

Southeastern Ohio Regional Medical Center

DEPARTMENT: Patient Financial Services

SUBJECT	REVISED/REVIEWED	EFFECTIVE
HCAP Policy & Procedure (Hospital Care Assurance Program)	January 2021	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.

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. 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 provided to the patient in writing. 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 gross 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.

Notification of Financial Assistance

- SEORMC will make all reasonable efforts to notify patients of the availability of Financial Assistance
 - a. Information materials, including copies of this policy, a plain language summary of this policy, and the application are available at registration, by mail without charge to the patient, and online at www.seormc.org
 - b. A summary of the FAP is provided in Inpatient discharge binders.
 - c. Financial Counselors review self-pay reports daily to identify any uninsured potentially eligible patients
- Paper copies of Financial Assistance policies are available upon request and without charge in the Emergency Department, 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
- SEORMC maintains separate Billing and Collection policies with full descriptions of these processes. 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.

Other Providers

Services which are separately billed by other healthcare providers, even in if provided at SEORMC, are not covered by this policy.

A hospital specific list of providers who provide services in the hospital who are not covered by this policy is outlined below:

- Emergency and Hospitalist Physicians (OVP)
- Anesthesiology (Northstar)
- Radiology (Radiology Partners)