

CARTERET HEALTH CARE
FISCAL SERVICES
POLICY MANUAL

DEPARTMENT: PATIENT FINANCIAL SERVICES
SUBJECT: FINANCIAL ASSISTANCE PROGRAM

POLICY

Carteret Health Care (CHC), considers each patient's ability to pay for his or her medical care and is committed to treating all patients who have financial needs with the same respect and dignity that is extended to *all* patients. CHC intends with this policy, to establish financial assistance procedures, which furthers the community's need in which we serve.

SCOPE OF POLICY

This policy only covers medically necessary health care services provided by Carteret Health Care and does not include third party billers. Some examples include but are not limited to, Emergency Medical Physicians (EMP), radiologists, anesthesiologists, etc. Accounts relating to a liability, accident, crime or lawsuit will not qualify for an adjustment.

ELIGIBILITY

Any patient with the inability to pay for all or part of their financial responsibility to Carteret Health Care, that is either insured or uninsured, is eligible for the financial assistance program. CHC extends the financial assistance application to all patients, including employees. Applicants must be established patients. No pre-approvals will be granted.

APPLYING FOR THE PROGRAM

To apply for the financial assistance program, the applicant simply needs to fill out the Applicant Information Form and provide the supporting documentation requested depending on the patient's means of income.

Applications can be obtained by calling CHC Patient Accounts Financial Assistance Program Coordinator, (252) 499-6517 and requesting by mail. In person by picking up in the Carteret Health Care Patient Accounts office located at 501 N. 35th St. Morehead City, N.C. 28557.

Online by visiting www.carterethealth.org or on the Patient Portal.

The applicant can mail in or drop off the completed application to the Patient Accounts Department. Once the application is received, the application is processed by the Financial Assistance Program Coordinator and then sent to the Directors of Patient Accounts for review and to be signed off on. Once the signed application has been returned to the Financial Assistance Program Coordinator, an approval letter is issued by mail to the patient indicating the percentage in which the patient has qualified for.

MEDICAID SCREENING PROCEDURES

All financial assistance program applicants must be screened for Medicaid to rule out possible eligibility for additional medical assistance programs prior to receiving Carteret Health Care sponsored financial assistance benefits.

The patient may choose to either be screened at their local Department of Social Services office or by calling the Carteret Health Care Medicaid Screening Service Advocata Representative, (252) 499- 6570. The patient will provide either a Medicaid denial letter, Medicaid screening letter or copies of current Medicaid cards, *if eligible*. All letters must be dated within the last 90 days.

DENIALS, RE-APPLYING

If a patient does not include adequate documentation to make a determination, the request may be denied. The applicant will be notified by mail, and the incomplete application will be returned with a letter requesting missing documentation needed for processing the application. The applicant is allowed to provide additional documentation and must re-submit the entire, completed application to the Financial Assistance Program Coordinator.

Patients are allowed to re-apply each calendar year for the financial assistance program. Like each applicant who applies, the patient must have a current account with a self-pay balance. No pre-approvals will be granted.

PREVIOUSLY ADJUSTED ACCOUNTS

Since Carteret Health Care allows patients to re-apply for the financial assistance program each year, patients may have been approved for a different percentage from the previous year. If a patient qualified for a lower than, or the same percentage as the previous year, CHC will not make any adjustments to previously adjusted accounts.

If a patient qualified for a higher percentage for the current year than previous years, CHC will adjust the patient's previously reduced accounts, the difference in percentage.

FINANCIAL ASSISTANCE COORDINATOR

The Financial Assistance Coordinator will be the main point of contact for the financial assistance program. The Financial Assistance Program Coordinator can be reached by calling: (252) 499-6517. The coordinator duties are as follows but are not limited to:

- Assisting patients, CHC colleagues, and community with financial assistance program questions, application completion, promotion and yearly application updates.
- Communication via telephone, email, facsimile, in- person, handwritten/typed mailed correspondence.
- Prompt call backs.
- Yearly application update to all online platforms; MyNet, CHC website, Patient Portal.
- Distribution of updated application last week of December to go live January 1st, all members of Patient Accounts including Outsource & Advocata, RAAB Clinic, and Patient Access, (all areas).
- Keeping up-to-date spreadsheet of all current applicants for the year with their name, medical record number, and financial assistance determination status.
- All records both electronic and paper applications organized and filtered appropriately in Financial Assistance Documents UserFiles folders, emails and in-office filing system.