

Atrium Health Coverage Assistance and Financial Assistance Policy

Atrium Health and its affiliates (collectively Atrium Health) are committed to caring for the health and well-being of all patients regardless of their 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. This policy describes the procedure, requirements, and eligibility criteria related to Atrium Health's Coverage Assistance and Financial Assistance (CAFA) program. 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 also participates in the State of Georgia Indigent Care Trust Fund program (ICTF) by providing financial assistance through the Coverage Assistance and Financial Assistance policy and procedures.

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 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 and by Atrium Health providers. Some exclusions apply and are listed in Appendix A:

- **Atrium Health Anson**
- **Atrium Health Behavioral Health**
- **Atrium Health Cabarrus**
- **Atrium Health Cleveland**
- **Atrium Health Floyd Behavioral Health Center**
- **Atrium Health Floyd Cherokee Medical Center**
- **Atrium Health Floyd Medical Center**
- **Atrium Health Floyd Polk Medical Center**
- **Atrium Health Floyd Physicians**
- **Atrium Health Kings Mountain**
- **Atrium Health Lincoln**
- **Atrium Health Medical Group**
- **Atrium Health Mercy**
- **Atrium Health Navicent Baldwin**
- **Atrium Health Navicent The Medical Center**
- **Atrium Health Navicent Peach County**
- **Atrium Health Navicent Physician Group**
- **Atrium Health Navicent Rehabilitation Hospital**
- **Atrium Health Pineville**
- **Atrium Health Provider Based Clinics**
- **Atrium Health Stanly**
- **Atrium Health Union**
- **Atrium Health Union West**
- **Atrium Health University City**
- **Carolinas 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. Information regarding AGB calculations may be requested by calling the Atrium Health Customer Service at 704/512-7171 or 1-844-440-6536 or referencing the Atrium Health Billing and Collections policy on the Atrium Health website. The information is available in writing, free of charge.
- Elective: services that, in the opinion of the ordering provider, are not needed, are cosmetic or can be safely postponed.
- Eligible Patient: A patient that meets the Financial Assistance eligibility requirements provided in this Policy.
- Eligible Services: Medically urgent and/or medically necessary services that are non-elective and are needed to prevent death or adverse effects to a patient's health.
- Emergency Care: Immediate care that is necessary in the opinion of a provider 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, involves selling an individual's debt to another party, reporting adverse information to consumer credit reporting agencies/credit bureau, or deferring or denying medically necessary services due to insufficient payment or nonpayment of one or more bills for previously provided care.
- Federal Poverty Guidance (FPG): The applicable household income thresholds established periodically in the Federal Register by the U.S. Department of Health and Human Services under authority of 42 U.S.C. §9902(2).
- 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 FPG.
 - Other components include, but are not limited to, a review of census data, consumer transaction history, asset ownership files and utility files.
- 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.
- 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 for example, rents, alimony, child support and any other miscellaneous income regardless of source.
- Insured: Patients who are insured and covered under a third-party insurer.
- Medical Group: professional medical services provided by providers who are employed by Atrium Health.

- **Medically Necessary:** healthcare services that a provider, 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.
- **Other Coverage Options:** Options that would yield a third-party payment on account(s) under coverage assistance and financial assistance 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.
- **Plain Language Summary (PLS):** A summary of this Policy that is simplified to understand the eligibility criteria and how to apply for financial assistance.
- **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. Health Cost Sharing plans such as MediShare, but not limited to, are not considered a third-party insurer.
- **Uninsured:** A patient who is not covered in whole or in part under a third-party insurer and is not a beneficiary under a public or private health insurance, or other health coverage program (including, without limitation, private insurance, Medicare, Medicaid or Crime Victims Assistance) and whose injury is not compensable for purposes of worker's compensation, automobile insurance, liability or other third party insurance, as determined by Atrium Health based on documents and information provided by the patient or obtained from other sources, for the payment of health care services provided by Atrium Health.

Uninsured Patients:

Uninsured patients will be reviewed for assistance through two processes based on the patient's balance after the Atrium Health uninsured discount has been applied. Coverage Assistance and Financial Assistance (CAFA) Process: Balances greater than or equal to \$10,000 and the Financial Assistance (FAS) Process: Balances less than \$10,000.

CAFA Process: Balances greater than or equal to \$10,000:

- Uninsured patients with balances greater than \$10,000 after the Atrium Health uninsured discount will be interviewed by the Atrium Health Coverage Assistance Services team for other coverage opportunities (i.e. Medicaid) and financial assistance.
- The interview gathers information needed to determine if the patient is eligible for any other coverage options as well as information for 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 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 the coverage assistance process will be deemed ineligible for financial assistance.**
- The Atrium Health Coverage Assistance Services team strives to contact and interview all uninsured patients with balances greater than \$10,000 for CAFA. If an uninsured patient was not contacted the patient can complete a CAFA application to initiate an interview.

CAFA Eligibility Criteria

- Uninsured patients who reside in North Carolina, South Carolina, Georgia, or Alabama
- Patients receiving non-elective, medically necessary services resulting in a balance greater than or equal to \$10,000 after the Atrium Health uninsured discount at an Atrium Health facility or by an Atrium Health provider.
- Uninsured patients who fully cooperate with the determination of other coverage options.
- Uninsured patients who are ineligible for other coverage options for the account(s) under CAFA review.
- Uninsured patients meeting all the above criteria with a household income between 0% and 400% of the Federal Poverty Guidelines (FPG.).

CAFA Ineligible Services

- Elective and/or cosmetic services
- Non-medically necessary services
- Services provided by non-Atrium Health independent providers.
- Atrium Health Medical Group service exclusions. *See Appendix A for exclusions.*

Determination of CAFA Eligibility

- Patients must complete an interview with the Atrium Health Coverage Assistance Services team for CAFA.
- 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 meeting all the above criteria with a household income between 0% and 300% of the Federal Poverty Guidelines (FPG) are eligible for 100% financial assistance.
- Uninsured patients meeting all the above criteria with a household income between 301% and 400% of the Federal Poverty Guidelines (FPG) are eligible for a 50% financial assistance discount.
- 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.
- Patients will be eligible for financial assistance for 180 days.
- Each billable and medically necessary encounter resulting in a \$10,000 balance after the Atrium Health uninsured discount during the 180-day eligibility period will be re-evaluated for other coverage opportunities prior to extending financial assistance.

Patients found ineligible may appeal by contacting the Atrium Health Customer Service Department at 704/512-7171 or 1-844-440-6536.

FAS Process: Balances less than \$10,000:

- All uninsured patients with balances less than \$10,000 will be evaluated automatically for financial assistance based on a Financial Assistance Score (FAS.) **The patient is not required to complete an application for assistance.**
- 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.

FAS Eligibility Criteria

- Uninsured patients who reside in North Carolina, South Carolina, Georgia, or Alabama**
- Patients receiving non-elective, medically necessary services resulting in a balance less than \$10,000 after the Atrium Health uninsured discount.
- Uninsured patients with a household income between 0% and 300% of the Federal Poverty Guidelines (FPG).
- Uninsured patients who fully cooperate with the determination of other coverage options.
- Uninsured patients who are ineligible for other coverage options for the account(s) under CAFA review.

FAS Ineligible Services

- Elective and cosmetic services.
- Non-medically necessary services.
- Services provided by non-Atrium Health independent providers.
- Atrium Health Medical Group service exclusions. *See Appendix A for exclusions.*

Determination of FAS Eligibility

- Eligibility for financial assistance through the FAS process is account based.
- The FAS Score is obtained from a third-party vendor prior for each uninsured account that is less than \$10,000 after the Atrium Health uninsured discount.
- Patients who are eligible based on the FAS score will receive 100% financial assistance.
- Patients who are ineligible for a financial assistance through the FAS process for hospital services will receive a denial letter with information on how to appeal for a full review.
- **Uninsured patients found ineligible for financial assistance through the FAS process may appeal the decision for reconsideration for 100% or partial assistance by requesting the Coverage Assistance Services team to review their account by completing a CAFA application; cooperation with the coverage assistance process will be required prior to any financial assistance determination.**

Insured Patients

Financial assistance for insured patients is available once a patient receives a bill and by application only. Patients will utilize the CAFA process and application to apply. For insured patients, there is no dollar threshold to apply.

- If the CAFA process indicates a high likelihood of other coverage opportunities for **secondary coverage**, 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.
- **Insured patients who fail to fully cooperate with the coverage assistance process will be deemed ineligible for financial assistance.**

Eligibility Criteria for Insured Patients:

- Insured patients residing in North Carolina, South Carolina, Georgia, or Alabama.
- Insured patients receiving non-elective, medically necessary services at an Atrium Health facility or by an Atrium Health provider or participating provider.

- Insured patients who are an in-network patient based on the patient’s third-party insurer benefit plan at an Atrium Health facility or by an Atrium Health provider except for out-of-network patients seen in the emergency department.
- Insured patients with fully adjudicated claims resulting in a self-pay balance.
- Insured patients who cooperated with the third-party insurer to resolve payment concerns if applicable. i.e. Coordination of Benefit questions, accident information etc.
- Insured patients who fully cooperate with the determination of other secondary coverage options.
- Insured patients who are ineligible for all other secondary coverage options for the account(s) under review.
- Insured patients meeting all the above criteria with a household income between 0% and 300% of the Federal Poverty Guidelines (FPG).

Ineligible Services for Insured Patients:

- Services that are out-of-network based on the patient’s third-party insurer benefit plan except for services received in an Atrium Health emergency department.
- Services not covered by the patient’s third-party insurer.
- Elective and cosmetic services.
- Non-medically necessary services.
- Services provided by non-Atrium Health independent providers.
- Atrium Health Medical Group service exclusions.

Determination of Financial Assistance Eligibility for Insured Patients:

- Insured patients must complete a CAFA application to apply for a financial assistance review.
- Only self-pay balances at the time of applying for assistance will be considered for assistance.
- Eligibility for financial assistance is based on a patient’s total household financial income.
- Financial need will be determined by comparing total Household Financial Income to Federal Poverty Guidelines (FPG) in effect at the time of determination.
- Insured patients with total household financial income at or below 300% of FPG are eligible for 100% financial assistance on the accounts under review.

Patients found ineligible may appeal by contacting the Atrium Health Customer Service Department at 704/512-7171 or 1-844-440-6536.

Coverage Assistance and Financial Assistance Applications

CAFA applications are for:

- Uninsured patients with balances greater than or equal to \$10,000 who were not proactively interviewed by Atrium Health Coverage Assistance Services.
- Uninsured patients with balances less than \$10,000 who were denied financial assistance through the FAS process and want appeal the decision.
- Insured patients regardless of their balance.

How to Apply:

Patients can apply online using a phone, tablet or computer by going to <https://ola.veritysource.com/atrium> or 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 or 1-844-440-6536 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 is made within a timely manner.

Incomplete Applications: If an application is incomplete or 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 or 1-844-440-6536.

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 28232-2861

Verification of Household Financial Resources and Eligibility Period

Atrium Health, where appropriate, may use external third-party data to validate information provided by the patient during the interview or on the financial assistance application. 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 and residency.

- **Documentation** - Patients may be asked to provide proof documents to verify the information provided to Atrium Health:
 - Financial information can be verified by using any/all of the following: the patient's most recent year tax returns, W-2s, the patient's income tax documentation, check stubs, banking statements, unemployment statements, or letters of financial support (if no income). If there is more than one employed person in the patient's family, each may verify his or her financial information using these same verification options.
 - Proof of residency can be verified by the patient presenting any two (2) of the following valid forms of identification that indicate the same address: State issued driver's license (or other photo identification card such as a Student or Military ID), utility bills (gas, electric, water) bank statements, car registrations, or any other mail received from a government entity with the current date and address.
 - 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
 - Uninsured: Financial Assistance will be effective retrospectively for all eligible open self-pay balances, and prospectively for up to 180 days. Future services will be reviewed and assessed prior to or at the time of the service for continued eligibility. If any changes occur during the eligibility period, the patient is required to cooperate with the coverage assistance process to maintain financial assistance eligibility.
 - Insured: For insured patients, Financial Assistance will be effective for current, open Self Pay Balances only and patient must re-apply for Financial Assistance for any emergent and medically necessary care occurring in the future.
- 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 learns that 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, ONLY occur after all reasonable efforts have been made to determine the patient’s 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 or 1-844-440-6563.

Quality Assurance and Other Provisions

Quality Assurance: Atrium Health teammates are prohibited from making recommendations and/or processing 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 patients and insured patients to ensure the appropriate documentation is on file. The Quality Assurance Department will also test the FAS 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 assessments or improvement studies conducted for applicable organizations 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 any 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 Lab Andrology
AH Reproductive Medicine & Infertility
AH WGHT MGMT PINE
AH WGHT MGMT CHAR
AH WGHT MGMT CONCORD
AH WGHT MGMT GASTONIA

Appendix B

Facilities and provider groups who are not employed by Atrium Health are not covered by the Atrium Health Coverage Assistance and Financial Assistance Policy. This list includes but is not limited to the following:

<p>Carolina Digestive Health Associates Carolina Pathology Carolina Neurosurgery & Spine Perioperative Services, LLC American Anesthesiology Charlotte Eye Ear Nose and Throat Charlotte Gastroenterology & Hepatology Charlotte Radiology Caromont Medical Group Horizon Eye Care OrthoCarolina Metrolina Nephrology Associates Novant Health Medical Group Tryon Medical Partners Queen City Ear, Nose and Throat US Acute Care Solutions Medic 911 Mercer Medicine Macon Medical Group, PC Gastroenterology Associates of Central Georgia Baldwin Emergency Group, LLC (Schumacher Group) Clinical Colleagues, Inc. Cogent Healthcare of Macon, LLC (Quantum Healthcare) Family Eye Care Associates Middle Georgia Heart & Vascular Center Milledgeville OB/GYN Milledgeville Pediatrics Oconee Radiology Associates, LLP Oconee Surgical Associate Ortho Georgia Orthopedic Specialists Southeastern Pathology Associates, P.C. Woman's Care Center Cardiac Consultants of Central Georgia, LLC Cardiopulmonary Associates, PC Central Georgia Heart Center Central Georgia Heart Institute, LLC Georgia Cardiology Associates, P.C. Georgia Heart Physicians, LLC Middle Georgia Heart & Vascular Center, LLC NT Cardiovascular Center P.C. Twin Arrhythmia Group, LLC ENT Center of Central Georgia Davey R. Deal, JR MD, LLC Central Georgia Gastroenterology LLC Renaissance Plastic Surgery, PC Central Georgia Cancer Care, PC Physician Consultants of Georgia PC Aegis Nephrology & Internal Medicine, LLC Kidney Center of Central Georgia, LLC Renal Physicians of Georgia PC Middle Georgia Internal Medicine & Kidney Diseases, LLC</p>	<p>Georgia Neurosurgical Institute Georgia Eye Care Center, Inc. Eye Center of Central Georgia Eisner Laser Center The GA Center for Plastic & Reconstructive Surgery, PC Howard Perofsky, M.D. Central Georgia Pulmonary Associates, LLC Macon Lung Center Don R. Robinson M.D. Urology Specialists of Georgia Peach Emergency Group, LLC Associated Pathologists (Pathgroup) Radiology Associates of Macon, PC Houston Primary Care, Inc. Valley Medical Hypertension & Kidney Assocs of Middle GA Primary Care Associates, Byron Magna Care Central Georgia Emergency Group, LLC ApolloMD Specialty Care, Inc. Pediatrix Medical Group of Georgia, PC American Anesthesiology MedNax/NAPA Radiology Associates of Macon, PC Virtual Radiologic Corporation The Harbin Clinic The Harbin Clinic Physicians Apollo Anesthesia In Compass Health, Inc. Heyman Hospice Care Rome Radiology Floyd PEC Clinic Floyd EMS Southeastern Pathology Etowah Emergency Physicians Nursing Homes The Perry Group Cherokee Ambulance Services Birmingham Radiology Cherokee Clinic ER Doctor Group at Floyd Medical Center</p>
---	---