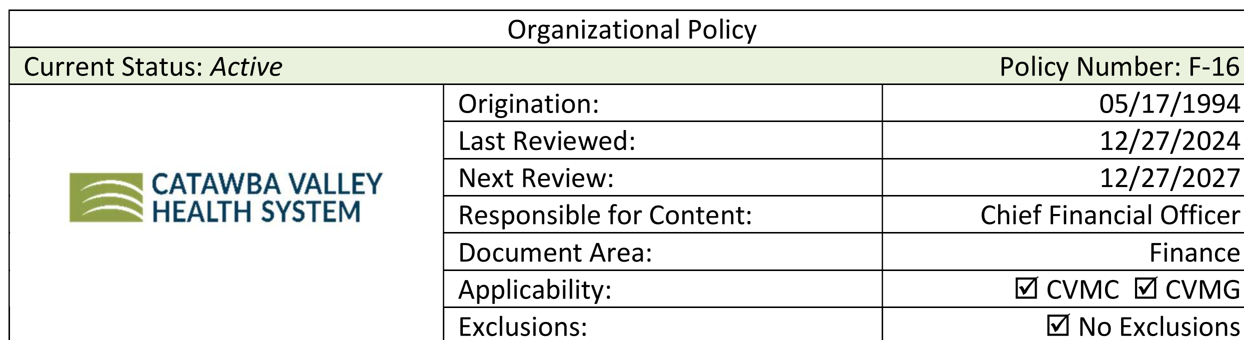

Organizational Policy		
Current Status: *Active*		Policy Number: F-16
CATAWBA VALLEY HEALTH SYSTEM	Origination:	05/17/1994
	Last Reviewed:	12/27/2024
	Next Review:	12/27/2027
	Responsible for Content:	Chief Financial Officer
	Document Area:	Finance
	Applicability:	☑ CVMC ☑ CVMG
	Exclusions:	☑ No Exclusions

Financial Assistance and Medical Debt Mitigation

I. POLICY

Catawba Valley Health System (CVHS) provides needed health care services to anyone regardless of ability to pay. CVHS's financial assistance policy (FAP) is designed to assist uninsured and underinsured patients who are United States residents and financially unable to pay for healthcare services. This policy applies to Catawba Valley Medical Center (CVMC) and Catawba Valley Medical Group (CVMG), except where noted.

II. PROCESS/PROCEDURE

Uncompensated care services, as required by law, are limited to specific guidelines as defined by Catawba Valley Health System. Cosmetic services will not be eligible for financial assistance. Financial Assistance is secondary to all other available financial resources including insurance, government programs, third party liability and any other source of account payment. CVHS will screen all hospital patients for potential presumptive eligibility.

<u>Presumptive Charity Eligibility-For hospital services only (billed out of Meditech)</u>

Patients are deemed presumptively eligible (PE) for financial assistance based on certain non-income-based criteria. Patients are not required to provide documentation or other verification of meeting eligibility criteria. These criteria include the following (patients must meet at least one).

1. Homelessness;
2. Mental incapacitation with no one to act on the patient's behalf;
3. Enrollment in Medicaid of patient or a child in their household;
4. Enrollment in another means-tested public assistance program (including, but not limited to Women, Infants and Children Nutrition Program, Supplemental Nutrition Assistance Program).

As of 1/1/2025, during the pre-registration or registration process for hospital services billed out of the Meditech system only, patients will be asked or provided a questionnaire to determine if they fall into any of the four scenarios above. Their answers will be recorded in the Patient Accounting System. Patients will be told if they qualify for presumptive financial assistance for that visit during that interaction.

Patients that qualify will have a letter sent to the address on file, if one exists, that will further describe options regarding Medicaid enrollment as well as financial assistance. Uninsured patients that do not qualify for non-income-based PE financial assistance will also receive written notification regarding Medicaid enrollment as well as information about how to apply for financial assistance. Patients that refuse to answer the questions above will be considered ineligible for Presumptive Financial Assistance.

Prior to a hospital account moving to bad debt (collection agency), all uninsured patient balances will be sent to our vendor partner, MedProve. MedProve runs this information through their software to determine estimated household income, household size and Federal Poverty Level (FPL) percentage. A file is sent back to CVHS with that information. Patients that have an FPL up to 300% will have their balances adjusted at 100%.

Presumptive Financial Assistance will only apply to the account reviewed. Patients deemed presumptively eligible for financial assistance may be required to sign an attestation.

For CVMC and CVMG:
In addition to the above, CVHS designates the following circumstances as presumptively eligible for financial assistance that may be identified post discharge and may or may not require supporting documentation.

1. Patients who are deceased with no estate
2. Cooperative Christian Ministry (CCM) services for balances under $500 with a referral. Referrals for balances over $500 must complete a Financial Assistance application
3. Sterilization denials by Medicaid due to authorization issues
4. Ryan White Grant patients when the self-pay portion is not paid in 120 days
5. Medicaid non-covered self-administered drugs
6. Catawba County Public Health (CCPH) referred diagnostic services meeting CCPH charity criteria
7. Uninsured behavioral health inpatients who would have been eligible for 3-way funding if annual funds had not been exhausted

Patients who are not presumptively eligible as stated above, have an opportunity to received financial assistance and medical debt relief by completing a financial assistance application.

The primary guidelines are defined below:

Income for eligibility purposes is defined as total monthly or annual cash receipts before taxes (gross income) from all sources within the household, including eligible dependents. Countable income will be calculated using annual income reported on the previous year's Federal Income Tax Form or income verified from the prior three months, whichever is more favorable to the applicant. For self-employed individuals, income is determined by total income on line 9 of Form 1040 of the most current Federal Income

Tax Return. Income from corporations, professional enterprises, or partnerships is also considered. All pertinent tax forms that were filed with the IRS during the prior year must be provided.

Unmarried couples living under the same roof with a mutual child are considered a household and both parents' income will be counted. Anyone who is living in a parent's home, but the person is employed and is legitimately paying rent or living expenses to their parents, will be considered a separate household. Income from person(s) age 65 or over living in a child's household receiving only Social Security will be considered a separate household.

If the applicant has not worked for the same employer or in the same line of work for the past full tax year, the last four consecutive weeks of gross income will be reviewed to determine eligibility. Anyone who states they have no income must disclose verbally and in writing how they are being provided with food, clothing, and shelter. Individuals with an income below 300% of the Federal Poverty guidelines, determined by the Department of Health and Human Services, may be considered for financial assistance.

Financial verification of income must be submitted within thirty (30) days of the date of application. Valid proof of income includes pay stubs, W-2 forms, tax returns, written verification from an employer, checking and savings account balances, and tax records.

Once a patient has been approved for financial assistance through the application process, any payments received prior to approval or after approval **will not** be refunded.

CVHS also reserves the right to approve accounts for Financial Assistance based on other extenuating circumstances that may determine indigence.

For those patients that apply and are approved through the Financial Assistance application process:

1. **All patients and qualified family members that are approved through the application process will be approved for 100% discount.**
2. All open self-pay balances will be adjusted in the Patient Accounting System. This includes any balances with Access One.
3. Financial Assistance will also be extended to service dates within 365 days after the date of application. After 365 days, patients must reapply.
4. Exceptions may be made as approved by Administration.
5. Financial assistance application approvals will be shared between hospital and hospital-owned physician practice Central Billing Office to allow for continuity of the approval process and to decrease the patient's need to provide additional documentation.
6. Approvals are also shared with the following: Catawba Valley Hospitalists, Wake Forest Emergency Room Physicians, and Piedmont Pathology.

No collection efforts will be conducted on approved accounts or accounts pending disposition of application.

CVHS reserves the right to reverse Financial Assistance adjustments provided by this policy and hold the guarantor fully responsible for payment if the information provided is determined to be false or if CVHS obtains proof that compensation has been received for services from another source.

Patient requests for financial assistance consideration should be directed to CVHS's Medical Eligibility Specialists, Patient Financial Advocates, or the Customer Service Supervisor. A written conditional or final determination of eligibility for uncompensated service will be issued within thirty (30) days of the date of the completed application.

APPROVED BY:

Committee	Date
Senior Leadership	12/27/2024

Review Dates: 12/27/2024, 07/11/2024, 03/11/2024, 07/01/2022, 12/02/2020, 07/06/2020, 03/04/2020, 02/02/3017, 06/06/2015, 12/27/13, 05/09/2011, 05/28/10, 05/14/08, 05/01/08, 02/06/2008, 08/01/2007, 01/31/2007, 09/27/2006, 04/12/2006, 12/07/2005