

Title PA.21 Access to Care - Hospital Charity Care	Number PA.21
Entity North Ottawa Community Hospital	Version Version 3.0

APPLICABILITY

North Ottawa Community Hospital services only. This policy excludes Regulated Home Care, physician practices, Urgent Care, Hospice, North Ottawa Care Center and DME.

NOTE: Pathology, Radiology & Emergency Physicians are not employed by North Ottawa Community Health System and are not included within this policy. Determination of discounts or financial assistance this policy is not applicable to those services. The Health System will, at the patient's request, forward the information provided to these physicians, but it is the patient's responsibility to contact those physicians for any discount.

POLICY

It is the policy and philosophy of North Ottawa Community Health System (NOCHS) to provide access to health care service for persons in need of care, such as the underinsured and the uninsured. This philosophy is laid out in our NOCHS "C.A.R.E.S." under the "S" for Sensitivity, which states, "We have a high regard for the personal dignity and uniqueness of our customers. We treat others as we would want to be treated."

GUIDING PRINCIPLES

- Treat all patients equitably, with dignity, respect and compassion
- Serve emergency health care needs of everyone, regardless of a patient's ability to pay for care
- Assist patients who cannot pay for part or all of the care they receive
- Balance needed financial assistance for patients with broader fiscal responsibilities in order to keep the hospital doors open for all who may need care in a community

PURPOSE

To describe the process for fair and equitable billing and collection practices for all patients who enter the health system.

DEFINITIONS

Insured - Individuals who have contracted services that provide coverage for health care.

Uninsured/Self-Pay - Individuals who do not carry health care insurance, but have the financial capabilities to pay for the health care services provided.

Uninsured / Financial Assistance - Individuals who do not carry health care insurance and who have limited assets to compensate for health care.

Deductibles/Co-Pays - Amounts that insured and underinsured are required to pay personally as part of their agreement with their insurance carrier.

Urgent Care – the provision of immediate medical services offering outpatient treatment of acute and chronic illness

Emergent Care – the provision of medical services providing for a set of unexpected circumstances that may demand immediate action

Elective Care – the provision of medical services that can be chosen but are not required; optional

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Gross Charges – The amount regularly charged to all patients for each service. For purposes of this policy, the Gross Charge will be that in effect on the day the service was rendered.

PROCEDURE Billing and Collection

General Statements

1. It is key to have early identification of patients who may have financial needs along with clear communication of how to access payment options and financial programs.
2. At the time of registration/pre-registration, ER medical assessment uninsured patients should be presented with material that will assist us in determining qualification for financial assistance.
3. Patients who communicate financial or medical hardship should be directed to a Financial Counselor for consultation.
4. There may be times patients are having financial difficulties, the hospital can assist in the following ways:
 - a. Prompt pay discount 20% reduction if the balance is paid in full within 90 days of the 1st statement mailing.
 - b. Monthly payment plan:

Balances up to \$500.00 require a minimum of \$25.00 monthly payment, and up to 24 months to pay in full.

Balances from \$501.00 to \$1,000.00 require a minimum of \$50.00 monthly payment, and up to 24 months to pay in full.

Balances from \$1,001.00 to \$2,500.00 require a minimum of \$100.00 monthly payment, and up to 36 months to pay in full.

Balances from \$2,501.00 to \$5,000.00 require a minimum of \$250.00 monthly payment, and up to 36 months to pay in full.

Balances from \$5001.00 and up require an approval from the PFS Manager for an agreed upon arrangement.

Patients who choose a payment plan program will not be eligible for the 20% discount.

Employee payroll deduct will follow the guidelines above for automatic deduction from the employee's paycheck. The minimum amount to qualify for this deduction is a \$100.00 in charges.

Insurance

1. Patients who have been scheduled for services and carry insurance will follow the usual processes: registration obtaining insurance information, insurance verification for procedures, medical necessity verification, and patient out of pocket responsibility collected when appropriate.
2. Under contractual arrangements with third party payers, co-pays and deductibles are not eligible for the prompt payment discount of 20%.

Uninsured/Self Pay

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1. Patients who do not qualify for financial or medical hardship and are identified as self-pay may be entitled to a 20% discount if the bill is paid in full within 90 days from 1st statement mailing.

Patients may be eligible for a deferred payment plan.

Uncompensated Care Requirements

Geographic Qualification:

North Ottawa Community Hospital and its affiliates were founded by six communities to provide care to the residents of this area. Although the hospital views its mission as existing to serve all regardless of race, color or religion, it retains a special relationship to the residents of those communities. Recognizing this, and the financial abilities of the Hospital and its Affiliates to meet the needs of all area residents, it is necessary to apply certain limitations on Uncompensated Care. As such, uncompensated care will be granted to residents of the following areas without any annual dollar limits:

- City of Grand Haven
- Grand Haven Township
- Robinson Township
- Spring Lake
- Crockery Township
- City of Ferrysburg

Residents outside these boundaries may also be covered if they regularly seek their medical care in the above localities or if their physician regularly practices at the Hospital.

Covered Services:

We recognize that services provided to an Uncompensated Care recipient may not be completed in one visit or even at the end of an inpatient hospitalization. Given this, the Uncompensated Care determination will extend to services provided by North Ottawa Community Hospital for that episode of care. We define this as the initial services and all other services related to treatment of that particular condition or diagnosis for up to 30 days. A patient whose care exceeds the 30 day time frame would be required to apply for an extension of their episode.

Service Need Requirement

The required care for the episode of care will need to fall into the Urgent or Emergent categories as defined above. **Elective procedures are not covered by Uncompensated Care.** The determination of the nature of the service (Urgent, Emergent, or Elective) will be at the sole discretion of the applicant's physician and cannot be appealed.

Uncompensated Care/Financial Assistance Application and Computation

1. When a patient has either communicated or been identified as someone who has a medical or financial hardship, it is important that the Financial Counselor be involved early to help identify the needs and complete the paperwork necessary. This should be done prior to services being provided if possible.
2. Hospital form Application for Uncompensated Care (PA-4926) should be completed with the patient along with the use of the most recently published Federal Poverty Guidelines.

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3. Using the Federal (HHS) Poverty Guidelines, establish income level; and then, using the Application for Uncompensated Care, establish asset level. Jointly these determine the uncompensated care write-off. The patients' income will establish the basic write-off level. This will then be multiplied by the Asset level to determine the final write-off amount.

Eligibility Based on Assets

- \$0-20,000-100% eligibility for uncompensated care
- \$ 20,000-50,000 -75% eligibility for uncompensated care
- > \$50,000 not eligible for uncompensated care

Eligibility Based on Income

Based on Federal Poverty Guidelines: 2014

North Ottawa Community Hospital
Financial Assistance Policy

Based on Federal Poverty
Guidelines: 2014

Meets NOCH Specific Criteria - Geographic and Urgent or Emergent, Checking & Savings < \$10,000

% of Federal Poverty Guideline	100%	150%	200%	250%
Persons in Family Household				
1	\$11,670	\$17,505	\$23,340	\$29,175
2	\$15,730	\$23,595	\$31,460	\$39,325
3	\$19,790	\$29,685	\$39,580	\$49,475
4	\$23,850	\$35,775	\$47,700	\$59,625
5	\$27,910	\$41,865	\$55,820	\$69,775
6	\$31,970	\$47,955	\$63,940	\$79,925
7	\$36,030	\$54,045	\$72,060	\$90,075
8	\$40,090	\$60,135	\$80,180	\$100,225
9	\$44,150	\$66,225	\$88,300	\$110,375
10	\$48,210	\$72,315	\$96,420	\$120,525
For families or households with more than 10 persons, add \$4,060 for each additional person.				
Gross Charge Reduction (115% of Medicare)	YES	YES	YES	YES
Additional Financial Assistance Reduction	100%	100%	25% additional	0% additional

Estimated Discount from Charges will Be:

	100%	100%	76%	68%
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Does Not Meet NOCH Specific Criteria

% of Federal Poverty Guideline		100%	150%	200%	250%
Persons in Family Household	1	\$11,670	\$17,505	\$23,340	\$29,175
	2	\$15,730	\$23,595	\$31,460	\$39,325
	3	\$19,790	\$29,685	\$39,580	\$49,475
	4	\$23,850	\$35,775	\$47,700	\$59,625
	5	\$27,910	\$41,865	\$55,820	\$69,775
	6	\$31,970	\$47,955	\$63,940	\$79,925
	7	\$36,030	\$54,045	\$72,060	\$90,075
	8	\$40,090	\$60,135	\$80,180	\$100,225
	9	\$44,150	\$66,225	\$88,300	\$110,375
	10	\$48,210	\$72,315	\$96,420	\$120,525
For families or households with more than 10 persons, add \$4,060 for each additional person.					
Gross Charge Reduction (115% Of Medicare)					
		YES	YES	YES	YES
Additional Financial Assistance Reduction					
		25% additional	25% additional	0% additional	0% additional

Estimated Discount from Charges will Be:

	76%	76%	68%	68%
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4. Once a determination has been made that the patient qualifies for charity care, it is important that the patient be identified and tracked through Fiscal Services for community benefit.
5. Eligibility will be approved for a 90 day period. It is the patient's responsibility to re-apply as needed.
6. Accounts that are in bad debt will not be eligible for financial assistance.

Appeal Process:

Patients may appeal their Uncompensated Care determination if they are not satisfied with the outcome. Appeals should be sent to the PFS Manager and include the determination and their stated reasons why they believe the determination was incorrect. Denial of coverage for services, as well as the amount forgiven, may be appealed. Appeals can be based on change in financial situation, change in residency or other factors. As indicated above, appeals could also include the geographic area if the patient regularly receives medical care in Grand Haven. The determination of the nature of the service (Urgent, Emergent or Elective) will be at the sole discretion of the applicant's physician and cannot be appealed. The Patient Accounts Manager will be responsible for presenting the appeal request to the Appeal Committee for review and responding within two weeks of receipt of the appeal.

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