



HCAP Program Policy

Effective: 5/10/11

Approved by: Lorna Morrow, Interim CFO 5/10/11

Revised: 1/2016

In accordance with its mission, Trinity Hospital Twin City provides charitable care to patients who meet the guidelines set forth in this policy. This policy defines how the Ohio Hospital Care Assurance Program (HCAP) is administered.

All applicants for charity must be screened for HCAP eligibility prior to screening for the hospital specific charity program.

Trinity ensures patients are aware of the HCAP policy by:

- Information provided on the patients' monthly statements
- Self Pay patients' initial billing explaining the program
- Signs posted in all registration areas
- Patient application/information packets available on the Trinity Hospital Twin City Website.¹

This program covers all basic, medically necessary hospital level services other than professional fees and patient convenience items. NOTE: Professional fees may be considered for free care outside of required hospital co-pay under the hospital charity care policy.

Patients from the Tuscarawas Clinic for the Working Uninsured are required to fill out an HCAP application at the time of service. Lab and Radiology services are provided at no cost to these patients as a result of an agreement between the Clinic and Trinity Hospital Twin City.

Ohio Disability Assistance (DA) recipients are not required to fill out an application or provide proof of eligibility other than providing a copy of the DA card or other proof of eligibility for the DA program.

Non Disability Assistance (DA) recipients are responsible to request the application, complete it and provide all required proof of eligibility in regard to family size, income and residency.

²Patients eligible for SLMB OH Medicaid, QI 1/QI 2, QMB/ Medicaid Spenddown are not eligible for the HCAP program, but may be considered for financial assistance under the Hospital Charity Care policy.

¹Patient accounts representatives review all completed applications for eligibility of income, residency and family size as outlined in this policy. They will ensure that application is completely filled out (there must be no fields "blank" that apply) and that the application has been signed. An unsigned application is not to be accepted unless there is a documented reason why the patient/guarantor/legal designee could not sign.

PFS Director/Manager will mark the final approval or disapproval of the applications and the PFS staff will send written notification to the applicants.

General Guidelines for non-DA HCAP applicants

Application filing:

- Outpatient applications are good for 90 days from the initial service date.
- Inpatient applications are required for each admission unless there is a readmission within 45 days for the same underlying condition.
- Trinity Hospital does request that the patient apply for Medicaid in concurrence with filing for HCAP. The HCAP application will be processed and the account balance will be adjusted accordingly. Upon notification the patient is approved for Medicaid, the HCAP adjustment will be reversed and the balance will be billed to Medicaid.

Filing deadline:

- 3 years from date of first statement sent to patient.
- Medicaid eligible patients are not eligible for HCAP

Income guidelines:

- Guidelines are updated annually upon the release of the Federal Poverty Limits

Refunds:

- Refunds will be given to any patient who qualifies and has made payments on portions eligible for HCAP write-off.

Definitions:

Basic, medically necessary hospital-level services: all IP and OP services covered under the Medicaid program with the exception of transplantation (refer to the list of covered revenue codes in 5101:3-2-02 to see what services are included.) Professional fees are not included in this listing, but may be considered under the hospital charity policy. Personal convenience items are excluded from all charity programs.

- ❖ Please note: OP teeth extraction services done in the hospital must be medically necessary to be covered. They cannot be done just for the convenience/choice of the patient.

Coordination of Benefits: HCAP will be considered after all other payor sources are exhausted, including Crippled Children's Fund and liability (unless disputed) and medical insurances available.

Family: A patient over 18, his/her spouse (regardless if they live in same home), natural and adopted children under 18 living in the home (step-children are excluded unless they have been adopted).

OR:

A patient under 18, patient's natural or adopted parents, natural and adopted children living in the home.

- ❖ Grandparents are not counted in either of the above cases even if the patient's parent is a minor.

Individual proof of family members: includes income tax form, social security card, photo ID, report card, driver's license, birth certificate, draft card, passport, or other similar documents.

- ❖ This proof is not required as long as the application contains that information and is signed and attested to by the patient.

Income: Gross Income (of every family member) will be used to determine eligibility. Reasonable business expenses may be deducted from the gross income of a self-employed person. If a spouse/parent does not live in the same home but is still married, his/her income must still be counted in the calculation.

- ❖ Gross income would also include any other income that is considered on an income tax form, such as alimony, or business income (or loss). Child support is considered income but is only included in the income when the child is the patient on whose behalf the application has been made.
- ❖ If an applicant claims no income, their application must include a brief narrative explaining how they have been financially supporting themselves.

Total income: Will be determined in two ways in order to give the patient every opportunity to qualify.

1. Actual 3 months income prior to service date, multiplied by four
2. Actual 12 months income prior to service date.

Proof of income: Will be determined in any of the following ways:

- Pay stubs, bank statements, or a letter from employer or state program showing gross income
- Federal income tax returns (adjusted gross income) or W2 from the most recent year (if they can be correlated to the service date)
- ³If W2 or tax return or other proof of income is greater than 12 months from the date of service, a typed or written document explaining income for both the 3 month and 12 month period prior to the date of service will be accepted. Signature attestation will be required for this form of proof of income.

Resident: Person who is living in Ohio voluntarily (not just here on vacation or to receive medical care). To qualify as an Ohio resident, this person may not be receiving Medical Assistance from another state.

Proof of Residency: Any items used to verify income that include address, income tax form (federal or state), rent receipts, mortgage book coupon, driver's license, utility bill with address, or similar documents

Revisions:

¹Removed reference to financial counselor availability since this position is not currently staffed by the hospital.

²Added language excluding SLMB, QI 1/QI 2, QMB/Medicaid spenddown from eligibility for the HCAP program.

³Added statement to allow personal narrative of income in the instance that proof of income provided is greater than 12 months from the date of service.