Patient Accounts

Hospital Policy for Medical Debt Mitigation/Presumptive Eligibility:
NC Medical Debt Relief Incentive Program

Policy Title: Medical Debt Mitigation/ Presumptive Eligibility

Policy Number:

Effective Date: January 1, 2025

Review Date: June 30, 2025

Revised By: Whitney Chigas 11/01/2024
Carteret Health Care Financial Assistance Program Coordinator

Purpose: To establish a framework for identifying and providing presumptive eligibility for medical debt relief to patients who are North Carolina residents. This policy aims to reduce the financial burden on eligible patients and ensure timely access to necessary medical services.

Scope: This policy applies to all hospital staff involved in patient care, billing, and financial assistance services.

Policy Statement

Carteret Health Care, in accordance with the North Carolina Medical Debt Mitigation Policy, is committed to preventing medical debt accumulation through a presumptive process for eligible patients. This policy ensures that eligible patients receive access to financial assistance resources as outlined in the N.C. Medical Debt Relief Incentive Program (NC MDRIP). This policy applies to hospital inpatient and outpatient services only, excluding professional services or retail pharmacy.

Definitions

- **Presumptive Eligibility:** A process that allows patients to receive medical debt relief based on preliminary information regarding certain non-income based criteria.
- **CHC Financial Assistance Program, also known as 'Charity Care':** Financial assistance provided to eligible patients to cover medical expenses that do not meet eligibility guidelines for the NC MDRIP initiative.

Procedures

1. Eligibility Criteria

- Patients must be:
  - Residents of North Carolina.
  - Respond in the affirmative to the non-income based criteria questions during the registration process.

2. Identification and Screening

- During patient encounters, staff will:
  - Use a screening tool to identify eligible patients.
  - Notify patients prior to discharge on eligibility regarding non emergency department services, or for emergency department services, notification of eligibility will occur prior to issuing bill to patient.

3. Discounts Available for Eligible Patients

i. Discount of 100% for individuals with incomes below 200% FPL.
ii. Discount of at least 75% for individuals with incomes between 200% – 250% FPL.
iii. Discount of at least 50% for individuals with incomes between 250% - 300% FPL.
iv. Discounts must be applied to the amount the patient owes (i.e. accounting for contractual allowances and insurance payments, if applicable) or the "amount generally billed" for uninsured individuals.[1]
v. Discounts must apply consistently to uninsured and insured individuals and to all NC residents.

4. Financial Assistance Communication

- Staff will inform patients of an alternative pathway who are not deemed presumptively eligible during their hospital visits and provide written materials outlining the financial assistance process, benefits and encourage the patient to apply for the hospital's program with the documentation outlined within the CHC Financial Assistance Application.

- The application will be available in multiple formats (and languages), ensuring accessibility for all patients. The application can be obtained physically at the facility at time of service, online at www.carterethealth.org , housed on MyNet intranet for staff, as well as a hardcopy request by mail/email to the Carteret Health Care Financial Assistance Program Coordinator requested via email or phone.

DEPT DIRECTOR'S APPROVAL: _____ DATE: _____

ADMINISTRATIVE APPROVAL: _____ DATE: _____

5. Policy Revision

- The hospital's financial assistance policy will be revised annually to incorporate the presumptive eligibility criteria and procedures.

6. Monitoring and Reporting

- A tracking system will be established to monitor all reclassifications and debt relief provided under this policy.
- Regular reports will be submitted to the administration to assess the effectiveness/functionality and implementation of the policy.

7. Training and Education

- All relevant staff will receive training on this policy to ensure consistent application and communication with patients.
- Ongoing education will be provided to keep staff informed of any changes to NC MDRIP requirements/policy updates, the CHC financial assistance resources/ application.

8. Policy Review

- This policy will be reviewed annually or as needed to ensure it remains compliant with applicable laws and regulations and meets the needs of our patients.

Responsibilities

- **Financial Assistance Program Coordinator + Patient Accounts Director:**
  FAP Coordinator: Ensure staff are trained and the policy is implemented effectively. Ensure all materials, forms, applications and policies are up to date, accessible, and keep open lines of communication with superiors, colleagues/hospital staff, patients and patient advocates alike.
  PT Accounts Director: Support the FAP Coordinator's efforts and implementation of the policy with department staff, PT Access Director/Staff and assist in holding immediate staff accountable for screening /identification.
- **Fiscal Services Senior Director + VP of Fiscal Services:** Monitor compliance with the presumptive eligibility process and report findings.

- **All CHC Staff:** Communicate the availability of financial assistance and presumptive eligibility to patients.

Requirements of Medical Debt Mitigation (MDMP)

Emergency Department Services Co-Pay: For emergency department services, hospitals to collect a fee from insured and uninsured patients that is the greater of (1) the amount the patient would owe based on the percentage discounts specified in the MDMP (Section 3 above), or (2) $35, not to exceed cost-sharing under the patient's health plan (for insured patients).

Payment Plans: Refined requirements around payment plans for individuals with incomes between 200-300% of FPL to require that institutions offer a payment plan that does not exceed a duration of 36 months with monthly payments no greater than 5% of monthly household income ("36 month/5% income plan"). The Institution may offer alternative payment plans that exceed 36 months, but the aggregate amount collected from the patient—inclusive of principal and interest—shall not exceed what would have been collected under the 36 month/5% income plan.