

## CAPE FEAR VALLEY HEALTH SYSTEM

### Policy – Procedure

<b>Title:</b> Financial Assistance	<b>Current Effective Date:</b> 01/01/2025
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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).

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.

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

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#### 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](http://www.capefearvalley.com), on the patients MyChart [www.mychart.capefearvalley.com](http://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

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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 will be reviewed before approving any financial assistance.
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](http://www.capefearvalley.com), calling 910-615-7070 or through the patients **MyChart** portal at [www.mychart.capefearvalley.com](http://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

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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;

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

#### 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. All Self-pay accounts are scrubbed at the time they are placed with both our early out vendor and our bad debt vendor. Any guarantor falling under 250% of the Federal Poverty Level is deemed Presumptive Charity and the account is reclassified.

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

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

## Appendix B



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### Federal Poverty Guidelines and Sliding Scale

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	\$30,120	\$45,180	\$60,240	\$75,300	>\$75,300
2	\$40,880	\$61,320	\$81,760	\$102,200	>\$102,200
3	\$51,640	\$77,460	\$103,280	\$129,100	>\$129,100
4	\$62,400	\$93,600	\$124,800	\$156,000	>\$156,000
5	\$73,160	\$109,740	\$146,320	\$182,900	>\$182,900
6	\$83,920	\$125,880	\$167,840	\$209,800	>\$209,800
7	\$94,680	\$142,020	\$189,360	\$236,700	>\$236,700
8	\$105,440	\$158,160	\$210,880	\$263,600	>\$263,600

\* Add \$5380.00 for each person in household over 8 persons

*Income ranges are based on the 2025 Federal Poverty Guidelines*