

Southeastern Ohio Regional Medical Center

DEPARTMENT: Patient Financial Services **PREPARED BY:** PFS

SUBJECT	REVISED/REVIEWED	EFFECTIVE
HCAP Policy & Procedure (Hospital Care Assurance Program)	February 10, 2017	May 22, 1992

DESCRIPTION: The Hospital Care Assurance Program is administered by the Ohio Department of Job and Family Services and governed by state and federal requirements. The program is intended to ensure un-insured or under-insured Ohio residents with income at or below the federal poverty guidelines receive emergency and other urgent medically necessary hospital-level care free of charge. Patients eligible for financial assistance will not be charged more than amounts generally billed for any emergency or other medically necessary care. When a patient is found to be eligible for HCAP a 100% discount will be applied to the total gross charges for their care.

AMOUNT GENERALLY BILLED:

LIMITATIONS: The HCAP Program establishes a limit of three-years on all applications based on the current year. For outpatient hospital services, the hospital may consider an eligibility determination to be effective for ninety days from the initial service date, during which a new eligibility determination need not be completed. Eligibility for inpatient hospital services must be determined separately for each admission, unless the patient is readmitted within forty-five days of discharge for the same underlying condition.

PROCEDURE:

- An uncompensated care (Financial Assistance) application must be completed by the patient, responsible party, or a hospital representative.
Financial Counselors are located on the Ground, 1st, and 4th floors of SEORMC are available Monday through Friday to assist with the completion of a Financial Assistance application.
 - a. Patients are afforded the opportunity to apply for Financial Assistance at the time services are rendered.
 - b. Patients can obtain a Financial Assistance application on our hospital website at www.seormc.org.
 - c. Financial Assistance applications are printed on the back of all billing statements.
 - d. Patients can request a Financial Assistance application by mail, email, phone, or in person at any time.
 - e. Applications can be submitted in person, by mail, by email to FinancialCounselors@seormc.org, or by phone in the event the patient or financially responsible individual is unable to submit their application by any other means.
- The Financial Counselor will make a determination of the eligibility based upon the following criteria:

- a. The patient must not be in receipt of Medicaid benefits.
 - b. The patient must be in full compliance regarding any insurance determinations.
 - c. The patient must be an Ohio resident, based on address at the time the medical service is provided.
 - d. The household income must be at or below 100% of the federal poverty guidelines.
- Upon completion of the application, a determination of eligibility will be made and supplied as quickly as possible, generally within 30 days of receipt of the application. All approved and denied applications will be scanned in the patient's record.
 - Income is determined by multiplying by four the patient's or family's income, as applicable, for the three months prior to the month hospital services were provided or by providing twelve months' history of income. The hospital must calculate income using both methodologies and use the result that is most beneficial for the patient to support eligibility for free care. Income documentation must support income immediately preceding the three month/twelve-month period prior to the month of service and can include the following: pay checks, tax return (as applicable for DOS or for self-employment), SSA notification letter, or signed application.
 - Proof of a patient's income is not currently required, however the application must be signed by the patient or patient's representative affirming that the verbal or written statement provided is accurate to the best of their knowledge and is income that was received in the three/twelve months prior to their month of service. SEORMC reserves the right to request proof of income based on review of the totality of the application process. If an applicant states the patient's or family's income was zero, a brief explanation containing how the family has survived with zero income must be included on the application.
 - In the event that conflicting income information is submitted on the FA application, proof of income may be requested at SEORMC's discretion to verify eligibility.
 - For HCAP purposes, "family" is defined as the patient, the patient's spouse, and all of the patient's children under the age of 18 (natural or adoptive) who live in the patient's home.
 - If a patient has made a payment/deposit on an account, and applies for assistance on that account and is determined eligible for the balance to be written off to HCAP, then any monies that the patient paid on the account will be refunded to the patient.

Emergency Care:

- SEORMC is currently contracted with Emergency Consultant Inc. – SymMetric Revenue Solutions, Inc. to deliver emergency and medically necessary care in the Emergency Department.

- SymMetric Revenue Solutions is covered by SEORMC's Financial Assistance policies and all applicable discounts are applied by SymMetric Revenue Solutions, Inc. upon proof of eligibility.

Other Providers

- Patients may receive bills from other providers for services rendered while at SEORMC. These providers are not covered under SEORMC's Financial Assistance policies.
- Please see the Provider Addendum for a listing of our most common providers.

Notifying Patients

- SEORMC will make all reasonable efforts to notify patients of the availability of Financial Assistance
 - a. FA applications are printed at the time of Registration
 - b. Plain language summary of FAP is available at the time of Registration and in Inpatient discharge binders.
 - c. Financial Counselors review self-pay reports daily to identify any uninsured potentially eligible patients who may have been missed at the time of registration
 - d. FA applications are printed on the back of billing statements
 - e. FA applications are available on the SEORMC website
 - f. Financial Counselors work reminder lists and mail FA application packets to patients with an outstanding balance within 30 days of their first billing statement
 - g. Financial Counselors follow up by phone, email, or mail with any patients who submit an incomplete FA application.

Measures to Publicize

- SEORMC publicizes its Billing, Collections, HCAP, and Charity policies on our website <http://www.seormc.org>

Individuals with access to the internet can access, download, view, and print a hard copy of these documents from the website without creating an account or being otherwise required to provide personally identifiable information.
- Paper copies of Financial Assistance policies are available upon request and without charge in the Emergency Department waiting area, at volunteer desks on the first and ground floors, first floor Financial Counseling offices, and by mail.
- Conspicuous public displays of a noticeable size are located in the ED and Outpatient waiting areas and in ancillary public patient waiting areas to attract visitor's attention

- SEORMC billing statements include a written notice that informs and notifies the recipient about the availability of financial assistance under SEORMC's Financial Assistance policies – a Financial Assistance application is provided on the back of billing statements.
- SEORMC offers a plain language summary of our Financial Assistance policies to patients as part of our registration process.
- Information on how to access SEORMC's Financial Assistance application and Billing, Collections, HCAP, and Charity policies is provided in our on-line patient portal.

In the Event of Nonpayment

- SEORMC does not list accounts to Collections until a minimum of 161 days from their initial billing statement.
- SEORMC does not authorize the Collection agency to initiate any Extraordinary Collection Activities (ECA) until all efforts have been made to notify the patient/guarantor of the availability for financial assistance or until a minimum of 240 days after their initial billing statement.
- However, the patient/guarantor has up to the 240th day after the first billing statement to apply. If the patient/guarantor applies within that time the agency will suspend collection activities until a determination is made on their eligibility for financial assistance.
- SEORMC makes all reasonable attempts (as noted in this policy) to notify patients of Financial Assistance prior to initiating any ECAs.
- Potential ECAs could include:
 - a. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
 - b. Place a lien on an individual's property;
 - c. Attach or seize an individual's bank account;
 - d. Garnish an individual's wages.
- SEORMC maintains separate Billing and Collection policies. These policies are available upon request free of charge. Copies can be viewed online at <http://www.seormc.org> or by contacting a Financial Counselor.