

	Policy: Cone Health Financial Assistance Program (FAP)	
	Department Responsible: SW-Pt Acct-Pt Acct Svc Admn	Date Approved: 09/03/2020
	Effective Date: 09/03/2020	Next Review Date: 09/03/2023

PURPOSE:

The Cone Health Financial Assistance Program (FAP) policy supports the Cone Health goal to provide appropriate levels of charity care, commensurate with the facility's resources and the community needs. Aims of the program include the following:

- To model Cone Health core values of caring at all times.
- To ensure the patient exhausts other appropriate coverage opportunities prior to qualifying for Cone Health financial assistance.
- To provide financial assistance based on the patient’s ability to pay.
- To ensure Cone Health complies with any required federal or state regulations 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 allowed amount billed by Cone Health to commercial managed care 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.
- **Elective services:** Those services that, in the opinion of a physician, are not medically necessary or can be safely postponed without endangering the health and well-being of the patient.
- **Emergency care:** Care which is necessary in the opinion of a physician due to an immediate threat to the patient’s life or well-being, warranting the highest priority.
- **Good faith:** In law, the phrase “good faith” refers to a requirement to act honestly and to keep one’s promises without taking unfair advantage of others or holding others to an impossible standard. In the case of FAP, the guarantor honors his or her payment arrangement, provides requested information, attends Medicaid hearing, responds to requests, etc.
- **Household financial income:** “Household income is the modified adjusted gross income of husband and wife if filing jointly plus the modified adjusted gross income of each individual in your tax family whom you can claim as a dependent and who is required to file an income tax return because his or her income meets the income tax return filing threshold.” As measured against annual Federal Poverty Guidelines, this includes, but is not limited to, the following:
 - Annual household adjusted gross income
 - Unemployment compensation
 - Workers’ compensation
 - Social Security and Supplemental Security Income
 - Veteran’s payments

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- Pension or retirement income
- Other applicable income to include, but not be limited to, rent, alimony, child support, and any other miscellaneous source
- **Medically necessary services:** 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.
- **Qualifying life event:** Life events are defined as discrete experiences that disrupt an individual’s usual activities, causing a substantial change and readjustment (e.g., divorce, death of spouse, loss of job, birth of a child, etc.).
- **Uninsured:** Patients who are not covered under an insurance health plan, Workers’ Compensation, governmental plans such as Medicare and Medicaid, state/federal agency plans, Victim’s Assistance, etc., or third-party liability resulting from automobile or other accidents.

POLICY:

Cone Health shall provide appropriate levels of care, commensurate with the facility’s resources and the community needs. Cone Health is committed to assisting patients in obtaining coverage from various programs as well as providing financial assistance (FA) to every person in need of medically necessary hospital treatment. Cone Health will always provide medically necessary emergency 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.

Financial Assistance Guidelines:

Eligibility Scale:

- Full charity care shall be provided to uninsured patients earning 200 percent or less of the federal poverty guideline (FPG).
- For financially needy patients earning 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 less than or equal to 200% of FPG
75%	Family income is 201% to 300% of FPG
50%	Family income is 301% to 400% of FPG

Documentation Requirements:

Documentation of household size and income is required. Acceptable documents may include:

- Most recent IRS form 1040
- Paycheck stubs from all working individuals in the “household” (as referenced in definition) for the most recent three (3) months.
- Bank statements for the most recent three (3) months.
- Stock brokerage statements most recent three (3) months.

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

If additional information is required from the patient to complete the application, Cone Health will notify the individual in writing of the information that is missing and provide a reasonable time period for it to be provided. If the information is not received within a reasonable time, the application may be denied.

Patients with uninsured balances greater than \$10,000 must complete a financial application and supply supporting documentation in order to be considered for financial assistance.

Presumptive Eligibility:

Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100 percent financial assistance:

- **Food stamps.** The U.S. Department of Agriculture Supplemental Nutrition Assistance Program (SNAP or “food stamps”).
- **County and state relief 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 state also offers programs providing energy assistance to applicants who qualify. Accepted programs also include WIC nutrition assistance (Special Supplemental Nutrition Program for Women, Infants and Children).

Other presumptive eligibility:

- **Homelessness.**
- **Deceased patients.** Unpaid balances of patients who are deceased with no estate or surviving responsible party qualify for assistance.
- **Presumptive eligibility score.** Patients who are determined eligible by a third-party vendor utilizing a scoring mechanism, providing a patient financial profile.

Patients who meet presumptive eligibility criteria may be granted financial assistance without completing the financial assistance application. Documentation supporting the patient’s qualification for or participation in a program must be obtained and kept on file. Unless otherwise noted, an individual who is presumed eligible under these presumptive criteria will continue to remain eligible for the eligibility period outlined below, unless Cone Health personnel have reason to believe the patient no longer meets the presumptive criteria. Presumptive eligibility will be determined using a third-party vendor that provides a patient financial profile.

Eligibility Evaluation Process:

In order to determine the appropriate level of financial assistance to apply to a patient’s account, Cone Health will:

- Require the patient to complete a financial assistance application for any balance greater than \$10,000.

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- Determine eligibility using a score from a third-party vendor for patients with total charges less than \$10,000. If the patient is not deemed eligible using the scoring tool, the patient may request to complete a financial assistance application for consideration.
- Consider household income, as defined above, in determining whether a patient is eligible for financial assistance. Household income will be included from all members of the household as defined by federal tax guidelines.
- Obtain and keep on file documentation supporting the patient’s qualification for or participation in a program.

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 indicating that the patient status has changed and would cause the patient to be ineligible.
- Patients denied may not reapply for six (6) months unless they have a qualifying life event.
- Upon initial approval, Cone Health 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.
- Payments made on a personal payment basis (i.e., by the patient or on behalf of the patient by another individual) on a qualified account will be refunded to the payee. Payments from any other source (including insurance, indigent programs, drug rebate programs, or other similar or related programs) will not be refunded.

Eligible Population:

This policy is applicable to uninsured patients who:

- Are admitted for medical necessary care and are residents of any of the following:
 - The state of North Carolina;
 - The city of Danville Virginia; or
 - Pittsylvania, Henry, or Halifax County of Virginia.
- Patients with other coverage 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, insurance exchange etc., or third-party liability resulting from automobile and/or other accidents. However, patients with insurance can request assistance for larger balances through the [Hardship Settlement](#) policy.

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, Cone Health will notify the patient of the patient’s eligibility determination within a reasonable period of time.

Non-Covered Services:

The following services are not eligible for financial assistance through Cone Health:

- Procedures that are cosmetic services, sterilization reversals, or treatment of erectile dysfunction. Elective cosmetic procedures not associated with other medical conditions are not covered by financial assistance. Correction of birth defects is not considered an elective cosmetic procedure.

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- Bariatric services.
- Current incarcerated applicants are not eligible for financial assistance. Prisoners incarcerated due to civil or family court matters are financially responsible for their hospital bills.

Communication of Financial Assistance:

Cone Health communicates the availability of financial assistance policy to all patients through means which include, but are not limited to:

- On facility's website www.conehealth.com
- On all billing statements
- Information posted at conspicuous locations throughout Cone Health facilities
- Provided at registration and during financial counselor patient interviews
- Available for pickup at any facility cashier/discharge area
- A copy of this policy is available at no cost upon request via mail or in person at the following addresses:

Mailing address:

Cone Health
Customer Service Department
1200 North Elm Street
Greensboro, N.C. 27401-1020

Physical address:

Moses Cone Hospital
Financial Counseling Department
1200 North Elm Street
Greensboro, NC 27401
336-832-8014

The financial assistance policy and application are available in English, Spanish, Vietnamese, and Arabic. Other language translations are available through interpreter services.

Participation by Clinicians who Work in Cone Health:

A listing of clinicians who are included in this Financial Assistance Policy will be updated biannually and is available by contacting:

Cone Health
Customer Service Department
1200 N. Elm Street
Greensboro, N. C. 27401-1020
336-832-8014

Additionally, Cone Health publishes a listing of clinician participation on the Cone Health website at <https://www.conehealth.com/patients-visitors/patient-financial-services/financial-assistance/>.

Patient Responsibilities Regarding Financial Assistance:

If applicable, prior to being considered for financial assistance, the patient/family must cooperate with the provider to furnish information and documentation to apply for other existing financial resources

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that may be available to pay for the patient’s health care, such as Medicaid, Medicare, third-party liability, etc. This includes applying for the insurance exchange.

- A patient who qualifies for partial discounts must cooperate with the provider to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.
- 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.
- Patients who do not cooperate in providing information or documentation will not be eligible for participating in the financial assistance program.

Uninsured Discounts:

Uninsured patients will receive a discount off gross charges on all medically necessary services. This is applied automatically and no action is needed by the patient to receive this discount. This program is available to all uninsured patients. Calculations are based on the amount generally billed (AGB) to Medicare and private health insurers.

Amount Generally Billed (AGB):

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

- The AGB for emergency or medically necessary care provided to a financial-assistance eligible individual is determined by dividing sum of payments made by Medicare and other private insurers for emergency and other medical necessary care by gross charges associated for those claims. The percentage is calculated at least annually by dividing the sum of certain claims paid to the hospital facility by the sum of the associated gross charges for those claims.
- The percentage is evaluated after fiscal year end (September 30) for the previous 12 months. Any changes are effective within 60 days. Information on AGB is available and can be obtained at no additional cost by submitting a request to:

Cone Health
Customer Service Department
1200 N. Elm St.
Greensboro, N.C. 27401-1020
336-832-8014

Additional Information:

Cone Health has established a separate [Billing and Collections](#) policy, which outlines actions that may be taken on balances due from patients. A copy of the policy can be obtained at no cost to the patient by submitting a request to:

Cone Health
Customer Service Department
1200 N. Elm St.
Greensboro, N.C. 27401-1020
336-832-8014