

## ***Southeastern Ohio Regional Medical Center***

**DEPARTMENT:** Patient Financial Services

**APPROVED BY:** SEORMC Board of Directors

**SUBJECT**

Charity Care Policy & Procedure

**REVISED/REVIEWED**

January 2021

**EFFECTIVE**

May 22, 1992

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**DESCRIPTION:** Guernsey Health System's Charity Care program provides assistance to eligible patients with a financial obligation for emergency and other medically necessary care provided at Southeastern Ohio Regional Medical Center or Superior Med for whom other payment resources are not available. Patients whose income is at or below 250% of the federal poverty guidelines and meet the eligibility requirements for Charity 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, a discount ranging from 55-100% based on their income will be applied to the total gross charges for their care or their balance after insurance payments and adjustments.

**AMOUNT GENERALLY BILLED:** For patients who are determined to be eligible for a Financial Assistance Program, SEORMC will not hold the patient responsible for more than the "amount generally billed" (or AGB) by the hospital. The AGB percentage is calculated using the "Look-Back" method, as defined in federal regulations. SEORMC calculates its AGB percentage based on all claims allowed by Medicare and private health insurers over a 12-month period, divided by the hospital's associated gross charges for those claims. The AGB percentage equals a 55% discount off gross charges. This calculation is updated annually. Members of the public may obtain a written copy of the hospital's specific AGB calculation charge by calling the Customer Call Center or writing to Financial Counseling, 1341 Clark Street, Cambridge, Ohio 43725.

**LIMITATIONS:** SEORMC's Charity Care program establishes a limit of three-years on all applications based on the current year. For outpatient hospital services, a 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 Counselor offices are located on-site at SEORMC. Counselors 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](http://www.seormc.org).

- c. Patients can request a Financial Assistance application by mail, email, phone or in person at any time.
  - d. Applications can be submitted in person, by mail, by email to [FinancialCounselors@seormc.org](mailto: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 household income must be at or below 250 % of the federal poverty guidelines. Sliding Scale discounts range from 100 to 55% of balance due based on FPL.

<u>Household Income as % of FPL</u>	<u>Discount Amount</u>
101-150%	100%
151-200%	65%
201-250%	55%

- If the applicant is insured, they are eligible for a Charity discount after all insurance payments and adjustments are applied.
- Upon completion of the application, a determination of eligibility will be made, and written notification supplied to the application. All approved and denied applications will be scanned in the patient's record.
- Income is determined by multiplying by four the person 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 charity.
- Proof of a patient's income is not 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. Income documentation can include the following: pay checks, tax return (as applicable for DOS or for self-employment), SSI notification, or signed application.
- 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.
- For Charity Care 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 conflicting income information is submitted on the FA application, proof of income may be requested at SEORMC's discretion to verify eligibility.

- Self-Pay Discount – patients who are uninsured, who do not qualify for HCAP, a Charity discount or a hardship discount, and, therefore, do not qualify as an eligible patient under this policy, are eligible for the Self Pay Discount for emergent or other medically necessary services they receive. The Self Pay Discount is currently a 35% reduction of the total charges. In no instance is a patient eligible for a self-pay discount and a charity discount. A patient can qualify for one or the other only.

### **Presumptive Charity Determination**

- SEORMC recognizes that some patients may not be able to provide all of the information necessary to submit a complete application in accordance with the requirements of this policy, or may otherwise be unable to complete an application at all and reserves the right to determine a patient's eligibility for Financial Assistance based on the following circumstances:
  - a. Patient is deceased with no known estate;
  - b. Patient is homeless and /or has given a shelter address during the registration process, or mail returned as homeless;
  - c. Patient was incarcerated during the 3 or 12 months prior to the date of service;
  - d. In exceptional cases, verbal application/attestation by a patient may be deemed acceptable after 30 days of due diligence on efforts to obtain a patient's signature;
  - e. Patient has Out of State Medicaid and SEORMC does not have a provider number for this state;
  - f. Patient was Medicaid recipient either before or after date of service;
  - g. Catastrophic case approved for partial charity due to high outstanding balance(s);
  - h. Patient was HCAP/Charity eligible either before or after date of service;
  - i. Patient's current income and family size qualifies the patient for charity care under this policy and, therefore, may be determined eligible for prior dates of service, inpatient and outpatient;

### **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](http://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)