

ADAMS COUNTY REGIONAL MEDICAL CENTER 230 MEDICAL CENTER DR. SEAMAN, OHIO 45679	POLICIES & PROCEDURES: Patient Accounting	Typed by: R Curtis, Revenue Cycle Manager
SUBJECT: Health Care Assurance Program	ISSUED: 1/97	REVISED: 8/97; 8/00; 5/01; 3/04; 01/07, 10/17/07, 08/15, 07/22, 01/24
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POLICY:

It is the policy of Adams County Regional Medical Center (ACRMC) to ensure that they are in compliance with the rules and regulations set forth in House Bill 5101:3 of the Ohio Revised Code.

INTERDEPARTMENTAL TEAM MEMBERS:

- Patient Financial Services
- Registration
- Medical Records
- Team Members

PROCEDURE:

Adams County Regional Medical Center uses the guidelines below to publicize, receive, evaluate, and determine approval for the granting of uncompensated services.

- A sign is posted in the Patient Registration and Financial Counseling areas indicating the following:
 “In accordance with Ohio Law, Adams County Regional Medical Center, will provide basic, medically necessary, hospital-level services without charge to any Ohio resident whose income is at or below the federal poverty line and who is not a recipient of the Medicaid program.”
 - A statement appears on the initial billing sent to all patients indicating the following:
 Effective with services on or after May 22, 1992, Adams County Regional Medical Center provides to patients who qualify basic, medically necessary hospital services at no charge.
1. Qualifications for Care Assurance Program eligibility:
 - a. The patient must live in the State of Ohio.
 - b. The patient must not be enrolled in any Medicaid program.
 - c. The patient’s total family income before taxes must be at or below the Federal Poverty Guidelines.
 1. Follow current Federal Poverty Guidelines as set forth in the Federal Register.
 2. Sources of income used to calculate family income:
 - a. Employment Wage Earnings
 - b. Strike Benefits
 - c. Unemployment Benefits
 - d. Alimony Payments

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- e. Social Security Benefits
- f. Pension Plan Benefits
- g. Disability Benefits
- h. Child Support – only if the patient is a child
- 3. Sources of income not used to calculate family income:
 - a. Child Support – if the patient is not a child
 - b. IRA/Tax Shelter if cashed in
 - c. Interest of Savings/Investment
- 4. Income verification may be required if the information provided is in question or if the patient reports zero income.
- 2. Calculation of Income
 - a. Income calculations are based on income at the date of service, not at the time of application.
 - b. For dates of service January through April, the federal tax return from the previous year will be used to determine income.
 - c. For dates of service May through December, the income of the three months preceding the service date times four will be used to determine income.
- 3. Complete Care Assurance Application Form
The Revenue Cycle Manager and or Financial Counselor will review all documentation and approve for write off to the Care Assurance Program.

Approval:

- 1. Approval is for services provided by Adams County Regional Medical Center. Professional services provided by ACRMC during the visit are not covered by HCAP but if approved they will be marked off to sliding fee. Other professional services not provided by ACRMC, such as Radiologist readings, Clinic physicians/Specialists, Emergency Room Physicians and Surgeons are not covered under ACRMC’s policy.

RESOURCES:

- Physicians Offices
- Employers
- Insurance Carriers
- Patient/responsible party
- Medicare Manual
- Medicaid Manual
- 1500 Manual

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UB 92 Manual

SUPPLIES:

Electronic billing system
Insurance matrix
Fax machine
Telephone

PRODUCTIVITY STANDARDS:

½ hour per patient application

QUALITY STANDARD:

98%