


Organizational Policy		
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	Responsible for Content:	Chief Financial Officer
	Document Area:	Finance
	Applicability:	<input checked="" type="checkbox"/> CVMC <input checked="" type="checkbox"/> CVMG
	Exclusions:	<input checked="" type="checkbox"/> No Exclusions

FINANCIAL ASSISTANCE

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.

II. PROCESS/PROCEDURE

Uncompensated care services, as required by law, are limited to specific guidelines as defined by Catawba Valley Health System. Elective 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. Patients who are known to have chosen not to participate in employer-sponsored health plans and / or not eligible for government-sponsored health coverage due to non-compliance with program requirements are not eligible for Financial Assistance under this Policy. This exclusion does not apply to patients who are known to have chosen not to participate in the healthcare exchange established by the Affordable Care Act. The applicant’s total resources will be considered including, but not limited to, analysis of assets, liabilities, income, and expenses.

The primary guidelines are defined below:

INCOME GUIDELINES: Income refers to total cash receipts from all sources before taxes

CATAWBA VALLEY HEALTH SYSTEM SCALE FOR FINANCIAL ASSISTANCE IS BASED ON 300% OF THE CURRENT FEDERAL POVERTY GUIDELINES, dependent upon family size.

200% FPG= 100% Charity	250% FPG= 75% Charity	300% FPG= 50% Charity
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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 22 of Form 1040 of the most current Federal Income Tax Return. Depreciation, meals, and entertainment will be added back as disposable income. 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, not being claimed as a dependent on the parent's tax return, will be considered a separate household. Income from person(s) age 65 or over living in a child's household receiving only Social Security income that is not being claimed as a dependent will not be included into the annual household income.

If the applicant has not worked for the same employer or in the same line of work for the past 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 income below 300% of the Federal Poverty guidelines, determined by the Department of Health and Human Services, may be considered for financial assistance.

COUNTABLE ASSETS:

These assets may include, but are not limited to, checking and savings account balances, CDs, stocks, bonds, real property, recreational and personal vehicles.

Allowable Assets:

- *Home site*
- *One essential vehicle per financially responsible adult in home*
- *Total remaining assets (to include additional real property, all bank accounts, stocks, bonds, excess vehicles) not to exceed \$5,000*

Financial verification of income and assets 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, deeds, tax records and valuations for real properties.

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

CVHS designates the following circumstances as eligible for Financial Assistance and may not require supporting documentation.

1. Patients who are deceased with no estate
3. CCM (Cooperative Christian Ministry) services for balances under \$500 with a referral. Referrals for balances over \$500 must complete a Financial Assistance application

4. Nursing homes/Assisted living facilities for balances under \$50 with a referral
5. Sterilization denials by Medicaid due to authorization issues
6. Ryan White Grant patients when the self-pay portion is not paid in 120 days
7. Patients who are designated as homeless upon registration
8. Medicaid non-covered self- administered drugs
9. Catawba County Public Health referred diagnostic services meeting CCPH charity criteria
10. Uninsured behavioral health inpatients who would have been eligible for 3-way funding if annual funds had not been exhausted
11. An account may be reviewed for presumptive eligibility for Charity Care. Any account without insurance coverage is reviewed by obtaining the household size and household income through Experian Healthcare, a data and analytics company, and calculating the Federal Poverty Percentage based on the most recent Federal Poverty Guidelines. Any account with a Federal Poverty Percentage under 300% and no insurance coverage will be eligible to receive Charity Care.

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

Accounts with dates of service one calendar year prior to the date of the application will be considered for Financial Assistance. Exceptions may be made as approved by Administration. Financial Assistance will also be extended to service dates within 180 days after the date of application.

Financial assistance 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 patient's needs to provide additional documentation.

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 Financial Eligibility Specialists, Patient Financial Advocates, or the Customer Service Coordinator. 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	03/11/2024

Review Dates: 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