

**HARRISON COMMUNITY HOSPITAL**

951 East Market Street, Cadiz, Ohio

43907

**SUBJECT: Financial Assistance Policy**

**POLICY: Harrison Community Hospital (HCH or Hospital) will offer free or discounted care based on specific income criteria as defined by the Federal Poverty Guidelines.**

**PROCEDURE: The following steps will be used to determine eligibility for free or discounted care.**

**DEFINITIONS:**

**FAMILY:** Family shall be defined as the patient, the patient's spouse, and all of the patient's children, natural and adoptive under the age of eighteen who live at home. If the patient is under the age of eighteen the family shall include the patient, the patient's natural or adoptive parent(s) and the parent(s) children, natural or adoptive under the age of eighteen who live in the home. If the patient is a 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) natural or adoptive children who reside in the home.

**INCOME:** Income shall be defined as the previous year total income including: salaries, wages and cash receipts before taxes: receipts that reflect reasonable deduction for business expenses shall be counted for both farm and non-farm self-employment. Noncash benefits such as food stamps and housing subsidies do not count toward total income.

**AMOUNTS GENERALLY BILLED (AGB):** defined as the amounts generally billed to insured patients who receive emergency or medically necessary care at HCH, as calculated and described in this Policy.

**GROSS CHARGES:** total charges at the Hospital's full established rates, prior to deductions.

*FINANCIAL ASSISTANCE (HCAP):* Eligible Patients who are at or below 100% of FPL will have 100% of the gross charge balance adjusted to HCAP adjustment (i.e. free care) for the emergency and medically necessary care they received from the Hospital.

*CHARITY CARE:* Eligible Patients who are between 101%-200% of FPL will receive a discount off gross charges for the emergency and medically necessary care provided by the Hospital based on the Charity Care Guidelines Sliding Scale (see attached).

*UNINSURED:* a patient with no insurance coverage, including 3<sup>rd</sup> party liability, or marketplace exchange product.

*FEDERAL POVERTY LEVEL (FPL):* Is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. FPL guidelines are published annually in the Federal Register. This Policy is updated annual to reflect the newly published FPL guidelines.

*ELIGIBLE PATIENT:* a patient of the Hospital that applies for and is approved by Hospital to receive Financial Assistance (HCAP) or Charity Care pursuant to this Policy. Patients that apply for and receive discounts from the Hospital other than HCAP and Charity Care are not considered Eligible Patients for the purposes of this Policy.

*MEDICALLY NECESSARY CARE:* Financial Assistance (HCAP) and Charity Care provided under this policy are applicable only to emergency or other medically necessary healthcare services provided by the Hospital or a provider to whom this policy is applicable, as indicated on Appendix A hereto. Determinations as to whether care is medically necessary are based upon the generally accepted standards of medicine in the community served by the Hospital.

## **A. General Guidelines**

1. A recipient of the Ohio Medicaid Program is not eligible for HCAP. (OAC Rule 5101:3-2-07.17)
2. If the patient is covered under a third-party insurer or a governmental program, the third party will be billed and any payment received will be applied to the account first. Any remaining balance on the account will be considered for financial assistance.
3. Family income at 100% or less of the FPL will qualify a patient for HCAP (unless enrolled in Medicaid). Family income between 101% to 200% of the federal poverty guidelines will qualify a patient for a sliding scale Charity Care discount off of gross charges based on family income and the number of dependents. The sliding scale can be found at the end of this document.

4. Any patient determined to be an Eligible Patient under this Policy will not be charged more than AGB for emergency or medically necessary care provided by the Hospital. Harrison Community Hospital uses the "Look-Back Method" to determine amounts generally billed (AGB) to patients who qualify for financial assistance. The amount is determined by utilizing the claims allowed by governmental and non-government payers for the previous calendar year for emergency and medically necessary care provided by the Hospital and dividing the allowed amount by the sum of the Hospital's gross charges for such care. AGB at Harrison Community Hospital are 60% of gross charges for inpatient and outpatient services, which equates to a minimum discount of 40% off of gross charges for emergency and medically necessary services received by Eligible Patients.

**B. Application Process:**

1. At the time of the patient's registration, the patient will be provided with a packet that includes guidelines and an application for financial assistance. This packet will also include guidelines for eligibility.
2. Income verification is necessary to determine a patient's eligibility under this Policy. A patient can substantiate his or her income by providing any combination of the following documents: pay stubs, most recent income tax return, W2's or other documents containing income information for the appropriate time period (3 or 12 months prior to hospital service or include 3 or 12 months current income).
3. Completed applications, including all income verification documentation, should be submitted to the following Hospital department at the address indicated: Patient Accounting. If a patient needs more information or assistance completing the application, the patient can call the following number: 740-942-6262 or visit the Hospital office at the following address: 951 E Market St. Cadiz, OH 43907.
4. Upon receiving a completed application, the Patient Financial Counselor shall determine eligibility and shall provide the patient/responsible party with a denial/approval notification in writing.  
An electronic log will maintain all applications with the following information:
  - a. Patient name
  - b. Patient account number
  - c. Date of service
  - d. Dollar amount written off
  - e. Amount of any insurance payments. Assistance will be approved on a case-by-case basis, but if additional visits occur within 90 days of the initial service date for inpatient or outpatient services, the original application information can be used.
6. Ambulance services provided by HCH will also be eligible for charity or HCAP discounts.
7. For a list of providers that provide emergency or medically necessary care at the Hospital and whether the care they provide at the Hospital is covered under this policy, please refer to Appendix A, attached hereto.

### **C. Policy Publication**

1. The financial assistance policy, a plain language summary of this policy and the application form can be obtained by asking any member of our staff. The policies are readily available at the main registration area, or in the patient accounting office.
2. A copy of this policy, a plain language summary of this policy and the application for financial assistance / charity care under this Policy are also available without charge: (a) on the hospital's website at [www.harrisoncommunity.com](http://www.harrisoncommunity.com); (b) upon request by mail; and (c) in public locations in the Hospital, including in the emergency room and admissions areas.
3. In addition to providing patients a summary of this policy as part of the patient intake / registration process, the Hospital also notifies and informs patients about this policy by including conspicuous written notices on billing statements about the availability of financial assistance under this policy and setting up conspicuous public displays in public locations of the Hospital's facility, including the emergency room and admissions areas, that notify and inform patients about this policy.
4. The Hospital also undertakes a variety of measures to notify and inform members of the community it services about this Policy in a manner that is reasonably calculated to reach community members who are most likely to require financial assistance.

### **D. Uninsured Discounts:**

Regardless of whether a patient qualifies as an Eligible Patient under this policy, HCH offers uninsured discounts to all uninsured patients. An uninsured discount of 20% is adjusted from the balance prior to the first statement being sent out. This discount is applied to all uninsured patients regardless of income. There is no application necessary for the uninsured discount to be applied.

### **E. Prompt Pay Discount:**

Regardless of whether a patient qualifies as an Eligible Patient under this policy, HCH offers a 10% prompt pay discount to any patient who pays the balance due of their account by the due date of their first statement. This discount applies to both insured and uninsured patients.

<b>Financial Assistance Guidelines*</b>										
<i>Effective for dates of service 1/1/16-12/31/16</i>										
<b>FPL</b>	<b>Income From</b>	<b>Income To</b>	<b>Number of Dependents</b>							
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
\$11,880		\$23,760.00	65 %	70 %	75 %	80 %	85 %	90 %	90 %	90 %
\$16,020	\$23,541.00	\$32,040.00	50 %	65 %	70 %	75 %	80 %	85 %	90 %	90 %
\$20,160	\$31,861.00	\$40,320.00	35 %	50 %	65 %	70 %	75 %	80 %	85 %	90 %
\$24,300	\$40,181.00	\$48,600.00	20 %	35 %	50 %	65 %	70 %	75 %	80 %	85 %
\$28,440	\$48,501.00	\$56,880.00	10 %	20 %	35 %	50 %	65 %	70 %	75 %	80 %
\$32,580	\$56,821.00	\$65,160.00	0% 	10 %	20 %	35 %	50 %	65 %	70 %	75 %
\$36,730	\$65,141.00	\$73,460.00	0% 	0% 	10 %	20 %	35 %	50 %	65 %	70 %
\$40,890	\$73,461.00	\$81,780.00	0% 	0% 	0% 	10 %	20 %	35 %	50 %	65 %
<b>\$45,050.00</b>	\$81,781.00	\$90,100.00	0% 	0% 	0% 	0% 	10 %	20 %	35 %	50 %
<b>\$49,210.00</b>	\$90,101.00	\$98,420.00	0% 	0% 	0% 	0% 	0% 	10 %	20 %	35 %
<b>\$53,370.00</b>	\$98,419.00	\$106,740.00	0% 	0% 	0% 	0% 	0% 	0% 	10 %	20 %
<b>\$57,530.00</b>	\$106,739.00	\$115,060.00	0% 	0% 	0% 	0% 	0% 	0% 	0% 	10 %
<i>Guidelines are based on the federal poverty guidelines as published in the Federal Register January 2016.</i>										

\* Any patient determined to be an Eligible Patient under this Policy will not be charged more than AGB for emergency or medically necessary care provided by the Hospital. As such, no Eligible Patient will be charged more than 60% of the Hospital's gross charges.

**F. Billing and Collections:**

In order to maintain the resources necessary to provide the assistance and discounts established under this policy, the Hospital, must, at times, undertake certain actions to obtain payment from patients for the care they have received in the event of non-payment. The actions the Hospital may undertake to obtain payment for care provided are described in a separate policy of the Hospital applicable to its billing and collection policies and procedures. A free copy of the Hospital's billing and collections policy is available on the Hospital's website at [www.harrisoncommunity.com](http://www.harrisoncommunity.com), by calling 740-942-6262 or requesting a copy of the policy by mail or at the Hospital's emergency department or admissions areas.

## APPENDIX A

### LIST OF PROVIDERS

Emergency or medically necessary care provided in the Hospital by the following providers is covered under this policy when such care is provided to an Eligible Patient:

Steel Valley Physicians (Emergency Room physicians),

Dr. SR Prasad,

Dr. Porsche Beetham,

Dr. Maria Tranto,

Dr. Anandhi Murthy,

Dr. Kara O'Karma,

Dr. Samy Sakla,

Dr. Fred Shoff,

Dr. Sanjay Shah (Radiologist),

Dr. N. Murthy (Radiologist),

Megan Bise, CANP,

Dr. K. Aggarwal,

Dr. R. Bhandari,

Dr. E. Noche,

Precision Anesthesia

Derek Brock, CFNP

Emergency or medically necessary care provided in the Hospital by the following providers is NOT covered under this policy even if provided to an Eligible Patient:

Dr. S. Nassar (Pathologist),

Dr. J. Pecar (Emergency Room Services will be covered under charity/HCAP, any other professional services will not be eligible),

Dr. S. Morisetty,

Dr. M. Mirhaidari,

Dr. H. Parihar,

Dr. B. Termanini,

Amy Bardall, CFNP,

Dr. P. Murty,

Dr. R. Murty,

Dr. Gabis,

Dr. Tamboli,

Dr. Lenkey