VIDANT HEALTH
POLICY & PROCEDURE

MANUAL: Vidant Health **SUBJECT:** Charity Care - Eligibility

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NUMBER: VH – FS3 **Page** 1 **of** 2

PREPARED By: Office of Financial Services

Policy

The Central Business Office (CBO) for Vidant Health hospitals, Vidant Medical Group, and Outer Banks Hospital Medical Group services will engage in the evaluation of patients' accounts for Charity Care eligibility. If you receive help from the Financial Assistance Program, we will not charge more than the amounts generally billed to patients who have insurance for emergency or other medically necessary care. Vidant Health uses a look back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to our hospital during the prior 12-month period to determine the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. To be deemed eligible for financial assistance, the candidate must have limited assets, must possess no real property (other than their immediate dwelling) and must meet the designated Poverty Income Guidelines. (See Attachment A for current income guidelines, which are 200% of Federal Poverty Guidelines).

Any patient account meeting eligibility criteria under this policy will be adjusted to reflect no patient payment due. For questions call 252-847-4472 or toll free at 1-800-788-4473, Monday through Friday, 8:30 a.m. to 5 p.m.

*This policy excludes cosmetic procedures, or charges that may be covered by health insurances or by other third party payers.

** This policy applies to services rendered by hospital employed physicians, Vidant Medical Group and Outer Banks Hospital Medical Group. Our Providers can be found at https://locations.vidanthealth.com/providers/

Other physicians that practice in our facility (including East Carolina University Physicians, East Carolina Anesthesia, Physicians East, and Eastern Radiology, etc.) will have their own Financial Assistance Policies.

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Owner	William Glidewell Iii
Document Area	ECU Health Financial Services
Applicability	ECU Health System-Wide

Charity Care - Eligibility, VH–FS3

Applicability

This policy applies to East Carolina Endoscopy Center, HealthAccess, The Outer Banks Hospital, Vidant Beaufort Hospital-A Campus of Vidant Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, Vidant Duplin Hospital, Vidant Edgecombe Hospital, Vidant Health Corporate, Vidant Medical Center, Vidant Medical Group, Vidant Roanoke-Chowan Hospital, and Vidant SurgiCenter.

Policy

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Definitions

Plain Language Summary means a written statement that notifies an Individual(s) that Vidant Health offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP.

Completion Deadline means the date after which Vidant Health or collection agency may initiate or resume an ECA against an Individual(s) who has submitted an incomplete FAP if that Individual(s) has not provided the missing information and/or documentation necessary to complete the application or denied application. The Completion Deadline must be specified in a written notice and must be no earlier than the later of (1) 30 days after Vidant Health provides the Individual(s) with this notice; or (2) the last day of the Application Period.

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FAP-Eligible Individual(s) means a Responsible Individual(s) eligible for financial assistance under the FAP without regard to whether the Individual(s) has applied for assistance.

Financial Assistance Policy (FAP) means Vidant Health's Financial Assistance Program for Uninsured Patients Policy, which includes eligibility criteria, the basis for calculating charges, the method for applying the policy, and the measures to publicize the policy, and sets forth the financial assistance program.

Procedure

Unless being reviewed for Vidant Health's Charity Care Program, accounts will process, uninterrupted, through the accounts receivable billing cycle. When an account is referred for financial assistance, the Customer Service/Collections Manager, Financial Counseling Supervisor or Patient Accounts Supervisor will, based upon the information provided, make a decision to either proceed with collection efforts or approve the account for Charity Care adjustment. The process will be carried out as follows:

I. **Financial Counselors** will attempt to locate third-party payors. If there is no identifiable third-party coverage (including other charitable programs), the counselors may, based upon the financial information, recommend the patient's account for Charity Care consideration. At the time of recommendation, a charity application will be presented or mailed to the patient. The application will note a 30 day window within which to return the completed form with supporting income documentation. If the application and documentation are not received within the noted 30 day window, the charity process will be terminated. If an account is in bad debt at the beginning of the charity process, the Financial Counselor will suspend all collection efforts by placing a hold indicator on the account until the 30 day window has expired.

II.Patient Counselors will review for any third party payors and verify employment and assets. Tax returns, pay stubs, Social Security Award Letter and other financial information may be required.

III. The Patient Accounts Supervisor, Financial Counseling Supervisor or

Customer Service/Collections Manager, based upon account balance and the information

received, will make the decision whether to proceed with collection efforts or to refer the

patient's account for Charity Care approval.

IV. Once the determination is made that a non-Medicare account is eligible for assistance, the balance will be adjusted using Charity Care Adjustment (8000068).

V.Once the determination is made that a Medicare account is eligible for assistance, the balance will be adjusted using Charity Care Adjustment (8000067).

VI. Once all requested documents are received the application will be reviewed. An approved or denial letter will be mailed. Each visit will be reviewed for potential access to other programs.

VII. Eligibility Guidelines and Requirements

A. A reasonable payment plan will be established for patients whose incomes are above the 200% of poverty level. If applicable, patients may qualify for medically indigent consideration.

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This will be based upon a correlation between income and account balances.

A. Proof of income, tax returns, pay stubs, Social Security Award Letters and other financial information may be requested for verification of eligibility.

B. Bankruptcy or deceased patients with no estate and no surviving spouse may be considered.

C. Limited assets are those that could be converted to cash within one year. A cap on interest income, trust funds, stocks, bonds, etc. that exceed $5,000.00 will disqualify candidates for charity care write-offs, but will not render them ineligible for medically indigent consideration.

D. Approval for charity assistance will not be considered automatic approval for any accounts not identified on the charity care application, neither shall it be considered automatic approval for all future accounts.

E. Medically indigent sign-offs will be in accordance with guidelines.

VIII. Presumptive Eligibility for Charity Care

A. There are occasions in which a patient may appear eligible for charity care consideration, but there is no financial assistance information available to support the determination.

B. Some patients are presumed eligible for charity care on the basis of individual life circumstances (e.g., homelessness, patients with minimal or no income and no assets, etc.).

C. The assistance of a third party vendor is used in conjunction with Vidant's CBO charity policy guidelines to screen all accounts for presumptive charity prior to referral to an outside collection agency.

D. Balances are adjusted on the accounts deemed eligible for charity, and the remaining accounts are referred to an outside collection agency.

E. Once the agency has had the accounts for six months and has deemed them uncollectible, accounts with balances of $1,580.00 and less will be returned to the hospital and removed from the patients' credit files. Accounts with balances greater than $1,580.00 will remain with the agency and will remain on the patients' credit files.

F. Accounts returned to the hospital as uncollectible will be placed in a unique financial class and will not be pursued for collections.

IX. Although guidelines are herein previously outlined, accounts will be evaluated on an individual basis.

X. Exclusions:

A. Cosmetic / Elective procedures may not be eligible for charity write off.

B. This policy applies to services rendered by hospital employed physicians. Other physicians (including East Carolina University Physicians, Physicians East, Eastern Radiology and East Carolina Anesthesia Associates, etc.) will have their own Financial Assistance Policies.

Attachments

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2021 Federal Poverty Guidelines.pdf

Approval Signatures

Step Description	Approver	Date
Legal Review	Vicki Haddock: VP, Office of Gen Counsel	03/2022
Chief Financial Officer	David Hughes: Chief Financial Officer	03/2022
VP, Financial Services	Jerry Townsend: VP, Financial Services	03/2022
Legal Review 1	Becky Davis: Coord, VH Policy Management	01/2022
Policy Owner	William Glidewell III: Sr. Admin, Cent Bus Off	01/2022

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2021 Federal Poverty Guidelines

200% of the Federal Poverty Level Guidelines	
Family Size	**Annual**
1	$25,760
2	$34,480
3	$43,920
4	$53,000
5	$62,080
6	$71,160
7	$80,240
8	$89,320
Each Add'l	$4,540

* Poverty Guidelines will change on annual basis when available