

 <b>Coshocton Regional Medical Center</b> <b>DEPARTMENTAL POLICY AND PROCEDURE</b>		<b>Page(s):</b>	<b>1 of 8</b>
		<b>Policy #:</b>	22. PFS-A05
<b>Manual:</b>	<b>Patient Financial Services</b>	<b>Formulated:</b>	<b>070108</b>
<b>Subject:</b>	<b>Charity Care Policy (Non-Profit Facilities)</b>	<b>Reviewed:</b>	<b>12/2010</b>
<b>Governing Board Approval</b>	<b>Date:</b> February 18, 2020	<b>Revised:</b>	04/2013, 01/2018, 01/2019

**Policy:**

Prime Healthcare Non-Profit Facilities will offer a charity care program for those patients who meet the eligibility tests described below and comply with the requirements of Ohio Administrative Code (OAC) 5160-2-07.17, established by the Ohio Department of Medicaid (ODM) on the allowance and documentation of free and uninsured hospital services related to the Hospital Care Assurance Program. A significant component of Prime Healthcare Non-Profit Facilities is to provide care for patients in times of need. Prime Healthcare Non-Profit Facilities provides charity care as a benefit to the community we serve as a not-for-profit hospital. To this end, Prime Healthcare Non-Profit Facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and charity care programs. All patients will be treated fairly, with compassion and respect.

Financial assistance policies must balance a patient’s need for financial assistance with the hospital’s broader fiscal stewardship.

Outside debt collection agencies and the hospital’s internal collection practices will reflect the mission and vision of the hospital.

Financial assistance through discount payment and charity care programs is not a substitute for personal responsibility. It is the patients’ responsibility to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their ability to pay.

**Procedure:**

**1. Eligibility for Participation in Charity Care Program**

**A. Self-Pay Patients**

A patient qualifies for the Charity Care Program if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, as determined and documented by the hospital; (2) the patient’s injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the patient’s family income family income does not exceed 350% of the current Federal Poverty Level; **and** (4) the patient has monetary assets of less than \$10,000.00.

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**B. Insured Patients**

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for the Charity Care Program.

**C. Other Circumstances**

The Director of the Hospital's Patient Financial Services, (PFS) Department shall also have the discretion to extend charity care or a discount to patients under the following circumstances:

(i) The patient qualifies for limited benefits under the State's Medicaid Program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital.

(ii) The patient qualifies for a Medically Indigent Adult Program offered by a county other than the one in which the Hospital is located.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity or a discount, i.e., homeless;

(iv) A Third-Party Collection Agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or a discount be offered.

**D. Definition of Patient's Family & Determination of Family Income**

Using the Ohio Administrative Code definition, the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children, natural or adoptive, under the age of eighteen who live in the home. If the patient is under the age of eighteen, the "family" shall include the patient, the patient's natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)' children, natural or adoptive, under the age of eighteen who live in the home. If the income of a spouse or parent who does not live in the home cannot be obtained, or the absent spouse or parent does not contribute to income to the family, determination of eligibility shall proceed with the available income information. If the patient is the child of a minor parent who still resides in the home of the patient's grandparents, the "family" shall include only the parent(s) and any of the parent(s)' children, natural or adoptive, who reside in the home.

Documentation of family income shall be limited to recent pay stubs or tax returns.

In determining a patient's monetary assets, the hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred compensation plans, the first ten thousand dollars (\$10,000.00) of monetary assets, and fifty percent (50%) of the patient's monetary assets over the first ten thousand dollars (\$10,000.00).

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### **E. Federal Poverty Levels**

The measure of 350% of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The current Federal Poverty Levels are as follows:

<b>POVERTY GUIDELINES - 2020</b>						
PAY		25%	50%	75%	100%	
# in household	Poverty Guideline	200%	201-250%	251-300%	301-350%	
1	\$12,760	\$25,520	\$31,900	\$38,280	\$44,660	
2	\$17,240	\$34,480	\$43,100	\$51,720	\$60,340	
3	\$21,720	\$43,440	\$54,300	\$65,160	\$76,020	
4	\$26,200	\$52,400	\$65,500	\$78,600	\$91,700	
5	\$30,680	\$61,360	\$76,700	\$92,040	\$107,380	
6	\$35,160	\$70,320	\$87,900	\$105,480	\$123,060	
7	\$39,640	\$79,280	\$99,100	\$118,920	\$138,740	
8	\$44,120	\$88,240	\$110,300	\$132,360	\$154,420	
add each additional person after 8	\$4,480	\$4,480	\$4,480	\$4,480	\$4,480	

The [Federal Register notice for the 2020 Poverty Guidelines](#) was published February 1, 2020.

### **2. Charity Care**

The patient balances for those patients who qualify to participate in the Charity Care Program, as determined by the hospital, shall be reduced to a sum equal to \$0 with the remaining balance eliminated and classified as charity care.

### **3. Resolution of Disputes**

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed and resolved by the Hospital's Chief Financial Officer.

### **4. Notices**

In order to ensure that patients are aware of the existence of the Charity Care Program, the following actions shall be taken.

#### **A. Written Notice to Patients**

Each patient who is seen at a Prime Healthcare Non-Profit Facility, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

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### **B. Posting of Notices**

The notice attached hereto as Exhibit 2 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) Other Outpatient Settings. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

### **C. Notice to Accompany Bills to Potentially Eligible Patients**

Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the hospital and the notice attached hereto as Exhibit 3. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital.

## **5. Efforts to Information Regarding Coverage & Applications for Medicaid and Health Families**

Prime Healthcare Facilities shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient including, but not limited to, the following:

(1) private health insurance; (2) Medicare; and/or (3) the Medicaid program, the Healthy Families Program, or other state-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third-party payor or requests a discounted price or charity care then the patient shall be provided with an application for the Medicaid, the Healthy Families Program, or other governmental program prior to discharge.

### **6. Collection Activities**

Prime Healthcare Non-Profit Facilities may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Prime Healthcare Non-Profit Facilities shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements.

Neither Prime Healthcare Non-Profit Facilities nor any collection agency utilized by Prime Healthcare Non-Profit Facilities shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after the initial billing if the patient lacks third party coverage or for a patient that provides information that he or she may qualify for the Charity Care Program.

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In addition, if a patient is attempting to qualify for eligibility under Prime Healthcare Non-Profit Facilities Charity Care Program and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, Prime Healthcare Non-Profit Facilities shall not send the unpaid bill to any collection agency.

Prime Healthcare Non-Profit Facilities shall not, in dealing with patients eligible under the Charity Care Program, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills who are cooperating in good faith to resolve their hospital bills.

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**EXHIBIT 1**

**Charity Care & Discounted Payment Program**

Patients who lack insurance or have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or charity care. Prime Healthcare Non-Profit Facilities PFS Designee, at the Hospital may be contacted at **(740-623-4244)** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **(1-800-377-8712)** for further information.

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## **Exhibit 2**

### **CHARITY CARE & DISCOUNTED PAYMENT PROGRAM**

PATIENTS WHO LACK INSURANCE OR HAVE INADEQUATE INSURANCE AND MEET CERTAIN LOW-AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENTS SHOULD CONTACT PRIME HEALTHCARE NON-PROFIT FACILITIES PFS DESIGNEE, at **(740-623-4244)** TO OBTAIN FURTHER INFORMATION. THE EMERGENCY DEPARTMENT PHYSICIANS, WHO ARE NOT EMPLOYEES OF THE HOSPITAL, MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT **(1-800-377-8712)** FOR FURTHER INFORMATION.

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### Exhibit 3

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, Healthy Families, or other similar programs. If you have such coverage, please contact our office at **(740-623-4244)** as soon as possible so the information can be obtained, and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, Healthy Families, Prime Healthcare Non-Profit Facility Discounted Payment Program, or Charity Care. For more information about how to apply for Medicare, Medicaid, Healthy Families, or other similar programs, please contact the Prime Healthcare Non-Profit Facility PFS Designee at **(740-623-4244)** who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact the Prime Healthcare Non-Profit Facility or PFS Designee, at **(740-623-4244)** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **(1-800-377-8712)** for further information.