Title: Financial Assistance

Current Effective Date: 5/10/2023

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 supplying 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 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.
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 45% and 85%.

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

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

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 requested.

3. 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

4. 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

5. Falsification of any portion of an application or refusal to cooperate may result in denial of financial assistance.

6. For a patient who chooses not to participate or is denied financial assistance, the full measure of collection activity will continue.

7. 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:
CAFE FEAR VALLEY HEALTH SYSTEM
Policy – Procedure

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 hospital’s 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.

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;

<table>
<thead>
<tr>
<th>Adjustment Levels per Combined Accounts</th>
<th>Approver</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$15,000</td>
<td>Financial Assistance Specialist</td>
</tr>
<tr>
<td>$15,001-$50,000</td>
<td>Director of Cash Management</td>
</tr>
<tr>
<td>$50,001-$250,000</td>
<td>Corporate Director of Revenue Cycle</td>
</tr>
<tr>
<td>$250,001-$500,000</td>
<td>VP of Revenue Cycle and Managed Care</td>
</tr>
<tr>
<td>$500,001 +</td>
<td>CFO</td>
</tr>
</tbody>
</table>

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:

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.

- Angier Medical Services
- Behavioral Health Care
- Betsy Johnson Hospital
- Bladen County Hospital
- Bladen Kid’s Care
- Bladen Surgical
- Bladen Surgical Specialist-Lumberton
- BMA-Bladenboro
- BMA-Clarkton
- BMA-Dublin
- BMA-Elizabethtown
- BMA-White Lake
- Buffalo Lakes Medical Services
- Cape Fear Valley Cancer Center
- Cape Fear Valley Diagnostic Center
- Cape Fear Valley Foot & Ankle – Bladen
- Cape Fear Valley Foot & Ankle – Hoke
- Cape Fear Valley Foot & Ankle - Lumberton
- Cape Fear Valley General Surgery
- Cape Fear Valley General Surgery
- Cape Fear Valley Inpatient and Outpatient Rehab
- Cape Fear Valley Internal Medicine
- Cape Fear Valley Medical Center
- Cape Fear Valley Neurosurgery - Lumberton
- Cape Fear Valley Pediatric Care
- Cape Fear Valley Pediatric Endo
- Cape Fear Valley Podiatry
- Cape Fear Valley Podiatry- Dunn
- Cape Fear Valley Primary Care Robeson Family
- Cape Fear Valley Primary Care- Clinton
- Cape Fear Valley Primary Care- Lumberton
- Cape Fear Valley Urology
- Cape Fear Valley Vascular Specialists
- Cape Fear Valley Vineland Family Medicine
- Cardiovascular and Thoracic Surgery
- Central Harnett Health
- CFV Highland Family Practice
- CFV Hospitalist
- CFV/HP OB/GYN
- Coats Medical Services
- Community Mental Health Center
- Dunn Medical Services
- Ear, Nose and Throat
- Fayetteville Family Medical
- Ferncreek General Surgery
- Foot & Ankle – Laurinburg
- Harnett Ear, Nose and Throat
- Harnett Health Hospitalist
- Harnett OB/GYN
- Harnett Ortho & Sports Medicine
- Harnett Surgical Associates
- Health Pavilion Hoke
- Health Pavilion North
- Health Pavilion North Family Care
- Healthplex
- Highsmith-Rainey Express Care
- Highsmith-Rainey Specialty Hospital
- Hoke Family Medical
- Hoke Hospital
- Hoke Hospitalist
- Hoke OB/GYN
- Hoke Primary Care
- Hope Mills Family Care
- HPN Cancer Center
- HPN Express Care
- Infectious Disease
- Internal Medicine Continuity Clinic
- John Smith
- Lillington Medical Services
- Lung Nodule
- Neurology
- Neurosurgery
- Perinatology
- Premier Pediatrics-Dunn
- Premier Pediatrics-Lillington
- Primary Care Dunn-Erwin
- Pulmonary Medicine
- Regional Diabetes and Endocrine Center
- Senior Health Services
- Sleep Center
- Stedman Medical Care
- Three Rivers Medical
- Urology-Owen Park
- Valley Orthopedics & Sports Medicine
- Village Surgical Pediatrics
- Westside Medical Care
- Women’s Health Specialists
This policy **may not** apply to services provided by the following privileged facilities and provider groups.

- A Woman’s Place – Fayetteville
- Allergy Partners of Fayetteville
- Alpha Medical Center
- Associated Urologists of NC
- Barbara Betha
- Calvary Pediatrics
- Cape Fear Eye Associates
- Cape Fear Orthopedic Clinic
- Cape Fear Physical Medicine & Rehab
- Carolina Cataract & Laser Center
- Carolina Family Practice
- Carolina Health 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 Vemon
- Maria Medical Center
- Med One Endocrinology
- Medics Primary and Urgent Care
- Naveed K. Azziz MD
- New Horizons Surgical Eye Centers
- Owen Park Pediatrics
- Physicians Total Rehab
- Premier Foot and Ankle
- Premier Women’s Care
- Pulmonology and Bronchoscopy
- Ramesh V. Patel MD
- Rayconda Internal Medicine
- Richard H. Sheriff MD
- Sandhills Pediatric and Family Dentistry
- Sessions 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
- Baillieard 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
- Kidscare 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
- Wilminton Eye
- Women’s Wellness
Appendix B

Federal Poverty Guidelines and Sliding Scale

<table>
<thead>
<tr>
<th>Income Range</th>
<th>0-200% FPG</th>
<th>201-300% FPG</th>
<th>301-400% FPG</th>
<th>401-500% FPG</th>
<th>&gt;500% FPG</th>
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</thead>
<tbody>
<tr>
<td>Household Size</td>
<td>100%</td>
<td>75%</td>
<td>50%</td>
<td>25%</td>
<td>0%</td>
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<tr>
<td>1</td>
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<tr>
<td>4</td>
<td>0-$60,000</td>
<td>$60,001-$90,000</td>
<td>$90,001-$120,000</td>
<td>$120,001-$150,000</td>
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<td>$70,281-$105,420</td>
<td>$105,421-$140,560</td>
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<tr>
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<td>$120,841-$161,120</td>
<td>$161,121-$201,400</td>
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<tr>
<td>7</td>
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<td>$90,841-$136,260</td>
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<tr>
<td>8</td>
<td>0-$101,120</td>
<td>$101,121-$151,680</td>
<td>$151,681-$202,240</td>
<td>$202,241-$252,800</td>
<td>&gt;$252,801</td>
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</table>

*Add $5140.00 for each person in household over 8 persons

Income ranges are based on the 2023 Federal Poverty Guidelines