



HOSPITAL CARE ASSURANCE PROGRAM (HCAP)

POLICY:

Lake Health is a participant in Ohio’s Hospital Care Assurance Program (HCAP). In compliance with HCAP, Lake Health offers basic, medically necessary hospital-level services free of charge to qualified individuals. This HCAP policy should be read to comply with ORC §5168.14 and corresponding regulations.

PROCEDURE:

HCAP Procedure Overview

1. Eligibility. A patient is eligible for HCAP if the patient is:

- Not a recipient of the Medicaid program;
- A resident of the state of Ohio; and
- A current recipient of the disability assistance (DA) program, or its successor program, or the person’s individual or family income is at or below the current Federal Poverty Guidelines (FPG) issued by the Department of Health and Human Services and in effect at the date of service for awards of assistance under this policy.

Please refer to the Medicaid PE program provided by Lake Health first before applying this policy.

Lake Health and Lake Health Physician Group	Insured and Uninsured Patients
Income Level	≤ 100% of Federal Poverty Income Level
Charity Discount	100%

2. Application Process. Patients who wish to be considered under HCAP must complete an application, provide proof of income, cooperate with Lake Health’s efforts to establish eligibility and determine any potential third-party resources that may be available. Before an individual may qualify for HCAP, the individual must apply for eligibility under Medicaid. Lake Health processes an HCAP application. Once the patient completes the Medicaid application, the HCAP application will be processed.

- Patients must complete an HCAP application and provide proof of income, family size and Medicaid eligibility. The patient or legal representative is required to sign the application. An unsigned application may be 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, a Lake Health representative may complete all questions on the application, sign it and document why the patient is unable to sign the application.
- Lake Health requires appropriate income eligibility documentation. Documentation may include pay stubs, bank statements or a letter from the applicant’s employer. If this is not available, a completed application, signed by the patient or his/her authorized representative, or an application completed by a Lake Health representative, which clearly documents why the patient or authorized individual was not able to sign, may be used.
- Income will be calculated by:
 - o Multiplying by four the person’s or family’s income, as applicable, for the 3 months preceding the date the hospital services were provided, and
 - o Using the person’s or family’s income, as applicable, for the 12 months preceding the date the hospital services were provided.



We get it.

Income shall be calculated using both methodologies, and the result that is most beneficial for the patient to support eligibility for free care shall be used. If the two methodologies result in conflicting eligibility determinations, Lake Health will use the one that allows the patient to qualify. If the patient can only document one of the methodologies, the application may be approved based on the available documentation.

- Lake Health requires eligibility documentation for DA patients. A current DA card is required. DA cards for months prior to or after the reported month of service are not acceptable documentation.
- An HCAP application is "Received" when it arrives at Lake Health's Customer Service Unit. If the application is complete when it is Received, it will be "Submitted." If an Application is incomplete or requires additional information, Lake Health shall notify the applicant and allow for a thirty (30) day period to provide additional information. Only when the application is complete, with any requested additional information if applicable, and Received by Lake Health's Customer Service Unit, is the application deemed "Submitted." Applicants must allow sufficient time for an application to go through mail, as an application is not considered Submitted when postmarked.

3. Notice. Lake Health shall post notices in the admission areas, business offices and places where patients pay their bills, and emergency rooms that specify the rights of patients with income at or below the Federal Poverty Guidelines to receive, without charge to the individual, basic, medically necessary hospital-level services at Lake Health.

4. Billing. Lake Health may bill any third-party payor that has a legal liability to pay for services rendered under HCAP. Lake Health may also bill Medicaid if the individual becomes a recipient of the Medicaid program. Finally, Lake Health may bill individuals for services if all of the following apply:

- Lake Health has an established post-billing procedure for determining the individual's income and canceling charges if the individual is found to qualify for services under the provisions of this rule; and
- The initial bill, and at least the first follow-up bill, includes a written statement that:
 - o Explains that individuals with incomes at or below the federal poverty level are eligible for services without charges;
 - o Specifies the federal poverty guidelines for individuals and families of various sizes at the time the bill is sent; and
 - o Describes the post-billing procedure for determining the individual's income and canceling the charges if the individual is found to qualify for services. This statement may appear on the back of the bill, but it must be referenced on the front of the bill as well.

HCAP Guidelines:

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Charity Discount	100%

