

TITLE	Financial Assistance - Non-Provider-Based Clinics, ASC's, FS, Rehab (Non-Hospital)		
NUMBER	NMG-LD-FM-100	Last Revised/Reviewed Effective Date:	Jan25
CATEGORY	LD-FM		
APPLIES TO	Novant Health: NHMG, Freestanding Imaging Centers, Freestanding Surgery Centers, Rehabilitation Centers, Corporate Departments and Entities Novant Health: NHMG Coastal Region, LLC, Home Care - Coastal		

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

Novant Health, Inc and its Affiliates (“Novant Health”) I 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.

A. Eligibility for Financial Assistance.

1. Service Area –

- a. *Non-provider-based physician clinic (“Physician Clinic”) patients:* patients must live in the traditional service area for the clinic, as defined and documented at each clinic and available upon request by a patient.
- b. *Outpatient radiology at a non-acute care facility and other freestanding facilities (“Outpatient facilities”) patients:* patients residing within a 25-mile radius of the facility are eligible to apply for Financial Assistance, as defined in this Policy.

Patients outside the applicable Novant Health Service Area will be reviewed and approved by Market Presidents and/or designees. For planned registrations, without prior approval, patients will be expected to pay for services rendered if the patient resides outside of the Novant Health service area.

2. Established Patient. In the case of a Physician Clinic, a patient must be a patient who has been treated by a Novant Health Medical Group primary care physician within the previous three (3) years.
 3. Income. The patient must be uninsured, be unable to access Entitlement Programs, have annual family income less than or equal to 300% of the available current year Federal Poverty Guidelines and must be without substantial liquid assets (i.e. cash-on-hand). Coverage of insured parties shall only be granted in limited circumstances upon management's review and approval of all Financial Assistance documents.
 4. Covered Services. For Outpatient facility patients, Covered Services include emergency and Medically Necessary Services received at an Outpatient facility setting. For patients of a Physician Clinic, Covered Services are determined by physician evaluation. Covered Services do not include cosmetic, elective, non-urgent tests, services or procedures, fertility services or experimental treatments. In the case of Physician Clinics, prescription medications are not included as Covered Service.
 5. Other Health Coverage. Patients who are known to have chosen not to participate in employer sponsored health plans and / or not eligible for government sponsored health coverage due to non-compliance with program requirements are not eligible for Financial Assistance under this Policy. This exclusion does not apply to patients who are known to have chosen not to participate in the healthcare exchange established by the Affordable Care Act.
 6. Special Circumstances. Deceased patients may be considered for Financial Assistance eligibility. Patients who are in bankruptcy may also be eligible for Financial Assistance.
- B. Application - 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 O of this Policy.
- C. 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 with a known address 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. 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.
- E. No Supporting Financial Documentation - Patients without an income source may be classified as charity if they do not have a job, mailing address, residence or insurance. Consideration must also be given to patients who do not provide adequate information as to their financial status. 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.
- F. 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.
- G. 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.
- H. 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 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.
- I. 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.
- J. 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.

K. Availability of Policy and Related Documents

For Physician Clinics and Outpatient facilities, a copy of the Financial Assistance policy, plain language summary, an application and the billing and collections policy may be obtained by contacting the clinic.

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 240th day after the individual is provided with the first billing statement for the care.

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.

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.

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.

Traditional Service Area - Defined and consistently applied by the relevant Physician Clinic and includes 80-90% of their patients.

VIII. RELATED DOCUMENTS

Catastrophic Settlement, Uninsured Discount, Payment Plan, Admissions, Charges and Financial Counseling, Billing and Collections, Financial Assistance NC Hospitals, Financial Assistance SC Hospitals

IX. REFERENCES

N/A

X. SUBMITTED BY

Novant Health Financial Assistance/ Bad Debt Sub-Committee

XI. KEY WORDS

Charity, uninsured patient, Financial Assistance, financial assistance

XII. INITIAL EFFECTIVE DATE	01/2025+NHMG-Coastal Region, LLC., Home Care Coastal added
DATES REVISIONS EFFECTIVE DATES REVIEWED (No changes)	
Date Due for Next Review	January 2028

SIGNATURE SHEET

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ACTION	Initial

APPROVED BY:

Title	Approved By	Signature	Date
EVP, CFO	Alice Pope		See electronic approval
Pres. / COO, NH NHRMC	Ruth Glaser		See electronic approval

COMMITTEES APPROVED BY:

Committee	Chairperson/Designee	Date
NHMG Clinic Standards/Patient Safety Committee	John Card, MD, Chairman	Pending

NC and SC Service Area



