

SUMMA HEALTH SYSTEM HOSPITALS
PATIENT ACCOUNT SERVICES

CARE ASSURANCE UNIT

<PROCEDURE OHIO HOSPITAL CARE ASSURANCE PROGRAM>

POLICY:

PURPOSE:

To ensure compliance with ORC section 5112.17, which stipulates that, each hospital that receives payment under the provisions of Chapter 5112 of the Revised Code, shall provide, without charge, basic, medically necessary hospital-level services to the individual who is a voluntary resident of Ohio, is not a recipient of the Medicaid program and whose income is at or below the federal poverty line and who is not receiving public assistance in another state.

POLICY:

The application process and determination of eligibility must be performed in accordance with and based on the following rules set forth by Ohio Administrative Code 5101:3-2-07.17:

Notices

The Hospital must post notices in the emergency room, admissions area, cashier's office and other appropriate areas. Posted notices must contain the following:

- At a minimum, the notices must specify the rights of individuals to receive without charge, basic medically necessary hospital-level services.
- The wording of the posted notice must be clear and in simple terms understandable by the population served.
- Must be posted in English and other major languages that are common to the population of the area.
- Must be readable at a distance of 20 feet or the expected vantage point.
- The hospital must make reasonable efforts to communicate the contents of the posted notice to the persons that it has reason to believe cannot read the notice.

Three-Year Application Deadline

To apply for free care for services received on or after December 14, 2000, a three-year deadline from the date the patient receives the second billing statement is imposed. Patients with earlier service dates can continue to apply at any time.

Frequency of Application

For outpatient services, eligibility determination is good for 90 days from the initial service date. For inpatient services, eligibility must be determined for each admission unless the patient is readmitted within 45 days of discharge for the same underlying condition.