



**OCH REGIONAL MEDICAL CENTER
FINANCIAL ASSISTANCE POLICY
CHARITY CARE ALLOCATION**

POLICY: OCH Regional Medical Center will provide an annual allocation approved by the Board of Trustees from October 1 to September 30 of each fiscal year to be designated as charity care. Consideration for Charity Care Allocation will be provided on a first come, first served basis, for medically necessary, non-elective services.

PURPOSE: To provide allocated services for uninsured, indigent patients for payment of hospital services at OCH Regional Medical Center, OCH Professional Services, OCH General Surgery, OCH Orthopedics, OCH Family Medicine, OCH Center for Breast Health and Imaging, OCH Pain Management Center, OCH Medical Associates, and OCH Pulmonology. The services covered include:

- Inpatient Acute Care
- Ambulatory Surgery
- Outpatient IV Antibiotics
- Outpatient Physical Therapy Services
- Outpatient Observation Services
- Endoscopy Services
- Emergency Room Services
- Charges for Diagnostic and Procedure Services
- OCH Physician clinic charges

*These allocated services will **not** apply to physician charges billed by non-OCH physicians providing services at OCH.*

OTHER COVERAGE CIRCUMSTANCES:

- Coverage of insurance deductibles, balances of accounts not covered by insurance and non-covered services when all other charity care eligibility requirements are met.
- When a disaster state is declared by the Hospital, charity care may be provided to individuals. Accounts will only be considered for charity care if attempts to procure disaster relief fund are futile. Applicants applying must meet charity income guidelines. The Board of Trustees must approve accounts covered.

ELIGIBILITY: To be eligible, an individual's outstanding balance must not be covered by a third party insurer, liability insurance such as homeowners insurance or automobile insurance, workman's compensation, or covered by or eligible for a governmental program such as Medicare, Medicaid, TRICARE, CHIP, Vocational Rehabilitation or Trauma Reimbursement or the eligible individual may be a Medicaid patient with benefits which have expired and are not covered by any other third party payers and have exceeded filing deadlines.

Individual family income must be less than 200% of the current Federal Poverty Income Guideline published by Health and Human Services.



An individual must:

Have been screened by the Patient Accounts Supervisor, or any outsourced entity of the Hospital such as **HCFS, Inc.** or a Medicaid Eligibility Worker.

Make application and provide evidence that he / she has been determined ineligible for services that may be available to pay for hospital services such as Medicaid, CHIP, or Vocational Rehabilitation if recommended by **HCFS, Inc.**, Medicaid Eligibility Worker, or Social Worker. Complete an application and provide proof of income that includes:

- (1) Copy of W-2 or IRS tax return for the past calendar year or salary or other proof of compensation for the past three (3) months
- (2) Statement from individual providing in-kind income for individuals who report no income.

SERVICES INELIGIBLE FOR CHARITY CARE:

- Any care that is not deemed a medical necessity is not eligible for Charity Care.
- Any care that is covered by insurance is not eligible for Charity Care.

INCOME ABOVE FEDERAL POVERTY GUIDELINES:

Patients, whose incomes are over the allowable percentage of the Federal Poverty Guidelines and are not eligible for charity coverage based on income alone, may qualify as catastrophic or medical hardship cases. These cases would include patients who are uninsured, under-insured with non-covered services, high deductibles, and co-payments, and patients with catastrophic medical bills at OCH or other medical facilities.

Patients will be required to submit documented proof of hardships, such as copies of medical bills, work records, and any other required information for verifying such hardships.

These patients will be eligible to have a portion of their bill written off to charity based on the sliding scale below.

Percent of Income Over Charity Income Guidelines	Allowable Write-Off %
1 - 10	90%
11 - 25	80%
26 - 50	70%
51 - 99	0%

Monthly payments must be made on the balances remaining following charity allocation application if approved for charity care. If payments on such balance are missed for two (2) consecutive months for reasons not excused in advance by the Patient Accounts Manager, then the patient may not be eligible for future charity care.



APPLICATION PROCESS:

Applications are available in the Patient Accounts Office, Social Services Department and on the OCH website.

Individuals may apply for themselves or for individuals for whom they are responsible such as their child, parent or other dependent.

Information needed to determine eligibility must accompany the application. No application will be processed without necessary documentation such as income verification for the individual/family and denial from other services when applicable.

The applicant must return information needed to process the application within 30 days of making the application. An incomplete application or failure to provide information needed to process the application will result in a denial of charity benefits.

ELIGIBILITY DETERMINATION:

Eligibility will be determined based on the information provided by the individual making the application. Any misrepresentation of information provided will render the application null and void. If charity allocation is approved based on information that proves to be untrue, the Hospital may take whatever action becomes appropriate which may include revocation of charity approval and reinstating patient / guarantor liability for payment of the Hospital account in full.

The Patient Accounts Review Committee will determine eligibility. The individual will be notified when a determination regarding eligibility is made. If determined ineligible, the individual will be given written explanation and may request an appeals review of the application within thirty (30) days of the denial date.

The Charity Review Committee will serve as the appeals committee. Members of the Charity Review Committee will consist of two (2) Trustees and Chief Financial Officer with staff input from the Social Services Director. Cases that are appealed will be reviewed by the Charity Review Committee for determination regarding eligibility within thirty (30) days of receipt of the written request for appeals review. The applicant will be notified in writing of the determination by the Charity Review Committee.

Any applicant denied for charity care by the Charity Review Committee may appeal in writing to the Board of Trustees for final determination regarding eligibility within thirty (30) days of the denial date by the Charity Review Committee. The applicant will be notified in writing of the final determination by the Board of Trustees.

If a patient is not eligible for charity care, the Hospital will follow the policies established in the Billing and Collection policy.



BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

- A. Following a determination of eligibility, a patient eligible for charity care will not be charged more for medically necessary care than the amounts generally billed (AGB). OCH determines AGB based on all claims paid in full to OCH by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims. This calculation is defined as the Lookback Method. The AGB percentage will be made available upon written request from the patient.
- B. The Hospital will not apply gross charges to Charity Care eligible individuals for any medical care.
- C. The discount amount for the AGB will be reviewed annually each October. The discount amount can be found in Appendix A.
- D. All discounts applied per this policy will be treated as a charity discount.

PUBLICATION OF THE CHARITY CARE POLICY

- A. Every patient will, upon admission as an inpatient or outpatient, receive a written notice that shall contain information about the availability of financial assistance. The information provided will include contact information for a hospital employee to contact in order to obtain additional information.
- B. OCH will make the policy as well as the application available on the Hospital website www.och.org (under Patients, then click Financial Assistance). The documents will be posted in a format that will allow any individual with access to the Internet to access, download, view, and print a hard copy of the documents without requiring special computer equipment and without the payment of a fee.
- C. OCH will make paper copies of the Charity Care Policy, Charity Care application form and plain language summary of the policy available at any OCH location, upon request via telephone, email, or by mail.
- D. Public notices will be posted in locations including but not limited to, all registration areas at the Hospital and at the OCH clinics. The notice will include a contact number for an individual to call to obtain more information about this policy or to apply for Charity Care.
- E. Notification of the charity care policy will also be provided on the patient statements. The notice on the patient statement will include a phone number to call in order to obtain additional information.



Appendix A

Amount Generally Billed

Following a determination of eligibility, a patient eligible for charity care will not be charged more for medically necessary care than the amounts generally billed (AGB). OCH determines AGB based on all claims paid in full to OCH by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims. This calculation is defined as the Look-back Method. The AGB percentage will be made available upon written request from the patient. The AGB percentage will be reviewed annually in September. Patients who have qualified for charity will then be eligible for an additional discount based on the guidelines established in the Charity Care Allocation policy.



CFO/S Russell	09/28/2016	Pg. 5	Added Appendix to include language on the amount generally billed
CFO/S Russell	09/28/2016	Pg. 4	Added information on the Publication of the Charity Care Allocation Policy. Also added information on the Basis of Calculating the AGB.
J Metcalf	03.06.18	Pg. 1&5	Updated pg 1 list of providers and Appendix