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

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

- Patients with a household income less than or equal to 250% of the federal poverty level can receive 100% financial assistance.
- Patients with a household income between 251-400% of the federal poverty level can receive a partial discount no greater than 98%.
- 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).
- 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

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assistance.

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).

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

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

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

b. **Related Document 1:**
AdventHealh Policy - CW F 50.5 Unform Collection Policy for Self-Pay

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