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

Financial Assistance Policy (FAP) 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 and have been denied for Medicaid eligibility. 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.

- Uncompensated care for Inpatient and Outpatient Hospital Facility Claims may be given in full or partial based upon the applicant's ability to pay in relation to federal poverty level guidelines. Consideration for uncompensated care will be based upon a graduated scale compliant with NC DHHS Medical Debt Mitigation Policy guidelines under the following criteria; at thresholds measured against Federal Poverty Level (FPL), consistent for uninsured and insured individuals residing in the state of NC

Presumptive Screening/Eligibility

Hugh Chatham Health understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. Hugh Chatham Health may engage in a review of publicly-available information to establish such patients' qualification for financial assistance ("presumptive eligibility screening"). Presumptive eligibility screening enables Hugh Chatham Health to systematically identify financially in need patients, reduce administrative burdens, and provide financial assistance to patients and their guarantors.

a. Hugh Chatham Health may use a third party to conduct a review of publicly-available information about the patient or guarantor to assess financial need. In no event will Hugh Chatham Health or the third party access the patient's or guarantor's credit file.

b. Presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as: i. homelessness or receipt of care from a homeless clinic or shelter; ii. patient deceased with no known estate; iii. Women, Infants and Children (WIC) program; iv. SNAP benefits (Supplemental Nutritional Assistance Program, (formerly known as Food Stamps) as proof of need and are therefore presumptively eligible). v. Minors 17 years of age or younger who are deemed financially

responsible for a minor child who has received services at Hugh Chatham Health. vi. Minors 17 years of age or younger who Hugh Chatham Health was unable to obtain a parent or legal guardian to be financially responsible for services rendered to the minor. vii. Eligibility in other state or local assistance programs, such as Victims of Violent Crimes.

c. The data returned from the presumptive eligibility review will constitute adequate.

Discounts and Hugh Chatham Health Charity Sliding Scale for FPL

- Discount of 100% for individuals with incomes below 200% FPL.
- Discount of at least 75% for individuals with incomes between 200% – 250% FPL
- Discount of at least 50% for individuals with incomes between 250% - 300%
- Every applicant will be assessed individually either before service is rendered, or; post service in compliance with NC DHHS Medical Debt Mitigation Policy guidelines, State, and Federal Law
- This policy will be updated yearly to reflect current poverty levels, or at a cadence in compliance with NC DHHS Medical Debt Mitigation Policy guidelines, State, and Federal Law
- 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 have commenced. Hugh Chatham Memorial Hospital will give uncompensated care as a community service to those who require medical care, but are unable to pay and have been denied for Medicaid eligibility. 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.
- 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.
- 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, nor for balances assigned by a third party payer as co-pay.

A. Financial Assistance Income Guidelines BASED ON 2024 FEDERAL POVERTY GUIDELINES

1.	Family Size	Income based on Poverty Levels					
		Discount of 100% for individuals with incomes below 200% FPL					
		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
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******Add \$ 5,380.00 for each additional family member over 8******

B. Uncompensated care will be giving based on this eligibility scale.

1. 200% of poverty level for family size = 100% uncompensated care Internal Code - 99193
2. 200-250% of poverty level for family size = 75% uncompensated care Internal Code 99194
3. 250-300% of poverty level for family size = 60% uncompensated care Internal Code 99195

C. ast 50% for individuals with incomes between 250% - 300% FPL.

· 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.

· In compliance with NC DHHS Medical Debt Mitigation Policy guidelines; For individuals with incomes between 200 - 300% FPL, A payment plan must be offered that does not exceed a duration of 36 months with monthly payments no greater than 5% of monthly household income (“36 month/5% income plan”).

i. A payment plan may offer alternative payment plans that exceed 36 months, but the aggregate amount collected from the patient—inclusive of principal and interest—shall not exceed what would have been collected under the 36 month/5% income plan.

· Non eligible applicants should be documented in CPSI with Internal Code 99094 for tracking

· 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.

· 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.

· 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.

All revision dates:

12/23/2024, 12/20/2024, 12/20/2024

Attachments

No Attachments

Approval Signatures

Approver

Date

Anna Robinson: Revenue Cycle Director 12/23/2024

Approver**Date**

Kevin May: CFO

12/23/2024

Anna Robinson: Revenue Cycle Director

12/23/2024

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