

TITLE	Financial Assistance - South Carolina Hospitals		
NUMBER	NH-LD-FM-500	Last Revised/Reviewed Effective Date:	Dec24
CATEGORY	LD-FM		
APPLIES TO	Novant Health South Carolina Market: East Cooper Medical Center, Hilton Head Medical Center, South Carolina Coastal Medical Center		

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”) 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 Charity Care.

1. Service Area –

- a. *Hospital patients:* residents within a Novant Health Service Area (see attached), are eligible to apply for Financial Assistance, as defined in this Policy.
- b. *Outpatient radiology at a non-acute care facility (“Outpatient Radiology”) patients:* patients residing within a 25-mile radius of the facility are eligible to apply for Charity Care, 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. **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 Charity Care documents.**

- 3. **Covered Services.** For hospital and Outpatient Radiology patients, Covered Services include emergency and Medically Necessary Services received at a

- Novant Health hospital, provider-based practice, or an Outpatient Radiology setting. Covered Services do not include cosmetic, elective, non-urgent tests, services or procedures, fertility services or experimental treatments.
4. 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 Charity Care 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.
 5. Special Circumstances. Deceased patients without an estate or third-party coverage may be considered for Charity Care eligibility. Patients who are in bankruptcy may also be eligible for Charity Care.
- 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 or mail.
- D. 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 O of this Policy.
- E. 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.

- F. No Supporting Financial Documentation - Patients without an income source may be classified as financial assistance 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.
- G. 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.
- H. Effective Date of Charity Care - While it is desirable to determine a patient's eligibility for Charity Care 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.
- I. Record Keeping - Records relating to potential Charity Care patients must be readily obtained for use. Document images related to Charity Care are accessible in the following areas at the account or medical record level of the patient for retrieval:
- SC Coastal Acute Facilities (East Cooper, Coastal Carolina and Hilton Head): Application documentation is scanned into VI Web. Physical documents received by mail from the patient are emailed to CFAC@coniferhealth.com and scanned into VI Web. Physical application documentation is scanned into VI Web immediately, but hard copies are retained in locked filing cabinets for up to 60 days before destruction.
- J. 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.
- K. 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.
- L. 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.

M. 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.

N. 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 [Financial assistance for the uninsured | Novant Health](#)
- Visiting the Financial Counseling office at any Novant Health hospital.
- Calling Customer Service toll free at 844-320-9170
- Calling any Novant Health hospital financial counselor at the numbers listed below:

Novant Health East Cooper Medical Center	(843) 881-0100
Novant Health Hilton Head Medical Center	(843) 784-8000
Novant Health Coastal Carolina Medical Center	(843) 681-6122

For Outpatient Radiology, 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 location.

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 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.

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 Charity Care 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 (NC Hospitals and provider based clinics), Financial Assistance (Non-provider based clinics)

IX. REFERENCES

N/A

X. SUBMITTED BY

Novant Health Revenue Cycle Services

XI. KEY WORDS

Uninsured patient, financial assistance

XII. INITIAL EFFECTIVE DATE	Dec. 2024
DATES REVISIONS EFFECTIVE	
DATES REVIEWED (No changes)	
Date Due for Next Review	Dec. 2027

SIGNATURE SHEET

TITLE	Financial Assistance SC Hospitals
NUMBER	NH-LD-FM-500
CATEGORY	LD-FM
APPLIES TO	Novant Health South Carolina Market: East Cooper Medical Center, Hilton Head Medical Center, South Carolina Coastal Medical Center
ACTION	Initial

APPROVED BY:

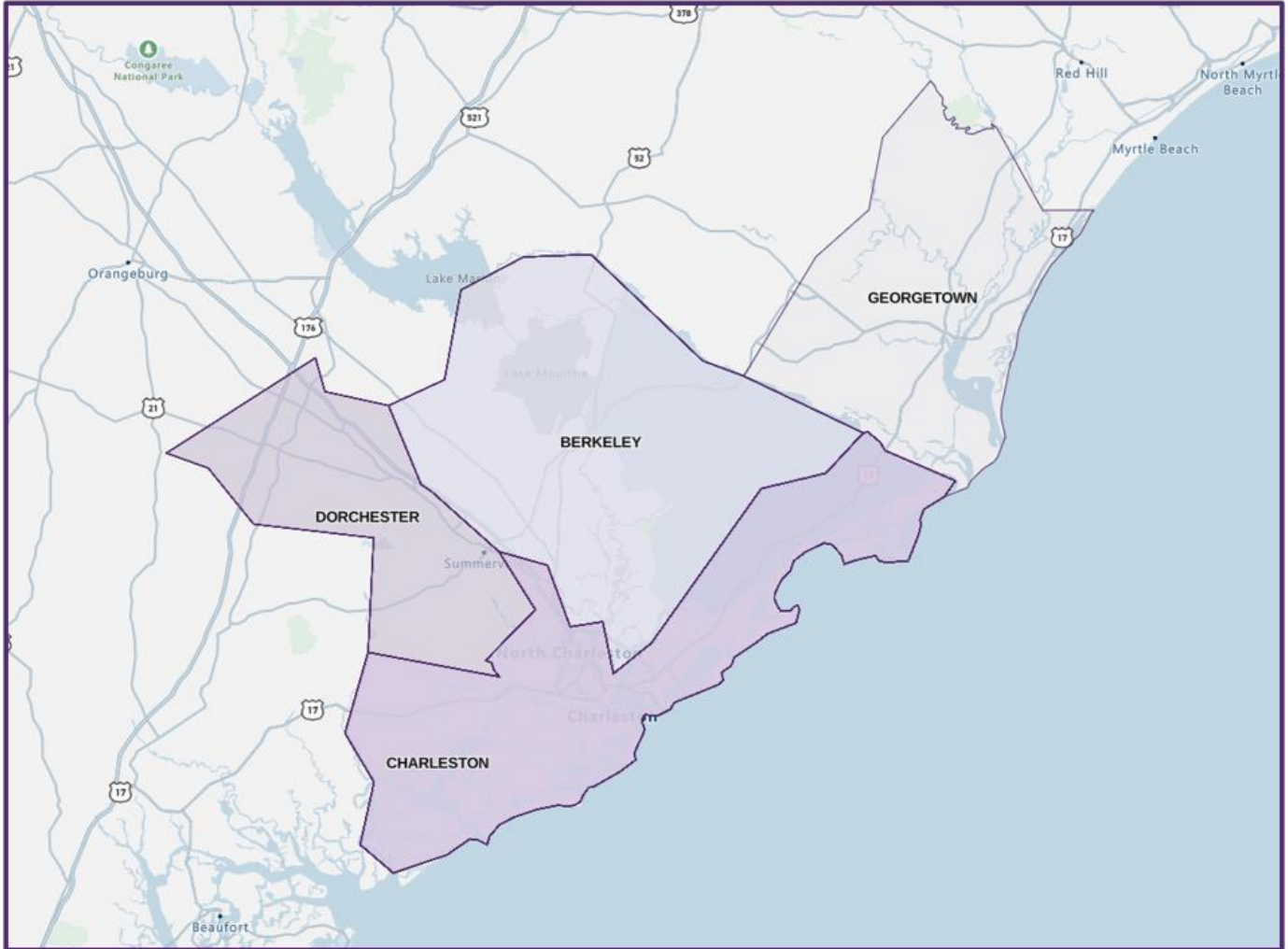
Title	Approved By	Signature	Date
EVP, CFO	Alice Pope		See electronic approval

COMMITTEES APPROVED BY:

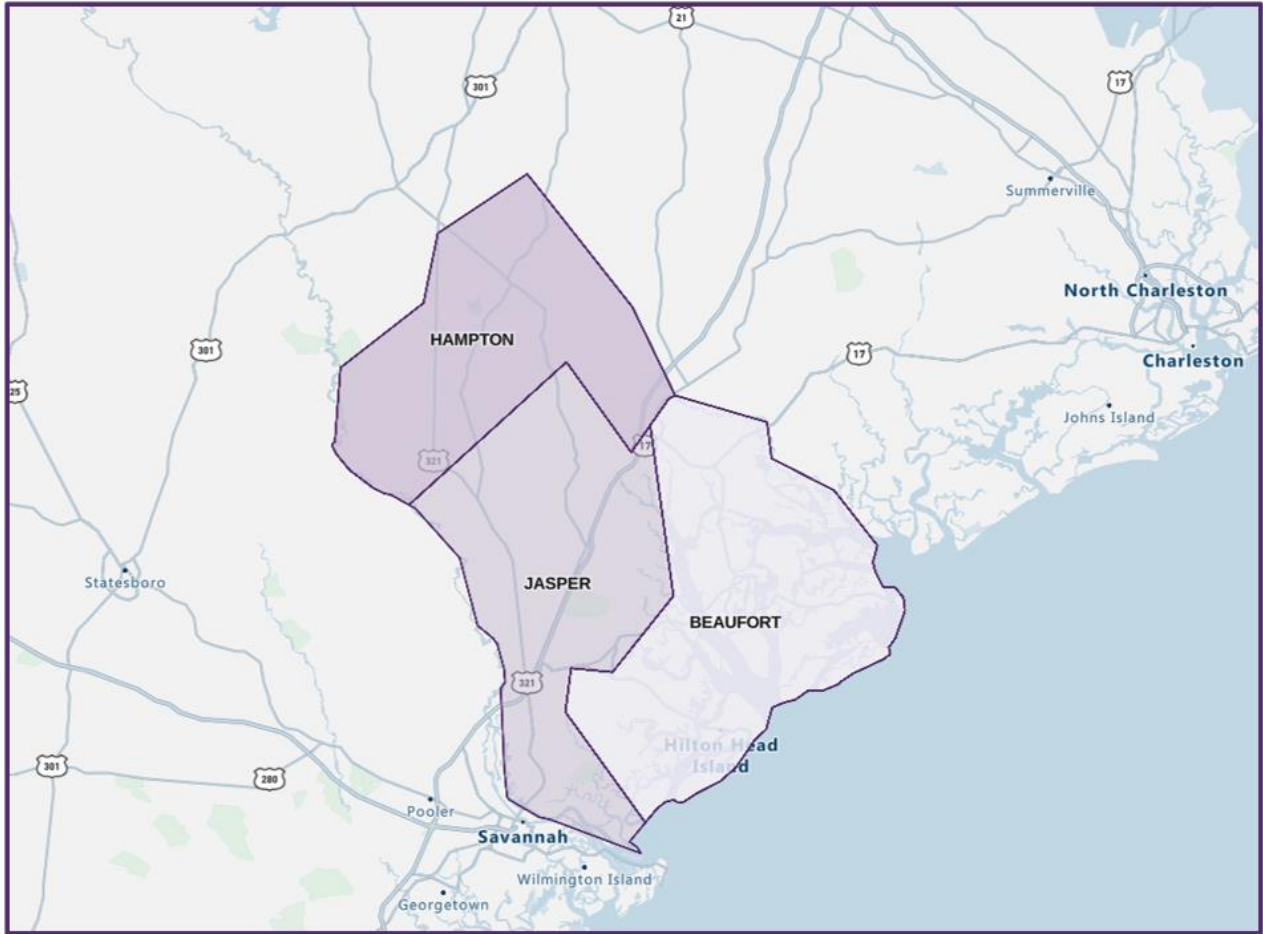
Committee	Chairperson/Designee	Date
South Carolina Coastal Medical Center Board of Directors	Rose Newton, Chairperson	11/21/2024 (SC FAP to be effective 1/1/2025)
Hilton Head Medical Center Board of Directors	Larry Sanders, Chairperson	11/20/2024 SC FAP to be effective 1/1/2025)
East Cooper Medical Center Board of Directors	Donna Ryan, Chairperson	11/21/2024 (SC FAP to be effective 1/1/2025)

DELETE THIS SERVICE AREA AND LEAVE THE TWO FOR HILTON HEAD AND
CHARLESTON

Charleston Service Area



Hilton Head Service Area



Financial Assistance Application

I. Patient Demographics

POLICY/PROCEDURE

Financial Assistance

Page 10 of 11

The electronic version of this document is the current approved version; therefore, printed copies are uncontrolled documents and may not be accurate. Before using a printed copy, verify that it is the current version in Novant Health Document Manager.

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

Marital Status (Circle One)	Married	Single	Separated	Total in Household:
------------------------------------	----------------	---------------	------------------	----------------------------

Dependent Name(s) (Attach separate sheet for addtl. Dependents)	Dependent Date of Birth

III. Employment/Income

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

IV. Insurance Verification

Do you have any health insurance?	YES	NO
Name of insurance company:		
Are you employed?	YES	NO
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):		
Give the name of your employer sponsored insurance carrier (if any):		
If recently unemployed; Are you eligible for COBRA benefits?		

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 maybe 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.

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