

**McKINLEY COUNTY
COUNTY HEALTH CARE PROGRAM CHECKLIST GUIDELINES**

PURPOSE:

The County Health Care is established pursuant to the Indigent Hospital Claims Act. The general purpose of this program is to recognize the county's responsibility for medical care of the indigent patient.

WHO CAN APPLY:

Residents of McKinley County with a valid social security number may apply for assistance. If the patient is an adult or emancipated minor (over the age of 16 and either married or in the Armed Service or emancipated by Court Order), the patient must file the application.

Emancipation of a minor takes place when the parent freely and voluntarily agrees with his child, who is able to care and provide for himself, that he may leave the home, earn his living and do as he pleases with his earnings.

If the patient is a minor, a parent or guardian having legal custody may file an application.

If the Patient is deceased or incapable of making an application on his/her own behalf, an application may be filed by a relative of the Patient, the Patient's guardian or conservator, by a personal representative of a deceased person, or by a person with power of attorney for the Patient.

Applications may not be filed by an un-emancipated minor (See Definition Above), a parent or guardian who does not have legal custody, by a patient who is incompetent or by an individual without legal authorization to act on the patient's behalf.

WHAT IS THE TIMELINE FOR APPLYING:

A claim must be submitted within 90 days from the date of discharge or date of the last payment or adjustment on the account, or within six (6) months if being submitted by a Sole Community Provider.

Applications will not be accepted prior to the use of medical services.

HOUSEHOLD MEMBERS:

All individuals living in the household, whether related or not are household members. A group of individuals co-dependent on each other, living under one roof and who purchase and prepare food and pay for shelter and utilities jointly and not identified, as separate family units are household members. A single individual living alone is a household member constitutes the entire household.

PERSONAL CONTACT:

Make sure you note a daytime phone number for the contact.

PROOF OF INCOME:

The annual total household income will be considered as all household income received twelve months prior to medical services, the twelfth month will be the month of medical services.

Employment status for applicant and spouse/partner must be documented for the month prior to applying as follows:

Employed:

- Current Check Stubs
 - 4 stubs if paid weekly
 - 2 stubs if paid bi-weekly
 - 1 stub if paid monthly
- Letter from employer on company letterhead indicating monthly gross and net wages

Social Security, General Assistance, Veterans Administration, Unemployment, Retirement, etc., recipient:

- Current award letter
- Copy of bank statement showing amount
- Copy of check

Self-employed:

- Copy of complete current tax return
- Current financial statement of earnings (profit/loss statement)

Unemployed:

- Unemployment Verification Form

NOTE: Child support, alimony, income from property rental, and school financial aid are considered income.

PROOF OF RESIDENCY:

- Documentation must verify the physical address on the application
- Documentation must verify the applicant was a McKinley County resident for 90 days prior to the date of service
- If the applicant has moved since the date of service, you must get proof of current residency and residency 90 days prior to the date of service
- Any of the following may be used to prove residency:
 - Note they are a home or property owner – CHC Indigent will request a tax assessment on the property if they cannot provide a copy of their current tax bill
 - Current drivers license or ID card from Motor Vehicle Department (No PO Boxes)
 - Rental lease agreement
 - Current utility bill
 - Notarized written statement from non-relative landlord verifying the address the individual lives at and the amount of rent

- Voter registration
- Document from a state agency such as a check or award letter from the Social Security Administration, Income Support Division, etc.
- Bank statement
- W-2 form with current address
- Current check stub showing name, current address and date of issue
- Notarized letter from a non-relative property owner verifying the individual lives as the specified address – CHC Indigent will request a tax assessment on the property to verify the individual is a property owner
- IF HOMELESS – a letter from the shelter where the individual has been staying or from a property owner stating the individual was in the county for 90 days prior to the date of admission

CLAIM ELIGIBILITY AND LIMITATIONS FOR CHC APPROVAL OR PAYMENT:

The County Hospital and Health Care Act limits approvals or payments to the “Customary fee schedule” for hospital care normally consisting of general medical treatment, and shall not exceed \$15,000 for McKinley County Sole Community Provider and \$7,500 for all other hospitals in any fiscal year per patient.

- Third party deductibles will not be considered. No amount will be paid on a patient’s claim for which there is another source of payment such as Medical Insurance, Insurance Settlements, Medicare, Medicaid, Indian Health Service Deductibles or any other type of funding source.

INSURANCE OR MEDICAID/MEDICARE DENIALS:

- A letter of denial from the insurance company, Medicare or Medicaid stating why the claim was denied is needed before Indigent Services will consider the claim
- If the individual is applying for Social Security Disability, Medicare or Medicaid – do not send the application to Indigent Services until the application has been processed. If the individual’s application is approved, they will not qualify for Indigent Assistance. If the individual’s application is denied, provide a copy of the denial letter with the application.

OB-RELATED CASES:

- All OB patients must apply for Medicaid
- If Medicaid is denied, provide a copy of the denial letter
- If the insurance carrier denied the claim – provide a copy of the denial letter stating the reason for the denial

ASSETS:

- Asset portion of the application must be filled out completely
- Applicants with liquid assets in excess of \$20,000 per household or \$10,000 for a single individual shall be ineligible for CHC assistance.
- **Attach statements for all liquid assets**

MISCELLANEOUS ITEMS:

Waiver Requests

Make sure that all claims are being submitted within the filing timeframe of 6 months for sole community providers and 90 days from the date of service for all other providers. If not, attach a waiver.

Notarize Documents

Make sure that all documents requiring a notary signature and stamp have both a signature and stamp.

SERVICES NOT COVERED BY INDIGENT:

County Health Care does not pay bills from the following providers:

- Physicians
- Radiology
- Any Laboratory (TriCore, etc.)
- Anesthesia Services
- Any for-profit Ambulance
- Any for-profit hospital except UNM Health Sciences Center and Presbyterian Hospital.

RESOURCES:

McKinley County Health Care Services staff realizes that there will be special circumstances and unclear situations. Please feel free to call Marci Clarke, CHC Coordinator at 722-3868 for advice, guidance or clarification. The office is staffed Monday – Friday 8:00 a.m. – 5:00 p.m.

ATTACHMENT: County Health Care Application