

Southeastern Ohio Regional Medical Center

DEPARTMENT: Patient Financial Services

PREPARED BY: PFS Team Lead

SUBJECT

Charity Care
Policy & Procedure

REVISED/REVIEWED

October 30, 2014

EFFECTIVE

May 22, 1992

DESCRIPTION: SEORMC's Charity Care program is a hospital-based program used to assist patients in receiving basic, medically necessary hospital-level care at a free or discounted rate that are over income for the HCAP program and are un-insured or under-insured.

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 application must be completed by the patient, responsible party or a hospital representative. The Financial Counselor will make a determination of the eligibility based upon the following criteria:
 - a. Other resources such as: public assistance unless prohibited by religious beliefs, auto/premise med pay, medical insurance, victims of crime, and personal assets must be considered and explored prior to approval of the charity care program's application.
 - 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 80% down to 20% of balance due based on federal Poverty Guidelines.
- Upon completion of the application, a determination of eligibility will be made and supplied to the applicant. 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 or twelve months prior to the month hospital services were provided. 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), SSI notification, or signed application.

- 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. 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.
- The Charity Care application, at any time, is subject to verification by Southeastern Ohio Regional Medical Center. The patient's or responsible party's signature acts as a written testimony that they acknowledge and understand that the information, which they have provided may be reviewed by federal and/or state enforcement agencies and others and affirms under penalty and law that the information is true and correct.
- 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 Charity (Sliding Scale), then any monies that the patient paid on the account is considered payment in full and no refund will be given.