

HCAP and Charity Care Policy - Attachment D
Akron Children's Hospital
Account examples and the hierarchy to resolve account balances:
Effective 1/11/2019

1 Patient/family has no insurance. They applied for governmental insurance and were denied.

a. Determine HCAP eligibility/Sliding Fee Scale eligibility

- 1 Family size 3; actual income for 12 mos prior to DOS; or actual income for 3 months prior to DOS projected over 12 mos is \$20,000
a. HCAP approved (assuming all other criteria met)
- 2 Family size 3; actual income for 12 mos prior to DOS; or actual income for 3 months prior to DOS projected over 12 mos is \$21,700
a. HCAP denied as over income.
b. Sliding fee scale for 2015 allows a 100% charity discount.
- 3 Family size 3; actual income for 12 mos prior to DOS; or actual income for 3 months prior to DOS projected over 12 mos is \$51,202
a. HCAP denied as over income.
b. Sliding fee scale for 2015 allows a 65% charity discount. After the amount generally billed (AGB) has been determined, and the discount and adjustment is posted, a payment plan is established for remaining personal balance.
- 4 Family size 3; actual income for 12 mos prior to DOS; or actual income for 3 months prior to DOS projected over 12 mos is \$71,000
a. HCAP denied as over income.
b. Over income for charity care. Establish payment plan. (Offer 25% prompt pay discount if paid in 30 days if patient is self pay)
- 5 Family size 1; actual income for 12 mos prior to DOS; or actual income for 3 months prior to DOS projected over 12 mos is \$36,000
a. HCAP denied as over income.
b. Sliding fee scale for 2015 allows a 10% discount and a 90% payment.
Offer prompt pay self-pay discount of 25% or 40% if over \$200K (assuming other terms of that policy followed). After the amount generally billed (AGB) has been determined, and the discount and adjustment is posted, a payment plan is established for remaining personal balance.

2 Patient/family has no insurance and they applied for governmental assistance but were denied for non-cooperation

- a. HCAP is approved (if eligible) or denied as over income if financial information is provided to process application.
- b. Sliding fee scale for charity care would not apply (due to failure to apply for governmental assistance if eligible).
- c. Payment in full or payment plan (prompt pay self-pay discount 25% can be offered if within first statement cycle).

3 Patient/family has no insurance and they applied for governmental assistance. They were denied for non-eligibility

- a. HCAP is approved (if eligible) or denied as over income if financial information is provided to process application.
- b. Sliding fee scale for charity care is utilized.
- c. Payment in full or payment plan - may offer 25% or 40% if over \$200K self pay discount (assuming other terms of that policy are followed).

4 Patient/family has no insurance and does not want governmental assistance

- a. HCAP is approved (if eligible) or denied as over income if financial information is provided to process application.
- b. Sliding fee scale would not apply (due to failure to apply for governmental assistance if eligible).

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c. Payment in full or payment plan - may offer 25% or 40% if over \$200K self pay discount (assuming other terms of that policy are followed).

5 Patient/family has a \$5000 deductible due after primary insurance discount.

- a. Patient/family apply for governmental assistance if eligible
- b. HCAP determination.
- c. Sliding fee scale for charity care is utilized (if not eligible for governmental assistance)
- d. Payment in full or payment plan.
- e. Prompt Pay Self Pay Discount Policy is not applicable.

6 Patient/family has a \$10,000 non-covered charge responsibility after primary insurance made partial payment

(assumes that hospital can bill patient/family in accordance with managed care contract and a signed financial responsibility form was obtained)

- a. Patient/family apply for governmental assistance if eligible
- b. HCAP determination.
- c. Sliding fee scale.
- d. Payment in full or payment plan.
- e. Prompt Pay Self Pay 25% or 40% if over \$200K Discount Policy is permitted (due to non-covered services).

7 Patient/family has partial governmental assistance (ex. BCMH 5 day stay) with a remaining patient/family responsibility

- a. Patient/family apply for governmental assistance if applicable.
- b. HCAP determination.
- c. Sliding fee scale.
- d. Payment in full or payment plan.
- e. Prompt Pay Self Pay 25% or 40% if over \$200K Discount Policy is permitted (for BCMH Non-covered days)

8 Patient/family has a \$900 co-insurance due after primary insurance payment.

- a. Patient/family apply for governmental assistance if applicable
- b. HCAP determination.
- c. Sliding fee scale is utilized to determine charity care eligibility.
- d. Payment in full or payment plan.
- e. Prompt Pay Self Pay 25% or 40% if over \$200K Discount Policy is not applicable as this is a balance after insurance.

9 Patient/family has reached their benefit plan allowed number of visits (physical therapy) and remaining visits are not covered

- a. Patient/family apply for governmental assistance if applicable.
- b. HCAP determination.
- c. Sliding fee scale is utilized to determine charity care eligibility.
- d. Payment in full or payment plan.
- e. Prompt Pay Self Pay 25% or 40% if \$200K Discount Policy is permitted (due to non-covered services).

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10 Patient/family has insurance but they did not add the child to the policy when requested and reminded to do so

(Patient/family is considered non-cooperative)

- a. Patient/family apply for governmental assistance.
- b. HCAP determination.
- c. Sliding fee scale would not apply as available third party coverage was not pursued.
- d. Payment in full or payment plan.
- e. Prompt Pay 25% or 40% if over \$200K Discount Policy is permitted (as this is a self-pay patient)

Note - Sliding Fee Scale is utilized via Attachment C of Charity Care Policy to determine charity care eligibility.

Note - Sliding Fee; Self Pay 25% or 40% if over \$200K Discount is to be recorded when the guarantor has been determined to be eligible for the discount.

Note - When an applicant is deemed eligible for charity care, the billed charges will be reduced to the amount generally billed (AGB) as defined by Medicare Fee for service and all private health insurers rates for both hospital and facility Inpatient, or Outpatient, or professional balances. Using the AGB, or New Maximum Due, the charity care sliding fee scale will be applied to determine the charity care adjustment and any remaining balance now due.