Charity, Uninsured, and Uncompensated Care Plan

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Scope

This policy applies to financially or medically indigent patients who cannot otherwise pay for their emergency or medically necessary health care services provided by CAMC or in CAMC by a substantially-related entity.

This policy applies to health care services provided inpatient or outpatient at CAMC that are emergency or medically necessary (See Participating Provider List located on CAMC's website: https://www.camc.org/patients-and-visitors/billing-insurance-and-financial-assistance/financial-assistance. A paper copy may also be obtained from the Financial Assistance Unit).

Policy

CAMC is committed to providing Financial Assistance to eligible patients that are financially or medically indigent and cannot otherwise pay for their emergency or medically necessary health care services while also maintaining its commitment to education and services to the population as a whole, in concert with the health system's financial stability. In fulfilling this commitment, an annual review of cost and free care will be established through an operational budgeting process designed to monitor the level of indigent care.

CAMC offers Financial Assistance to patients based on financial need and does not take into account race, religion or religious affiliation, age, gender, sexual orientation, immigration status, or any other characteristics protected by federal, state, or local law.

CAMC provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for Financial Assistance. Actions that discourage individuals from seeking emergency care, such as demanding emergency department patients pay before receiving treatment for emergency medical conditions or debt collection activities that interfere with the provision of emergency medical care, are prohibited.

CAMC has established written policies and procedures to describe our commitment to comply with all applicable federal and state laws and regulations, as well as ethical standards and practices.

This policy establishes a standard procedure for identifying patients who are financially or medically indigent and cannot otherwise pay for their emergency or medically necessary health care services. This policy sets out eligibility for CAMC's Financial Assistance Program, creates the process for patients to apply for Financial Assistance, and describes how CAMC will publicize the Financial Assistance Program. The policy establishes an equitable and consistent process for evaluating Financial Assistance applications so that all patients applying for and/or receiving Financial Assistance are treated with dignity and respect.

Definitions

Amounts Generally Billed (AGB) means the amounts generally billed to insured patients for emergency or medically necessary treatment.

Assets include, but are not limited to, real property, automobile, recreational vehicles, bank accounts, rental property, lump-sum insurance payments, non-cash benefits, and other investments.

Extraordinary Collection Actions (ECA) include selling a patient's debt, reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus, taking action that requires a legal or judicial process, or requiring payment for providing medically necessary care because of a patient's nonpayment of previously provided care covered by the Financial Assistance Program.

Emergency Services means treatment for an emergency medical condition as defined by 42 U.S.C. § 1395dd.

Financial Assistance means medically necessary treatment provided by a hospital for free or a reduced cost for patients who cannot afford to pay and are deemed eligible under this policy and procedure.

Income means total annual cash receipts before taxes from all sources. Income includes money, wages and salaries before deductions; net receipts from self-employment; regular payments from social security; retirement income; unemployment compensation; strike benefits from union funds; workers' compensation; veterans payments; public assistance and training stipends; alimony, child support and military family allotments; private pensions, government employee pensions and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, capital gains; and net gambling or lottery winnings.

Medically Necessary means health care services that are reasonable and necessary for the diagnosis or treatment of illness or injury.

Presumptive Determination means a determination that a patient is eligible for a financial assistance program based on certain criteria other than information provided by the patient or based on a prior eligibility determination.

Uninsured means a patient with no insurance to assist with paying for health care services.

Underinsured means a patient with some insurance to assist with paying for health care services but has out of pocket expenses that exceed financial ability to pay.

Procedure

(a) Eligibility Criteria for Financial Assistance and Basis for Calculating Amounts Charged

(i) Patients who are unable to pay hospital charges for medically necessary or emergency health care services may be eligible for CAMC's Financial Assistance Program.

(ii) Eligible patients may be uninsured, underinsured, or ineligible for any local, state, and federal assistance programs.

(iii) Patients must first submit insurance claims for the emergency or medically necessary health care services received to exhaust any insurance coverage to be eligible for Financial Assistance, including applying for local, state, and federal assistance programs for coverage (e.g., Medicaid). Financial Counselors are available to help patients apply for Medicaid. Patients must provide all required information to CAMC or their insurance company in order to be eligible for Financial Assistance.

(iv) Patients may not be eligible if they refuse to apply for local, state, and federal assistance program, such as Medicaid.

(v) Patients may not be eligible if they are covered by a commercial company that:

(A) Does not have a contract with CAMC and will not pay out-of-network benefits to CAMC; and

(B) Does not authorize services to be rendered at CAMC

(vi) CAMC may evaluate several factors to determine a patient's eligibility for Financial Assistance, including:

(A) individual or family/household income;

(B) family size;

(C) individual or family assets (for example, the patient's household savings, checking, investment assets, real property assets, and overall financial position); and

(D) monthly expenses (the patient's household living expenses, including medical expenses and other basic needs);

(vii) CAMC has determined that patients receiving assistance from certain federal or state agencies presumptively qualify for Financial Assistance. Examples of these agencies include, but are not limited to:

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Children's Health Insurance Program (CHIP)
- Medicaid with a spend-down[1]
- Qualified Medicare Beneficiary (QMB)/Specified Low-income Medicare Beneficiary (SLMB)

Verification of enrollment is required; proof of income or assets is not required. Patients that presumptively qualify will receive full discount off the patient's balance due for their emergency or medically necessary health care services. Presumptive qualification applies only to those individuals enrolled in the applicable program; it does not apply to the entire household, unless all members of the household are enrolled.

(viii) Patients presenting a Community Access Program (CAP) card or a referral from West Virginia Health Right will presumptively qualify for financial assistance and receive a full discount off the patient's balance due. These patients will be offered assistance in obtaining insurance coverage, if they do not have any, but will not be required to apply to be eligible for financial assistance.

(ix) CAMC may also determine presumptive eligibility using a financial assistance estimator for amounts owed on past visits. This financial assistance estimator process will only be used to approve individuals or identify patients for financial assistance eligibility. The determination is made by information accessed through public record databases and provides a full discount on the patient's balance due for eligible past visits.

(x) Patients must have less than $50,000 in total assets, excluding primary residency and primary car, to be eligible for Financial Assistance.

(xi) CAMC will use the Federal Poverty Guidelines[2] to determine the amount of Financial Assistance that will be applied if there are no other financial resources available, as follows:

(A) patients earning 200 percent of the Federal Poverty Guidelines or less will receive a full discount off the patient's balance due for emergency or medically necessary health care services; and

(B) patients earning above 200 percent of the Federal Poverty Guidelines and up to 300 percent of the Federal Poverty Guidelines will receive a 53 percent discount off the patient's

[1] Individuals enrolled in Medicaid Work Incentive Network ("M-WIN") do not presumptively qualify for Financial Assistance, but may be eligible under income eligibility guidelines.

[2] (See Federal Poverty Guidelines located on CAMC's website: https://www.camc.org/patients-and-visitors/billing-insurance-and-financial-assistance/financial-assistance).

balance due for emergency or medically necessary health care services.

(xii) CAMC determines the amount generally billed ("AGB") by the look-back method. The current AGB and an explanation of its calculation can be found on CAMC's website at https://www.camc.org/patients-and-visitors/billing-insurance-and-financial-assistance/financial-assistance or by contacting the Financial Assistance Unit at (304) 388-6496 or (304) 388-6406.

(xiii) Following a determination of financial assistance eligibility, CAMC will not charge patients who are eligible for Financial Assistance more for emergency and other medically necessary health care services than the amounts generally billed.

(xiv) The charges for elective procedures or other optional health care services are not eligible for Financial Assistance. Only the costs for emergency or medically necessary health care services are eligible for Financial Assistance. See Appendix A for examples of services not eligible for Financial Assistance. Any exceptions must be approved in advance by the CEO or CFO of CAMC.

(xv) Financial Assistance is not available for health care services related to a personal injury claim, a lawsuit, or a worker's compensation claim, unless exceptional circumstances, such as extreme personal or financial hardship, exist.

(xvi) The granting of Financial Assistance will be based on an individualized determination of financial need and CAMC will not take into account race, religion, age, gender, race, sexual orientation, religious affiliation, immigration status, or any other characteristics protected by federal, state, or local law.

(xvii) CAMC will offer a 53 percent discount off gross charges for emergency and medically necessary health care to uninsured patients who do not qualify for the Financial Assistance Program. Patients that are covered by third party liability insurance (e.g., auto, homeowner's, liability) are not considered uninsured and discounts will be determined on an individualized basis.

(b) Method for Applying for Financial Assistance and Application Review

(i) A patient or his/her legal representative must complete and sign a Financial Assistance application to be considered for the Financial Assistance Program.

(ii) The Financial Assistance application must be completed in its entirety and signed by the applicant.

(iii) The application must include the required supporting documentation for CAMC to verify the household income, assets, and monthly expenses. Information regarding required supporting documentation is included on the application.

(iv) The application period for Financial Assistance begins on the date that CAMC provided the qualifying treatment and ends on the later of:

(A) 240 days after the first post-discharge billing statement is provided to the patient; or

(B) the deadline included in a written statement sent by CAMC that notifies patient of the Financial Assistance Program; or

(C) a reasonable period after a patient is notified that CAMC has determined the patient is presumptively eligible for less than the most generous assistance.

(v) The Financial Assistance Unit provides help applying for and additional information about Financial Assistance. Financial Assistance Counselors are located at the registration area of each hospital (CAMC Memorial, 3200 Maccorkle Ave SE, Charleston, WV 25304, (304) 388-6496 or (304) 388 6406; CAMC General, 501 Morris St., Charleston, WV 25301, (304) 388-6496 or (304) 388 6406; CAMC Women and Children's, 800 Pennsylvania Ave, Charleston, WV 25302, (304) 388-6496 or (304) 388 6406; CAMC Teays Valley, 1400 Hospital Drive, Hurricane, WV 25526, (304) 388-6496 or (304) 388 6406; CAMC Greenbrier Valley, 1320 Maplewood Avenue, Ronceverte, WV 24970, (304) 647-4411 ext. 2010).

(vi) CAMC's Patient Financial Services staff will review the application and determine whether Financial Assistance will be offered and in what amount. A credit check may be done to verify the applicant's information.

(vii) Patients will be notified of CAMC's decision within a reasonable amount of time after CAMC receives the complete application.

(viii) If CAMC determines that the patient's application is incomplete, CAMC will notify the patient and request the missing information. The patient must submit the information before the end of the application period.

(ix) If CAMC determines that the patient is eligible for Financial Assistance, the notification letter will indicate the amount of the discount granted and how much the patient will need to pay, if any. The letter will include information about payment plans, if applicable.

(x) If CAMC determines that the patient is not eligible for Financial Assistance, the notification letter will include information about payment plans. The patient can reapply for Financial Assistance after 45 days or if the patient has experienced a material change in income or family status.

(xi) CAMC will offer reasonable payment plans for amounts that remain after Financial Assistance has been determined.

(xii) Financial Assistance may be granted prospectively or retrospectively.

(xiii) Once CAMC has determined that a patient is eligible for Financial Assistance, the patient will not need to reapply for a period of one year.

(xiv) If an applicant is found to have withheld information requested on the Financial Assistance Application Form or given false information, an approved or pending Financial Assistance adjustment may be reversed or denied.

(c) Collection Activity

(i) CAMC may offer extended payment plans and will not send unpaid bills to a collection agency for patients who qualify for Financial Assistance and are cooperating in good faith to pay.

(ii) If a patient that has qualified for Financial Assistance does not meet the agreed payment terms for more than 60 days, the account can be referred to a collection agency.

(iii) Billing and Reasonable Efforts to Determine Eligibility of Financial Assistance. CAMC seeks to determine whether a patient is eligible for assistance under this Policy prior to or at the time of admission or service. If a patient has not been determined eligible for financial assistance prior to discharge or service, CAMC will bill for care. CAMC will bill uninsured patients directly for the charges incurred. Patients will receive a series of billing statements over a 120 day period beginning after the patient has been discharged delivered to the address on record for the patient. Only patients with an unpaid balance will receive a billing statement. Billing statements include a notice of this Policy and how to apply for financial assistance. Reasonable efforts to determine eligibility include: notification to the patient by CAMC of the Policy upon admission and in written and oral communications with the patient regarding the patient's bill, an effort to notify the individual about the Policy and the process for applying for assistance at least 30 days before taking action to initiate any extraordinary collection actions, and a written response to any Financial Assistance Application for assistance under this Policy submitted within 240 days of the first billing statement with respect to

the unpaid balance or, if later, the date on which a collection agency working on behalf of the CAMC returns the unpaid balance to CAMC.

(iv) Collection Actions for Unpaid Balances. After 120 days from the first post-discharge billing statement to the patient, if a patient has an unpaid balance and there is no pending financial assistance application, the patient's account may be referred to a collection agency or law firm for collection of the unpaid balance. CAMC and its collection agencies/law firms may make phone calls, send letters, report to credit bureaus, commence civil litigation, pursue wage garnishments, place a lien on real or personal property, attach or seize an individual's bank account or any other personal property, and other similar collection actions.

NOTE: A patient may apply for financial assistance under this Policy even after the patient's unpaid balance has been referred to a collection agency or law firm.

(v) In no case will Emergency Services be delayed or denied to a patient because of an unpaid balance. In no case will Medically Necessary Care be delayed or denied to a patient before reasonable efforts have been made to determine whether the patient may qualify for financial assistance. An Uninsured patient who seeks to schedule new services and has not been presumed eligible for financial assistance may be contacted by a Financial Counselor who will notify the patient of the Policy and help the patient initiate an Application for financial assistance if requested.

(vi) Review and Approval. CAMC Patient Financial Services has the authority to review and determine whether reasonable efforts have been made to evaluate whether a Patient is eligible for assistance under the Policy such that extraordinary collection actions may begin for an unpaid balance.

(d) Publicity

(i) All patients will be made aware of CAMC's Financial Assistance Program and offered a copy of this policy, the plain language summary, and the Financial Assistance Application as part of the intake or discharge process.

(ii) Notices about CAMC's Financial Assistance Program will be posted in various hospital locations, including each registration area. These locations also will have copies of this policy, the plain language summary, and the Financial Assistance Application that are available upon request.

(iii) Notices about CAMC's Financial Assistance Program as well as copies of this policy, the plain language summary, and the Financial Assistance Application, will be distributed to local public

agencies and community organizations that address the health needs of the community's low-income populations.

(iv) A viewable, printable electronic copy of this policy, the plain language summary, and the Financial Assistance Application will be widely available on the CAMC's website.

(v) CAMC will mail a copy of this policy, the plain language summary, and the Financial Assistance Application free of charge, if requested by contacting the Financial Assistance Unit at (304) 388-6496, (304) 388-6406, or CAMC Greenbrier Valley at (304) 647-4411 ext. 2010.

Supporting Literature

26 C.F.R. § 1.501(r)–1, –4 to –6

I.R.C. § 501

Links

Financial Assistance Policy Plain Language Summary

Form 17-7671 – Patient Financial Application

Policy & Procedure 20SAA00221 – Screening and Stabilization (EMTALA)

Policy & Procedure 20SAA00216 – Patient Flow and Ambulance Diversion EMTALA

Policy & Procedure 20SAA00222 – Transferring and Receiving Patients EMTALA

Appendix A

Elective Services Not Eligible for Financial Assistance

Only medically necessary and emergency procedure are eligible for consideration under the financial assistance policy.

The following types of procedures or care are illustrative of those that will not be provided on a financial assistance basis:

1. Cosmetic Surgery
2. Elective Abortions
3. Private Room Differentials
4. Reversals of Sterilizations
5. Elective Sterilizations
6. Gastroplasty (where non-life threatening)
7. Bariatrics
8. Cardiac Rehabilitation
9. In Vitro Fertilization
10. Other Elective Procedures

Patients admitted for elective services are expected to pay an estimate of total charges prior to the procedure, then pay in full any difference after the service is provided.