

<b>TITLE</b>	Financial Assistance - North Carolina Hospitals (Provider-based clinics)		
<b>NUMBER</b>	NH-LD-FM-111.1	<b>Last Revised/Reviewed Effective Date:</b>	Rev - Jun 24, 2025, Effective - Jan 1, 2025
<b>CATEGORY</b>	LD-FM		
<b>APPLIES TO</b>	<p>Novant Health: BalMC, BMC, FMC (FMC main, CMC, KMC &amp; other locations), HMC, MMC, MPH, MHMC, PMC (PMC main, COH &amp; other locations), RMC, TMC</p> <p>Novant Health: New Hanover Regional Medical Center, Pender Medical Center</p>		

## I. SCOPE / PURPOSE

The Novant Health cause, “We create a healthier future and bring remarkable experiences to life,” reflects Novant Health’s not-for-profit heritage and social accountability to the communities in which we are located.

## II. POLICY

All Novant Health Hospitals and provider Based Clinics in North Carolina (“Novant Health”) will provide Financial Assistance (free care) for qualified low-income patients. This service, along with other community benefit services, is essential to Novant Health’s mission fulfillment.

The purpose of this policy is to establish the criteria and conditions for providing Financial Assistance to patients whose financial status makes it impractical or impossible to pay for emergency or medically necessary services. This policy does not cover elective services. Individuals who meet the eligibility criteria established in this policy qualify to receive free care for emergency or medically necessary services. Confidentiality of information and individual dignity will be maintained for all who seek assistance under this Policy.

The Novant Health Executive Leadership Team and/or the Novant Health Board of Directors must approve any modification of this policy.

### A. Eligibility for Financial Assistance.

1. Residential Location -
  - a. Hospital patients: All North Carolina residents are eligible to apply for financial assistance as defined in this Policy. In addition, as defined by this policy any non-North Carolina resident within the following South Carolina counties are eligible to apply for financial assistance: Horry, Lancaster, and York.
2. Financial Assistance Income. The patient must have annual family income less than or equal to 300% of the available current year Federal Poverty Guidelines Financial Assistance.
3. Covered Services. Covered Services include emergency and Medically

Necessary Services received at a Novant Health hospital or provider-based practice. Financial Assistance

4. Special Circumstances. Deceased patients may be considered for Financial Assistance eligibility. Patients who are in bankruptcy may also be eligible for Financial Assistance.

B. Financial Assistance.

**Uninsured Patients**. Uninsured Patients meeting the requirements above and any uninsured patients presumed to be eligible to receive Financial Assistance under this Policy will obtain a 100% adjustment to any charges for services covered under this Policy.

**Insured Patients. FOR NORTH CAROLINA RESIDENTS ONLY**: Insured patients meeting the requirements above and any insured patients presumed to be eligible to receive Financial Assistance under this Policy will obtain a discount on the applicable patient responsibility (minus copays) as follows:

Income below 200% of FPL: 100% discount.

Income between 200%-250% of FPL: 75% discount.

Income between 250%-300% FPL: 50% discount.

Additionally, for insured patients with incomes between 200%-300% of FPL, a payment plan is available, with no interest charged, with a term of no more than thirty-six (36) months and payments no greater than five percent (5%) of monthly household income. Payment plans may be established with longer terms than thirty-six (36) months, so long as the total amount collected does not exceed what would have been collected with a 36 month/5% of income payment plan.

- C. Application - As an alternative pathway for patients who are not deemed presumptively eligible (see section D Presumptive Eligibility Determination), an application (see attached application) providing all supporting data required to verify Financial Assistance eligibility will be completed by the patient and returned to the business office, revenue cycle advocate or a financial counselor at the facility or clinic. Supporting data includes proof of income documents such as W2 forms, pay stubs or the previous year's tax return. Patients without an income source should supply a letter of support stating their need for Financial Assistance consideration based on their current financial situation. Letters should at a minimum state that the patient has no supporting financial documentation to supply. See Section G below. Applications will be maintained in the facility or clinic business office and provided to individuals requesting Financial Assistance or identified as potential candidates for Financial Assistance. Applications are available in English and Spanish. Assistance may be provided in completing the application by contacting a financial counselor at any of the phone numbers listed in Section Q of this Policy.

**Determination Based Upon Application** - Once complete documents are received and an eligibility determination has been made, a notification letter will be sent to each applicant advising them of the facilities or clinic's decision. If the patient meets

eligibility requirements, they will be designated as eligible to receive Financial Assistance. Patients who submit incomplete applications and/or do not provide supporting documentation will be contacted via phone, email or mail, if there is a known phone number, email or address.

- D. Presumptive Eligibility Determination - Presumptive eligibility will be extended based on certain non-income-based criteria as follows: 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). For patients that are deemed presumptively eligible for financial assistance, documentation will not be required.

Non-income-based screening of and notification to patients of eligibility shall be completed as follows:

Non-emergency department services

- Screening - prior to or at check in;
- Notification - prior to discharge.

Emergency department services

- Screening - as soon as possible and prior to discharge if feasible;
- Notification - prior to issuing bill to patient.

- E. Providers Delivering Emergency and Medically Necessary Care - Each NH facility maintains a list of providers that deliver emergency or other medically necessary care in the NH facility, which identifies which providers are covered under this Policy ("List of Providers"). This list may be updated on a regular basis without approval by the NH facility governing board. A List of Providers may be obtained through Novant Health's website or by contacting a financial counselor at any of the phone numbers listed in Section Q of this Policy.
- F. Eligibility Period - The Financial Assistance application and documentation must be updated every six months, or at any time during that six-month period the patient's family income or insurance status changes to such an extent that the patient becomes ineligible. Each visit within the six-month period will be reviewed for potential access to other Entitlement Programs.
- G. No Supporting Financial Documentation - Patients without an income source may be classified as charity. Patients without an income source should supply a letter of support stating their need for Financial Assistance consideration based on their current financial situation. Letters should at a minimum state that the patient has no supporting financial documentation to supply. Financial Assistance may not be denied under this Policy based on an applicant's failure to provide information or documentation that this Policy or application form does not require an individual to submit.

- H. Billing and Collection Actions - For information regarding Novant Health's billing and collection activities please see the Novant Health Billing and Collections Policy. A copy of the policy may be obtained through Novant Health's website or by contacting a financial counselor at any of the phone numbers listed in Section O of this Policy.
- I. Effective Date of Financial Assistance - While it is desirable to determine a patient's eligibility for Financial Assistance as close to the time of service as possible, so long as the patient submits the required documentation within the Application Period, Financial Assistance will be provided, if deemed eligible.
- J. Record Keeping - Records relating to potential Financial Assistance patients must be readily obtained for use. Document images related to Financial Assistance are accessible in the following areas at the account or medical record level of the patient for retrieval:
- NHMG Revenue Cycle: Application documentation is kept in locked file cabinets for 30 days and then scanned into Hyland OnBase and/or media manager in Dimensions for storage.
  - NH Outpatient Radiology Facilities: Documents are scanned into media manager in Dimensions for storage.
  - NH Dimension Acute Facilities: Documents are scanned into media manager in Dimensions for storage.
- K. Charges - No Financial Assistance-eligible individual will be charged for emergency or other medically necessary care under this Policy. If Novant Health were to charge for emergency or other medically necessary care under this Policy, it would use the prospective method to determine amounts generally billed using Medicaid rates ("AGB") and would not charge a Financial Assistance-eligible individual more than AGB.
- L. Financial Assistance Budget - The availability of Financial Assistance may be limited based upon Novant Health's budget or other financial constraints, which would impact the ability of Novant Health to remain financially viable.
- M. Public Notice and Posting - Novant Health will make available to the public information about the assistance provided in this Policy as follows:
- This Policy, the application and a Plain Language Summary shall be available on NH's website.
  - Paper copies of this Policy, the application and a Plain Language Summary shall be available upon request and without charge, both by mail and in public locations throughout Novant Health facilities, including at a minimum the ER and admissions areas.
  - Financial Assistance brochures, which inform the reader about the financial assistance available under this Policy, how to obtain more information about this Policy and the application process, and how to obtain copies of this Policy, the application and a Plain Language Summary, will be available at various free community health clinics within the Novant Health Service Areas.
  - Patients shall be offered a paper copy of the Plain Language Summary as part of the intake or discharge process.
  - Billing statements will have a conspicuous notice on them to inform the reader of this Policy, as set forth in more detail in Novant Health's Billing and

Collections Policy; and

- Conspicuous public displays that notify and inform patients of this Policy will be displayed in public locations throughout Novant Health facilities, including at a minimum the ER and admissions areas.

N. Accessibility to LEP Individuals - Novant Health shall make this Policy, the application form and the Plain Language Summary available to all significant populations that have limited English proficiency (“LEP”). To determine whether a population is significant, Novant Health will use a reasonable method to determine LEP language groups within a Novant Health Service Area.

O. Availability of Policy and Related Documents - For hospital patients, a copy of this Policy, Plain Language Summary, an application, the List of Providers and the Billing and Collections Policy may be obtained by:

- Visiting the Novant Health website at <https://www.novanthealth.org/for-patients/billing--insurance/financial-assistance/>
- Visiting the Financial Counseling office at any Novant Health hospital.
- Calling Customer Service toll free at 888-844-0080
- Calling any Novant Health hospital financial counselor at the numbers listed below:

Novant Health Forsyth Medical Center Novant Health Clemmons Medical Center Novant Health Kernersville Medical Center Novant Health Medical Park Hospital Novant Health Thomasville Medical Center	(336) 718-5393
Novant Health Presbyterian Medical Center Novant Health Matthews Medical Center Novant Health Huntersville Medical Center Novant Health Charlotte Orthopedic Hospital Novant Health Rowan Medical Center Novant Health Mint Hill Medical Center Novant Health Brunswick Medical Center Novant Health Ballantyne Medical Center	(704) 384-0539
Novant Health New Hanover Regional Medical Center Novant Health Scotts Hill Medical Center Novant Health Pender Medical Center	(910) 667-7050

A copy of the Financial Assistance policy, plain language summary, an application and the billing and collections policy may be obtained by contacting the particular clinic.

P. North Carolina Medical Debt Mitigation Program– Under a North Carolina state Medicaid program in which Novant Health is participating, all unpaid medical debt related to hospital or provider-based clinic services at a North Carolina facility dating back to January 1, 2014 for North Carolina residents who are currently enrolled in

Medicaid, as of the date of review, shall be reclassified and written down to a zero balance. Additionally, beginning July 1, 2025 and thereafter, Novant Health will evaluate all patients that are North Carolina residents and enrolled in Medicaid ("NC MC Patients") for past unpaid medical debt within sixty (60) days of the patients' inpatient discharge or outpatient encounter and will consider such medical debt is eligible for this program. NC MC Patients will be informed about this during their hospital encounter. NC MC Patients may inquire about medical debt relief and Novant Health will reclassify and write off any eligible balances. Novant Health may confirm Medicaid enrollment prior to any write off.

**EXCLUSIONS:** This policy only applies to services rendered at Novant Health affiliates and does not apply to services rendered by any independent physicians or practitioners. This policy also does not apply to services provided within or outside the hospital/facility by physicians or other healthcare providers including but not limited to Anesthesiologists, Radiologists, and/or Pathologists, who are not employed by Novant Health.

### III. QUALIFIED PERSONNEL

N/A

### IV. EQUIPMENT

N/A

### V. PROCEDURE

*The procedure serves as a guideline to assist personnel in accomplishing the goals of the policy. While following these procedural guidelines personnel are expected to exercise judgment within their scope of practice and/or job responsibilities.*

N/A

### VI. DOCUMENTATION

N/A

### VII. DEFINITIONS

**Affiliate** - includes Novant Health, Inc. and any wholly-owned entity or an entity operated under the Novant Health name.

**Application Period** - the period that begins on the date the care is provided to an individual and ends on the 240<sup>th</sup> day after the individual is provided with the first billing statement for the care.

**Entitlement Program** - a government program guaranteeing certain health care benefits to a segment of the population. This does not include the healthcare exchange established by the Affordable Care Act.

**Family** - Includes husband, wife, and any children (including stepchildren) that live in the home and are qualifying dependents for tax purposes.

**Financial Assistance** - Services needed to treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine, which, if not promptly treated, would lead to an adverse change in the health status.

**Income** - Annual family earnings and cash benefits from all sources before taxes, less payments made for alimony and child support.

**Medically Necessary Services** - Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of a patient.

**Plain Language Summary** - A written statement that notifies an individual that the Novant Health facility offers financial assistance under this Policy and provides the following additional information in language that is clear, concise, and easy to understand: (i) a brief description of the eligibility requirements and assistance offered under this Policy; (ii) a brief summary of how to apply for assistance under this Policy; (iii) the direct website address (or URL) and physical locations where the individual can obtain copies of this Policy and application form; (iv) instructions on how the individual can obtain a free copy of this Policy and application form; (v) the contact information, including telephone number and physical location, of the facility office or department that can provide information about this Policy and either the office or department that can provide assistance with the application or a nonprofit or governmental agency that can provide assistance; (vi) a statement of the availability of translations of this Policy, application and Plain Language Summary in other languages, if applicable, and (vii) a statement that a Financial Assistance eligible individual may not be charged more than the amount generally billed to individuals with insurance covering the same emergency care or other medically necessary care.

## **VIII. RELATED DOCUMENTS**

Catastrophic Settlement, Uninsured Discount, Payment Plan, Admissions, Charges and Financial Counseling, Billing and Collections, Financial Assistance (SC Hospitals), Financial Assistance (Non-Provider-Based Clinics, ASC's, etc.)

## **IX. REFERENCES**

N/A

## **X. SUBMITTED BY**

Novant Health Financial Assistance/ Bad Debt Sub-Committee

## **XI. KEY WORDS**

Charity, uninsured patient, Financial Assistance

## **XII. INITIAL EFFECTIVE DATE**

June 1, 2015

### **DATES REVISIONS EFFECTIVE**

01/2016; 08/15/18, 03/2020, 02/2021 (NH-NHRMC, NHMG Coastal Region, LLC adoption), 01/2025, 03/12/2025, 03/28/2025, 6/24/2025

### **DATES REVIEWED (No changes)**

#### **Date Due for Next Review**

January 2028

## SIGNATURE SHEET

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<b>APPLIES TO</b>	Novant Health: BalMC, BMC, FMC (FMC main, CMC, KMC & other locations), HMC, MMC, MPH, MHMC, PMC (PMC main, COH & other locations), RMC, TMC  Novant Health: New Hanover Regional Medical Center, Pender Medical Center
<b>ACTION</b>	Revised

### APPROVED BY:

Title	Approved By	Signature	Date
EVP, CFO	Alice Pope		See electronic approval

### COMMITTEES APPROVED BY:

Committee	Chairperson/Designee	Date
NH Executive Team	Alice Pope	10/11/2024
Triad Region Board Approval	Avery Hall, Chairperson	10/24/2024
Novant Health Board of Trustees	Laura A. Schulte, Chairperson	11/18/2024
SPR Region Board Approval	Kimberly Case, MD, Chairperson	11/25/2024





## Financial Assistance Application

### I. Patient Demographics

Patient Name: \_\_\_\_\_  
(Last) (First) (Middle) (SSN) (DOB)

Guarantor Name: \_\_\_\_\_  
(Last) (First) (Middle) (SSN) (DOB)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_

Have you applied for Financial Assistance with any Novant Health, Inc. facility (e.g. Novant Health Medical group, Novant Health hospital, Novant Health Imaging center) in the past? \_\_\_\_ Yes \_\_\_\_ No

If yes, date of application or approval? \_\_\_\_\_

### II. Household Information

<b>Marital Status (Circle One)</b>	<b>Married</b>	<b>Single</b>	<b>Separated</b>	<b>Total in Household:</b>
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<b>Dependent Name(s) (Attach separate sheet for addtl. Dependents)</b>	<b>Dependent Date of Birth</b>

### III. Employment/Income

<b>Patient/Guarantor Employer:</b>	
<b>Gross Monthly Income Amount: \$</b>	
<b>Income source – Please attach verification or explanation of current situation</b>	
<b>Spouse or Other Income Source and Gross Monthly Amount: \$</b>	
<b>Total Annual Gross Household Income: \$</b>	
<b>Do you have an active bank account?</b>	<b>Did you file taxes for the prior year?</b>

### IV. Insurance Verification

<b>Do you have any health insurance?</b>	<b>YES</b>	<b>NO</b>
<b>Name of insurance company:</b>		
<b>Are you employed?</b>	<b>YES</b>	<b>NO</b>
<b>For current employer or is you have become unemployed within the last 90 days, former employer, please provide: The name of employer (and dates of employment if no longer employed):</b>		
<b>Give the name of your employer sponsored insurance carrier (if any):</b>		
<b>If recently unemployed; Are you eligible for COBRA benefits?</b>		

I certify that the information provided is true and to the best of my knowledge. I understand that fraudulent or misleading information will make me ineligible for any financial assistance. I authorize the release of any information needed to verify the information provided and for billing and collections in compliance with applicable federal and state laws. Proof of income may be required before any consideration is made. Acceptable proof of income may be but not limited to: copy of paycheck stubs, copy of last year's tax return, or letter from employer stating present salary and hours worked.

<b>Signature of Patient/Guarantor</b>		<b>Date:</b>
Signature of Interviewer		Date:
Signature of Manager		Date:
Signature of Director		Date:
Signature of VP		Date:
Comments		