

Subject: Hendrick Medical Center Medication Assistance Policy

Purpose

It is the intent of each pharmacy owned and operated by Hendrick Medical Center (the “Hospital Pharmacies” and each a “Hospital Pharmacy”) to provide services to all patients regardless of the patient’s ability to pay. To support a Hospital Pharmacy patients’ ability to receive necessary medications, a Hospital Pharmacy may offer financial assistance to patients who receive medications from a Hospital Pharmacy and are experiencing financial hardship, consistent with applicable state and federal law.

Policy

- In general, no employee, contractor or staff member of a Hospital Pharmacy shall offer any kind of payment, including any kickback, bribe, or rebate, whether in cash or in kind, in any manner or form, including waiver of copayments or deductibles, to any provider, patient, or other party to induce the referral (including self-referral by a patient) of any health care business, patient, or other item of service to a Hospital Pharmacy or any affiliate, including Hendrick Medical Center (“Hospital”).
- Notwithstanding the general rule, when a patient is experiencing financial hardship, a Hospital Pharmacy may provide financial assistance consistent with this Policy.
- The Hospital Pharmacies have determined that it is appropriate to rely on information collected by Hospital to make financial hardship eligibility determinations consistent with the written financial assistance policy and procedure of Hospital (available at: HendrickHealth.PolicyStat.com). Further, the Hospital Pharmacies have determined that it is appropriate to rely on the favorable financial hardship eligibility determinations Hospital makes under such policy and procedure.
- Insofar as a patient has not been determined to be eligible for financial assistance under Hospital’s policies and procedures, the Hospital Pharmacies shall apply the additional procedures set forth in this Policy.
- Accordingly, the Hospital Pharmacies have determined that, subject to the provisions of this Policy, they may waive copayments, deductibles, or provide other financial assistance for medication provided by a Hospital Pharmacy for patients determined to be experiencing financial hardship (*i.e.*, eligible for assistance) by (1) Hospital consistent with the provisions set forth in Hospital’s financial assistance policy and procedure or (2) any Hospital Pharmacy consistent with other provisions set forth in this Policy.

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- This financial assistance Policy shall not be advertised. A Hospital Pharmacy may post information about this financial assistance Policy online or in other formats (such as hard copy), including as may be required by law or regulation.
- A Hospital Pharmacy will not routinely waive copays or deductibles and shall waive only in accordance with the terms of this Policy.
- All other options for medication assistance should be exhausted, including third party coverage. Medication assistance may be granted temporarily while patient is enrolling or applying for other coverage or assistance.
- Assistance may be provided for medications prescribed at discharge from the hospital, from an outpatient hospital-based department, or from the Presbyterian Medical Care Mission.

Procedure

- If, after a patient has selected a Hospital Pharmacy, a patient expresses concern regarding the ability to pay for prescribed medications that the patient seeks to have filled at a Hospital Pharmacy, then
 - (1) the patient will complete a Medication Assistance Eligibility Form;
 - (2) the applicable Hospital Pharmacy will dispense the medication; and
 - (3) the applicable Hospital Pharmacy will review the patient's Hospital records to determine if (a) the Hendrick Medical Center Resource Assistance has previously determined that the patient is eligible for financial assistance (*i.e.*, they have financial need) based on information in accordance with Hospital's financial assistance policy and procedure or (b) the patient has current Medicaid coverage.
- If Hospital has determined that the patient is **currently** eligible for financial assistance under the Hospital's policy (at any level of assistance), then the Hospital Pharmacies will rely on that eligibility determination and consider the patient eligible to receive financial assistance in connection with their prescription consistent with the provisions of this Policy and the patient will not be required to re-submit their income information at that time.
- If Hospital has not previously determined that the patient is eligible for financial assistance under the Hospital's policy, then:
 - for patients with **current** Medicaid coverage, the applicable Hospital Pharmacy will consider the patient eligible to receive financial assistance in connection with their prescription

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- consistent with the provisions of this Policy and the patient will not be required to submit their income information at that time;¹
- for patients who (1) requested assistance from Hospital within the last 6 months; (2) confirmed to the applicable Hospital Pharmacy that there have not been any changes to the patient's financial situation since submission of information related to that request; and (3) did not receive assistance under the Hospital's policy; then the applicable Hospital Pharmacy will request from Hospital the income information the patient most-recently submitted so that the applicable Hospital Pharmacy staff can evaluate the patient under this Policy against the Hospital Pharmacies' separate Hospital Pharmacy Eligibility Criteria set forth below (the patient will not be required to re-submit their income information at that time); and
 - for patients who have (1) not requested assistance under the Hospital's policy; (2) requested assistance from the Hospital more than 6 months ago; or (3) indicated that there has been a change to their financial situation since submission of the patient's information to Hospital, then Hospital Pharmacy staff will:
 - (a) determine whether the patient has insurance coverage (medical, drug, or otherwise); and
 - (b) if the patient has any form of insurance coverage or has a pending eligibility determination of insurance coverage, or
 - (c) if the patient has no insurance coverage and does not have a pending eligibility determination of insurance coverage, rely on the income information provided in the Medication Assistance Eligibility Form, and request from the patient income information, which must be submitted by the patient within 90 days.
 - Patients who meet the following criteria (the "Hospital Pharmacy Eligibility Criteria") will receive a discount of 100%:
 - (1) the patient:
 - (a) is **currently** eligible for assistance under the Hospital's policy (at any level);
 - (b) has **current** Medicaid coverage; or

¹ Medicaid patients have already been screened against financial eligibility by the state for the Medicaid program, and therefore the Hospital Pharmacies will, in combination with this fact, rely on the patient's attestation of financial need.


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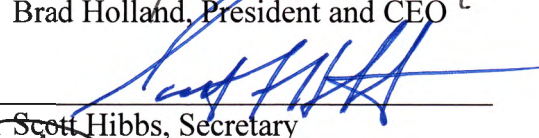
- (c) based on income-related information received by the applicable Hospital Pharmacy from Hospital or the patient per the above sub-bullets, has household income from all sources of less than or equal to 500% of the FPIL; and
 - (2) the patient's payer does not prohibit copayment or other cost-sharing reductions or waivers.
- For the avoidance of doubt, insofar as the applicable Hospital Pharmacy must evaluate income-information concerning the patient to determine eligibility, the applicable Hospital Pharmacy may provide the patient with the requested medication during the pendency of that eligibility evaluation. For such patients, the applicable Hospital Pharmacy must send bills to the patient during this time, but such bills will be accompanied by a notification that the payment obligation is suspended during the financial assistance eligibility evaluation processing.
- Individual determination of eligibility for Hospital Pharmacy financial assistance completed by the Hospital Pharmacy under this Policy does not automatically make the patient eligible for financial assistance from Hospital under its financial assistance policy and procedure. Patients seeking financial assistance from Hospital must follow Hospital's financial assistance policy and procedure.
- If the patient does not qualify for financial assistance under this Policy within 90 days of dispensing the medication, the applicable pharmacy must charge the patient, as required by their pharmacy benefit plan or, if paying cash, the applicable cash price.
- The patient's eligibility for assistance under the Hospital policy must be documented in the patient's record at the applicable Hospital Pharmacy. An eligibility determination made by one Hospital Pharmacy shall be relied on by all Hospital Pharmacies.
- Patients that an applicable Hospital Pharmacy determines to be eligible under this Policy shall remain eligible for up to one year from the date of eligibility determination. After that date, a Hospital Pharmacy must re-verify eligibility under the then-current Policy. As a condition of receiving assistance under this Policy, patients are required to notify the applicable Hospital Pharmacy staff of changes in their financial status that may result in ineligibility for financial assistance. If a patient notifies Hospital Pharmacy staff of such changes, the patient will repeat the process for an eligibility determination.
- Requests not meeting the criteria within this Policy will be considered on a case-by-case basis by the Director of Pharmacy or their designee.


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Miscellaneous:

- This Policy is available to all patients regardless of race, gender, national origin, or religion for prescriptions from a Hospital Pharmacy.
- Hospital Pharmacies' administration reserves the right to edit, modify, or eliminate this Policy at any time based on financial or other determinants that require doing so.
- Prescriptions for controlled substances, including opioid narcotics are not covered by the medication assistance program, unless prescribed for a cancer diagnosis, seizure disorder, or detoxification protocol. These prescriptions will be monitored and reviewed by the Director or their designee.
- Supplies may be covered to assist with access or cost of the requested supplies.
- Assistance will be limited to a 30-day supply for each prescription, unless approved by the Director or their designee.
- Assistance requested above \$6,000 annually must be approved by the Director or their designee.

Recommended By:  6/17/24
Brad Holland, President and CEO Date

Board Approval:  6/13/24
Scott Hibbs, Secretary Date

Board Approval:  6/13/24
Randy Lloyd, Chairman Date

Reviewed: 05/21/2024
Approved: 06/13/2024