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Owner Anna Robinson:
Revenue Cycle
Director
Policy Area Business
Services Policies

Financial Assistance Policy 2024

PURPOSE:

It is the policy of Hugh Chatham Memorial Hospital to assess and provide financial assistance to those patients deemed appropriate based on their individual ability to pay.

POLICIES:

Hugh Chatham Memorial Hospital will give uncompensated care as a community service to those who require medical care, but are unable to pay. This community service will be available to all persons residing in the service area without discrimination based upon race, color, national origin, creed or other grounds unrelated to the individuals need for the service of this facility.

PROCEDURE:

- A. Uncompensated care may be given in full or partial based upon the applicant's ability to pay in relation to federal poverty level guidelines. Criteria for uncompensated care will be based upon a scale of 100% to 200% of the annual federal poverty levels. This scale is established to meet the needs of those applicants whose income is not low enough but qualify based upon individual or unusual circumstances, such as excessive medical bills, long term illness, Medicaid spend-downs, inadequate health care coverage, Medicaid deductibles or their incomes is so low that payment of the medical bill would seriously hinder their ability to pay for their basic necessities of life.
- B. Every applicant will be assessed individually and the information in the application will remain valid for a period of six months, unless there is a significant change in the applicant's status.
- C. This policy will be updated yearly to reflect current poverty levels. These levels are published annually in the Federal Register.
- D. Any person requiring medical care may request a determination of eligibility for uncompensated care prior to the service, after the service is provided or ever after the collection actions has begun (unless the account is moved to bad debt status, at which time

the account will not be considered for uncompensated care): however the hospital reserves the right to require proof of need. This requirement will be proof of income or assets, as well as denials from public aid applications prior to a decision for uncompensated care. In addition, the hospital may require child care or child support payments, pay check stubs, unemployment checks, IRS returns or any other information that is reasonable and necessary to substantiate the applicant's income.

- E. The hospital will consider financial assistance for all medical services deemed emergent that is provided to an out of state eligible Medicaid recipient that we are not actively enrolled.
- F. The hospital will consider financial assistance to expired patients without an estate. The hospital will NOT consider applications for financial assistance on elective procedures, such as cosmetic procedures that ultimately will not result in the loss of life or limb if not performed.
- G. **Financial Assistance Income Guidelines BASED ON 2024 FEDERAL POVERTY GUIDELINES**

1.	Family Size	Income based on Poverty Levels					
		100% Uncompensated Care		75% Uncompensated Care		60% Uncompensated Care	
		100%	150%	151%	175%	176%	200%
	1	15,060	22,590	22,741	26,355	26,506	30,120
	2	20,440	30,660	30,864	35,770	35,974	40,880
	3	25,820	38,730	38,988	45,185	45,443	54,640
	4	31,200	46,800	47,112	54,600	54,912	62,400
	5	36,580	54,870	55,236	64,015	64,381	73,160
	6	41,960	62,940	63,360	73,430	73,850	83,920
	7	47,340	71,010	71,483	82,845	83,318	94,680
	8	52,720	79,080	79,607	92,260	92,787	105,440

******Add \$ 5,380.00 for each additional family member over 8******

- H. Uncompensated care will be giving based on this eligibility scale.
 - 1. 100%-150% of poverty level for family size = 100% uncompensated care Internal Code - 99015
 - 2. 151-175% of poverty level for family size = 75% uncompensated care Internal Code 99100
 - 3. 176-200% of poverty level for family size = 60% uncompensated care Internal Code 99107
- I. If an applicant does not receive 100% of uncompensated care, they will be required to set up payment arrangements on the remaining balance, should they not be able to pay in full. Non eligible applicants should be documented in CPSI with Internal Code 99094 for tracking
- J. Any employee that has prior payroll deductions arranged will not be eligible to apply for

uncompensated care on that balance. Uncompensated care can only be determined on current accounts for employees.

- K. For those patients that are currently enrolled in a commercial insurance plan or any governmental sponsored plan, their application will be processed based on 100% of the poverty level income guidelines.
- L. The eligibility criteria is listed in part A. The criteria is based upon a scale of 100% to 200% of the annual federal poverty levels. See the chart in part F for more detail. The FAP Application also lists the example proofs of income: pay stub, W-2, tax return, social security verification, letter from employer, etc.

The method for applying for financial assistance is provided: Return completed application form and proof of income to the following address: Hugh Chatham Memorial Hospital, PO Box 560, Elkin, NC 28621, Attention: Financial Assistance.

The following statement satisfies the list of providers that do and do not follow the financial assistance policy. Notice 2015-46, Section 03.02 allows a hospital facility to specify providers by reference to a department or a type of service. All departments in the hospital follow the financial assistance policy except for the following: emergency medical services, radiology interpretation services, pathology diagnostics, emergency room physicians, anesthesia services, and hospitalist.

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All Revision Dates

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Approval Signatures

Step Description

Approver

Date

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