

ORGANIZATION POLICY

POLICY TITLE: PATIENT ASSISTANCE PROGRAM

POLICY NUMBER: 124

PURPOSE:

Onslow Memorial Hospital is committed to providing charity care, through the Patient Assistance Program, to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are without the means to pay for medically necessary services, Onslow Memorial Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Charity care is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Onslow Memorial Hospital's procedures for obtaining charity care or other forms of payment or financial assistance. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow Onslow Memorial Hospital to provide assistance to the greatest number of persons in need, Onslow Memorial Hospital establishes the following guidelines for the provision of charity care to our patients.

Definitions

For the purpose of this policy, the terms below are defined as follows:

Charity Care: healthcare services that has been or will be provided and for which there is no reasonable expectation that Onslow Memorial Hospital will receive full payment. Charity care at Onslow Memorial Hospital results from Onslow Memorial Hospital's policy to provide healthcare services free to individuals who meet established criteria.

Family: a group of two or more people who reside together and who are related by birth, marriage, or adoption.

Family Income: family income is determined using the following income guidelines:

1. Include: earnings, unemployment compensation, workers' compensation, veterans' administration survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources (determined on a before-tax basis).
2. Do not include non-cash benefits (such as food stamps and housing subsidies).
3. Do not include capital gains or losses.
4. If a person lives with family members, include the incomes of all family members (non-relatives, such as housemates, do not count).

Uninsured: the patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Procedures

Services Eligible under this Policy: For purposes of this policy, Charity Care refers to healthcare services provided without charge to qualifying patients. The following healthcare services are eligible for Charity Care:

1. Emergency medical services provided in an emergency room setting.
2. Services for a condition which if not promptly treated would lead to an adverse change in the health status of an individual.
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
4. Medically necessary services evaluated on a case-by-case basis at Onslow Memorial Hospital's discretion.

Eligibility for Charity Care: Eligibility for Charity Care will be considered for those individuals who are uninsured, underinsured, and/or ineligible for any government health care benefit program and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of Charity Care shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social status, sexual orientation or religious affiliation.

Determination of Financial Need: Financial need will be determined in accordance with procedures that involve an individual assessment and may:

1. Include an application process in which the patient or the patient's guarantor is required to cooperate and supply personal, financial and other documentation relevant to making a determination of financial need.
2. Include reasonable efforts by Onslow Memorial Hospital to explore appropriate alternative sources of payment and coverage from public programs and to assist patient to apply for such programs.

It is preferred but not required that a request for Charity Care and a determination of financial need occur prior to the rendering of services. The need for patient assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than thirty (30) days prior to a new application or at any time additional information relevant to the eligibility of the patient for charity becomes known.

Onslow Memorial Hospital's policies and principals of placing great emphasis on respecting human dignity and providing good stewardship to those in need shall be reflected in the application process and in the determination of financial need for assistance in paying for medical care. All requests for Charity Care shall be processed promptly and Onslow Memorial Hospital shall notify the patient or applicant in writing within thirty (30) days of receipt of a completed application.

Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for Charity Care but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Charity Care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Onslow Memorial Hospital may use outside agencies in determining estimated income amounts for the basis of determining Charity Care eligibility.

In certain extraordinary circumstances, presumptive eligibility may be determined on the basis of individual life circumstances that include:

1. Being homeless or having received care from a homeless clinic.
2. Being deemed eligible for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down).
3. Situations involving a deceased patient with no known estate assets or formal administration proceeding.

Patient Charity Guidelines: Services eligible under this Policy will be made available to the patient in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination as follows:

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1. Patients whose family income is under 200% of the FPL are eligible to receive Charity Care.
2. Patients whose family income exceeds 200% of the FPL may be eligible to receive assistance on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Onslow Memorial Hospital.

Communication of the Charity Care Program to patients and the Public:

Information regarding the Patient Assistance Program is available from Onslow Memorial Hospital upon request and is published by various means, including notices posted in the emergency department, patient access department, and the patient financial services office, as well as other public places with high traffic and likelihood of being seen the public. In addition, information regarding the Patient Assistance Program is printed on notices sent out with patient billing statements. Such information shall be provided in the primary language spoken by the population serviced by Onslow Memorial Hospital. Referral of patients for Charity Care may be made by any member of the Onslow Memorial Hospital employee staff or medical staff. Applications for Charity Care may be submitted by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

Relationship to Collection Policies: Onslow Memorial Hospital management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualified for charity care, a patient's good faith effort to apply for a governmental program or for charity care from Onslow Memorial Hospital, and a patient's good faith effort to comply with his or her payment agreements with Onslow Memorial Hospital. Onslow Memorial Hospital will not impose wage garnishments or pursue liens on primary residences with respect to patients who have applied for and been deemed eligible by Onslow Memorial Hospital for Charity Care and who are also cooperating in good faith to resolve their hospital bills..

Regulatory Requirements: In implementing this policy Onslow Memorial Hospital management and facilities shall comply with all other federal, state, and local laws, rules and regulations that may apply to activities conducted pursuant to this Policy.

EFFECTIVE DATE: May 2009

REVISION DATE: May 14, 2010

APPROVED BY:

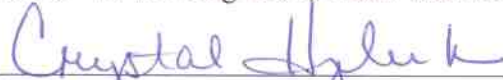


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