

**Financial Assistance Policy**

**POLICY:** Columbus Regional Healthcare shall provide appropriate levels of care, commensurate with the facility’s resources and the community needs. Columbus Regional Healthcare is committed to assisting patients obtain coverage from various programs, as well as providing financial assistance (FA) to every person in need of medically necessary hospital treatment. Columbus Regional Healthcare System will always provide emergency medically necessary care regardless of the patient’s ability to pay. Similarly, patients who are able to pay have an obligation to pay and providers have a duty to seek payment from these individuals.

**OBJECTIVES:**

* To model Columbus Regional Healthcare System’s core values of Caring at all times.
* To ensure the patient exhausts other appropriate coverage opportunities prior to qualifying for Columbus Regional Healthcare System’s financial assistance.
* To provide financial assistance based on the patient’s ability to pay.
* To ensure Columbus Regional Healthcare System complies with any required Federal or State regulation related to financial assistance.
* To establish a process that minimizes the burden on the patient and is cost efficient to administer.

**DEFINITIONS:**

The terms used within this policy are to be interpreted as follows:

* Amount Generally Billed (AGB): The average amount billed to Columbus Regional Healthcare System insurance companies and Medicare for billable services provided to patients
* Bad Debt: Accounts that have been categorized as uncollectible because the patient has been unable to resolve the outstanding medical debt.
* Balance Allowed (by Insurance or Medicare): The total amount of a claim that is determined to be payable by the insurance company and the subscriber after applying contractual adjustments.
* Elective: Those services that, in the opinion of a physician, are not needed or can be safely postponed.
* Emergency Care: Immediate care which is necessary in the opinion of a physician to prevent putting the patient’s health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any organs or body parts.
* Household Financial Income: Includes income from all members of the household as defined by federal tax guidelines, as measured against annual Federal Poverty Guidelines includes, but is not limited to the following:
  + Annual household pre-tax job earnings
  + Unemployment Compensation
  + Workers’ Compensation
  + Social Security and Supplemental Security Income
  + Veteran’s payments
  + Pension or Retirement income
  + Other applicable income to include, but not limited to: rent, alimony, child support, and any other miscellaneous source
* Medically Necessary: Hospital services provided to a patient in order to diagnose, alleviate, correct, cure or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
* Other Coverage Options: Options that would yield a third-party payment on account(s) including, but not limited to: Workers’ Compensation, governmental plans such as Medicare and Medicaid, State/Federal Agency plans, Victim’s Assistance, etc., or third‑party liability resulting from automobile and/or other accidents.

Financial Assistance Guidelines

Eligibility Scale

* Full charity care shall be provided to uninsured patients whose Household Financial Income is 200 percent or less of the federal poverty guideline (FPG).
* For financially needy patients whose Household Financial Income is between 201 percent and 400 percent of the FPG, discounts shall be provided to limit such patient’s payment obligation to the amount of the patient account balance after subtracting the percentage discount applicable to the patient’s FPG household income provided in the following table:

|  |  |
| --- | --- |
| **Discount** | **Current Year Federal Poverty Guidelines for Family Size** |
|  |  |
| 100% | Family income is up to **200**% |
| 75% | Family income is **201%** to **300%** of FPG |
| 60% | Family income is **301%** to **400%** of FPG |

**Documentation Requirements**

For Patients that are determined presumptively eligible for Financial Assistance, documentation will not be required. For patients not presumptively eligible, documentation of household size and income is required for patients to qualify for Financial Assistance under alternative pathways. Acceptable documents may include:

* Most Recent IRS form 1040
* Paycheck Stubbs from all working individuals in the “household” for the most recent

month

* Bank statements for the last three months

If a patient does not or cannot present the information outlined above, the facility may use other evidence to demonstrate eligibility.

If additional information is required from the patient to complete the application, the facility will notify the individual in writing of the information that is missing and provide a reasonable time period for it to be provided.

*Presumptive eligibility*

In accordance with the NC Medical Debt Mitigation initiative, presumptive eligibility determinations will be made for patients who are North Carolina residents and receive hospital services at Columbus Regional Healthcare. Patients who qualify under certain federal and state assistance programs or other non-income-based criteria will be considered presumptively eligible for a 100% financial assistance adjustment and no application is necessary.

Presumptive eligibility can be based on patients meeting non-income criteria, including but not limited to:

* Food stamps. The U.S. Department of Agriculture Food and Nutrition Service Food Stamp Program*.*
* State relief programs. Some state programs that do not cover medical needs are available to individuals deemed to be living in poverty. Columbus Regional Healthcare System may accept a patient’s participation in specific programs as qualification for financial assistance when medical insurance benefits are not available
* Local Programs**.** Some counties offer a financial assistance program designed to provide emergency short-term assistance to persons lacking the resources to meet their basic needs for food, shelter, fuel, utilities, clothing, medical, dental, hospital care and burial. The facility’s Financial Assistance Program may provide assistance for hospital charges not covered by these programs.
* Homelessness. Homeless people qualify for assistance.
* Enrollment in means-tested public assistance programs including, but not limited to Women, Infants and Children Nutrition Program (WIC) or the Supplemental Nutrition Assistance Program (SNAP).
* Mental incapacitation with no one to act on the patient’s behalf.
* Enrollment in Medicaid of patient or a child in their household
* Deceased Patients.Unpaid balances of patients who are deceased with no estate or surviving responsible party qualify for assistance.
* Demographic Analytics. Patient demographics may be compared with a third-party database using public information to identify poverty conditions (e.g. PARO score) to determine eligibility for the Financial Assistance Program.

Patients who meet presumptive eligibility criteria may be granted financial assistance without completing the financial assistance application or other verification of meeting eligibility. Unless otherwise noted, an individual who is presumed eligible under these presumptive criteria will continue to remain eligible for the Eligibility period outlined below. Patients will maintain their status until presenting for services, at which time the patient’s status will be re-evaluated.

*Eligibility Timeline*

Patients will be screened for presumptive eligibility based on the following timeline:

Non-emergent services: Prior to check-in

Emergent services: As soon as possible and prior to discharge if possible.

*Eligibility Evaluation Process*

In order to determine the appropriate level of financial assistance to apply to a patient’s account, the facility will perform one of the following:

* Utilize a scoring mechanism, with the assistance of a third-party vendor that provides a patient financial profile.
* Document the patient’s qualification under other Presumptive Eligibility criteria (described above) on the Financial Assistance Eligibility Form gathered during the registration process
* Patients that do not meet Presumptive Eligibility criteria will be required to complete a financial assistance application
  + Household income, as defined above, will be considered in determining whether a patient is eligible for financial assistance

*Eligibility Period*

* An individual who is presumed eligible under these criteria will continue to remain eligible for six months following the date of the initial approval, unless information is identified that the patient status has changed and would deem the patient to be ineligible.
* Upon initial approval, the facility will also include accounts as eligible for financial assistance if the first post discharge statement was mailed 240 days or less from the eligibility date.
* Patients will be refunded any amounts they paid that are in excess of the final liability determined to be appropriate after financial assistance adjustments are applied.

*Eligible Population*

This policy is applicable to uninsured patients who are admitted for Emergency Medical Care and for any Medically Necessary care following an Emergency Admission regardless of the location of their household

Patients with active third-party insurance coverage (including governmental payers) will follow Federal Poverty Level guidelines for deductibles and copays.

*Eligibility Notification*

After receiving the patient’s request for financial assistance and any financial information or other documentation needed to determine eligibility for financial assistance, the patient will be notified of the patient’s eligibility determination as follows:

* Non-emergency department services – prior to discharge
* Emergency department services - prior to issuance of patient bill

*Communication of Financial Assistance Policy*

Columbus Regional Healthcare System widely communicates the availability of financial assistance policy on:

* Facility’s website (www.crhealthcare.org)
* Billing statements
* Signs posted at conspicuous locations throughout the facility
* Handout materials given at Registration and during Financial Counselor patient interviews.

Full copies of the Financial Assistance Policy may be downloaded from the website listed above or by requesting a copy by mail. The physical address to obtain a copy of Financial Assistance Policy and/or application can be obtained at no cost to patient by submitting a request to:

Columbus Regional Healthcare System

Financial Counseling Department:

500 Jefferson St

Whiteville, NC 28472

(910) 642-1744

Financial Assistance Policy and Application are available in English and Spanish and any other language that is considered the primary language of any population with limited English proficiency that constitute more than 5% of 1000 persons (whichever is less) of the population served by the facility.

Participation by Clinicians who work in Columbus Regional Healthcare System

A listing of Clinicians who are included in this Financial Assistance Policy and those who are not included in this policy can be found in **Addendum A** of this policy, or is available by contacting:

Columbus Regional Healthcare System

Financial Counseling Department:

500 Jefferson St

Whiteville, NC 28472

(910) 642-1744

Patient Responsibilities Regarding Financial Assistance

Unless Presumptive Eligibility has been determined, prior to being considered for financial assistance, the patient/family must cooperate with Columbus Regional Healthcare to furnish information and documentation to apply for the Financial Assistance Program, as well as other existing financial resources that may be available to pay for the patient’s health care, such as Medicaid, Medicare, third-party liability, etc.

* For Emergency Department patients, insured and uninsured patients may be obligated for payment to Columbus Regional Healthcare System in whichever is greater (1) the amount the patient would owe based on the percentage discounts in which the patient qualifies for, and (2) $35, not to exceed cost-sharing under the patient’s health plan (for insured patients).
* Columbus Regional Healthcare System will offer a payment plan to patients with incomes between 200-400% FPL, for 36 months with monthly payments no greater than 5% of the monthly household income. Alternate payment plans may be offered but shall not exceed what would be collected under the 36 month/5% income plan.
* Patients who qualify for partial discounts must make a good faith effort to honor the payment plans for their discounted healthcare bills. They are responsible for communicating to the provider any change in their financial situation that may impact their ability to pay their discounted healthcare bills or to honor the provisions of their payment plans.

**Amount Generally Billed:**

AGB is determined through the “Look-back method” which is calculated as follows:

1. For a 12-month period, the total of all Balances Allowed by insurance and Medicare (including Medicare Advantage plans) is divided by the total of all charges for those services. The percentage is calculated at least annually.
2. The percentage is applied by the 120th day after the end of the 12-month period that Columbus Regional Healthcare used in calculating the AGB percentage.
3. Information on AGB is available and can be obtained at no additional cost by submitting a request to:

Columbus Regional Healthcare System

Financial Counseling Department:

500 Jefferson St

Whiteville, NC 28472

(910) 642-1744

Additional Information

* Columbus Regional Healthcare System has established a separate Billing and Collection policy which outlines actions that may be taken on balances due from patients. A copy of can be obtained at no cost to patient by submitting a request to:

Columbus Regional Healthcare System

Financial Counseling Department:

500 Jefferson St

Whiteville, NC 28472

(910) 642-1744

Approved By: Jeff Armstrong

Title: CFO

Date: 1/1/2025

**Addendum A**

**Providers Included in Financial Assistance Policy**

**Anesthesia**

**NAPA – Anesthesia** (833) 321-0101

**N**orth **A**merican **P**artners in **A**nesthesia

Contact: Sophia Heslin, (860) 918-3125

Email: [Sheslin@napaanesthesia.com](mailto:Sheslin@napaanesthesia.com)

Tax ID: 561272769

**Cardiology**

**Novant Health Heart & Vascular Institute – Cardiology**

Contact: Lorna Ford (910) 662-9710

Tax ID: 86-1441258

**Emergency Providers**

**SCP Health** - **S**chumacher **C**linical **P**artners

Bills as: **Columbus Emergency Group LLC** (888) 703-3301

Contact: Danielle Moore – (337) 609-6735

Email: [danielle\_moore@scphealth.com](mailto:danielle_moore@scphealth.com); [SCP-PatientRelations@scphealth.com](mailto:SCP-PatientRelations@scphealth.com)

Tax ID: 26-3291657

**Hospitalists**

**Carolinas Hospital Group (CHG)**

Contact:

Tax ID#:

**Nephrology**

**Eastern Nephrology Associates, PLLC**

Contact: Angela Webb (252) 864-2045

Email: [awebb@easternnephrology.com](mailto:awebb@easternnephrology.com)

Tax ID: 56-1634662

Angela Webb

**Neurology**

**Tele-Specialists, LLC**

Contact: Sonseray Neufeld (239) 984-6839

Email: sneufeld@tstelemed.com

Tax ID#: 46-2964946 NC Tax ID#: 81-2473496

**Pathology/Laboratory**

**Associated Pathologist, LLC**

**dba PathGroup**

Contact: Martha Kaperak (855) 627-4002

Email: [mkaperak@pathgroup.com](mailto:mkaperak@pathgroup.com)

Tax ID#: 62-1695507

NPI: 1003863580

**Psychiatry**

**CMC Psychiatry & Behavioral Health**

Contact: Daniel Wilcox (704) 512-7570

Tax ID#: 56-1398929

**Radiology/Imaging Providers**

**Valley Radiology** (910) 486-5700

Contact: Matt Flynn, Billing Manager

Email:  [mflynn@valleyradiologync.com](mailto:mflynn@valleyradiologync.com)

Tax ID:  56-1348830

**Real Radiology** – Tele Radiology

Contact: Susan Teply

402-509-9267

Tax ID: 45-5174285

**Virtual Critical Care**

**Atrium – Virtual Critical Care**

Bills as: **Atrium Health Myers Park Infectious Disease**

Contact: Veronica Getz, AVP   (704) 512-6640

Tax ID#: 56-1398929