

<b>Policy #</b> CW F 50.6	<b>Policy Name</b> NC Medical Debt Mitigation Policy (NC MDMP)
<b>Policy Location</b> *Company-Wide Policies	<b>Responsible Department</b> PFS Operations
<b>Policy Owner or Executive Owner</b> Katie MUNSEY (CP-Executive Director PFS)	<b>Original Creation Date</b> 01/01/2025
<b>Policy Effective Date</b> 01/01/2025	<b>Policy Review Date</b> 01/01/2025

- I. **SCOPE:** This policy applies to all patients who are permanent residents of North Carolina and receive medically necessary services at AdventHealth entities located within North Carolina. The AdventHealth Financial Assistance Policy (CW F 50.1 Financial Assistance) supports the objectives set forth by the North Carolina Medical Debt Mitigation Policy (MDMP).
  
- II. **PURPOSE:** To establish consistent guidelines in support of the objectives outlined by the North Carolina MDMP and adherence to the federal and state regulations related to financial assistance. AdventHealth is committed to excellence in providing high quality health care while serving the diverse needs of those living within our service area. AdventHealth provides emergent care to individual patients without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. If third-party coverage is not available, AdventHealth offers financial assistance for those who qualify. Wherever possible, a determination of eligibility for financial assistance will be initiated prior to, or at the time of service by a hospital or other organization. AdventHealth or a related entity (a partnership providing emergent care or other medically necessary care in which AdventHealth has an ownership interest) will provide financial assistance to eligible patients receiving medically necessary care based on financial need.
  
- III. **POLICY:** In accordance with the law, AdventHealth will always provide treatment to patients in an emergency department regardless of their ability to pay. Eligible patients will never be billed more than the amounts generally billed (AGB) to an insured patient. AdventHealth uses the lookback method to calculate AGB. For more information on the calculation of AGB, contact Customer Service at 855-241-2455 and/or see section IV of this document.

The MDMP objectives are fulfilled by the AdventHealth Financial Assistance Policy which includes:

- A discount of 100% financial assistance will be applied for patients approved with a household income less than or equal to 250% of the federal poverty level.
- A discount of 75% financial assistance will be applied at minimum for patients approved with a household income within 251-400% of the federal poverty level unless patient responsibility is determined to be greater than 25% of their annual income. In which case, a 100% financial assistance discount will be applied.
- A 98% presumptive charity discount is applied to uninsured patients with a household income less than or equal to 250% of the federal poverty level for urgent or emergent hospital services.

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- Patients enrolled in certain federal and state programs who meet other non-income-based criteria can qualify for 100% financial assistance and no application is necessary. Presumptive eligibility is applied based on Section C of the AdventHealth Financial Assistance Policy (CW F 50.1) linked below and briefly described under Presumptive Eligibility.
- AdventHealth offers affordable 36-month payment plan options, no more than 5% of income for patients unable to pay their medical bill in full and who do not qualify for financial assistance.
- Through the patient check-in process, we will collect all relevant patient information to screen a patient for financial assistance. If the patient falls within the presumptive eligibility criteria, they will be evaluated and assessed for a discount through an Independent Eligibility Assessment (IEA) or submission of the financial assistance application.
- AdventHealth will screen patients for Presumptive Eligibility and notify patients of results based on the following timeline:
  - Non-emergent services:
    - Screening occurs prior to or at check in.
    - Notification will be provided prior to discharge.
  - Emergent services:
    - Screening to occur as soon as possible, prior to discharge if feasible.
    - Notification will be provided prior to issuing a bill to the patient.

All details regarding available financial assistance can be found within our AdventHealth Financial Assistance Policy. The policy, application and plain language summary can be found on our website at [Financial Assistance | AdventHealth \(www.adventhealth.com/legal/financial-assistance\)](http://www.adventhealth.com/legal/financial-assistance).

**Presumptive Eligibility:** Individuals who demonstrate one or more of the following will be deemed eligible for the most generous financial assistance without further scrutiny by AdventHealth, even in the absence of a completed financial assistance application:

- Individual is self-identified as homeless.
- Individual is deceased and has no known estate or spouse able to pay hospital balance or debt.
- Individual is incarcerated for a felony.
- Individual is mentally incapacitated with no one to act on the individual's behalf.
- Individual is currently eligible for Medicaid
- Individual is eligible by the State to receive assistance under the Violent Crimes Victims Compensation Act or the Sexual Assault Victims Compensation Act.
- Individual has a via Independent Eligibility Assessment (IEA) been deemed to have a payment capability score of low or unknown. Information gleaned from this IEA will constitute adequate documentation of financial need under the financial assistance policy to infer and classify individuals into respective economic means categories irrespective of whether complete documentation has been voluntarily provided.
- Individual was previously approved for financial assistance and service date falls within twelve (12) months prior or twelve (12) months after the original application approval date.
- Minors deemed to be financially responsible for services rendered.
- Additional eligibility criteria are required for enrollment in any of the following assistance programs:

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- Women, Infants and Children Nutrition Program
- Supplemental Nutrition Program
- Free Lunch and Breakfast Program
- Low Income Home Energy Assistance Program
- Organized community-based programs providing access to medical care that assess, and document limited low-income financial status as a criterion for membership
- Receipt of grant assistance for medical services

For any individual presumed to be eligible for Financial Assistance in accordance with the Financial Assistance Policy, the same actions described in this Section C and throughout the Financial Assistance Policy would apply as if the individual had submitted a completed Application. However, some of the patient population may not engage in the traditional financial assistance application process. If the patient does not submit the Application, AdventHealth may choose to provide financial assistance in lieu of sending the patient to collections based upon the above referenced IEA.

Every reasonable effort will be used to secure written income information, and if not provided, we will use the patient’s attestation and statement income to determine eligibility if unable to verify through IEA.

**IV. RELATED DOCUMENT(S) / ATTACHMENT(S):**

- a. **Attachment 1:** Self-Pay Discount/AGB Calculation for AdventHealth locations within North Carolina:

<b>2025 AdventHealth Self Pay Discount/Amounts Generally Billed (AGB) Calculation Method</b>	<b>2025 Approved AGB Discount %</b>	<b>AGB Calculation Method</b>
AdventHealth Hendersonville	73%	12-Month Comm+Mcare Lookback Method
AdventHealth Polk	50%	12-Month Comm+Mcare Lookback Method

- b. **Related Document 1:**  
AdventHealth Policy - CW F 50.5 Uniform Collection Policy for Self-Pay
- c. **Related Document 2:**  
AdventHealth Policy – CW F 50.1 AdventHealth Financial Assistance Policy

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