

CARTERET GENERAL HOSPITAL
FISCAL SERVICES
POLICY MANUAL

DEPARTMENT: **PATIENT FINANCIAL SERVICES**

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SUBJECT: **Charity Care and Financial Assistance**

POLICY

Carteret General Hospital (CGH) 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. CGH 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 CGH and does not include non-employed physicians and other services provided by outside vendors. Some examples of such charges from non-employed physicians and outside vendors may be related to physician fees, anesthesiology fees, radiology interpretation, and outpatient prescriptions and are not eligible for reduction.

Definitions:

An Uninsured or Underinsured Patient is an individual who has either no health insurance or has coverage that pays for only part of the bill.

Eligibility:

Any person with the inability to pay for all or part of their financial responsibility to Carteret General Hospital that either have (1) no health coverage or (2) have insurance coverage that pays for only part of the bill and (3) are not eligible for any other type of governmental or health insurance and (4) meet the income guidelines. Patients receiving elective, cosmetic or plastic surgery are not eligible for charity care or financial assistance.

Income Criteria:

<u>Income as a Percentage of HHS Poverty Income Guidelines</u>	
Less than or equal to 125%	0%
Greater than 125% but less than or equal to 150%	10%
Greater than 150% but less than or equal to 175%	20%
Greater than 175% but less than or equal to 200%	30%

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Greater than 200% but less than or equal to 225%	40%
Greater than 225% but less than or equal to 250%	50%
Greater than 250% but less than or equal to 300%	60%

How are Individuals Made Aware of the Programs:

CGH will post signs in both English and Spanish. These signs are posted in different areas of the facility such as the registration areas, the business office, outpatient clinics, and the emergency department. The

signs inform patients of the availability of charity care and financial assistance and direct the patient to the Patient Financial Services office. Every patient will receive a written notice of the availability of hospital charity care and financial assistance programs at the time of registration.

Screening Procedures for Third Party Payers and Medicaid:

All charity care and financial assistance applications will be reviewed to make sure that all third party insurance benefits have been applied to the hospital bill. Patients may not be eligible for the CGH charity care or financial assistance programs until they are determined to be ineligible for any other medical assistance programs.

Once the hospital has informed the patient about assistance and/or makes a referral to DSS, if the patient fails to cooperate or does not go for screening in a timely manner, the hospital has the option to bill the patient and pursue collection efforts, regardless of the eligibility for charity care or financial assistance.

How Does Someone Apply?

The patient or guarantor may stop by or call the Patient Financial Services Department and request an application. Applications are also available in the main patient access area of the hospital. You will be asked to provide Federal Income tax documents, Social Security and/or disability documents and other information so that we may determine which type of assistance program you may be eligible for. After the application is completed, it will be reviewed for eligibility. Based on your income and the Federal income guidelines you may be eligible for a reduction in the amount you owe or in some cases have your entire bill adjusted.

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If the request does not include adequate documentation to make a determination, the request may be denied. The applicant will then be allowed to present additional documentation. The applicant has up to six months from the date of service to apply for charity care or financial assistance and provide the hospital with a completed application. Applicants found ineligible may reapply at a future time if their financial circumstances change substantially.

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