

# Washington Regional Medical Center (WRMC) Presumptive Eligibility Policy

Effective Date	03/01/2024
Reviewed/Revised	03/31/2025
Approved by	03/31/2025

#### 1. Purpose

WRMC is committed to providing timely financial assistance to patients who may qualify for medical debt relief. This Presumptive Eligibility Policy ensures that patients facing financial hardship receive immediate assistance without unnecessary delays. This policy aligns with North Carolina law, IRS 501(r) requirements, and industry best practices.

### 2. Scope

This policy applies to patients receiving medically necessary or emergency care at WRMC who cannot afford to pay and meet criteria for automatic eligibility based on external data sources or predefined indicators.

## 3. Presumptive Eligibility Criteria

Patients may be automatically granted financial assistance (full or partial) if they meet any of the following:

**A. Government Assistance Indicators** Patients enrolled in the following programs will be presumed eligible for WRMC's Financial Assistance Program:

- Medicaid (active or expired within the past 6 months)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Women, Infants, and Children (WIC) program
- North Carolina's Medically Indigent Assistance Program (MIAP)

**B. Hospital-Verified Hardship Indicators** Patients who meet the following criteria based on hospital data, third-party analytics, or self-attestation may qualify:

- Homelessness or residence in a shelter/transitional housing
- Mental incapacitation with no one to act on the patient's behalf



- Enrollment in Medicaid of patients 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); or
- Participation in low-income housing programs (e.g., Section 8)
- Incarceration at the time of treatment
- Deceased patients with no estate
- Long-term disability without income

**C. External Credit & Financial Hardship Indicators** If a patient has no insurance and meets at least one of the following, they may be presumed eligible based on third-party financial screening:

- Credit score below 550
- Household income at or below 200% of FPL based on external databases
- Unpaid medical debt exceeding 50% of annual income

### 4. Determination Process

- WRMC will conduct an automatic eligibility screening before issuing a bill.
- If a patient meets any presumptive eligibility criteria, they will be granted financial assistance automatically without requiring a full application.
- Patients denied presumptive eligibility will be notified and given the option to apply for traditional financial assistance.

# 5. Levels of Assistance

- 100% financial assistance for those at or below 200% of FPL or enrolled in qualifying programs.
- 75% discount for those between 201%-250% of FPL.
- **50% discount** for those between 251%-300% of FPL.
- **Discounted payment plans** for those 301%-400% of FPL.



• Interest-free, income-based payment plans for those outside full eligibility but demonstrating hardship.

## 6. Notification & Screening Timeline

- **Non-emergency services:** Patients will be screened prior to or at check-in and will be notified of results prior to discharge.
- Emergency department services: Patients will be screened as soon as possible (prior to discharge if feasible) and will be notified of results prior to the issuance of a bill.

## 7. Prohibited Actions

WRMC will not engage in extraordinary collection actions (lawsuits, wage garnishments, or credit reporting) before screening patients for eligibility.

• Patients qualifying for full financial assistance under this policy will not receive a bill.

### 8. Compliance & Review

WRMC will review and refine its presumptive eligibility screening annually to align with state law and best practices.

- This policy will be publicly posted and communicated to staff for consistent application.
- Downloadable versions of this document will be made available in Spanish to ensure accessibility for non-English speaking patients.

By:

Frank T. Avignone IV (Please type full name here and title)

(Signature)