

CAPE FEAR VALLEY HEALTH SYSTEM

Policy – Procedure

Title: Financial Assistance	Current Effective Date: 12/12/2023
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Purpose: The financial assistance policy supports Cape Fear Valley Health’s (CFVH) mission to provide exceptional care to all patients – regardless of their ability to pay. The financial assistance policies purpose is to assist with the identification of patients that may qualify for financial relief as a result of being unable to meet their financial obligation, including low-income, uninsured, underinsured or medically indigent status’s.

Audience: All Employees

Departments: All Departments

Keywords: Charity, Assistance, Indigent

Policy: Cape Fear Valley Health System offers a hospital-sponsored Financial Assistance program to eligible individuals.

Eligibility:

Eligibility criteria are based on family size and financial means compared to the Federal Income Poverty Guidelines published annually by the Department of Health and Human Services (<https://aspe.hhs.gov/poverty-guidelines>)

Patient's income will need to be supported by suppling verifiable proof of income (i.e., W-2 form, tax return, payroll check stubs, statement from employer, deeds, tax records).

All other avenues to obtain financial assistance and third-party payments, to include applying for Medicaid, must be exhausted prior to receiving financial assistance adjustments.

Financial assistance will only apply to the remaining balance after all third-party payments and self-pay payments are applied. Financial assistance applications are accepted and considered for all Inpatient and Outpatient services. Financial assistance can be applied for before or after services have been rendered. However, there will be no “pre-approval” of financial assistance.

Financial assistance will only cover the service in which the application is submitted for and any visits related too or as a result of that service to any Cape Fear Valley Health System owned facility.

Cape Fear Health System will always provide Emergency care regardless of the patients’ ability to pay in compliance with the Federal EMTALA regulations.

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Procedural Guidelines: Cape Fear Valley Health System will apply Financial Assistance Adjustments to individuals who meet the Financial Assistance Guidelines as stipulated herein.

Definitions:

Charity (Indigent) means household income that is equal to or less than 200% of the Federal Poverty Guidelines. (Qualifying applicants will receive 100% assistance with their hospital obligation.)

Discount means a sliding scale reduction in patient balances when household income is between 201% and 400% of the federal poverty guidelines. The discount will be between 25% and 75%.

Interest-free payment arrangements mean an invoice payment program that allows a patient to pay an outstanding balance without accruing interest.

Presumptive/Best Interest Charity means an assumption is made that the patient would have qualified for assistance if an application could have been obtained and income determined.

Underinsured or Medically Indigent means having inadequate insurance coverage and may qualify for Charity, Limited Means or a Discount as listed above.

Uninsured means does not have medical insurance and may qualify for Charity, Limited Means or a Discount as listed above.

FA Policy and Application:

Financial Assistance information to include a copy of the FA application is available to all uninsured and underinsured patients via our website, www.capefearvalley.com, on the patients MyChart www.mychart.capefearvalley.com or within one of our Patient Financial Services departments. The application can be uploaded along with all supporting documentation through the patient MyChart portal or it can be mailed to the address on the application.

Calculation of Charges eligible for Financial Assistance:

All self-pay patients are afforded a 40% discount off the current hospital fee schedule. This is derived by taking an average discount of all commercial payer payment allowances. Should an applicant apply for financial assistance and found eligible a sliding fee that results in full or partial assistance will also be applied, that amount will be adjusted in addition to the original 40% reduction. This sliding scale is used in conjunction with the Federal Poverty Guidelines. A copy of both the sliding scale and annual FP Guidelines can be found in Appendix B.

Eligibility Criteria

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1. This policy applies to charges for hospital services and professional services provided by Cape Fear Valley Health System. A list of participating and non-participating can be found in Appendix A.
2. All third-party resources and non-hospital financial aid programs, including public assistance available through Medicaid, **must be applied for** and reviewed before financial assistance can be approved.
3. All patients are expected, if and when able to contribute to their healthcare cost. These monies will be applied directly to the patients account and will not be refunded if financial assistance is approved.
4. Any inpatient or outpatient account may be eligible for financial assistance if the patient/guarantor is determined to be:
 - Indigent
 - Uninsured or Underinsured
 - Limited Means
5. To determine eligibility, the patient/guarantor must participate and cooperate fully with the Patient Financial Services Department and may be asked to provide any or all of the following:
 - Income from all sources.
 - Copies of statements from savings and checking accounts Number of dependents. (Ex. Spouse, children under the age of 18 or children over the age of 18 and still in school.
 - Copies of the last two pay stubs.
Copies of the most recent state and federal income tax forms if needed but not limited to the following:
 - W2's
 - Schedule C Profit or Loss from Business
 - Schedule D Capital Gains and Losses
 - Schedule E supplemental Income and Loss
 - Schedule F Profit or Loss from Farming
 - Schedule K Business Partnerships and S Corporations
6. Falsification of any portion of an application or refusal to cooperate may result in denial of financial assistance.
7. For a patient who chooses not to participate or is denied financial assistance, the full measure of collection activity will continue.
8. The hospital may suspend collection activity on an account while a determination is being processed and considered.

Procedure: Patient Financial Services will administer the financial assistance program according to the following guidelines:

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1. All patients will be billed at the same hospital established rates immediately reduced by 40% and then will be further reduced based upon any sliding fee schedule calculation.
2. All patients have the right to apply for financial assistance. Applications may be obtained, free of charge, from any CFVMC locations, online at www.capefearvalley.com, calling 910-615-7070 or through the patients **MyChart** portal at www.mychart.capefearvalley.com
3. It is preferred that patients use their MyChart to complete and upload applications and supporting documentation. If you are mailing completed applications and all requested documentation please return to Cape Fear Valley Medical Center, Attn: Financial Assistance Specialist, PO Box 788, Fayetteville NC, 28302.
4. Patient Financial Services personnel will determine if the patient/guarantor qualifies for charity assistance once a completed charity application and requested documentation have been received using the eligibility criteria listed earlier. If the patient/guarantor qualifies for charity, they will be notified, and the account adjusted.
5. If the patient/guarantor does not qualify for charity, but qualifies for limited means or partial assistance, a reduction in charges will be made to the account and the guarantor/patient will be notified via mail. At the guarantor's request, payment arrangements can be made for the remaining balance.
6. Should patient/guarantor fall out of compliance with payment arrangements or fail to make payments, the account will be turned over to a bad debt collection process where the account will follow the hospitals billing and collection policy.
7. If the patient/guarantor does not qualify for charity or limited means assistance and their hospital liability is the balance after health insurance has paid, they will not be eligible for a discount.
8. For patients/guarantors qualifying for assistance and whose **hospital liability** is greater than 15,000.00, there may be an asset determination.
9. If after the determination of a financial assistance award, the patient/guarantor requests further financial relief, they can request their account go to the Corporate Director of Hospital Revenue Cycle. The Directors determinations are final.
10. Once financial assistance has been granted, the guarantor will not be supplied with documentation required to bill insurance companies. This includes UB, 1500 and/or detailed itemization of charges.
11. The hospital reserves the right to review the financial assistance determination if the guarantor's financial circumstances have changed.
12. The Financial Assistance Policy applies to deceased patients when it has been determined that there are no assets of value in the estate.

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13. Financial assistance may be granted to patients who qualify for government programs when funding has delayed payment. If later government assistance is awarded, the account adjustment will be reversed.

14. Financial assistance may be granted to patients that are pending Medicaid approval with the appropriate county. These accounts have been reviewed and financial need determined by a third party. Additional documentation may be required by Patient Financial Services.

15. The Financial Assistance Policy and application are also available in Spanish

16. Financial Assistance Committee approval levels are as follows;

Adjustment Levels per Combined Accounts	Approver
\$0-\$15,000	Financial Assistance Specialist
\$15,001-\$50,000	Manager of Payment Posting
\$50,001-\$250,000	Director of Cash Management
\$250,001-\$500,000	Corporate Director of Revenue Cycle
\$500,001 +	VP of Revenue Cycle and Managed Care

Ineligible Services:

- Elective and/or cosmetic services
- Non-Medically necessary services
- Cape Fear Valley Health service exclusions list
 - See Appendix A

Presumptive/Best Interest Charity

1. Best interest charity may be applied post clearance if it is determined by a third party that financial indicators are not conducive to the cost of attempting to collect the debt.

2. On a case by case basis if deemed appropriate, management may decide to apply charity in the best interest of the patient and the hospital. The instances may include but are not limited to special circumstances regarding the patient and/or care rendered,

Exceptions:

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Any exceptions to the policy require committee approval and appropriate account documentation.

Related Documents/Policies: Charity Care Guidelines; Sliding Scale

References: Federal Poverty Guidelines,

Appendix A

This policy applies to services received at the following facilities and provider groups.

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Angier Medical Services	Ferncreek General Surgery
Behavioral Health Care	Foot & Ankle – Laurinburg
Betsy Johnson Hospital	Harnett Ear, Nose and Throat
Bladen County Hospital	Harnett Health Hospitalist
Bladen Kid’s Care	Harnett OB/GYN
Bladen Surgical	Harnett Ortho & Sports Medicine
Bladen Surgical Specialist-Lumberton	Harnett Surgical Associates
BMA-Bladenboro	Health Pavilion Hoke
BMA-Clarkton	Health Pavilion North
BMA-Dublin	Health Pavilion North Family Care
BMA-Elizabethtown	Healthplex
BMA-White Lake	Highsmith-Rainey Express Care
Buffalo Lakes Medical Services	Highsmith-Rainey Specialty Hospital
Cape Fear Valley Cancer Center	Hoke Family Medical
Cape Fear Valley Diagnostic Center	Hoke Hospital
Cape Fear Valley Foot & Ankle –Bladen	Hoke Hospitalist
Cape Fear Valley Foot & Ankle –Hoke	Hoke OB/GYN
Cape Fear Valley Foot & Ankle -Lumberton	Hoke Primary Care
Cape Fear Valley General Surgery	Hope Mills Family Care
Cape Fear Valley General Surgery	HPN Cancer Center
Cape Fear Valley Inpatient and Outpatient Rehab	HPN Express Care
Cape Fear Valley Internal Medicine	Infectious Disease
Cape Fear Valley Medical Center	Internal Medicine Continuity Clinic
Cape Fear Valley Neurosurgery -Lumberton	John Smith
Cape Fear Valley Pediatric Care	Lillington Medical Services
Cape Fear Valley Pediatric Endo	Lung Nodule
Cape Fear Valley Podiatry	Neurology
Cape Fear Valley Podiatry- Dunn	Neurosurgery
Cape Fear Valley Primary Care Robeson Family	Perinatology
Cape Fear Valley Primary Care-Clinton	Premier Pediatrics-Dunn
Cape Fear Valley Primary Care-Lumberton	Premier Pediatrics-Lillington
Cape Fear Valley Urology	Primary Care Dunn-Erwin
Cape Fear Valley Vascular Specialists	Pulmonary Medicine
Cape Fear Valley Vineland Family Medicine	Regional Diabetes and Endocrine Center
Cardiovascular and Thoracic Surgery	Senior Health Services
Central Harnett Health	Sleep Center
CFV Highland Family Practice	Stedman Medical Care
CFV Hospitalist	Three Rivers Medical
CFV/HP OB/GYN	Urology-Owen Park
Coats Medical Services	Valley Orthopedics & Sports Medicine
Community Mental Health Center	Village Surgical Pediatrics
Dunn Medical Services	Westside Medical Care
Ear, Nose and Throat	Women’s Health Specialists
Fayetteville Family Medical	

This policy **may not** apply to services provided by the following privileged facilities and provider groups.

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A Woman's Place – Fayetteville
Allergy Partners of Fayetteville
Alpha Medical Center
Associated Urologists of NC
Barbara Bethea
Calvary Pediatrics
Cape Fear Eye Associates
Cape Fear Orthopedic Clinic
Cape Fear Physical Medicine & Rehab
Carolina Cataract & Laser Center
Carolina Family Practice
Carolina Heath Physicians
Carolina Kidney Care
Carolina Plastic Surgery
Carolina Rheumatology and Internal Med
Cape Fear Southeast Radiation Oncology
Cross Creek Medical Clinic PA
Cumberland Medical Associates
Curative Talent
Developmental & Forensic Pediatrics
Eagle Telemedicine
Ernesto J. F. Graham MC
Fayetteville Endocrinology & Diabetic Clinic
Fayetteville Otolaryngology
Fayetteville Women's Care
Fuquay Pediatric Dentistry
Henderson Pulmonary & Sleep Medicine
Highland Pediatric Dental
Hope Medical Clinic
Integrated Wound Specialists of NC Healogics
Karen L. Smith MD
Kids First Pediatrics of Raeford
Kurt Vernon
Maria Medical Center
Med One Endocrinology
Medics Primary and Urgent Care
Naveed K. Aziz MD
New Horizons Surgical Eye Centers
Owen Park Pediatrics
Physicians Total Rehab
Premier Foot and Ankle
Premier Women's Care
Pulmonology and Bronchology
Ramesh V. Patel MD
Rayconda Internal Medicine
Richard H. Shereff MD
Sandhills Pediatric and Family Dentistry
Sessoms Medical Associates
Southern Regional AHEC
Statcare Urgent Care Center
The Carter Clinic
The North Carolina Children's Heart Center
Trinity Hematology Oncology Center
Valley Internal Medicine
Village Family Dental
Womack Pediatrics
Access TeleCare-SOC Telemed
Ali Lung Clinic
Associated Pathologist - Pathgroup
Bailliard Henry Pediatric Cardiology
Birth and Women's Care
Cape Fear Aesthetics
Cape Fear Family Medical Care
Cape Fear Oral & Maxillofacial Surgery
Carolina Behavioral Care
Carolina Eye Associates
Carolina Heart and Leg
Carolina Infectious Disease
Carolina Pediatric Group
Carolina Psychiatry PC
Carolina Vision Center
Children's Health of Fayetteville
Cumberland Internal Medicine
Cumberland Neurology PA
David D. Steward MD
Duke Children's Cardiology of Fayetteville
Eastern Carolina Medical Center
Fayetteville Children's Clinic PA
Fayetteville Heart Center
Fayetteville Vascular and Vein Center
Ferncreek Cardiology
Gordon L. Townsend DDS
Hester Ophthalmology
Holly Springs Eye and Laser
ID Care
Jones Center for Women's Health
Kids First Pediatrics of Fayetteville
Kidzcare Pediatrics
Legacy Pediatrics
Med One Dermatology
Medical Arts Family Practice
Mission Foot and Ankle
Neuroshield Network
North Carolina Nephrology
Paul M. Carter MD
Premier Cardiovascular Center
Premier Gastroenterology
Professional Women's Healthcare
Rainbow Pediatrics
Rapha Primary Care Center
Recon Neurology & Psychiatry
RPK Center-Rehab Spine/Pain Management
Sandhills Womencare
Southeastern Dental Specialist
Southern Smiles Pediatric Dentistry
The Carolina's Emergency Group
The Delta companies
Transitions Life Care
Valley Cardiology
Valley Radiology
Wilmington Eye
Women's Wellness

Appendix B

Federal Poverty Guidelines and Sliding Scale

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Income Range	0-200% FPG	201-300% FPG	301-400% FPG	401-500% FPG	>500% FPG
Adjustment %	100%	75%	50%	25%	0%
Household Size					
1	0-\$29,160	\$29,161-\$43,740	\$43,741-\$58,320	\$58,321-\$72,900	>\$72,901
2	0-\$39,440	\$39,441-\$59,160	\$59,161-\$78,880	\$78,881-\$98,600	>\$98,601
3	0-\$49,720	\$49,721-\$74,580	\$74,581-\$99,440	\$99,441-\$124,300	>\$124,301
4	0-\$60,000	\$60,001-\$90,000	\$90,001-\$120,000	\$120,001-\$150,000	>\$150,001
5	0-\$70,280	\$70,281-\$105,420	\$105,421-\$140,560	\$140,561-\$175,700	>\$175,701
6	0-\$80,560	\$80,561-\$120,840	\$120,841-\$161,120	\$161,121-\$201,400	>\$201,401
7	0-\$90,840	\$90,841-\$136,260	\$136,261-\$181,680	\$181,681-\$227,100	>\$227,101
8	0-\$101,120	\$101,121-\$151,680	\$151,681-\$202,240	\$202,241-\$252,800	>\$252,801
<i>*Add \$5140.00 for each person in household over 8 persons</i>					

Income ranges are based on the 2023 Federal Poverty Guidelines