


Name of Policy: <u>Hospital Care Assurance Program (“HCAP”) Eligibility Verification</u> Policy Number: 3364-142-14 Approving Officer: Chief Financial Officer - UTMC Responsible Agent: Director, Patient Financial Services Scope: Patient Financial Services	 Initial Effective Date: November 1999 Effective date: July 1, 2022
<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

Policy statement

The hospitals shall comply with the Hospital Care Assurance Program (HCAP) policies and regulations that went into effect May 22, 1992 by providing "free care" services to those that qualify.

Responsibility for administration of the program (i.e., the application review and determination process) shall reside within the Finance Division. The final adjustments will be completed by Patient Financial Services. Patient Financial Services will also be responsible for providing security, audit trails and management reporting.

Purpose of policy

Under the expanded HCAP, The University of Toledo Medical Center will provide medical services based upon eligibility which will be determined by the Department of Health and Human Services poverty guidelines in effect at the time of service. The only other qualifying conditions are that the patient be a resident of the State of Ohio, does not receive Medicaid on the date/dates of service, and the services would be covered Medicaid services if the patient were eligible for Medicaid.

Procedure

In order to ensure that the services are made available to qualified individuals, a reasonable, thorough interviewing and application procedure is necessary. This process is used by the hospital to enable determination of eligibility on a consistent basis on all requests for uncompensated services.

Applications shall be accepted for up to 3 years after the initial patient statement. Applicants shall be encouraged to have a representative from within Patient Financial Services or Financial Counseling assist with the application itself, although application forms will be provided with patient invoices and/or mailed upon request.

The patient or a legal representative will need to sign the application. An unsigned application can be deemed acceptable if the patient is physically unable to sign the application or does not live in the vicinity of the hospital and is unable to return a signed application by mail. In these situations, the hospital representative should complete all questions on the application, sign the application, and document why the patient is unable to sign the application. Electronic signatures can be accepted from patients and or their legal guardian through Facility Host system such as Epic "My Chart" in which patient are required to use secure personal logins.

Executed and signed applications shall be delivered to Patient Financial Services personnel for review and determination of eligibility. The representative shall insure that the following guidelines are followed:

1. Patient is a resident of the State of Ohio.
Patient is not on the Medicaid program on the date of service. Benefit Verification showing no Medicaid coverage for date of service(s) is a required application document.
Income information is based on that being received on the date of service.
Income falls within the poverty guidelines established by the federal government.
Services would be payable if billed to Medicaid on an UB-04.
Charges are not related to a transplant or related services.
2. It may be suggested or recommended by Patient Financial Services or Financial Counseling representatives, that the applicant apply for public assistance through the Department of Human Services in the county where they reside.
3. Applications will be processed until such time that the program no longer is available.
4. Eligibility for HCAP uncompensated services will be limited to persons whose family income is not more than the current poverty income guidelines established by the Department of Health and Human Services.
5. Family shall include the patient, their spouse and all of the patient's children, natural or adoptive, under the age of 18 who live in the home. If the patient is under the age of 18, the "family" shall include the patient, the patient's natural or adoptive parent(s) and the parent(s) natural or adoptive children under the age of 18 who live in the home. If the patient is the child of a minor parent who still resides in the home of the patient's grandparents, the "family" shall include only the parent(s) and any of the parent(s) children, natural or adoptive who live in the home.
6. The applicant must extinguish every possible means of third party reimbursement - be it health insurance, auto, household, premises medical, third party liability, Bureau of Children with Medical Handicaps, etc.
7. Eligibility determinations will be made within 10 business days by Patient Financial Services.

Policies Superseded by This Policy: None

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.