

December 31, 2020

Comments in Opposition from Novant Health Inc.

Regarding Atrium Health Application for Operating Rooms at Carolinas Medical Center

Filed November 15, 2020

Atrium Health Carolinas Medical Center Project I.D. #F-012008-20: Add 12 operating rooms at Carolinas Medical Center pursuant to the need determination in the 2020 SMFP.

Executive Summary

These comments respond to an application by Atrium Health to add twelve operating rooms (“ORs”) at Carolinas Medical Center (“CMC”) and to purchase two DaVinci robotic surgery systems. These comments show the CMC Application is non-conforming with CON Review Criteria (1), (3), (4), (5), (6), (7), (8), (12), (13), and (18a). The Agency cannot approve a non-conforming application. If the Agency finds the application to be conforming, the Agency should award Atrium Health no more than the 4.85 ORs they may need according to the 2021 Proposed SMFP, and the two DaVinci systems. Novant Health respectfully urges the Agency to deny or partially approve the Atrium application.

The Agency should award Novant Health 32 acute care beds and 2 ORs for **Novant Health Steele Creek Medical Center Project I.D. #F-011993-20**. The Steele Creek Medical Center (“NH Steele Creek”) application conforms to all CON Review Criteria and performance standards, and is also comparatively superior to the Atrium proposals and the South Charlotte Surgery Center OR proposal. The CON program best serves the public interest and maximizes healthcare value by allowing both health systems in Mecklenburg County to grow and compete.

On page 99 of the OR application, Atrium says it will not put these ORs in service until April 2027 because they will be in a 12-story bed tower now under construction. There is no urgency to give Atrium all the ORs in the 2020 SMFP. On the other hand, NH Steele Creek will begin development immediately and will place the ORs in service on October 1, 2025. To meet the need for Mecklenburg County in 2022, NH Steele Creek is the more effective alternative.

South Charlotte Surgery Center

Novant Health filed separate comments explaining why the **South Charlotte Surgery Center Project I.D. #F-012004-20** for one OR is non-conforming to CON Review Criteria and should be denied. Those comments are incorporated by reference into this comment.

NH Steele Creek Medical Center

If the Agency fully approves the CMC OR application, it cannot approve the NH Steele Creek application. Later in these comments Novant Health compares the NH Steele Creek application to the CMC application and shows that the public interest is best served by approval of NH Steele Creek and at most partial approval of the CMC application.

“Maximizing healthcare value” in the 2020 review cycle should mean the Agency takes a balanced approach that allows both health systems in Mecklenburg County to compete in ways that benefit the population. It will not be accomplished by denying all requested new assets to either system, or awarding all assets to one system, Atrium Health.

Criterion (1)

Criterion (1): NCGS §131E-183(a)(1): The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on any health service, health service facility, health service facility beds, dialysis stations, or home health offices that may be approved.

Equitable Access

Atrium and Novant are equally accessible to Medicare and Medicaid patients. Novant is as or more accessible to uninsured and low-income patients because of its charity care and financial assistance policies. Please see Exhibit 4 for a copy of NH’s Charity Care policy, Uninsured Discount policy, and the Payment Plan policy Atrium presented no evidence approving fewer than twelve ORs at CMC, and awarding two ORs to NH Steele Creek will hurt equitable access to surgical services for underserved populations.

Maximizing Healthcare Value

Atrium generating the need in the 2020 SMFP does not justify the award of twelve ORs to CMC in the current review cycle. The SMFP only limits the maximum assets the Agency can award in a review cycle. Regardless of who generated SMFP need, an applicant must show the need for each project. Atrium did not show the need for twelve new ORs at CMC in any reasonable planning horizon.

The 2021 Proposed SMFP uses FFY 2019 as its base year and shows Atrium has a deficit of 4.85 ORs in Mecklenburg County in 2023 and CMC has a deficit of 8.08 ORs. Atrium’s surgical utilization has been growing less rapidly than Mecklenburg County population growth and the table below shows surgical hours for some Atrium surgical facilities decreased from 2018 to 2019.

Total Estimated Surgical Hours for AH Facilities in Mecklenburg County

	2018	2019	% change
AH Huntersville Surgery Center	0	0	-
Carolina Center for Specialty Surgery	2,247	1,979	-12%
PMC	18,991	19,386	2%
CMC	133,090	120,858	-9%
AH University City	10,865	9,957	-8%
AH Total	148,101	152,180	3%

Source: Proposed 2021 and 2020 SMFP, Chapter 6, Table 6B

NH’s market share of Mecklenburg County surgical hours has increased each year since 2017. The 2021 Proposed SMFP includes only the first year of operation of NH Mint Hill (FFY 2019). As NH Mint Hill builds its medical staff and becomes established in the community, NH expects its market share of surgical hours will increase. NH Ballantyne is also expected to gain inpatient surgical market share in its service area when it opens in 2023.¹

The table below shows surgical market shares based on total adjusted surgical hours as published in the SMFPs.

Market Share Total Adjusted Estimated Surgical Hours at Mecklenburg Facilities

	2019 SMFP (FFY 2017)	2020 SMFP (FFY 2018)	2021 Proposed (FFY 2019)
Atrium Health	60.4%	59.0%	58.4%
Surgical Care Affiliates	3.7%	3.4%	3.6%
<i>Atrium Related Subtotal</i>	<i>64.1%</i>	<i>62.4%</i>	<i>62.0%</i>
Novant Health	35.9%	37.6%	38.0%
Total	100.0%	100.0%	100.0%

Source: Total Adjusted Estimated Surgical Hours at Mecklenburg Facilities from 2019 – 2021 Proposed SMFPs. Excludes Single Specialty Ambulatory Surgery Demonstration Projects. SCA’s ORs were previously reported with Atrium and Atrium has partial control of the SCA ORs.

If approved, NH Steele Creek will put two ORs in service in 2025. Atrium would not place new ORs in service until 2027, which is too long to hoard unimplemented SMFP assets. If its volume shows a need, Atrium can request ORs in a future review cycle and still have the ORs in service in 2027. The Agency can deny the 2020 Atrium OR application and Atrium could have new ORs in service in 2027.

¹ See the Assumptions and Methodology immediately following Form C in Project ID #F-011625-18

An important way the Agency can maximize healthcare value with its award of ORs in this review cycle is to improve competitive balance in Mecklenburg County. Awarding 2 ORs and 32 beds to NH Steele Creek will improve choices for patients and physicians in southwest Mecklenburg County, where there is no hospital. It will allow Novant Health to increase its market share in the Steele Creek area and reduce Atrium’s dominant acute care market share in that part of the county and in the county overall.

“Maximizing healthcare value” in the 2020 review cycle should mean the Agency taking a balanced approach that allows both health systems to compete in ways that benefit the population. The legislature made the Agency responsible to use the CON program to manage competition and maintain competitive balance to benefit patients.

Through various means Atrium has established a dominant acute care market share that translates to market power to increase rates. In Mecklenburg County Atrium’s surgical hour market share was 62 percent in 2019. Managing competition in Mecklenburg County requires allocating SMFP assets to both health systems and to new providers to avoid increasing Atrium’s market power.

The NH Steele Creek application will benefit the population of the service area by improving geographic access and increasing competition in southwestern Mecklenburg County. It can be built only if the Agency awards two ORs to NH Steele Creek. It can do so only if it denies or partially approves the Atrium application.

For these and other reasons the Agency may discern, the Agency should find the CMC OR application non-conforming with Criterion (1).

Criterion (3)

Criterion (3): NCGS §131E-183(a)(3): The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed and the extent to which all residents of the service area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups likely to have access to the services proposed.

Needs of the Population

The OR and acute care service areas defined by the SMFP are Mecklenburg County. The Atrium and Novant hospitals in Mecklenburg County serve the same populations of Mecklenburg County residents. Both health systems are equally accessible to all residents of the service area and, in particular, low-income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups. Novant Health’s charity and financial assistance policies for uninsured and low-income residents are more generous than Atrium Health’s policies. Both health systems have expanded virtual access to care in 2020. Novant will maintain the increased virtual access after COVID-19 has passed.

Atrium Health is The Charlotte-Mecklenburg Hospital Authority. According to its most recent bond document, “Our mission is to improve **health**, elevate **hope** and advance **healing - for all**”² (emphasis in original). Its original purpose was to assure availability of health services to residents of Mecklenburg County. Its purpose and mission are not to maximize revenue or net income. Its purpose is not to provide all health services. As a public body whose board of commissioners is appointed by the Chair of the Board of County Commissioners for Mecklenburg County, it should be indifferent whether AH or another provider provides services of equal quality in Mecklenburg County.

In its 2020 OR application Atrium did not produce reliable statistical evidence that any patients or physicians trying to schedule a surgery at CMC or any AH Mecklenburg facility were forced to schedule the surgery elsewhere because AH lacked OR capacity. CMC’s total surgical hours dropped by 9 percent, or nearly 13,000 hours, from what is shown in the 2020 SMFP to the 2021 Proposed SMFP, while Atrium’s future adjusted planning inventory increased by 4 ORs.³

The Agency should also note Atrium presented no evidence Mecklenburg County residents and physicians could not schedule surgeries in a timely fashion, or that any resident experienced harmful delays. Atrium speculates that if a Mecklenburg resident could not schedule surgery at an Atrium facility, the patient left the area for surgery. This assumes no surgeons who work at Atrium have privileges at Novant facilities, which is not the case. There are six Atrium surgeons credentialed at Novant facilities, and 30 independent surgeons with privileges at Atrium and Novant facilities. It is more likely an independent physician with privileges at Atrium and Novant facilities did the surgery at the Novant facility. However, this shows that Novant is willing to give Atrium physicians privileges at Novant facilities. These privileges are available to surgeons employed by Atrium if Atrium allows them to use Novant facilities. If needs of the population can be met with the combined capacity of the two systems, there is no reason to add ORs at CMC.

Atrium only provided a handful of reasons to support conformity with Criterion (3). Atrium filled most of this section with material regarding overall surgical trends and growth in the Mecklenburg County area. Most of the material offered is generic and doesn’t adequately demonstrate the need for all twelve ORs proposed at CMC. The issue is not whether twelve new ORs are needed in Mecklenburg County, but whether twelve new ORs are needed at CMC. Atrium’s only attempt to show need at CMC is the utilization projection, which is unreasonable and not adequately supported.

Unreasonable and Unsupported Projection

The Atrium application is non-conforming with Criterion (3) because its projection assumptions and methodology are not reasonable or adequately supported.

Base Year

² Atrium Health, Variable Rate Health Care Revenue Bonds, Series 2018F, November 13, 2018, included in Exhibit 1.

³ 2020 North Carolina State Medical Facilities Plan, Chapter 6, Table 6A, p. 64, included in Exhibit 2. 2021 Proposed North Carolina State Medical Facilities Plan, Chapter 6, Table 6A, p. 60, included in Exhibit 3.

For Criterion (3), the base year for any projections should be 2019 and not 2020. These are real data for a normal year. Further, the 2019 base year values should be the values on the LRA, unless differences are adequately explained. As shown in the table below, the CY 2019 inpatient cases CMC uses in its application are significantly higher than in the 2020 LRA for FFY 2019. The application does not explain the differences. The table also shows that, using LRA data, the IP case rate decline is -4.5 percent, not -0.3 percent, as Atrium calculated using internal data.

CMC Historical Operating Room Utilization per Atrium OR Application

	CY16	CY17	CY18	CY19	16–19 CAGR
IP CMC	15,684	16,107	15,654	15,553	-0.3%
OP CMC	17,230	16,984	16,412	15,884	-2.7%
CMC Total	32,914	33,091	32,066	31,437	-1.5%

Source: Atrium OR Application, Form C Methodology and Assumptions, p. 4.

CMC Historical Operating Room Utilization on LRAs

	FY16	FY17	FY18	FY19	16–19 CAGR
IP CMC	15,882	15,881	15,794	13,837	-4.5%
OP CMC	17,295	16,975	16,712	16,829	-0.9%
CMC Total	33,177	32,856	32,506	30,666	-2.6%

Source: LRAs.

The 2021 Proposed SMFP uses FFY 2019 as its base year. In the 2021 Proposed SMFP, Atrium no longer has a need for twelve ORs, but only a need for five for the system and eight at CMC. The table below shows the reduction in Atrium’s need for ORs results directly from declining inpatient and outpatient cases, declining inpatient and outpatient case times, and declining estimated and projected surgical hours. Contrary to Atrium’s statement on page 27 of the application, the reduced need is not due to ORs awarded in the 2019 review cycle.⁴

⁴ “Lastly, the operating room deficit generated by Atrium Health hospitals in the Proposed 2021 SMFP subtracts from the deficit the need for 12 additional operating rooms in Mecklenburg County generated in the 2020 SMFP; thus, without the 12 operating rooms proposed in this application, Atrium Health’s projected operating room deficit in 2021 would be higher than what is published in the Proposed 2021 SMFP.” Note: System surpluses and deficits are calculated BEFORE subtracting unawarded need generated in previous SMFPs. See Step 6b of the OR Need

	Atrium Health System		
	2020 SMFP	2021 SMFP	Change
Inpatient Cases	25,428	23,289	↓
Outpatient Cases	36,122	35,908	↓
Inpatient Case Time [^]	213.2	206.0	↓
Outpatient Case Time [^]	124.3	120.7	↓
Total Estimated Surgical Hours	165,193	152,180	↓
Growth Factor	8.11	8.22	↑
Projected Surgical Hours	178,582	164,694	↓
ORs Required	95.2	87.8	↓
Adjusted Planning Inventory*	79	83	↑
Projected Need in +4 Years	16.2	4.8	↓

Sources: 2020 SMFP, 2021 Proposed SMFP, 2019 and 2020 LRAs (IP and OP Cases for CMC-Main and CMC-Mercy separately).

[^] Weighted Average Case Time for System

* OR Counts from CMC OR Application, Form C Assumptions and Methodology Page 23

The data Atrium presents as its 2020 base year volume are not reasonable or adequately supported. Most important, there is no reasonable basis for a “normalized” 2020. There are too few months of actual data and there is no basis for which months should be considered “normal,” which months should be considered affected by COVID-19, and which months are inflated by catch-up volume for months affected by COVID-19.

In assigning “normalized” values, Atrium used replacement values for some facilities that were not annualized or normalized using a rational factor. Atrium simply plugged in an arbitrary number it thought was reasonable without giving the reasons. The values for the AH Huntersville ASC are an example. The “normalized” volume of 315 cases was replaced with a value three times higher, without adequate support. Atrium’s explanation appears only in a footnote on page 4:

“^Normalized volume of 315 cases adjusted to reflect the redistribution of cases between the operating room and procedure rooms. With the shift of one operating room from Atrium Health Huntersville Surgery to CSC–Wendover, some cases that had been performed in an operating room historically were performed in procedure rooms.

Methodology (2021 Proposed SMFP, p. 52). Only the Mecklenburg County need determination is adjusted for past need determinations.

Administrators and clinical operators intend to redistribute these cases such that 939 cases better represents CY20 normalized volume for the operating room.”

Atrium does not adequately explain why it intends to move procedures it moved out of an OR to a procedure room back into an OR, or how it quantified these procedures.

Atrium did not present the detailed data the Agency or competing applicants need to replicate the calculations and test the reasonableness of the “normalized” numbers. Atrium did not present monthly data for 2020. It presented no monthly comparison of its 2020 data creations to 2019 real data to test the reasonableness of the 2020 values.

Growth Rates

Atrium ignored and contradicted real data in the projected compound annual growth rates for Atrium surgical facilities in Mecklenburg County. The table below shows whenever a facility’s growth rate was negative for inpatient or outpatient surgical cases, Atrium arbitrarily assigned a projected CAGR of 0.0 percent or increased its projected CAGR to the Mecklenburg County population growth rate. Notably for its OR application, Atrium changed CMC’s 2016–2019 CAGR from 0.3 percent to 1.97 percent for inpatient cases and from -2.7 percent to 1.97 percent for its outpatient cases. For AH Mercy, the inpatient CAGR was changed from -2.7 percent to 0.0 percent.

Assumed Baseline Growth Rates

	16-19 CAGR	Projected CAGR
IP Atrium Health Pineville	5.1%	5.1%
OP Atrium Health Pineville	-3.9%	0.0%
IP Atrium Health University City	2.6%	2.6%
OP Atrium Health University City	-3.5%	0.0%
IP CMC	-0.3%	1.97%
OP CMC	-2.7%	1.97%
IP Atrium Health Mercy	-2.7%	0.0%
OP Atrium Health Mercy	3.0%	3.0%
OP Atrium Health Huntersville Surgery	2.1%	2.1%
OP CCSS	12.9%	1.97%

Source: CMC OR Application, Form C Methodology and Assumptions, p. 9.

CMC is Atrium’s largest surgical location, accounting for 59 percent of system inpatient cases and 47 percent of system outpatient cases in FFY 2019. The growth rates for CMC generate the most of the absolute baseline growth for the system. Stated another way, Atrium’s demonstration of need for the

twelve ORs at CMC and for its health system in Mecklenburg County is dependent on the projections for future surgical utilization at CMC.

Atrium used projected growth rates for both inpatient and outpatient surgical cases at CMC that are not supported by its historical inpatient and outpatient surgical case volumes. Atrium’s limited explanation on pages 7 and 8 of its Form C Methodology and Assumptions does not adequately support the reasonableness of the projections for inpatient and outpatient surgical cases since CMC’s inpatient and outpatient surgical case volumes have remained flat or have declined for several years in a row.

As noted above, CMC has the highest operating room utilization rate in the state, despite initiatives to manage its utilization and shift volume to other facilities over many years. Said another way, CMC has so much demand that it continuously backfills its capacity as CMHA actively shifts cases and services to other facilities. At the same time, the case times at CMC are increasing. As shown in the table below, inpatient and outpatient case times at CMC grew 0.6 percent and 5.2 percent from FFY 2018 to FFY 2020, respectively. While total surgical hours remained flat, the case times and case acuity increased continuously. Simply put, CMC does not have the capacity today to increase its volume of surgical cases in light of increasingly longer case times.

CMC Operating Room Case Times

	2018 HLRA	2019 HLRA	2020 HLRA	CAGR
Inpatient Case Time	221.5	224.7	224.0	0.6%
Outpatient Case Time	133.1	134.0	147.4	5.2%

Source: Atrium CMC OR Application, Form C Methodology and Assumptions, p. 7.

Nothing in the paragraph adequately supports the projected 1.97 percent growth rates at CMC. If CMC ORs are at or above operational capacity now, as Atrium suggests, and new ORs will not be in service until 2027, it is unreasonable for Atrium to project increased volume at CMC from 2021 to 2027. By its own assumptions the projected cases and surgical hours are unreasonable, particularly given its plans to move one OR to Atrium Health Mercy (Project ID #F-011696-19). It also proposes it will move another OR to Atrium Health Lake Norman years before the twelve new ORs will be operational in 2027.

The case time table above erroneously displays case times for the consolidated CMC license (CMC-Main and Mercy combined) and the paragraph misstates the time period as “FFY 2018 to FFY 2020,” when the case times shown are for the reporting periods FFY 2017–FFY 2019 from the 2018–2020 LRAs. From FFY 2017 to FFY 2019, CMC-Main’s actual inpatient case time *decreased* from 235.3 minutes to 233.5 minutes, or -0.4 percent. Outpatient case times increased, but only by 2.2 percent; less than half of what Atrium claims.

The projected growth rates for CMC reflect CMHA’s expectation that this dynamic will continue through the projection period and that CMC will backfill as cases shift to other facilities. As shown in Steps 3 through 5 below, CMHA projects a number of specific and significant shifts of cases from CMC to other facilities over time. The assumed baseline growth rates for CMC are reasonable estimates of the rate at which CMC will be able to backfill capacity as those shifts occur.

Source: Atrium CMC OR Application, Form C Methodology and Assumptions, p. 8.

Atrium says it expects “this dynamic” will “continue through the projection period,” yet 2020–2030 looks nothing like the recent past at CMC. CMC surgical utilization has been flat or declining after these so-called “shifts” in the past. However, according to Form C, after shifts in the future, Atrium is projecting surgical utilization to increase significantly.

Historical	2017 LRA	2020 LRA	FFY 2016–FFY 2019 CAGR
IP Cases	15,882	13,837	-4.5%
OP Cases	17,295	16,829	-0.9%

Source: Atrium CMC LRAs.

Projected	2020	2030	CY 2020–CY 2030 CAGR
IP Cases	15,553	20,426	2.8%
OP Cases	15,884	19,278	2.0%

Source: Atrium CMC OR Application, Form C.

Further, CMHA believes this assumed growth rate is reasonable given that it is a fundamental assumption in the projected operating room need methodology in the 2020 SMFP, which resulted in the need determination for 12 additional operating rooms to be located in Mecklenburg County. Furthermore, as noted in Section C.4, that need determination was generated entirely by the utilization of Atrium Health operating rooms. As such, the operating room need determination is based on the assumption that Atrium Health operating room utilization will grow 1.97 percent annually.

Source: Atrium CMC OR Application, Form C Methodology and Assumptions, p. 8.

The only reason Atrium gives for using a future growth rate that is inconsistent with past experience is that it is the growth rate used in the SMFP. However, similar growth rates were used in past SMFPs, and CMC did not achieve those growth rates. Applicants are not required to use the growth rates in the SMFP. If they use the growth rate in the SMFP they must show it is reasonable for their project. It is not presumed to be reasonable for a specific facility or project.

For Atrium’s Mecklenburg facilities overall, Atrium says the decrease in outpatient cases in recent years is due to shifting outpatient cases to ASC facilities. However, that does not explain the decrease in

inpatient cases. Moving outpatient cases from CMC to other facilities would make available more time for inpatient cases at CMC, but inpatient cases declined.

Shifting Cases

There are additional problems with the reasonableness of the shifts of surgical cases from AH Pineville to Tenet–Fort Mill that make Atrium’s projections for its Mecklenburg County facilities unreasonable. Pineville will lose more cases than Atrium projected, which makes more capacity available at AH Pineville and reduces the Atrium health system’s need.

The projected impact of Tenet Fort Mill on AH Pineville is unreasonably low. Atrium relied on absolute values from its unsuccessful 2011 Fort Mill application update, based on 2009 data. Those data are now eleven years old. Since 2014 the number of York County, SC, residents with inpatient admissions or outpatient surgeries at Pineville increased from 3,317 per year to 4,447 per year, a 34 percent increase. The Agency and Atrium might reasonably expect that the number of surgical cases Pineville will lose to Tenet Fort Mill will also increase.

The assumption that only Union County residents will shift from Mecklenburg facilities to AH Union West when it opens are equally unrealistic. AH Union West is near the Mecklenburg County line and is a more accessible Atrium facility for residents of eastern Mecklenburg County. AH Union West will undoubtedly attract Atrium patients from Mecklenburg County, further reducing Atrium’s need for more ORs at its Mecklenburg County facilities.

Atrium states CMC is at capacity and has wait lists four months long. There is no evidence in the application to support this claim. If this claim were true, why has Atrium not shifted surgeries to University City for residents of Mecklenburg County, and to Union and Cabarrus for residents of those counties?

The Arbitrary and Double-Counted 5,596 Cases

On page 21 of the Form C Methodology and Assumptions in the OR Application, Atrium adds 5,596 cases to CMC in 2027, and continues to count these cases for the remaining projection years. The additional 5,596 cases are unsupported by any data available to the Agency to determine the source or likelihood of these cases. The only support for the number of additional cases is in three letters of support from Atrium employees.⁵ None of the largely repetitive letters presents any facts or data supporting the reasonableness of the numbers.

The letters indicate the 5,596 cases are “based on current demand as well as the recruitment of additional surgeons.” The additional cases appear to double count the growth already projected for CMC in its baseline growth. Half the cases by specialty have the exact same number of “projected additional cases.” Atrium gave no explanation why this was reasonable.

⁵ Exhibit I.2, letters from Brent D. Matthews, MD, FACS, Jeffrey S. Kneisl, MD, FACS, Joshua C. Patt, MD, MPH, FAOA.

Conclusions on Projections

The projections in the application are unreasonable and not adequately supported. They fail to show the project conforms with Criterion (3). The Application is non-conforming with Criterion (3) for numerous reasons.

- It makes unsubstantiated allegations about operational capacity causing patients to wait four months for surgery. However, it projects continued growth in surgical cases and surgical hours at CMC for 2021 to 2027, even though no new ORs will be placed in service and two ORs will be transferred to other facilities. These contradictions cannot be reconciled.
- It uses a fictional “normalized” 2020 as its base year instead of actual data from 2019, a normal year. It fails to present monthly data that would allow the Agency to compare the 2020 monthly values to actual 2019 values.
- The growth rates are not consistently based on actual past data. This is true for CMC, Mercy, and Pineville, where Atrium arbitrarily changed actual negative growth rates to 1.97 percent or 0.0 percent compound annual growth rates.
- The assumed losses of surgical cases to Tenet Fort Mill and to AH Union West are unreasonably low. Atrium assumes no Mecklenburg County residents will use either new facility even though both are close to the county line. Further, the loss of York County residents is understated, due to Atrium’s use of eleven year old South Carolina data.
- Atrium adds 5,596 surgical cases to its projection “based on current demand as well as the recruitment of additional surgeons.” The number is unsupported by any data presented to the Agency. The number appears to double count growth already projected.

For these reasons and such others as the Agency may discern, the Agency should find the CMC OR application non-conforming with Criterion (3) and with the Performance Standard 10A NCAC 14C .2103.

Criterion (4)

Criterion (4) NCGS §131E-183(a)(4): Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

CMC did not seriously consider the alternative of requesting fewer ORs in the 2020 review cycle. CMC asked for 12 ORs because the 2020 SMFP shows a need for 12 ORs in Mecklenburg County. As is Atrium’s custom, it applied for the maximum number the SMFP allows, regardless of whether it needs the maximum number. Exhibit G.1 shows CMC only needs 8.08 ORs in 2023, and Atrium facilities in Mecklenburg County only need 4.85 ORs.

CMC’s response to this criterion is not reasonable or adequately supported. It asserts CMC needs more ORs because it provides unique services, but does not identify those services by any standard codes,

quantify the OR capacity required for those services, or show that volume of those services is growing. The large majority of surgeries performed at CMC can be performed at other Atrium facilities, at Novant facilities, and at other surgical facilities. There is no credible information in the application to support a claim of need for ORs based on “uniqueness.”

The table below is from page 23 of the CMC OR Application and shows CMC’s projected patient origin for surgical cases.

Projected Patient Origin – ORs

County or other geographic area such as ZIP code	1 st Full FY 01/01/2028 to 12/31/2028		2 nd Full FY 01/01/2029 to 12/31/2029		3 rd Full FY 01/01/2030 to 12/31/2030	
	Number of Patients	% of Total	Number of Patients	% of Total	Number of Patients	% of Total
Mecklenburg	12,366	34.8%	13,077	34.7%	13,792	34.7%
Gaston	2,760	7.8%	2,915	7.7%	3,070	7.7%
York, SC	2,734	7.7%	2,890	7.7%	3,048	7.7%
Cabarrus	1,863	5.2%	1,967	5.2%	2,072	5.2%
Cleveland	1,705	4.8%	1,800	4.8%	1,897	4.8%
Lancaster, SC	1,478	4.2%	1,561	4.1%	1,644	4.1%
Lincoln	1,025	2.9%	1,083	2.9%	1,141	2.9%
Union	913	2.6%	1,004	2.7%	1,096	2.8%
Stanly	904	2.5%	954	2.5%	1,005	2.5%
Catawba	904	2.5%	954	2.5%	1,005	2.5%
Iredell	580	1.6%	617	1.6%	655	1.7%
Other*	8,343	23.5%	8,809	23.4%	9,279	23.4%
Total	35,573	100.0%	37,632	100.0%	39,704	100.0%

*Other includes Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bladen, Brunswick, Buncombe, Burke, Caldwell, Chatham, Cherokee, Clay, Columbus, Cumberland, Dare, Davidson, Davie, Duplin, Forsyth, Franklin, Graham, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hoke, Jackson, Johnston, Lee, Lenoir, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, New Hanover, Onslow, Orange, Pamlico, Pender, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stokes, Surry, Swain, Transylvania, Vance, Wake, Watauga, Wilkes, Yadkin, and Yancey counties in North Carolina, as well as other states.

CMC projects 12.5 percent of its surgical patients will be residents of Cabarrus, Cleveland, and Stanly Counties. Atrium has hospitals in each county. Exhibit G.1 to the CMC OR Application is Table 6B from the 2021 Proposed SMFP. It shows these Atrium hospitals have a combined surplus of 7.01 ORs in 2023.

Hospital	OR Surplus in 2023
Atrium Cabarrus	2.13
Atrium Cleveland	1.4
Atrium Stanly	3.48
Total	7.01

CMC partially bases its CON applications on its ability to shift cases between its hospitals. It did not consider the alternative of shifting cases from these counties to its local hospitals. CMC did not identify the surgical procedures patients from those counties receive at CMC. This alternative might involve recruiting or sending surgeons in certain sub specialties to those hospitals. The alternative might require purchasing new equipment for those hospitals. Atrium did not consider this alternative.

For these and other reasons the Agency may discern, the Agency should find the CMC OR application non-conforming with Criterion (4).

Criterion (5)

Criterion (5) NCGS §131E-185(a)(5): Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

The application does not demonstrate a need for the twelve ORs at CMC. As previously discussed in Criterion (3) of this document, CMC does not need all of the requested ORs to meet the needs of its patients. Since projected revenues and expenses are based at least in part on projected volumes, projected revenues and expenses in the CMC application are unreasonable.

AH's projections of surgical cases and utilization are not reasonable, reliable, or adequately supported. The projections are based on several unreasonable assumptions, including the base year, the years it included in its growth rates, and unreasonably low assumed losses of surgical cases to Tenet–Fort Mill and AH Union West. Please see the discussion under Criterion (3). With unreliable utilization projections, all projections of operating revenues and expense are also unreliable. The application does not show the long-term financial feasibility of the project.

For these and other reasons the Agency may discern, the Agency should find the CMC OR application non-conforming with Criterion (5).

Criterion (6)

Criterion (6) NCGS §131E-183(a)(6): The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

Novant Health takes the position that awarding all 12 ORs to CMC will cause unnecessary duplication of ORs at CMC. The problems with the CMC projections discussed above show CMC has not demonstrated a need for 12 ORs. Exhibit G.1 shows CMC only needs 8.08 ORs in 2023, and Atrium facilities in Mecklenburg County only need 4.85 ORs.

The table in the Criterion (4) comments shows 15.5 percent of cases come from Gaston and York counties, where new hospitals are under development and expansion. Atrium has not adequately adjusted its

projections for these new hospitals. Atrium offered no evidence how many of these cases at CMC could only be performed at CMC. The new hospitals will probably reduce the surgical volume at CMC by more than CMC projected.

Novant incorporates by reference the comments under Criterion (3) and Criterion (4) in its comments on Criterion (6).

For these and other reasons the Agency may discern, the Agency should find the CMC OR application non-conforming with Criterion (6).

Criterion (12)

Criterion (12) NCGS §131E-183(a)(12): Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy savings features have been incorporated into the construction plans.

On page 19 of the Application, CMC says the 12 ORs will be developed on Levels 03 and 04 of its new CON-exempt patient tower. The assets in the tower will not be in service until 2027. The shell space for ORs will be finished whether the CMC application is denied, partially approved, or fully approved. There will be no loss of efficiency to finish and equip fewer ORs.

The most reasonable and cost-effective alternative is to finish and equip only the ORs CMC will need in 2027. That appears to be several fewer than 12. If the current trends of declining CMC inpatient cases and shifting CMC outpatient cases to other facilities continue, the need may be even fewer than the 8.08 ORs shown in the 2021 Proposed SMFP. Novant incorporates by reference the comments under Criterion (3) and Criterion (4) in its comments on Criterion (12).

For these and other reasons the Agency may discern, the Agency should find the CMC OR application non-conforming with Criterion (12).

Criterion (18a)

Criterion (18a) NCGS §131E-183(a)(18a): The applicant shall demonstrate that the effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application for a services on which competition would not have a favorable impact.

The North Carolina CON program was not intended to eliminate competition between health systems in Mecklenburg County, but to regulate and manage competition to prevent waste and benefit the population. Through various means, Atrium has established a dominant market share of about 62 percent of surgical hours. That market share confers market power in negotiations with health plans. Market power can produce higher rates with commercial health plans, to the detriment of enrollees and employers.

It seems clear Atrium wants to maintain its market dominance by hoarding all available SMFP assets and denying Novant Health any assets, whether or not Atrium needs the assets to accommodate its projected surgical cases. The Agency should manage competition by distributing SMFP assets reasonably between the health systems.

The service area defined by the SMFP is Mecklenburg County. The Atrium and Novant hospitals in Mecklenburg County serve the same populations of Mecklenburg County residents. Both health systems are equally accessible to all residents of the service area and, in particular, low-income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups. Novant Health's charity and financial assistance policies for uninsured and low-income residents are more generous than Atrium Health's policies. Both health systems have expanded virtual access to care in 2020. Novant will maintain the increased virtual access after COVID-19 has passed.

In deciding which conforming applications to approve or partially approve, the Agency should consider the public interest in maintaining competitive balance in the largest healthcare market in North Carolina. There is a public interest in creating, maintaining, and improving competitive balance to keep Atrium from becoming even more dominant and enabling Atrium to dictate rates to commercial, Medicare, and Medicaid managed care organizations. The only policy tool the Agency has to improve competitive balance in Mecklenburg County is its CON decisions. Absent a compelling public benefit, it should avoid approving Atrium applications to the detriment of competitors like Novant Health, and to the detriment of healthcare consumers and payors.

Atrium Health is The Charlotte-Mecklenburg Hospital Authority. According to its most recent bond document, "Our mission is to improve **health**, elevate **hope** and advance **healing - for all**"⁶ (emphasis in original). Its original purpose was to assure availability of health services to residents of Mecklenburg County. Its purpose and mission are not to maximize revenue or net income. Its purpose is not to provide all health services. As a public body whose board of commissioners is appointed by the Chair of the Board of County Commissioners for Mecklenburg County, it should be indifferent whether AH or another provider provides services of equal quality.

Novant Health has taken actions in recent years to achieve a better competitive balance in Mecklenburg County. These include building new community hospitals such as Ballantyne and Mint Hill, adding services at existing hospitals, and employing more primary care and specialist physicians. Comparison of 2019

⁶ Atrium Health, Variable Rate Health Care Revenue Bonds, Series 2018F, November 13, 2018, included in Exhibit 2.

patient days with earlier years shows these actions are improving competitive balance. The NH Steele Creek application is an important next step in continuing this improvement. NH Steele Creek will enable Novant to better compete with AH Pineville by providing a new point of service in southwestern Mecklenburg County. It will give residents and independent physicians in this area an improved choice of facilities, and will alter MEDIC destination patterns for emergency patients.

NH Steele Creek can be built only with Agency approval. The Agency can only approve NH Steele Creek if it approves fewer than the 126 beds and 12 ORs Atrium requested. Approving the full Atrium request will harm competition by leaving Novant Health without a community hospital in southwestern Mecklenburg County.

Approving the full Atrium request will do nothing to enhance competition. Novant Health has shown Atrium does not need 12 new ORs to accommodate its projected surgical volume. Denying or partially denying the Atrium request will not harm competition.

For these and other reasons the Agency may discern, the Agency should find the CMC OR application non-conforming with Criterion (18a).

10A NCAC 14C .2103 PERFORMANCE STANDARDS

(a) An applicant proposing to increase the number of operating rooms (excluding dedicated C-section operating rooms) in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the 2018 State Medical Facilities Plan. The applicant is not required to use the population growth factor (b) The applicant shall document the assumptions and provide data supporting the methodology used for each projection in this Rule.

The Agency should find the CMC OR application non-conforming with part (a) of this Rule, because “[t]he applicant does not adequately demonstrate the need for the proposed project or that its assumptions and methodology support the projected inpatient utilization and average daily census.”⁷ The application is also non-conforming with part (b) since the assumptions and data supporting the methodology are not reasonable. Please see the discussion under Criterion (3), which is incorporated here by reference.

Comparative Analysis of Conforming Applications

A comparative review is required as part of Agency Findings only when the total beds or ORs (“assets”) in applications found conforming with CON criteria and performance standards exceed the number that the SMFP allows the Agency to approve. The Agency must then comparatively review the applications and select applications that together request a number of assets fewer than or equal to the number the SMFP

⁷ 2019 Mecklenburg Acute Care Beds and OR Review, p. 218.

allows the Agency to approve. To fit its approvals within the SMFP constraints, the Agency may conditionally approve a conforming application for fewer assets than requested.

Novant Health takes the position the NH Steele Creek application is conforming with CON Review Criteria and is approvable. We also take the position the CMC OR application is non-conforming with CON Review Criteria and is not approvable. A non-conforming application is never deemed comparatively superior in a comparative analysis. This section of the comments addresses comparative review factors other than conformity with CON Review Criteria.

Novant Health's comments on the comparative analysis of the South Charlotte Surgery Center Application are incorporated into these comments by reference.

Novant Health recognizes the Agency has discretion to select the comparative factors in each review. We draw the Agency's attention to issues with several review factors, should the Agency use them.

Scope of Services

There is no general acute care hospital or surgical facility in the Steele Creek area now. NH Steele Creek will increase the scope of services available in that area. The CMC OR application does not increase the scope of surgical services at CMC. All 12 ORs requested by CMC are not needed to allow the population to access CMC surgical services. Approval of NH Steele Creek and, at most, partial approval of the CMC OR application is the most effective alternative to enhance the scope of services available to residents of Mecklenburg County.

Geographic Accessibility

The CMC OR application does nothing to expand geographic accessibility of services for residents of Mecklenburg County. The NH Steele Creek application establishes a new point of service in an area of the county with no hospital or surgical facility. Approval of NH Steele Creek is the most effective alternative to enhance the geographic accessibility of services for residents of Mecklenburg County.

Historical Utilization

The Agency compares individual applications and not systems, even if the system is the applicant. As NH Steele Creek is not an existing facility and CMC is an existing facility, they are not comparable on historical utilization. With its previous community hospital developments in Mecklenburg County, Novant Health has shown its ability to develop new hospitals and build utilization to sustainable levels.

Competition/Access to Alternate Provider

Novant and Atrium are not new providers in Mecklenburg County. NH Steele Creek is the most effective alternative to improve competition and patient choice. It will give independent physicians and residents in Mecklenburg County and adjacent areas improved choice of acute care services.

Novant Health has a lower percentage than Atrium of existing assets in the county. Approval of the CMC OR application will not improve competition or patient choice. CMC can accommodate its reasonably projected surgery days without full approval of its application. Awarding all SMFP OR assets to Atrium will increase its market dominance and harm competitive balance.

The table below shows the current balance in ORs and how the competitive balance will change with or without approval of NH Steele Creek or the CMC OR application. If the CMC application is approved (hypothetically) for ten ORs, the competitive balance will still tilt to Atrium, but not to the extent it will if CMC is fully approved and NH Steele Creek is denied.

	Licensed and Approved ORs*	Current % of Mecklenburg County ORs	% if NH Steele Creek Approved	% if NH Steele Creek Denied
AH Mecklenburg County Total	83	50.3%	52.5%	53.7%
NH Mecklenburg County Total	65	39.4%	37.9%	36.7%
Other Mecklenburg County Surgical Providers	17	10.3%	9.6%	9.6%
Total Mecklenburg County ORs	165	100%	100%	100%

**Excludes Burn and C-Section ORs; Source: 2021 Proposed SMFP.*

Access by Underserved Groups

The Agency usually compares applicants on the percentage of Medicare, Medicaid, and self-pay patients each serves in the service area. For 2019, the table below shows the Novant and Atrium statistics for Mecklenburg County residents.

	Medicaid	Medicare	Self-Pay
AH CMC/Mercy	30%	29%	10%
AH Pineville	10%	47%	8%
AH University City	19%	31%	10%
<i>AH Mecklenburg County Average</i>	20%	36%	9%
NH Huntersville	13%	37%	5%
NH Matthews	13%	41%	5%
NH Mint Hill	36%	36%	5%
NH Presbyterian/COH	22%	27%	5%
<i>NH Mecklenburg County Average</i>	21%	35%	5%

Source: Truven data.

Which groups use which hospitals differs from the accessibility of health systems to those groups. Utilization is affected by MEDIC protocols, locations of clinics, referral patterns of employed physicians,

and patient choice. Novant Health and Atrium Health are equally accessible by Medicare and Medicaid patients, and there are no barriers to enrollees in either program using either health system.

For self-pay patients, particularly low-income self-pay patients, Novant Health is more accessible based on a comparison of charity care and financial assistance policies. Novant Health has Charity Care and related policies that provide access to services for patients with limited financial means. Facilities only provide health services in conjunction with physicians. NH Medical Group physician practices apply the same NH Charity Care policy. Please see Exhibit 4 for a copy of NH’s Charity Care policy, Uninsured Discount policy, and the Payment Plan policy. These policies use objective criteria for determining which patients qualify for charity or reduced cost care.

The policies use Federal Poverty Guidelines (FPG) as a benchmark for the assistance they offer. The table below shows the 2020 FPG. The federal government updates the FPG annually.

2020 Federal Poverty Guidelines, All States (except Alaska and Hawaii)

Household /Family Size	100%	200%	300%	400%
1	\$12,760	\$25,520	\$38,280	\$51,040
2	\$17,240	\$34,480	\$51,720	\$68,960
3	\$21,720	\$43,440	\$65,160	\$86,880
4	\$26,200	\$52,400	\$78,600	\$104,800
5	\$30,680	\$61,360	\$92,040	\$122,720
6	\$35,160	\$70,320	\$105,480	\$140,640
7	\$39,640	\$79,280	\$118,920	\$158,560
8	\$44,120	\$88,240	\$132,360	\$176,480
9	\$48,600	\$97,200	\$145,800	\$194,400
10	\$53,080	\$106,160	\$159,240	\$212,320

Source: HHS Poverty Guidelines For 2020, US Department of Health and Human Services, published January 17, 2020, <https://aspe.hhs.gov/poverty-guidelines>, accessed November 2, 2020.

Novant Health meets all obligations to provide care under EMTALA without inquiring about a person’s insurance coverage or ability to pay. After meeting EMTALA requirements and if the person needs further care, Novant Health has financial counselors who help persons without insurance coverage find if they are eligible for coverage under public or private health plans. If so, the counselor assists the person to obtain coverage. The counselor also assists the person to establish household income as the basis for financial assistance. This determination applies for any services during the next six months, after which family income is renewed at six-month intervals. Novant Health does not limit financial assistance based on citizenship or immigration status.

Uninsured patients residing in the Novant Health service area whose family income is at or under 300 percent of the FPG are charged nothing by Novant Health facilities and practitioners for emergency or

medically necessary services.⁸ In 2018, 11 percent of households in NH Steele Creek’s service area lived below the poverty line.⁹ While that was the average for the entire service area, almost a quarter of households in zip code 28208 lived below the poverty line in 2018. Since this policy applies to uninsured households living up to 300 percent above the poverty line, NH Steele Creek can expect to offer financial relief to many in its service area.

Uninsured patients residing in the Novant Health service area whose family income is above 300 percent of the FPG receive a discount on charges for medically necessary services set annually by the Novant Health Board. The Board bases the discount on the average discount from charges for negotiated rates with Managed Care Payers. There are separate discount percentages for facilities and practitioners. For the Greater Charlotte market in 2020 the discount is 45 percent for facilities and 20 percent for practitioners.¹⁰ For practitioner bills, Novant Health offers an additional 20 percent discount for payment in full within 30 days of the bill, for a total reduction of 40 percent on practitioner bills.

Novant Health also has a Catastrophic Settlement policy¹¹ to help patients with large patient responsibility amounts on facility and practitioner bills. This policy applies to uninsured and insured patients. A catastrophic balance is one where the patient responsibility for medically necessary services is 20 percent or more of annual household income. Novant Health reduces the patient responsibility amount to 20 percent of annual household income and offers a five-year, interest-free payment plan with a minimum monthly payment of \$25.

AH’s policies for low-income patients are more complex. According to their PFS 1.01 Hospital Coverage Assistance and Financial Assistance Policy,¹² financial assistance for uninsured patients is processed in two separate categories based on place of service. Services eligible for Category I are: medically necessary inpatient services, medically necessary outpatient services¹³ with a balance at or above \$10,000, and emergency services provided in the emergency room with a balance at or above \$10,000. Patients in this category submit a Coverage Assistance/Financial Assistance (CAFA) application, which AH uses to determine a patient’s eligibility for other coverage options. If the CAFA application indicates a high likelihood the patient is eligible for other assistance, AH will aid the patient in pursuing those other coverage options. If the CAFA application indicates the patient is ineligible for other coverage options, AH will determine their financial assistance discount, based on the patient’s total household financial income, according to the FPG. If the patient demonstrates at or below 200 percent of FPG, they are eligible for a 100 percent discount. If the patient demonstrates total household income between 201 and 300 percent of FPG, they are given a 75 percent adjustment to their balance. If the patient demonstrates total

⁸ Novant Health Charity Care Policy, revised March 2020, included in Exhibit 4.

⁹ Esri 2018 Households below the Poverty Level.

¹⁰ Novant Health Uninsured Discount Policy and accompanying Memo, Revised July, 2020 and November, 2020.

¹¹ Novant Health Catastrophic Settlement Policy, Revised April 2018

¹² CMC OR Application, Exhibit L-4.1, Atrium Health PFS 1.01 Hospital Coverage Assistance and Financial Assistance Policy, Revised March 2020.

¹³ This can include non-elective, medically necessary (as determined by a physician) outpatient hospital services provided in response to life-threatening circumstances with a balance equal or above \$10,000.

household income between 301 and 400 percent of FPG, they are given a 50 percent adjustment to their balance. Patients above 401 percent of FPG are not offered a discount.

Category II is intended for uninsured patients with a balance less than \$10,000 for emergency room or medically necessary outpatient services. Eligibility is based on financial assistance scores (FAS) calibrated to FPGs. AH explains in their policy: “FAS will be assigned based on proprietary scoring algorithms from experienced third-party experts selected by AH.”¹⁴ Patients eligible for Category II assistance will receive a 100 percent discount. However, each emergency department service will require a \$75 co-pay that will not be eligible for the discount. To be eligible for Category I or Category II financial assistance, the patient must be a resident of North Carolina or South Carolina.

AH offers a hardship settlement discount for patients with balances over \$2,500 who do not qualify for financial assistance under the guidelines of the PFS 1.01 CHS Hospital Coverage Assistance and Financial Assistance Policy. According to AH’s PFS 1.02 Hospital Hardship Settlement Discount Policy,¹⁵ eligibility for the discount must be requested by the patient and is based on the determination of financial need. AH determines financial need by comparing the patient’s total household financial resources and assets to the patient’s total remaining hospital balance after payment by all third parties. If a patient’s remaining balance is at least 10 percent of their total household income, they are eligible for one of three financial assistance discounts. If their balance due is equal to or above 50 percent of their total household income, they receive a 75 percent discount. If their balance due is 35 to 49 percent of their total household income, they receive a 50 percent discount. If their balance is 10 to 34 percent of their total household income, they receive a 25 percent discount.

AH’s PFS Billing and Collection Policy¹⁶ is its policy on other patient payment plans. Patients who cannot pay their entire bill at once but have the means to pay are placed on a payment plan. Plan types are determined by total balance amount and patient’s ability to pay. The “Choice” plan offers patients with total bills at or under \$10,000 interest-free payments up to 24 months. The “Choice 10” option is designed for patients with a balance greater than \$10,000. This plan expands the interest-free payments up to 100 months. All patients who are eligible for financial assistance or hardship discount but still have an account balance are automatically eligible for the “Choice Outreach” plan. Under this plan, patients with a balance less than \$2,500 pay a minimum of \$25 a month until the balance is paid in full. If the patient owes more than \$2,500, their minimum payment is a percentage of the total ranging from 0.50 percent to 1 percent of the total balance.

Net Revenue and Net Operating Expense Comparisons

The Agency has made comparisons of net revenue and net operating expense in Mecklenburg County reviews based on project-specific data from the applications. Because of differences between applications

¹⁴CMC OR Application, Exhibit L-4.1, Atrium Health PFS 1.01 Hospital Coverage Assistance and Financial Assistance Policy, Revised March 2020.

¹⁵ CMC OR Application, Exhibit L-4.1 PFS 1.02 Hospital Hardship Settlement Discount Policy, revised February 2016.

¹⁶ CMC OR Application, Exhibit L-4.1, Atrium Health PFS Billing and Collection Policy, revised October, 2018.

on scope of services and other factors, the Agency has found the comparisons to be inconclusive. That would be the logical result comparing a new, 32-bed community hospital with CMC and PMC.

The Agency does not specify how applicants are to present revenues and costs in CON applications. Atrium and Novant present revenue and expense data differently in their applications. Novant Health presents the total revenue and total expense for patients served, including all direct care revenue codes/cost centers and all allocated costs for non-direct care cost centers. In its acute care bed applications, Atrium presents only the revenues and costs associated with the nursing unit and omitted any revenues or costs from other direct care departments that would serve a patient. Atrium does not distribute the costs of non-direct care cost centers to the direct care cost centers. As a general rule, the Atrium revenues and costs as presented will appear lower than the Novant revenues and expenses.

The Atrium and Novant revenues and costs in CON applications are not comparable. Until the Agency adopts standards for reporting revenues and expenses in CON applications, any comparisons must be inconclusive.

Conclusion

The Atrium Health OR application for CMC is non-conforming with CON Review Criteria (1), (3), (4), (5), (6), (12), and (18a), and with the operating room Performance Standard 10A NCAC 14C.2103. The Agency should find it non-approvable.

If the Agency finds the CMC OR application approvable, it should approve, at most, 4.85 ORs so it may also approve the two-OR application by NH Steele Creek Medical Center. Approval of the Novant Health OR application and partial approval of the Atrium Health OR application is a more effective alternative than full approval of the Atrium Health application and denial of the Novant Health application.

Exhibit 1



THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY
(d/b/a Atrium Health)

Basic Financial Statements and
Other Financial Information

December 31, 2019

(With Independent Auditors' Report Thereon)

THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY
(d/b/a Atrium Health)

Management's Discussion and Analysis - Unaudited

December 31, 2019

(Dollars in thousands)

with North Carolina healthcare providers to restructure payment rates associated with the State Health Plan for Teachers and State Employees. We believe healthcare providers like Atrium Health who are leveraging technology, transforming care delivery and reducing the total cost of care will be more apt to withstand the future revenue pressures in a fully capitated Medicaid environment as well as provide affordable, high quality care to all that we serve.

From a Federal perspective, between CMS's proposed Medicare and Medicaid policy changes and the President's executive orders impacting hospitals, there is heightened uncertainty as to how regulatory policy will affect governmental payer reimbursements, as well as the potential periphery impacts with commercial payers. Expected Medicaid Disproportionate Share Hospital reimbursement cuts (originally part of the Affordable Care Act in 2014 and now delayed until 2021 with the passage of the Coronavirus Aid, Relief, and Economic Security Act), reductions in payments under the 340B drug discount program as well as site-neutral payment reductions, and the legal conflicts surrounding the President's *Hospital Price Transparency* rule have healthcare providers working diligently to educate lawmakers on the implications of these potential reimbursement cuts and policy changes as well as to accurately interpret and implement the rule requirements.

Healthcare consumers are more informed than ever before, and, as a result, the industry has continued to transform to improve pricing transparency, access, convenience, experience and value for the patient. Delivering near term value to individual patients, and increasingly, to the population as a whole with respect to cost and risk management, will be required for health systems in the future. Non-traditional and for-profit competitors are continuing to enter the healthcare market. Many of these market entrants are already consumer-focused and are already providing value to the patient through alternatives to traditional primary care and low acuity outpatient experiences. We believe traditional healthcare providers who, continue to accelerate transformation, are in the best position to connect care over the whole continuum, thereby meeting consumers' demands, but also significantly improving health for the population at large. We believe Atrium Health is poised to succeed in the value arena by transforming and delivering superior patient care in financially sustainable ways.

Atrium Health remains a financially viable entity with a strong governing board; an experienced management team; a broad, growing and connected continuum of highly specialized world-class clinical services; and a commitment to superior levels of quality and safety, differentiated patient experience, operational and population health excellence, and teammate engagement; which we believe, along with other attributes, will enable us to respond to future challenges and to be the first and best choice for care in the communities we serve.

For information regarding COVID-19 and its impact on Atrium Health, please see note 11 of the notes to the basic financial statements.

Community Benefit

The mission of Atrium Health is to improve Health, elevate Hope and advance Healing – for all. Our commitment to this mission requires both “investments in” and “partnerships with” the community spanning the entire geographic region within which Atrium Health operates.

Atrium Health defines and measures Community Benefit consistent with the American Hospital Association guidelines and includes costs associated with:

Exhibit 2

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2017 through 9/30/2018 as reported on the 2019 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	2,067.9	4	1,500
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg		Atrium Health Huntersville Surgery Center	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	2	0	0	0	1	0	1,983.0	6	1,312
Mecklenburg	H0042	Atrium Health Pineville	3	0	9	-2	0	1	0	18,991.0	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	10	11	41	-4	-1	0	0	133,090.0	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	2	9	-1	0	-4	0	10,864.8	4	1,500
Atrium Health Total			14	15	59	-7	-1	-1	0			
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	7	0	0	0	-1	0	8,559.8	6	1,312
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus (Randolph Surgery Center)	0	0	0	0	0	6	0	0.0		
Charlotte Surgery Center Total			0	7	0	0	0	5	0			
Mecklenburg		Novant Health Ballantyne Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	8,844.8	5	1,312
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	-2	0	2,117.4	6	1,312
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	2,621.7	5	1,312
Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,473.9	6	1,312
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-1	0	60,581.6	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	0	0	10,111.9	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	1	0	6	-1	0	1	1	9,595.0	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	1	0	0.0		
Novant Health Total			10	18	43	-7	0	1	2			
Mecklenburg		Carolinas Center for Ambulatory Dentistry***	0	0	0	0	0	2	0	0.0		
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	2	0	0	0	0	0	4,286.1	6	1,312
Mecklenburg		Metrolina Vascular Access Care	0	0	0	0	0	1	0	0.0		

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2017 through 9/30/2018 as reported on the 2019 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Mecklenburg		2019 SMFP Need Determination	0	0	0	0	0	6	0	0.0		
Mecklenburg Total			24	42	102	-14	-1	14	2			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	684.0	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	151.0	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	1,686.3	5	1,312
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	0	0	5,488.0	6	1,312
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment	2	0	15	0	0	0	0	21,451.3	3	1,755
Moore Total			2	9	15	0	0	0	0			
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	12,480.3	4	1,500
Nash Total			1	0	13	-1	0	0	0			
New Hanover		Iron Gate Surgery Center*****	0	0	0	0	0	0	0	0.0		
New Hanover		Wilmington ASC	0	0	0	0	0	1	0	0.0		
New Hanover	AS0055	Wilmington SurgCare	0	7	0	0	0	3	0	6,019.3	5	1,312
New Hanover	H0221	New Hanover Regional Medical Center	5	4	29	-3	-1	0	0	74,456.0	2	1,950
New Hanover		2019 SMFP Need Determination	0	0	0	0	0	6	0	0.0		
New Hanover Total			5	11	29	-3	-1	10	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	8,032.8	4	1,500
Onslow Total			1	4	5	-1	0	0	0			
Orange		North Chapel Hill Surgery Center	0	0	0	0	0	2	0	0.0		
Orange	H0157	University of North Carolina Hospitals	3	11	32	-3	-2	0	0	94,712.6	1	1,950
UNC Health Care Total			3	11	32	-3	-2	2	0			
Orange		2018 SMFP Need Determination	0	0	0	0	0	4	0	0.0		
Orange		2019 SMFP Need Determination	0	0	0	0	0	3	0	0.0		
Orange Total			3	11	32	-3	-2	9	0			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	3,259.0	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			2	0	8	-2	0	0	0			

Exhibit 3

Proposed 2021 SMFP

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2018 through 9/30/2019 as reported on the 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Macon	H0034	Angel Medical Center	1	0	4	-1	0	-1	0	1,287.3	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	0.0		
Mission Health Total			1	0	6	-1	0	-1	0			
Macon Total			1	0	6	-1	0	-1	0			
Martin	H0078	Martin General Hospital	0	0	2	0	0	0	0	1,761.2	4	1,500
Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	2,481.1	4	1,500
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg		Atrium Health Huntersville Surgery Center	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	2	0	0	0	1	0	1,979.0	6	1,312
Mecklenburg	H0042	Atrium Health Pineville	3	0	9	-2	0	3	0	19,386.0	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	42	-4	-1	2	0	120,858.1	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	1	7	-1	0	-1	0	9,956.9	4	1,500
Atrium Health Total			13	14	58	-7	-1	6	0			
Mecklenburg		Novant Health Ballantyne Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	9,321.7	5	1,312
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	-2	0	1,853.3	6	1,312
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	2,832.5	5	1,312
Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,842.7	6	1,312
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-1	0	61,637.1	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	0	0	10,536.6	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	1	0	6	-1	0	1	1	10,127.0	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	1	0	1,785.6	4	1,500
Novant Health Total			10	18	43	-7	0	1	2			
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	6	0	0	0	0	0	9,228.3	6	1,312
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	0	6	0	0	0	0	0	208.8	6	1,312

Proposed 2021 SMFP

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2018 through 9/30/2019 as reported on the 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Surgical Care Affiliates Total			0	12	0	0	0	0	0			
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	2	0	0	0	0	0	2,799.3	6	1,312
Mecklenburg		Metrolina Vascular Access Care	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC***	0	2	0	0	0	0	0	1,696.0	6	1,312
Mecklenburg		2019 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Mecklenburg		2020 SMFP Need Determination	0	0	0	0	0	12	0	0.0		
Mecklenburg Total			23	48	101	-14	-1	22	2			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	899.0	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	148.4	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,067.3	5	1,312
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	0	0	5,299.0	6	1,312
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	2	0	15	0	0	0	0	22,786.6	3	1,755
Moore Total			2	9	15	0	0	0	0			
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	13,377.9	4	1,500
Nash Total			1	0	13	-1	0	0	0			
New Hanover		Wilmington ASC	0	0	0	0	0	1	0	0.0		
New Hanover		Wilmington Eye Surgery Center	0	0	0	0	0	2	0	0.0		
New Hanover	AS0055	Wilmington SurgCare	0	7	0	0	0	3	0	6,407.2	5	1,312
New Hanover	H0221	New Hanover Regional Medical Center	5	4	29	-3	-1	4	0	70,049.4	2	1,950
New Hanover Total			5	11	29	-3	-1	10	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	6,958.4	4	1,500
Onslow Total			1	4	5	-1	0	0	0			
Orange		North Chapel Hill Surgery Center	0	0	0	0	0	2	0	0.0		
Orange	H0157	University of North Carolina Hospitals	3	11	32	-3	-2	5	0	100,512.6	1	1,950
UNC Health Care Total			3	11	32	-3	-2	7	0			

Exhibit 4

TITLE	Charity Care		
NUMBER	NH-LD-FM-111.1	Last Revised/Reviewed Effective Date:	Mar20
TJC FUNCTIONS	LD-FM		
APPLIES TO	Novant Health: Hospitals, NHMG, Freestanding Surgery Centers, Rehabilitation Centers, Corporate Departments and Entities, NH UVA: HAMC, PWMC, Caton Merchant House, Cancer Center, NHMG		

I. SCOPE / PURPOSE

The Novant Health mission statement, “improving the health of communities’ one person at a time” reflects Novant Health’s not-for-profit heritage and social accountability to the communities in which we are located.

II. POLICY

All Novant Health Affiliates (“Novant Health”) will provide charity care (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 charity care 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.

The Novant Health Executive Leadership Team and/or the Novant Health Board of Directors must approve any modification of 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 Charity Care, as defined in this Policy.
- b. *Non-provider based physician clinic (“Physician Clinic”) patients:* patients must live in the traditional service area for the clinic, as defined and documented at each clinic and available upon request by a patient.
- c. *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. Established Patient. In the case of a Physician Clinic, a patient must be a patient who has been treated by a Novant Health Medical Group primary care physician within the previous three (3) years.
 3. 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.
 4. 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. For patients of a Physician Clinic, Covered Services are determined by physician evaluation. Covered Services do not include cosmetic, elective, non-urgent tests, services or procedures, fertility services or experimental treatments. In the case of Physician Clinics, prescription medications are not included as Covered Service.
 5. 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.
 6. 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 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 G 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 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 advising them of the facility's or clinic'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.. 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 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.
- 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 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.
- H. 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.
- 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, if deemed eligible.
- 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:
- NHMG Revenue Cycle: Application documentation is kept in locked file cabinets for 30 days and then scanned in to Hyland OnBase and/or media

- manager in Dimensions for storage.
 - NH Outpatient Radiology Facilities: Documents are scanned in to media manager in Dimensions for storage.
 - 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 ER and 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 ER and 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:

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

For Physician Clinics and Outpatient Radiology, a copy of the charity care policy, plain language summary, an application and the billing and collections policy may be obtained by contacting the particular clinic.

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.

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.

VIII. RELATED DOCUMENTS

Catastrophic Settlement, Uninsured Discount, Payment Plan, Admissions, Charges and Financial Counseling, Billing and Collections

IX. REFERENCES

N/A

X. SUBMITTED BY

Novant Health Charity Care/ Bad Debt Sub-Committee

XI. KEY WORDS

Charity, uninsured patient, charity care, financial assistance

XII. INITIAL EFFECTIVE DATE	June 1, 2015
DATES REVISIONS EFFECTIVE	01/2016; 08/15/18, 03/2020
DATES REVIEWED (No changes)	
Date Due for Next Review	March 2023

SIGNATURE SHEET

TITLE	Charity Care
NUMBER	NH-LD-FM-111.1
TJC FUNCTIONS	LD-FM
APPLIES TO	Novant Health: Hospitals, NHMG, Freestanding Surgery Centers, Rehabilitation Centers, Corporate Departments and Entities, NH UVA: HAMC, PWMC, Caton Merchant House, Cancer Center, NHMG
ACTION	Revised

APPROVED BY:

Title	Approved By	Signature	Date
EVP, CFO	Fred Hargett		See electronic approval

COMMITTEES APPROVED BY:

Committee	Chairperson/Designee	Date
NH Executive Team	Fred Hargett	2/11/2020
NHMG Clinic Standards/Patient Safety Committee	John Card, MD, Chairman	1/28/2020



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: _____

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:
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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 attach verification or explanation of current situation	
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	



Notice of nondiscrimination

Novant Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Novant Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Novant Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact Novant Health interpreter services toll-free at 1-855-526-4411, then select option 3. TDD/TTY: 1-800-735-8262.

If you believe that Novant Health has not provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient services department
Attn: Section 1557 coordinator
200 Hawthorne Lane
Charlotte, NC 28204

Telephone: 1-888-648-7999 (toll-free)

TDD/TTY: 1-800-735-8262

NovantHealth.org/home/contact-us.aspx

You may file a grievance by mail, in person at the Novant Health facility where care was provided, or by submitting the form at the link above. If you need help filing a grievance, call toll-free, 1-888-648-7999 or TDD/TTY 1-800-735-8262.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available online at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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ATTENTION: Language assistance services, free of charge, are available to you.
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فارسی (Farsi)	توجه: خدمات ترجمه به طور رایگان در اختیارتان قرار دارد. با شماره 1-855-526-4411 را انتخاب کنید. تماس بگیرند. گزینه TDD/TTY: 1-800-735-8262
አማርኛ (Amharic)	ማሳሰቢያ፡- የቋንቋ ለርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ 1-855-526-4411 ላይ ይደውሉ። አማራጭ 3ን ይምረጡ። TDD/TTY፡- 1-800-735-8262.
Deutsch (German)	HINWEIS: Es stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Wählen Sie +1 855 526 4411. Wählen Sie Option 3 aus. TDD/TTY: 1 800 735 8262.
اُردُو (Urdu)	برائے توجہ: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-855-526-4411 پر فون کریں۔ اختیار 3 چنیں۔ TDD/TTY: 1-800-735-8262
हिंदी (Hindi)	ध्यान दें: आपका लिए नि:शुल्क भाषा सहायता सवाएं उपलब्ध हैं। 1-855-526-4411 को कॉल करें। विकल्प 3 चुनें। TDD/TTY: 1-800-735-8262.
ગુજરાતી (Gujarati)	સાવધાન: તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. 1-855-526-4411 પર કોલ કરો. વિકલ્પ 3 પસંદ કરો. TDD/TTY: 1-800-735-8262.
বাংলা (Bengali)	মনোযোগ দিন: আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা লভ্য আছে। 1-855-526-4411 নম্বরে ফোন করুন। বিকল্প 3 নির্বাচন করুন। TDD/TTY: 1-800-735-8262।

TITLE	Uninsured Discount		
NUMBER	NH-Dept-FIN-BCD-LD-111.3	Last Revised/Reviewed Effective Date:	Jul20
TJC FUNCTIONS	LD-FM		
APPLIES TO	Novant Health		
DIVISION/DEPT	Corporate Finance: Billings, Collections and Discounts		

I. SCOPE / PURPOSE

The Novant Health mission statement, “improving the health of communities’ one person at a time” reflects Novant’s not-for-profit heritage and social accountability to the communities in which we are located. All tax-exempt hospitals within the Novant Health healthcare system, will provide medical care to all individuals regardless of their ability to pay, according to applicable policies. Novant acknowledges that uninsured patients who do not qualify for our charity policy but remain unable to pay the full cost of their medical care, as well as those financially sound patients who choose not to purchase health insurance, could be disadvantaged due to their inability to access the associated discounts afforded to contracted payers.

The purpose of this policy is to identify circumstances in which Novant Health Acute and Outpatient Services may discount care to patients who are not eligible or not currently covered by insurance. We realize the uninsured population continues to increase and we want to ensure a fair and consistent discount to accommodate our patient’s financial needs. We are committed to establishing the appropriate guidelines and procedures for communicating our discount guidelines to our patients, their families and our staff. Our goal is to educate our staff so they can better assist patients who are struggling to pay their bills.

II. POLICY

Novant Health will offer all uninsured patients who are not eligible for our charity policy, discounts for services based on established criteria.

Confidentiality of information and individual dignity will be maintained for all patients who seek discounts for our services. The handling of personal health information will meet HIPAA requirements.

The Novant Executive Leadership Team and/or the Novant Board of Directors must approve any modification of this policy.

Eligibility Criteria

- A. The patient or responsible party does not have any health insurance coverage, nor is eligible for any other medical coverage including but not limited to Medicaid, COBRA, or Healthcare Exchange Plan.
- B. The uninsured discount cannot be used in conjunction with any other discount or adjustment.

- C. Uninsured discount will not apply to elective procedures or those not normally covered by health insurance (cosmetic surgery).
- D. The discounted amounts will be determined by Novant Health region based upon the average discount given to contracted Managed Care Payers. The amount will be provided annually by Business Development and Sales and approved by the Novant Health Executive Team.
- E. Discounts will be reversed for any accounts where insurance payments are received.

EXCLUSIONS: This policy only applies to services rendered at Novant Health Acute and Outpatient Services and does not apply to services rendered by Novant Health ambulatory or 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.

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

Medically Elective – Procedures that an individual decides to undertake that may be helpful but are not essential or for purely cosmetic purposes (i.e. hernia repairs, carpal tunnel, cosmetic, infertility, etc).

Medically Emergent - Unexpected onset of life threatening or disabling condition which if not treated may result in loss of life or limb.

Medically Urgent – Medical Care that is not life threatening but deemed as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.

Uninsured – Any patient or responsible party that does not have health insurance.

Managed Care Payers – Includes insurance companies and benefits administrators who contract for commercial group health benefits products, whether insured or self-funded, but specifically excludes: Medicare, Medicaid, Medicare Advantage, Worker's Compensation, and the NC State Employees Health Plan.

VIII. RELATED DOCUMENTS

Charity Care, Catastrophic Settlement, Payment Plan; Admissions, Charges and Financial Counseling; Billing and Collections;

IX. REFERENCES

N/A

X. SUBMITTED BY

Novant Health Revenue Cycle Services

XI. KEY WORDS

Charity care, catastrophic, uninsured, discount, medically necessary

XII. INITIAL EFFECTIVE DATE	December 1, 2005
DATES REVISIONS EFFECTIVE	July 2011, May 2015, 02/2018
DATES REVIEWED (No changes)	(01/28/14 added HAMC), 07/2020
Date Due for Next Review	July 2023

SIGNATURE SHEET

TITLE	Uninsured Discount
NUMBER	NH-Dept-FIN-BCD-LD-111.3
TJC FUNCTIONS	LD-FM
APPLIES TO	Novant Health
DIVISION/DEPT	Corporate Finance: Billings, Collections and Discounts
ACTION	Revised

APPROVED BY:

Title	Approved By	Signature	Date
SVP of Revenue Cycle Services	Geoff Gardner		See electronic approval
EVP, CFO	Fred Hargett		See electronic approval

COMMITTEES APPROVED BY:

Committee	Chairperson/Designee	Date
N/A		



Uninsured Discount 2020

Background

Novant Health acknowledges that uninsured patients who do not qualify for the Novant Health Charity policy could be disadvantaged due to their inability to access the associated discounts afforded to contracted payers. The Uninsured Policy describes Novant Health’s commitment to offering uninsured patients, who are not eligible for the charity policy, discounts for medically necessary services. The discount amounts are to be determined by the Novant markets and based on the average discount administered to contracted Managed Care Payers.

Table 1: Novant Health, Inc. Uninsured Discounts –2020

	2020 Uninsured Discount
Greater Charlotte	
Novant Health Presbyterian Medical Center	45%
Novant Health Huntersville Medical Center	45%
Novant Health Matthews Medical Center	45%
Novant Health Charlotte Orthopedic Hospital	45%
Novant Health Rowan Medical Center	45%
Novant Health Ballantyne Outpatient Surgery	45%
Greater Winston-Salem	
Novant Health Forsyth Medical Center	35%
Novant Health Clemmons Medical Center	35%
Novant Health Kernersville Medical Center	35%
Novant Health Kernersville Ambulatory Surgical Center	35%
Novant Health Medical Park Hospital	35%
Novant Health Thomasville Medical Center	35%
Novant Health Rehabilitation Center Martinat	35%
Coastal	
Novant Health Brunswick Medical Center	45%
Novant Health Endoscopy and other Freestanding Facilities	45%
Virginia	
Novant Health Prince William Medical Center	55%
Novant Health Haymarket Medical Center	55%

TITLE	Payment Plan		
NUMBER	NH-Dept-FIN-BCD-111.2	Last Revised/Reviewed Effective Date:	March 15, 2016
TJC FUNCTIONS	LD, GO, MA		
APPLIES TO	Novant Health		
DIVISION/DEPT	Finance: Billings, Collections and Discounts		

I. SCOPE / PURPOSE

The Novant Health mission statement, “improving the health of communities’ one person at a time” reflects Novant’s not-for-profit heritage and social accountability to the communities in which we are located. All hospitals within the Novant Health healthcare system, provide medically emergent and medically urgent care to all individuals regardless of their ability to pay, according to applicable policies. It is also our acknowledgement that we serve patients who may or may not currently have insurance coverage, who do not qualify for our charity policy and may need the option of paying their outstanding balance over a period of months or years.

The purpose of this policy is to identify circumstances in which Novant Health Affiliates may assist patients with meeting their financial obligations in a fair and equitable manner. We realize that out-of-pocket expenses continue to increase and we want to ensure a fair and consistent process to accommodate our patient’s financial needs. We are committed to establishing the appropriate guidelines and procedures for communicating our assistance guidelines to our patients, their families and our staff. Our goal is to educate our staff so they can better assist patients who are struggling to pay their bills.

II. POLICY

Individuals who have an account balance regardless of whether insurance coverage is available and who do not meet the requirements of the charity care policy will be offered the option of an individual payment plan. This plan will be based upon established criteria.

Confidentiality of information and individual dignity will be maintained for all patients who seek discounts for our services. The handling of personal health information will meet HIPAA requirements.

The Novant Executive Leadership Team and/or the Novant Board of Directors must approve any modification of this policy.

Eligibility Criteria

- A. The individual does not meet Charity Care requirements, as set forth in Novant’s Charity Care Policy.
- B. Elective procedures or those not normally covered by insurance (plastic surgery, elective gastric bypass) must be paid in full prior to service.

- C. This policy applies only to active accounts receivable balances.
- D. Interest will not be incurred on any balance covered by the payment plan policy.
- E. Failure by the patient or responsible party to meet the obligations of the contract within the agreed upon time frame will result in further collection action up to and including referral to a collection agency. Accounts will be assessed for qualification for Charity Care under Novant's Charity Care Policy before they are referred to a collection agency.

Any account that is determined to have potential needs not addressed by this policy can be referred to an Assistant Director or higher in the Revenue Cycle.

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. For application of financial assistance to certain hospital outpatient departments, see the Novant Hospital Outpatient Department Financial Assistance Policy.

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

Medically Elective – Procedures that an individual decides to undertake that may be helpful but are not essential or for purely cosmetic purposes (i.e. hernia repairs, carpal tunnel, cosmetic, infertility, etc).

Medically Emergent - Unexpected onset of life threatening or disabling condition which

if not treated may result in loss of life or limb.

Medically Urgent – Medical Care that is not life threatening but deemed as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.

Uninsured – Any patient or responsible party that does not have health insurance.

VIII. RELATED DOCUMENTS

Charity Care, Uninsured Discount, Catastrophic Settlement; Admission, Charges and Financial Counseling; Hospital Outpatient Department Financial Assistance Policy

IX. REFERENCES

N/A

X. SUBMITTED BY

Novant Health Southern Piedmont and Triad Patient Financial Services

XI. KEY WORDS

Charity care, Payment plan

XII. INITIAL EFFECTIVE DATE	December 1, 2005
DATES REVISIONS EFFECTIVE	July 2011, 03/15/2016
DATES REVIEWED (No changes)	(01/28/14 added HAMC)
Date Due for Next Review	March 2019

SIGNATURE SHEET

TITLE	Payment Plan
NUMBER	NH-Dept-FIN-BCD-111.2
TJC FUNCTIONS	LD, GO, MA
APPLIES TO	Novant Health
DIVISION/DEPT	Finance: Billings, Collections and Discounts
ACTION	Revised

APPROVED BY:

Title	Approved By	Signature	Date
VP of Revenue Cycle	Melanie Wilson		See electronic approval

COMMITTEES APPROVED BY:

Committee	Chairperson/Designee	Date
Novant Executive Leadership Team	Melanie Wilson	04/03/2015