

Matthews Surgery Center (MSC) will provide charity care (free care) for qualified low-income patients for medically necessary procedures. This service, along with other community benefit services, is essential to our mission fulfillment.

The purpose of this policy is to establish the criteria and conditions for providing charity care to patients whose financial status makes it impractical or impossible to pay for medically necessary services. This policy does not cover elective / cosmetic procedures. Individuals who meet the eligibility criteria established in this policy qualify to receive free care for medically necessary services. Confidentiality of information and individual dignity will be maintained for all who seek charitable services. The handling of personal health information will meet HIPAA requirements.

The Executive Leadership Team must approve any modification of this policy.

A. Eligibility for Charity Care.

1. Service Area –

- a. Residents within a Novant Health Service Area (see attached), 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 MSC patients, Covered Services include Medically Necessary Services received at MSC Outpatient Radiology setting. Covered Services do not include cosmetic, elective, non-urgent tests, services or procedures.

- B. Application - An application (see attached application) providing all supporting data required to verify Charity Care 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 Charity Care 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 E below. Applications will be maintained in the facility or clinic business office and provided to individuals requesting Charity Care or identified as potential candidates for Charity Care. Applications are available in English and Spanish.

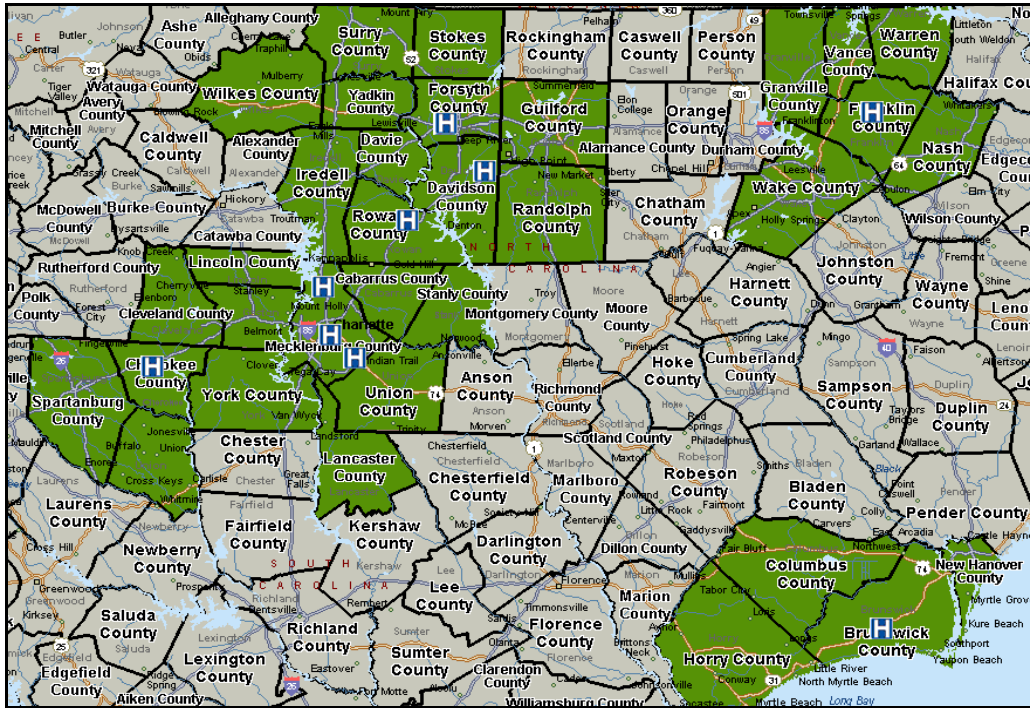
- C. Determination - Once complete documents are received and an eligibility determination has been made, a notification form will be sent to each applicant advising them of the facility's decision. If the patient meets eligibility requirements, they will be designated as eligible to receive Charity Care. Patients who submit incomplete applications and/or do not provide supporting documentation will be contacted via phone or mail.
- D. Eligibility Period – The Charity Care 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 Charity Care consideration based on their current financial situation. Letters should at a minimum state that the patient has no supporting financial documentation to supply. Charity care may not be denied under the charity care policy based on applicant's failure to provide information or documentation that the charity care policy or application (see attached application) does not require an individual to submit as part of a charity care policy application.
- F. Collection Agency – Accounts will be reviewed for Charity Care eligibility before being sent to an outside collection agency. However, if information is not available at that time or changes afterward and an account is later identified by an outside collection agency as meeting Charity Care eligibility criteria, the patient account will be considered Charity Care if it is within the Application Period. Collection agency patient accounts meeting Charity Care criteria should be returned to the billing office. For additional information regarding the collection activities please see the Billing and Collections Policy.
- G. 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.
- 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, Charity Care will be provided.
- I. Other Health Coverage - Coverage under Novant Health's Charity Care program(s) excludes 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. 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.

- J. 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:
- NH Dimension Acute Facilities: Documents are scanned in to media manager in Dimensions for storage.
- K. Charges. No Charity Care-eligible individual will be charged more for emergency or other medically necessary care than amounts generally billed to individuals with insurance covering the same services.
- L. Charity Care Budget. The availability of Charity Care 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 through various channels. These may include but are not limited to: posting notices in a visible manner in locations with high patient volume (e.g., emergency rooms, waiting rooms, admissions offices), providing information in statements sent to patients, posting information on Novant Health's web site, and providing directly to patients upon admission to a Novant Health hospital and upon request. Charity care brochures are also available at various free community health clinics within the Novant Health service area.
- N. Availability of Policy and Related Documents. For hospital patients, a copy of the charity care policy, plain language summary, an application and the billing and collections policy may be obtained by:
- Visiting the Novant Health website at <http://www.novanthealth.org/home/patients--visitors/your-healthcare-costs/financial-assistance-for-the-uninsured.aspx>
 - Visiting the Financial Counseling office at any Novant Health hospital.
 - Calling Customer Service toll free at 888-844-0080

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 and /or MSC.

NC and SC Service Area



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: _____

II. Household Information

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

III. Employment/Income

Patient/Guarantor Employer:
Gross Monthly Income Amount: \$
Income source – Please attaché verification or explanation of current situation
Other Income Source and Gross Monthly Amount: \$
Total Annual Gross Household Income: \$

IV. Insurance Verification

Do you have any health insurance?	YES	NO
If yes, please explain: <i>(include insurance company name, address, telephone number, policy/group number and subscriber information)</i>		
Are you employed?	YES	NO
If Yes, list current employer information:		
If No, list last employer information (include dates):		

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.

<i>Signature of Patient/Guarantor</i>		Date:
Signature of Interviewer		Date:
Signature of Manager		Date:
Signature of Director		Date:
Signature of SVP		Date:
Comments		