,240.00	\$8,320.00
Discount on Charges	100%	75%	50%
Patient Share	0%	25%	50%

- d. The above rates are subject to change at the discretion of Hospital Administration and the MCMC Board of Directors.
- e. No individual eligible for financial assistance will be charged more for medically necessary care than "Amounts Generally Billed" (AGB) to

insured persons, (AGB as defined by IRS Section 501(r), MCMC's AGB is determined annually using the look-back method.

C. Patient Assets

1. MCMC will consider patient Assets in the calculation of a patient's true financial burden.
2. MCMC reserves the right to adjust a patient's eligibility if the patient demonstrates a claim or clear title to any extraordinary assets not excluded from consideration under the above guidance.

PROCEDURE STATEMENTS:

A. Financial Assistance Policy Publication

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

B. Financial Assistance Application

1. Patients or their guarantors wishing to apply for Financial Assistance must submit a Financial Assistance Application with supporting documentation within one hundred twenty (120) days of receiving their first billing statement from MCMC to avoid extraordinary collection actions.
2. Financial Assistance Applications may be obtained as follows:
 - Request and obtain them while you are being treated at the facility.
 - Download the Policy and application from our website at www.mcmccares.com.
 - Request the policy and/or application to be mailed to you, by calling our Patient Financial Counselor at 270-487-9231 ext. 1141.
 - Visit our Patient Financial Counselor in our Patient Financial Services department located in the Administration/Business Office building at 529 Capp Harlan Rd., Tompkinsville, Kentucky 42167.
 - Obtain the policy and a free paper financial assistance application at each hospital registration desk.
 - Mail the completed application (with all required documentation/information specified in the application instructions) to Patient Financial Services, Monroe County Medical Center, 529 Capp Harlan Road, Tompkinsville, KY 42167.

3. Individuals other than the patient, such as the patient's physician, family members, community or religious groups, social services or hospital personnel may request a Financial Assistance Application to be mailed to a patient's primary mailing address free of charge.
4. MCMC keeps all applications and supporting documentation confidential.

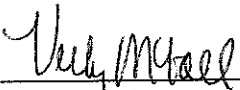
C. Eligibility Determination

1. MCMC will inform patients or guarantors of the results of their application by providing the patient or guarantor with a Financial Assistance Determination within thirty (30) days of receiving a completed Application and all requested documentation.
2. If a patient or guarantor is granted less than full assistance and the patient or guarantor provides additional information for reconsideration, the Hospital Administration may amend a prior financial assistance determination.
3. If a patient or guarantor seeks to appeal the Financial Assistance Determination, a written request may be submitted along with the supporting documentation, to the Financial Counselors for additional review before a determination can be made by the Hospital Administration.
4. All decisions of the Hospital Administration are final.
5. A patient's Financial Assistance Application and eligibility determination will remain in effect for six months from date received of a completed application.

D. Extraordinary Collection Actions


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

APPROVAL SIGNATURES:



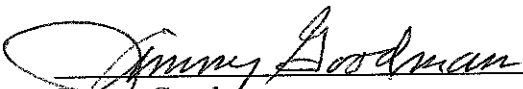
Vicky McFall
Chief Executive Officer
Monroe County Medical Center

12-21-15
Date



Rickie Brown
Chief Financial Officer
Monroe County Medical Center

12-21-15
Date



Jimmy Goodman
Board Chairman
Monroe County Medical Center

12-21-15
Date