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| SOUTHPARK SURGERY CENTER | |  |
| MANUAL: BUSINESS OFFICE | | |
| POLICY TITLE: BOM-507 CHARITY CARE | | |
| INITIAL EFFECTIVE DATE: 6/2015 | DATE REVIEWED/REVISED: 05/2022 | |
| SUBMITTED BY: ASC ADMINISTRATOR AND MEDICAL DIRECTOR | DATE TO BE REVIEWED: 05/2023 | |

SouthPark Surgery Center will provide charity care (free care) for qualified low-income patients for medically necessary procedures when SPSC is determined to be the appropriate site. 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 are eligible to apply for Charity Care, as defined in this Policy.
 - b. 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 SPSC patients, Covered Services include Medically Necessary Services received at SPSC Outpatient setting. Covered Services do not include cosmetic, elective, non-urgent tests, services or procedures.
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 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. 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. Assistance in completing the application may be obtained by calling 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 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. Presumptive Eligibility Determination – An account may be reviewed for presumptive eligibility for Charity Care upon completion of a 120-day billing cycle if no application has been received. Any account without insurance coverage is reviewed by obtaining the household size and household income through Experian Healthcare, a data and analytics company, and calculating the Federal Poverty Percentage based on the most recent Federal Poverty Guidelines. Any account with a Federal Poverty Percentage under 300% and no insurance coverage will be eligible to receive Charity Care and will obtain a 100% adjustment to any charges for services covered under this Policy.
- E. Providers Delivering Medically Necessary Care – Each NH facility maintains a list of providers that deliver 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.
- F. 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.
- G. 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.
- H. Billing and Collection Actions – SPSC has an agreement with Novant Health to provide Billing and Collections service. 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 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.
- 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 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 Charity Care-eligible individual more than AGB.
- 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 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 admissions areas;
 - Charity care 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 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 <http://www.novanthealth.org/GiveBack/FinancialAssistance.aspx>
- 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:

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| 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 Novant Health Rowan 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 Brunswick Medical Center | (704) 384-0539 |
| Novant Health Prince William Medical Center Novant Health Heathcote Medical Center Novant Health Haymarket Medical Center | (703) 369-8020 |

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 SPSC.

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 post-discharge billing statement for the care.

Charity Care – 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.

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

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 (<i>Circle One</i>) | Married | Single | Separated | Total in Household: |
|---|----------------|---------------|------------------|----------------------------|

| Dependent Name(s) (<i>Attach separate sheet for addtl. Dependents</i>) | Dependent Date of Birth |
|---|--------------------------------|
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III. Employment/Income

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| |
| 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

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| 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): | | |
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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.

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