

Atrium Health Coverage Assistance and Financial Assistance Policy

Objective

The Coverage Assistance and Financial Assistance (CAFA) policy supports Atrium Health’s mission to improve health, elevate hope and advance healing – for all regardless of an individual’s ability to pay. Atrium Health is committed to assisting eligible patients in the communities we serve with obtaining coverage from various programs and extending financial assistance to those in need as outlined in this policy. Atrium Health also participates in the State of Georgia Indigent Care Trust Fund program (ICTF) and provides assistance to uninsured Georgia residents through our standard financial assistance processes. Under-insured Georgia residents may also be eligible as described in this policy.

Atrium Health offers coverage assistance and financial assistance to eligible individuals with the following five objectives:

- **To model Atrium Health’s core value of “Caring.”**
- **To ensure the patient exhausts other applicable coverage opportunities prior to qualifying for Atrium Health financial assistance.**
- **To provide financial assistance based on the patient’s ability to pay.**
- **To ensure Atrium Health complies with applicable Federal and/or State regulations related to financial assistance.**
- **To establish a process that minimizes the burden on the patient and is cost efficient to administer.**

Atrium Health will always provide emergency care regardless of the patient’s ability to pay in compliance with Federal EMTALA regulations.

This policy applies to services received at the following Atrium Health facilities with some exclusions listed within the policy:

- **Atrium Health Anson**
- **Atrium Health Behavioral Health**
- **Atrium Health Cabarrus**
- **Atrium Health Cleveland**
- **Atrium Health Kings Mountain**
- **Atrium Health Lincoln**
- **Atrium Health Medical Group**
- **Atrium Health Mercy**
- **Atrium Health Navicent Baldwin**
- **Atrium Health Navicent Medical Center**
- **Atrium Health Navicent Peach County**
- **Atrium Health Navicent Physician Group**
- **Atrium Health Navicent Rehabilitation Hospital**
- **Atrium Health Pineville**
- **Atrium Health Stanly**
- **Atrium Health Union**
- **Atrium Health University City**
- **Carolina Medical Center**
- **Carolinas Rehabilitation**
- **Levine Children’s Hospital**

Definitions

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

- **Amounts Generally Billed (AGB):** amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. Atrium Health calculates AGB using the look-back method by averaging Medicare and all private third-party insurer allowed claims for medically necessary hospital services billed in a 12-month period.
- **Elective:** services that, in the opinion of a physician, are not needed or can be safely postponed.
- **Emergency Care:** Immediate care that 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 organs or body parts.
- **Extraordinary Collection Action (ECA):** – any collection activity taken against an individual that requires a legal or judicial process, such as selling an individual's debt to another party, reporting adverse information to consumer credit reporting agencies/credit bureau or denying medically necessary services due to insufficient payment.
- **Financial Assistance Score (FAS Score):** a score developed with the assistance of a third-party vendor to provide a proactive, consistent and automated mechanism to substantiate a patient's financial profile.
 - FAS Score is not a credit score.
 - FAS Score relies on various databases with more than 9,000 sources and 2 billion records to determine the likelihood that a patient lives in poverty.
 - A component of FAS Score is a Household Income Index that is calibrated to Federal Poverty Guidelines.
 - Other components include, but are not limited to, a review of census data, consumer transaction history, asset ownership files and utility files.
- **Household:** the patient and any individuals (such as a spouse, children, or other dependents) who could be included on a federal income tax return regardless of whether the patient files a tax return
- **Household Financial Income:** Income is monies received by the household which may require documentation and 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 including but not limited to: rents, alimony and child support
- **Medical Group:** professional medical services provided by providers who are employed by Atrium Health
- **Medically Necessary:** healthcare services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are in accordance with the generally accepted standards of medical practice and/or clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- **Generally Accepted Standards of Medical Practice:**
 - standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community
 - Physician Specialty Society recommendations
 - Views of Physicians practicing in the relevant clinical area
 - Any other relevant factors.
- **Other Coverage Options:** Options that would yield a third-party payment on account(s) under CAFA review 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 or other accidents.

- **Third-party Insurers:** Any party ensuring payment on behalf of a patient, including insurance companies, workers' compensation, governmental plans such as Medicare and Medicaid, State/Federal Agency plans, Victim's Assistance, or third-party liability resulting from automobile or other accidents.
- **Uninsured:** Patients who are not covered under a third-party insurer.
- **Under-insured:** Patients who are covered under a third-party insurer but do not have adequate coverage often resulting in a large out-of-pocket expense.

Uninsured Patients:

Uninsured patients will be reviewed for coverage assistance and/or financial assistance based on the healthcare facility setting that services were received and the patient's balance for those services:

- Category I – Inpatient and observation services, as well as outpatient hospital and/or medical group services with balances greater than or equal to \$10,000
- Category II – Other hospital, emergency room or medical group services with balances less than \$10,000

Category I

- Uninsured patients with Category I services will be reviewed by the Atrium Health Coverage Assistance Services team for other coverage opportunities and financial assistance.
- Uninsured patients with Category I services will be required to complete a Coverage Assistance/Financial Assistance (CAFA) application prior to being considered for financial assistance.
- The CAFA application gathers information needed to determine if the patient is eligible for any other coverage options. If the CAFA process indicates a high likelihood of other coverage opportunities, then the patient, with Atrium Health assistance, will be required to pursue those opportunities before the patient will be considered for Atrium Health financial assistance.
- **If the patient fully cooperates when seeking other coverage options**, but such coverage is unlikely or properly denied, Atrium Health will then determine the patient's eligibility for financial assistance.
- **Uninsured patients who fail to fully cooperate with pursuing potential coverage opportunities will be deemed ineligible for financial assistance**

Category I Eligibility Criteria

Eligible Patients

Patients who meet all of the following criteria:

- Uninsured and household income is between 0% and 400% of the Federal Poverty Guidelines (FPG)
- Uninsured and ineligible for other coverage options for the account(s) under CAFA review
- Uninsured patients residing in North Carolina, South Carolina or Georgia
- Uninsured patients who fully cooperate with the determination of other coverage options

Eligible Services

- Emergency care and medically necessary inpatient or observation services regardless of balances
- Emergency care and medically necessary outpatient and/or medical group services with balances greater than or equal to \$10,000.
- Services provided in an emergency room setting with balances greater than or equal to \$10,000.
- All non-elective, medically necessary outpatient services provided in response to life-threatening circumstances in a non-emergency room setting with balances greater than or equal to \$10,000.

Ineligible Services

- Elective and/or cosmetic services
- Non-medically necessary services
- Atrium Health Medical Group service exclusions
 - See appendix A for comprehensive list

Determination of Category I Financial Assistance Eligibility

- Patients must provide a complete CAFA application for financial assistance determination
- Eligibility for a financial assistance is based on a patient's total household financial income for the prior 90 days reported at the time of evaluation
- Financial need will be determined by comparing total Household Financial Income to Federal Poverty Guidelines (FPG) in effect at the time of determination.
- Uninsured patients with total household financial income at or below 200% of FPG are eligible for 100% financial assistance for 180 days.
- Uninsured patients with total household financial income between 201%-400% of FPG are eligible for partial financial assistance as set forth in the below chart for 180 days
- Patients eligible for partial assistance will not be billed more than the Amounts Generally Billed (AGB)* to insured patients and are eligible for long-term interest free payment plans on balances owed after financial assistance
- Patients will be sent a letter indicating approval or denial of financial assistance once the process is complete. Denial letters include the reason for ineligibility.
- Each billable and medically necessary encounter for category I services as determined by Medicare billing rules during the 180-day eligibility period will be re-evaluated for other coverage opportunities prior to extending financial assistance

**Information regarding AGB calculations may be requested by calling the Atrium Health Customer Service Department. The information will be provided in writing back to the requester, free of charge.*

Category I Patient Financial Assistance Scale				
* Income Range	0-200% FPG	201%-300% FPG	301-400% FPG	≥401% FPG
Adjustment %	100%	75%	50%	0%
# in Household				
1	0-\$25,760	\$25,761-\$38,640	\$38,641-\$51,520	≥\$51,521
2	0-\$34,840	\$34,841-\$52,260	\$52,261-\$69,680	≥\$69,681
3	0-\$43,920	\$43,921-\$65,880	\$65,881-\$87,840	≥\$87,841
4	0-\$53,000	\$53,001-\$79,500	\$79,501-\$106,000	≥\$106,001
5	0-\$62,080	\$62,081-\$93,120	\$93,121-\$124,160	≥\$124,161
6	0-\$71,160	\$71,161-\$106,740	\$106,741-\$142,320	≥\$142,321
7	0-\$80,240	\$80,241-\$120,360	\$120,361-\$160,480	≥\$160,481
8	0-\$89,320	\$89,321-\$133,980	\$133,981-\$178,640	≥\$176,641

** income ranges based on 2021 Federal Poverty Guidelines*

Category II

- Atrium Health will use a presumptive process to determine financial assistance eligibility for Category II services.

- All uninsured patients with Category II services will be evaluated automatically for financial assistance based on a Financial Assistance Score (FAS.)
- The patient is not required to complete a CAFA application for assistance.
- The FAS score is assigned prior to the first billing statement. The FAS will be assigned based on proprietary scoring algorithms from experienced third-party experts selected by Atrium Health.
- Atrium Health will periodically test the algorithms to ensure they are consistently applied and will adjust the FAS thresholds as needed.
- Uninsured patients found eligible will receive 100% financial assistance on eligible category II services less any applicable uninsured co-pays as follows:
 - Emergency room patients may be responsible for a \$0-\$75.00 uninsured co-pay based on state of residency
 - Medical group patients may be responsible for a \$0-\$50 uninsured co-pay based on their FAS score
- Uninsured patients found ineligible for hospital services will be notified via mail and will receive a bill for their services
- Uninsured patients found ineligible through the FAS process may appeal the decision by requesting a full review for financial assistance by submitting a CAFA application; cooperation with the coverage assistance process will be required prior to any financial assistance determination.

Category II Eligibility Criteria

Eligible Patients

Patients who meet all of the following criteria:

- Uninsured patients with a proprietary FAS score estimating the patient's total household income is at or below 300% FPG
- Uninsured patients residing in North Carolina, South Carolina or Georgia

Eligible Services

- Emergency Care and medically necessary outpatient services with balances less than \$10,000
- Emergency Care and medically necessary medical group services with balances less than \$10,000
- Hospital emergency medical services provided in an emergency room setting with balances less than \$10,000

Ineligible Services

- Elective and cosmetic services
- Non-medically necessary services
- Atrium Health Medical Group service exclusions
 - See appendix A for comprehensive list

Determination of Category II Financial Assistance Eligibility

- Eligibility for financial assistance for Category II services is based on the FAS Score that is obtained from a third-party vendor prior to the first billing statement.
- Each patient with Category II services that has an eligible FAS Score will receive 100% financial assistance less applicable uninsured co-pays.
- Ineligibility for a financial assistance will be communicated via a letter; ineligible patients may apply for a full CAFA review
- Each billable encounter of care for Category II services as determined by Medicare billing rules will be evaluated separately for financial assistance eligibility.

Under-insured patients (Georgia Residents Only)

Financial assistance for under-insured patients is only available through the Georgia Indigent Care Trust Fund (ICTF) state program for Georgia residents receiving certain hospital services in Georgia. Funding for this program is subject to annual thresholds. Once Atrium Health's Georgia hospitals' annual medical indigency services expenditures equals the amount required by the state, Atrium Health reserves the right to discontinue processing CAFA applications under this program for the applicable year.

- Under-insured patients residing in the state of Georgia who received hospital services at an Atrium Health facility within the state of Georgia may submit a CAFA application for coverage assistance and financial assistance review for medically necessary hospital services.
- Under-insured patients must not be eligible for or currently covered by state or federal programs such as Medicaid or Medicare in order to receive financial assistance.
- If the CAFA process indicates a high likelihood of other coverage opportunities, then the patient, with Atrium Health assistance, will be required to pursue those opportunities before the patient will be considered for financial assistance.
- A patient with out-of-network insurance coverage may be considered "under-insured" for purposes of this policy and will be eligible to receive financial assistance.
- **If the patient fully cooperates when seeking other coverage options**, but such coverage is unlikely or properly denied, Atrium Health will then determine the patient's eligibility for financial assistance.

Under-Insured Eligibility Criteria

Eligible Patients

Patients who meet all of the following criteria:

- Under-insured and household income is between 0% and 200% of FPG
- Under-insured and ineligible for other coverage options for the account(s) under CAFA review
- Under-insured patients residing in the state of Georgia
- Under-insured patients who received care at a Georgia Atrium Health facility covered under this policy
- Uninsured patients who fully cooperate with the determination of other coverage options

Eligible Services

- Emergency care and medically necessary hospital services resulting in a patient responsibility balance after all third-party reimbursement has been received
- Emergency care and medically necessary services received by a Georgia resident at a Georgia Atrium Health facility covered under this policy.
- Medically necessary professional services received by a Georgia resident by Atrium Health Navicent Physician Group

Ineligible Services

- Elective and/or cosmetic services
- Services received at an Atrium Health facility outside the state of Georgia (underinsured patients at these facilities can apply for a hardship discount)

Determination of Under-insured Financial Assistance Eligibility

- Eligibility for financial assistance is based on a patient's total household financial income for the prior 90 days reported at the time of evaluation

- Financial need will be determined by comparing total Household Financial Income to Federal Poverty Guidelines (FPG) in effect at the time of determination.
 - Under-insured patients with total household financial income at or below 200% of FPG are eligible for 100% financial assistance for 180 days.
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Coverage Assistance and Financial Assistance Applications

CAFA applications are for uninsured patients with category I services and under-insured Georgia residents. CAFA applications are also utilized for uninsured patients with category II services with an ineligible FAS score who wish to appeal their eligibility determination.

Category I: Atrium Health teammates will strive to interview all uninsured Category I patients and assist them in the completion of a CAFA application. Atrium Health will determine eligibility for financial assistance once the coverage assistance process is completed. In those situations, where the patient cooperates with the CAFA application, Atrium Health will automatically determine financial assistance eligibility at the completion of the coverage assistance process. If Atrium Health teammates are unable to interview a patient with Category I services, the patient may submit a CAFA application later for review. When processing the CAFA application, an Atrium Health representative may request verifications and documentation to support any statements and information provided on the CAFA application. Patients found ineligible may appeal by contacting the coverage assistance representative who assisted them with the CAFA application and request a review.

Category II: Patients who have received Category II services are not required to complete an application for coverage assistance or financial assistance. Patients with Category II services will be automatically screened for financial assistance eligibility at final billing. A patient found eligible will receive 100% financial assistance less applicable uninsured co-pays. A patient with hospital and/or medical group services found ineligible through this process will receive written notification via mail. If the patient believes they should be eligible for financial assistance for category II services, even though the FAS Score deemed the patient ineligible, they may appeal the decision by submitting a CAFA application which will be reviewed and processed consistent with all CAFA applications as outlined throughout this FAP.

Under-Insured: Under-insured patients residing in the state of Georgia who received services at a Georgia Atrium Health facility covered under this policy may also apply for CAFA review. Patients found ineligible may appeal by contacting the coverage assistance representative who assisted them with the CAFA application and request a review.

How to Apply:

Patients can apply for CAFA by downloading a CAFA application on the Atrium Health website, www.atriumhealth.org/for-patients-visitors/financial-assistance, and mailing it to the Atrium Health Coverage Assistance Services department at the address listed below. A patient may also request a paper CAFA application via phone by calling 704/512-7171 and a CAFA application will be sent to the patient via mail.

Patients have 240 days from the first post-discharge bill date to apply for financial assistance.

Only fully completed CAFA applications will be reviewed for financial assistance. An application is considered complete if all fields on the application are complete, any requested documents are received, and a coverage assistance services representative has reviewed the information and deemed the patient ineligible for other coverage opportunities. The application is then processed for financial assistance and a determination made within 5 days. If an application is incomplete the patient has not provided requested information or taken actions requested by an Atrium Health representative, the patient will be notified in writing via mail of the incomplete application and what is needed to process the application.

Atrium Health will keep financial information confidential and will treat patients seeking coverage assistance and financial assistance with dignity. Atrium Health representatives are available to help those who are mentally and/or physically disabled. Assistance can be requested by calling 704/512-7171.

All paper applications should be mailed to the Atrium Health corporate office in Charlotte, North Carolina at:

Atrium Health Business Office
ATTN: Coverage Assistance Services
PO Box 32861
Charlotte, NC 28232

Once an application is received, an Atrium Health Coverage Assistance Services team member will contact the patient if necessary.

Verification of Household Financial Resources and Eligibility Period

Atrium Health will utilize, where appropriate, any external third-party data to validate information provided by the patient on the CAFA application.

- **Verification Period** - Total Household Financial Income will be based on a look-back period of the prior 90 days from the application date and validated using third party vendors. If there is a discrepancy between what is reported by third party vendors and the patient, the patient may be asked to provide further documentation of income
- **Documentation** - Patients may be asked to provide verification of any information provided on the application, including most recent tax returns, check stubs and banking statements. If income proof documentation cannot be provided patient may provide a statement of no income. Financial statements and verification of income and third-party vendor documentation will be retained by Atrium Health for a period of 10 years or as required by law. Falsification of financial information including withholding information will be reason for denial of financial assistance.
- **Eligibility Period** - Once approved, the eligibility period for Financial Assistance is 180 days from the date of approval for medically necessary and non-elective services. Any changes occurring within the eligibility period that would result in a high likelihood that the patient would be newly eligible for other coverage options must be pursued by the patient to retain financial assistance eligibility.
- **Fraud** – Atrium Health reserves the right to reverse financial assistance adjustments provided by this policy if the information provided by the patient during the information gathering process is determined to be false or if Atrium Health obtains proof the patient has received compensation for the medical services from other sources not disclosed to Atrium Health.

Communication of Policy

Atrium Health makes reasonable efforts to communicate the coverage assistance and financial assistance policy and process to all patients through the following:

- Atrium Health’s website including publication of a plain language summary of programs
- A plain language summary of programs is included on all billing statements
- The plain language summary of programs is posted in all Emergency Departments and at Admissions
- Onsite Coverage Assistance Services interviews with patient and families
- Inquiries to the Atrium Health Customer Service Department

Actions In the Event of Non-Payment

ECAs including credit reporting and any legal action, ONLY occur after all reasonable efforts have been made to determine the patients eligibility for financial assistance. Atrium Health provides all patients with 240 days from the first post-discharge bill date to apply for financial assistance prior to any extraordinary collection action for non-payment. All patients have 30 days to make financial arrangements regarding their bill before an ECA will occur whether within the 240-day window or outside the 240 day window.

More information on Atrium Health's billing and collection practices can be found in a separate billing and collections policy located on the Atrium Health website. A free copy of the policy can also be obtained by mail by calling the Atrium Health Customer Service Department at 704-512-7171.

Quality Assurance and Other Provisions

Quality Assurance: Atrium Health teammates are prohibited from making recommendations and/or process CAFA applications for family members, friends, acquaintances, and co-workers. The Patient Financial Services Quality Assurance Department will conduct periodic audits of accounts processed for financial assistance for uninsured category I patients and under-insured patients to ensure the appropriate documentation is on file. The Quality Assurance Department will also test the Category II process to ensure appropriate adjustments are being made.

Eligibility Criteria Adjustments: *Atrium Health may adjust the eligibility criteria in this CAFA policy periodically based upon the Community Health Needs Assessment (CHNA) conducted for the organization and/or as necessary to comply with applicable laws, regulations, and/or county agreements.*

Public Health Emergency Provision: Alternative funding sources due to a public health emergency will NOT prevent uninsured patients from receiving financial assistance for remaining balances that qualify under this policy. As part of Atrium's dedication to our community, CAFA may also be applied to any insured patient copays or responsibility that have been waived but not paid/reimbursed by payors or when conflicting billing guidance is issued during times of public health emergency.

Appendix A

Atrium Health Medical Group policy exclusions include professional services provided in the following departments within the North Carolina and South Carolina service area:

CMC TRANSPLANT CENTER

CAB LAB EAR NOSE/THRT, CMC HEART TRANS

CMC KIDNEY TRANS (CHG)

CMC KID/PANC TRANS-CHG

CMC LIVER TRANS-CHG

CMC TRANS SURG-CHG

CMC POST HEART TRANS

CMC POST KIDNEY TRANS

CMC POST KID/PAN TRAN

CMC TRANS & LIVER DIS

CAP Series

Forensics

Contract Billing

Outpatient in a Bed - Connect

Telepsych - BH Scotland

Inpatient BH Scotland

Inpatient CPM - Connect

CMC WOMENS INST REI

Pelvic Health Mercy

Pelvic Health Northeast

Pelvic Health Pineville

CMC WOMENS INST US

ZZZ CMC WOMENS INST GY (Closed/Inactive)

CMC Lab Andrology

CHS Reproductive Medicine & Infertility

AH WGHT MGMT PINE

AH WGHT MGMT CHAR

AH WGHT MGMT CONCORD

AH WGHT MGMT GASTONIA
