

SCOPE:

This policy applies to Rutherford Regional Health System effective January 1, 2025.

Rutherford Regional Health System is committed to providing Financial Assistance for Covered Services to patients who are unable to pay based on their individual financial situation. Eligibility is generally determined by measuring a patient's gross family income against the Federal Poverty Guidelines, as described in the Policy Guidelines below.

Financial Assistance does not apply to amounts that are covered by insurance or other funding sources. Patients are expected to obtain and maintain health insurance coverage if affordable coverage is available to them. To be eligible for Financial Assistance, the patient is expected to have applied for and complied with all processes related to seeking assistance from other insurers and/or programs (including all potentially applicable governmental programs) as requested by Rutherford Regional Health System staff. Patients who are noncompliant or uncooperative in attempting to obtain insurance coverage, qualification under governmental programs, or other funding sources will not be eligible for Financial Assistance.

Patients will not be eligible for Financial Assistance if the patient provides false information or falsified documentation of household size, income or other pertinent information.

PURPOSE:

Rutherford Regional Health System has developed this policy to outline the circumstances under which Rutherford Regional Health System will provide free or discounted care to patients who require emergency or other medically necessary care and demonstrate an inability to pay.

POLICY:

Eligibility. Eligibility for Financial Assistance, and the amount of Financial Assistance that will be provided, is generally determined by measuring the patient's gross family income against the Federal Poverty Guidelines, as specified in the attached Financial Assistance Discount Guidelines (see Attachment B). These guidelines will be adjusted periodically to reflect changes in the Federal Poverty Guidelines and to adjust the discount percentages to ensure that, in all cases, a patient determined to be eligible for Financial Assistance under this policy will not be billed more than the amount generally billed by Rutherford Regional Health System to individuals who have insurance covering such care.

"Family" for this purpose includes spouse/domestic partner, children, and any other persons treated as "dependents" for federal income tax purposes.

Income includes revenue from the following resources (before taxes):

- Wages
- Tips
- Payments from Social Security
- Retirement benefit payments
- Unemployment compensation
- Worker's compensation

- Veterans' benefits
- Public assistance
- Alimony
- Child support
- Pensions
- Regular insurance or annuity payments
- Investment income

Procedures. To apply for Financial Assistance, a complete Financial Assistance Application is required. A complete Financial Assistance Application is inclusive of, but not limited to, disclosure of household size, income and other resources, and supporting documents (such as recent tax returns, bank statements and pay stubs), as detailed in the Financial Assistance Application and the associated instructions. Undocumented residents (non-U.S. citizens living as residents in the U.S.) and patients who are without a home address may apply for Financial Assistance. Failure to provide the required information and documentation in a timely manner may result in ineligibility for Financial Assistance.

Presumptive Eligibility. The patient may be deemed presumptively eligible for financial assistance based on certain non-income-based criteria. These criteria include the following (patients must meet at least one):

- Homelessness
- Mental incapacitation with no one to act on the patient's behalf
- Enrollment in Medicaid of patient or a child in their household
- Enrollment in another means-tested public assistance program (including, but not limited to Women, Infants and Children Nutrition Program, Supplemental Nutrition Assistance Program)

Rutherford Regional Health System will make every effort to screen patients for non-income-based PE and notify patients of results based on the following timelines:

- **Non-emergency department services:**
Screening: Prior to or at check in if feasible
Notification: Prior to discharge if feasible
- **Emergency department services:**
Screening: As soon as possible and prior to discharge if feasible
Notification: Prior to issuing bill to patient if feasible

For patients that are determined presumptively eligible for Financial Assistance, documentation will not be required.

As of July 2025, Rutherford Regional Health System will evaluate all North Carolina residents who are currently enrolled in the North Carolina Medicaid program for any previous unpaid patient due portions, those patients meeting the criteria, Rutherford Regional Health System will approve those patient balances as charity.

Patients will be notified via a letter sent to the address on file.

Copies of this policy, a plain language summary of this policy, the Financial Assistance Application, and the associated instructions are available free of charge upon request by writing to Patient Financial Services at **288 South Ridgecrest Ave. Rutherfordton, NC 28139** and can be found in the emergency room and admission areas of the Hospital Facility. The documents may also be downloaded at **rutherfordregional.com**. Further information about this Financial Assistance Policy and assistance with the application process are available via phone at **828-286-5000** or in person during normal business hours or by appointment from one of the Financial Counselors at Rutherford Regional Health System, **288 South Ridgecrest Ave. Rutherfordton, NC 28139**

Complete Financial Assistance Applications should be submitted to Rutherford Regional Health System

Attn: Financial Counselor at **288 South Ridgecrest Ave. Rutherfordton, NC 28139**. A Financial Counselor will review the application for completeness and a preliminary determination as to eligibility and will then forward the application to the Patient Access Manager/Director and Patient Financial Services Director (or their respective designees) to confirm eligibility based on the guidelines and other terms set forth in this policy. If the gross charges to a patient's account exceed \$10,000, the Hospital Facility Controller/ CFO (or designee) will also review the eligibility determination. Once a determination as to eligibility has been made, Patient Financial Services will send a determination letter to the patient.

Determinations are normally completed within 30 business days after receipt. For patients who are found eligible for Financial Assistance under this policy, specific write-offs of \$50,000 or more will be reviewed by the Hospital Facility Controller/CFO before being processed.

Information from a patient's Financial Assistance Application generally may be used – and a determination that a patient is eligible for Financial Assistance generally shall be in effect – for up to 12 months from the date the complete Financial Assistance Application is submitted, unless changes have occurred in the patient's financial status

Patient Responsibilities. Patients are expected to cooperate with Patient Financial Services in the following manner:

- Submitting a complete Financial Assistance Application with supporting documentation (see the Financial Assistance Application instructions for a list of the required documents).
- Providing follow-up or updated information as requested by Patient Financial Services staff.
- Providing assistance and documents to Patient Financial Services staff to pursue other funding sources for the patient, including but not limited to governmental programs, health insurance and health insurance subsidies, and motor vehicle or other liability insurance.
- Adhering to any agreed-to alternate payment plans.

ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NONPAYMENT:

Rutherford Regional Health System has a separate Billing and Collections Policy that describes the actions that may be taken in the event of nonpayment. A copy of the Billing and Collections Policy may be

downloaded at **rutherfordregional.com**. Copies are also available upon request, free of charge, by mail and in emergency rooms and admission areas of the Hospital Facility. Send written request to Rutherford Regional Health System Patient Financial Services at **288 South Ridgecrest Ave. Rutherfordton, NC 28139**

DEFINITIONS:

Covered Provider – Rutherford Regional Health System

- A. and **owned physician practices**. Physicians and other healthcare providers who bill “privately” are encouraged, but not required, to follow this policy, except in limited circumstances related to Covered Services provided by **owned physician practices** physicians within the Hospital Facility. See Attachment A for additional information about other healthcare providers providing care within the Hospital Facility.
- B. Covered Service – all emergency and medically necessary care provided in the Hospital Facility by a Covered Provider. Covered Services do not include elective procedures (such as cosmetic procedures or infertility services)
- C. Emergency and medically necessary care – services that are necessary and appropriate to sustain life or to prevent serious deterioration in the health of the patient from injury or disease.
- D. Financial Assistance – reduction of an eligible patient’s account balance for Covered Services under the terms of this policy.
- E. Hospital Facility – Rutherford Regional Health System
- F. Patient – the individual receiving medical treatment and/or, in the case of an unemancipated minor or other dependent, the parent, legal guardian or other person (guarantor) who is financially responsible for the patient.
- G. Presumptive Eligibility-where the patient is presumed eligible for charity as a result of attesting to specific non-income-based conditions as defined by the policy.

NONDISCRIMINATION AND EMERGENCY MEDICAL CARE:

Rutherford Regional Health System determines Financial Assistance eligibility pursuant to this policy based solely on need, and does not consider age, gender, race, social or immigration status, sexual orientation or religious affiliation.

Rutherford Regional Health System will provide, without discrimination, and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA), care for emergency medical conditions to individuals regardless of whether they are eligible for Financial Assistance, as specified in greater detail in Rutherford Regional Health System EMTALA policy. A copy of the EMTALA policy is available free of charge upon request by writing to Rutherford Regional Health System, Patient Financial Services at **288 South Ridgecrest Ave. Rutherfordton, NC 28139**; the policy may also be downloaded at **rutherfordregional.com**. **Rutherford Regional Health System** will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency room patients pay before receiving treatment or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care.

ATTACHMENT A:

Physicians and Other Providers Delivering Care in the Hospital Facility

This Financial Assistance Policy applies to **owned physician practices** to the extent of Covered Services provided by **owned physician practices** physicians within the Hospital Facility.

Physicians or other healthcare providers delivering services within the Hospital Facility are not otherwise required to follow this policy.

Copies of a list of physicians and other healthcare providers delivering care in the Hospital Facility are available free of charge upon request by writing to Rutherford Regional Health System, Patient Financial Services at 288 South Ridgecrest Avenue, Rutherfordton, NC 28139. The list may also be accessed at <https://www.myrutherfordregional.com/docs/ahrutherfordregionalhealthsystemlibraries/default-document-library/rutherford-provider-list.pdf>

ATTACHMENT B: Financial Assistance Discount Guidelines

2025 48 Contiguous States & DC Family size Discounts	Federal Poverty Level	0-200% 100%	201-225% 90%	226%-250% 80%	251%-275% 70%	276%-300% 60%
1	\$15,060	\$30,120	\$33,885	\$37,650	\$41,415	\$45,180
2	\$20,440	\$40,880	\$45,990	\$51,100	\$56,210	\$61,320
3	\$25,820	\$51,640	\$58,095	\$64,550	\$71,005	\$77,460
4	\$31,200	\$62,400	\$70,200	\$78,000	\$85,800	\$93,600
5	\$36,580	\$73,160	\$82,305	\$91,450	\$100,595	\$109,740
6	\$41,960	\$83,920	\$94,410	\$104,900	\$115,390	\$125,880
7	\$47,340	\$94,680	\$106,515	\$118,350	\$130,185	\$142,020
8	\$52,720	\$105,440	\$118,620	\$131,800	\$144,980	\$158,160
9	\$58,100	\$116,200	\$130,725	\$145,250	\$159,775	\$174,300
10	\$63,480	\$126,960	\$142,830	\$158,700	\$174,570	\$190,440
11	\$68,860	\$137,720	\$154,935	\$172,150	\$189,365	\$206,580
12	\$74,240	\$148,480	\$167,040	\$185,600	\$204,160	\$222,720

