	POLICY & PROCEDURE MANUAL	DEPARTMENT: Financial Services	Page 1 of 6
		NUMBER: QOP-FIS-0312	Revision Level: 3 Revision Date:12/13/2019
ORIGINAL RELEASE DATE: 08/31/2015		SUBJECT: Coverage Assistance And Financial Assistance Program (CAFA)	
OTHER AFFECTED DEPARTMENTS: Outpatient Registration		APPROVAL TITLE: Director of Finance	
		SIGNATURE: <i>Shon Herron</i>	
This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.			

**Purpose:**

The AnMed Health Cannon Coverage Assistance And Financial Assistance Program (CAFA) policy supports the AnMed Health Cannon’s goal to provide appropriate levels of charity care, commensurate with AnMed Health Cannon’s resources and the community needs. AnMed Health Cannon is committed to assisting patients in obtaining coverage from various programs as well as providing financial assistance to every eligible person in need of medically necessary hospital inpatient, outpatient or emergency treatment. AnMed Health Cannon will always provide emergency medically necessary care regardless of the patient’s ability to pay.

This policy applies to hospital services received at the following AnMed Health Cannon facilities:

AnMed Health Cannon Hospital  
AnMed Health Cannon Physician Services

**Scope:**


AnMed Health Cannon has the following major objectives for providing Coverage and Financial Assistance to our patients:

- To model at all times AnMed Health Cannon’s motto “We’re In This Together”
- To ensure the patient exhausts other appropriate coverage opportunities prior to qualifying for AnMed Health Cannon financial assistance.
- To ensure AnMed Health Cannon complies with applicable Federal or State regulations related to financial assistance.

**Definitions**

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

1. Elective: Those services that, in the opinion of a physician, are not needed or can be safely postponed.
2. 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 any organs or body parts.
3. 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.
  - A component of FAS Score is a Household Income Index that is calibrated to Federal Poverty Guidelines.

	POLICY & PROCEDURE MANUAL	DEPARTMENT: Financial Services	Page 2 of 6
		NUMBER: QOP-FIS-0312	
		SUBJECT: Financial Assistance	Revision Level 3

- Other components include, but are not limited to, a review of census data, consumer transaction history, asset ownership files and utility files.

4. Household Financial Income: Income including 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 to including, rents, alimony, child support and any other miscellaneous source

5. Medically Necessary: 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.

6. 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, Cobra, etc., or third-party liability resulting from automobile or other accidents.


### Policy

AnMed Health Cannon follows two different processes based on place of service when determining eligibility for financial assistance for uninsured patients. Place of service types are categorized into two different groups:

1. Category I – All Inpatient and observation services, as well as outpatient hospital services with balances greater than or equal to \$5,000 gross.
2. Category II – All other hospital outpatient or emergency services with balances less than \$5,000 gross.

### Category I

All uninsured patients with Category I services will be reviewed by the AnMed Health Cannon Financial Counselors. Patients with Category I services will be required to complete an AnMed Health Cannon Coverage And Financial Assistance (CAFA) application and provide requested documents 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 coverage, then the patient, with AnMed Health assistance, will be required to pursue those opportunities before the patient will be considered for AnMed Health financial assistance. AnMed Health Cannon representatives are available to help those who are mentally and/or physically disabled in applying for assistance. AnMed Health Cannon will keep financial information confidential and will treat patients seeking coverage assistance and financial assistance with dignity. The financial assistance application process will not officially start until the coverage assistance process is completed and the patient is found ineligible for other coverage options. If the patient fully cooperates when seeking other coverage options, but such coverage is unlikely or properly denied, AnMed Health Cannon will determine the patient's

	POLICY & PROCEDURE MANUAL	DEPARTMENT: Financial Services	Page 3 of 6
		NUMBER: QOP-FIS-0312	
		SUBJECT: Financial Assistance	Revision Level 3

eligibility for financial assistance. **A Patient who fails to fully cooperate with this process is deemed ineligible for financial assistance.**

### Category I Eligibility Criteria

#### 1. Services Eligible:

- All medically necessary (as determined by a physician) inpatient services.
- All medically necessary (as determined by a physician) outpatient services with balances greater than or equal to \$5,000.
- All hospital emergency medical services provided in an emergency room setting with balances greater than or equal to \$5,000.
- All non-elective, medically necessary (as determined by a physician) outpatient hospital services provided in response to life-threatening circumstances in a non-emergency room setting with balances greater than or equal to \$5,000.

#### 2. Services Ineligible:

- Elective and cosmetic services
- Procedures not deemed medically necessary

#### 3. Patients Eligible:


- Household income is between 0% and 400% of the Federal Poverty Level (FPL)
- Uninsured and ineligible for other coverage options for the account(s) under CAFA review
- South Carolina and Georgia residents
- Fully cooperate with the determination of other coverage options

#### 4. Patients Ineligible:

- Household income is greater than 401% of the Federal Poverty Level (FPL)
- Have current insurance coverage
- Have other coverage options available for the account(s) under review
- Do not reside in South Carolina or Georgia
- Fail to fully cooperate with the determination of other coverage options

#### Determination of Category I FA Discount:

- Completion of the CAFA application, including requested documents, will be used to determine if other coverage options are available for medically necessary and non-elective services.
- Eligibility for a financial assistance discount is based on a patient's total Household Financial Income for the prior 60 days reported at the time of evaluation.
- Financial need will be determined by comparing total Household Financial Income to Federal Poverty Level (FPL) in effect at the time of determination.
- Patients who can demonstrate that their total Household Financial Income is at or below 200% of FPL is eligible for a 100% discount for an eligibility period of 180 days.
- Patient with total Household Financial Income between 201% and 400% of FPL is eligible for partial discounts for an eligibility period of 180 days.

	POLICY & PROCEDURE MANUAL	DEPARTMENT: Financial Services	Page 4 of 6
		NUMBER: QOP-FIS-0312	
		SUBJECT: Financial Assistance	Revision Level 3

- Patient payments received prior to any financial assistance adjustment will not be refunded.

**Category I Verification of Household Financial Resources and Eligibility Period:**

Typically, CAFA applications are completed at or after the time that services are rendered. AnMed Health Cannon financial counselors will attempt to interview all uninsured inpatients unable to pay for services. AnMed Health Cannon 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 60 days from the application date. If there is a discrepancy found, the patient may be asked to provide further documentation of income.
- Eligibility Period - Once approved, the eligibility period for Financial Assistance is 180 days from the date of application, as well as 180 retro from date of application 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.
- Documentation - Patients may be asked to provide documentation from employers and banking institutions to further verify income. Financial statements and verification of income and third party vendor documentation will be retained by AnMed Health Cannon 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.
- Fraud - AnMed Health Cannon 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 AnMed Health Cannon obtains proof that the patient has received compensation for the medical services from other sources not disclosed to AnMed Health Cannon.

**Category II**

AnMed Health Cannon 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 at final bill for a financial assistance discount based on a financial assistance score (FAS.) The patient is not required to complete an CAFA application for assistance. The FAS score is assigned once the bill has finalized. The FAS will be assigned based on proprietary scoring algorithms from experienced third party experts selected by AnMed Health Cannon. AnMed Health Cannon will periodically test the algorithms to ensure they are consistently applied and will adjust the FAS thresholds as needed. Patients found eligible will receive a 100% financial assistance discount on eligible services with gross charges equal to or less than \$5,000 and will not receive a bill.

**1. Services Eligible:**

- All medically necessary (as determined by a physician) outpatient services determined by a physician with balances less than \$5,000 gross
- All hospital emergency medical services provided in an emergency room

	POLICY & PROCEDURE MANUAL	DEPARTMENT: Financial Services	Page 5 of 6
		NUMBER: QOP-FIS-0312	
		SUBJECT: Financial Assistance	Revision Level 3

setting with balances less than \$5,000 gross

**2. Services Ineligible:**

- Elective and cosmetic services
- Procedures not deemed medically necessary

**3. Patients Eligible:**

- FAS Score calibrated to Federal Poverty Guidelines
- Do not have current health insurance coverage

**4. Patient Ineligible:**

- Have current insurance coverage
- Eligible for other coverage options

**Determination of Category II FA Discount**


- Eligibility for FA for Category II services is based on the AnMed Health Cannon FAS Score that is obtained from a third party vendor at final bill.
- Each patient with Category II services that has an eligible FAS Score will receive a 100% discount with gross charges equal to or less than \$5,000 for an eligibility period of 180 days.
- Patient payments received prior to any financial assistance adjustment will not be refunded.
- Each billable encounter of care for Category II services as determined by Medicare billing rules will be evaluated separately for FA eligibility.

**Actions / Tasks / Procedures:**

Applying for Coverage Assistance and Financial Assistance:

CAFA applications are for patients who have received Category I services. As stated above, AnMed Health Cannon teammates will strive to interview all uninsured Category I patients and assist them in the completion of an CAFA application. AnMed Health Cannon will determine eligibility for financial assistance once the coverage assistance process is completed. In those situations, where the patient cooperates with the CAFA application, AnMed Health Cannon will automatically determine financial assistance eligibility at the completion of the coverage assistance process. If AnMed Health Cannon teammates are unable to interview a patient with Category I services, the patient may download a paper Financial Assistance Application online and mail the application to AnMed Health Cannon. A patient may also request a paper application by calling 864-898-1149 and an application will be sent to the patient via mail. Patients with Category I services can also apply in person at the time of service.

Patients who have received Category II services are not required to complete an application for financial assistance. Patients with Category II services will be automatically screened for financial assistance eligibility at final billing. A patient found eligible will receive a 100% discount. If the patient believes that they should be eligible for financial assistance, even though the FAS Score deemed the patient ineligible, they can apply for CAFA by downloading an application online and mailing it to AnMed HealthCannon. A Patient may also request a paper CAFA application by calling 864-898-1149 and an application will be sent to the patient via mail. Only fully completed CAFA applications will be reviewed. Patients who

	POLICY & PROCEDURE MANUAL	DEPARTMENT: Financial Services	Page 6 of 6
		NUMBER: QOP-FIS-0312	
		SUBJECT: Financial Assistance	Revision Level 3

choose to apply for CAFA will be required to pursue other coverage options before being considered for a financial assistance discount.

**All paper applications should be mailed to:**

AnMed Health Cannon  
ATTN: Financial Counselor  
123 W.G. Acker Dr.  
Pickens, SC 29671

Once an application is received, an AnMed Health Cannon Financial Counselor will contact the patient if necessary.

**Communication of Policy:**

AnMed Health Cannon communicates the availability of its CAFA process to all patients through the following:

- AnMed Health Cannon’s website
- On all hospital billing statements
- Information posted in the Emergency Department and at Admissions/Outpatient Registrations
- Onsite Coverage Assistance Services interviews with patient and families
- Patient Accounting Customer Service Department
- AnMed Health Cannon Physician’s Offices

**Actions In the Event of Non-Payment**

The actions AnMed Health Cannon hospital may take in the event of non-payment for services are described in a separate billing and collections policy which can be obtained by asking for a free copy.

**Special Requirements / Exclusions:**

Quality Assurance and Other Provisions:

AnMed Health Cannon teammates are prohibited from making recommendations and/or process CAFA applications for family members, friends, acquaintances and co-workers.

Revision History	Date	Change Description	Page Number	Revised By
Revision 2	8/31/15	This Policy, QOP-FIS-0311 cancels and replaces QOP-FIS-FIN-0100	ALL PAGES	Will Grant/Dawn Lovell
Revision 3	12/13/19	This Policy, QOP-FIS-0312 cancels and replaces QOP-FIS-0311	All Pages	Shon Herron Michelle Powell