

LEFLORE COUNTY HOSPITAL AUTHORITY  
"EASTERN OKLAHOMA MEDICAL CENTER"  
POLICY & PROCEDURE MANUAL

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Subject: Charity Care Policy

Number: 06

Original Issue Date: 01/09

Revised Date: 07/17; 06/22

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Signature: \_\_\_\_\_

CEO

Chief of Staff

Chairman of the Board

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**POLICY:**

It is the policy of Eastern Oklahoma Medical Center to provide emergent care to all patients living in our service area, without regard to the patient's financial ability to pay for services provided.

The purpose of this policy is to outline the circumstances under which Eastern Oklahoma Medical Center will provide free or discounted care to patients who are unable to pay for their emergent care and how Eastern Oklahoma Medical Center will calculate amounts charged to those patients.

Emergent care services are defined as a medical condition that, without immediate attention:

- Places the health of the individual in serious jeopardy, as defined by a physician
- Causes serious impairment to bodily functions or serious dysfunction to a bodily organ, as defined by a physician

Patient types assumed to be covered by this definition include, but are not limited to:

- Emergency Department ER Level 4 & ER Level 5 Outpatients; ER Level 3 is based on diagnosis
- Emergency Department ER Level 4 & ER Level 5 Admissions; ER Level 3 is based on diagnosis
- Inpatient/Outpatient follow-up related to the previous Emergency visit

**PROCEDURE:**

After all, EMTALA requirements are met and patient is registered, hospital patients without Medicare, Medicaid, third-party insurance, other local health care financial assistance or adequate health insurance will be offered financial counseling assistance from Eastern Oklahoma Medical Center staff, including a packet of information that addresses the financial assistance policy and procedures and an application for financial assistance (if requested).

Patients requesting financial assistance will be required to complete the Financial Assistance Application Form in order to determine eligibility. In certain situations, the application process may be initiated by Eastern Oklahoma Medical Center. Requests for financial assistance will be honored up to 120 days after the date the first post-discharge billing statement is sent to the individual either by mail or electronic bill presentment.

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It is the patient/guarantor's responsibility to provide, to the best of their knowledge, accurate, honest and complete information regarding their application and billing information. The patient/guarantor shall be required to provide information and verification of ineligibility for benefits available from insurance, Medicare, Medicaid, Workers Compensation, third-party liability (e.g., auto accident or personal injury) and other programs.

All available financial resources shall be evaluated before determining financial assistance eligibility. Eastern Oklahoma Medical Center will consider financial resources not only of the patient and other members of the household, but also of other persons having legal responsibility to provide for the patient.

The financial assistance assessment methodology shall consider income of the patient / guarantor / household, assets, family size, historical financial profile, current available resources, and the likelihood of future earnings sufficient to pay for health care services (See Eligibility Criteria/Basis for Calculating Amounts Charged to Patients below).

**Presumptive Eligibility:**

Individuals who are uninsured may be considered eligible for financial assistance in the absence of a completed Financial Assistance Application (FAA) if:

- Individual is homeless
- Individual is deceased and has no known estate able to pay hospital debts
- Individual is incarcerated for a felony (verified on OSCN.net website)
- Individual has received Medicaid benefits. Service dates for up to one year prior to the Medicaid qualification and six months past the Medicaid eligibility date will be considered for Financial Assistance.

A credit report may be generated for the purpose of identifying additional expense, obligations and income to assist in developing a full understanding of the individual's financial circumstances. A third-party scoring tool may be used to justify financial assistance eligibility. In the event household size is not indicated on the credit report or third-party scoring tool, Eastern Oklahoma Medical Center will use the demographic information provided by the patient/guarantor at time of admission. Financial assistance adjustments will be applied to dates of service for qualifying emergent care services for up to one year prior to the presumptive eligibility date and will extend for a period of six months into the future.

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For any individual presumed to be eligible for financial assistance in accordance with this policy, the same actions described throughout this policy would apply as if the individual had submitted a completed Financial Assistance Application.

**Approved Financial Assistance:**

Patients/Guarantors will be notified by U. S. mail when Eastern Oklahoma Medical Center determines the amount of financial assistance discount eligibility related to emergent care services provided by Eastern Oklahoma Medical Center. This eligibility does not extend to services provided by non-facility employees or other independent contractors (physicians, physician practices, anesthesiologists, radiologists, pathologists, etc.) unless specifically noted that the provider is participating in this policy. Financial assistance adjustments will be applied to dates of service for qualifying emergent care services for up to one year prior to the application approval and will extend an additional six months into the future. After that, a new verification of financial status shall be required to continue financial assistance discounts. Accounts will be adjusted at the time the financial assistance is approved.

**Denied Financial Assistance:**

Patients/Guarantors will be notified by U. S. mail if financial assistance is denied along with a brief explanation of the reason for the determination.

**Eligibility Criteria/Basis for Calculating Amounts Charged to Eligible Patients:**

Charges for emergent care services provided to patients eligible for financial assistance under the policy will be limited to not more than the amounts generally billed (AGB) to those individuals who have insurance. Charges, as defined in this policy, are considered the amount the patient is personally responsible for paying, after all deductions, discounts and insurance reimbursements have been applied. Discounts under this policy will be applied according to the following sliding scale:

**Annual Household Income Amount of Discount for Uninsured:**

Annual Household Income	Amount of Discount
Up to 100% of FPG	100%
101-150% of FPG	75%
151-300% of FPG	60%

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**Actions under Billing and Collection Policy in the Event of Non-Payment:**

Eastern Oklahoma Medical Center will not engage in extraordinary collection actions (ECA) for up to 120 days after the date of the patient's first statement. During that time, Eastern Oklahoma Medical Center will make reasonable efforts to determine whether an individual who has an unpaid amount from Eastern Oklahoma Medical Center is eligible for financial assistance.

Extraordinary collection actions include:

- Reporting a patient's delinquent debt to a credit bureau
- Selling a patient's debt to a third party
- Placing a lien on a patient's real property
- Attaching or seizing a patient's bank account or other personal property
- Commencing a civil action against a patient
- Causing a patient's arrest due to the debt
- Garnishing a patient's wages

Eastern Oklahoma Medical Center will publicize the availability of financial assistance (see next section). Also, notices will be printed on statements to the patient/guarantor, directing the patient/guarantor to contact the Eastern Oklahoma Medical Center Patient Financial Services Office to discuss financial arrangements and the availability of financial assistance.

Also, the patient/guarantor will be sent a written notice 30 days after the initial statement that extraordinary collection efforts (ECA) may be initiated if a complete financial assistance application is not submitted, the bill is not paid, or an arrangement to pay the bill has not been agreed to by both patient and provider within 120 days after the first billing statement. Although Eastern Oklahoma Medical Center may undertake ECAs after this 120-day period, if we have not yet determined whether an individual is FAP-eligible, we will still accept and process an FAP application for an additional 120 days. The total period during which Eastern Oklahoma Medical Center must accept and process FAP application is 120 days from the date of the first billing statement. If Eastern Oklahoma Medical Center receives an FAP application during the application period, we will suspend any ECAs we have started until we have processed the application and made a determination of eligibility. If the individual is FAP-eligible, we will reverse the ECAs. While debts may be referred to third parties to assist with collection actions at any time, including during the initial 120-day notification period, they will not be sold to third parties during the notification period unless and until an eligibility determination has been made.

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**Publicizing the Availability of Financial Assistance:**

- Eastern Oklahoma Medical Center will post complete and current versions of the following on the Eastern Oklahoma Medical Center website:
  - ✓ Financial Assistance Policy (FAP)
  - ✓ Financial Assistance Application Form (FAA)
  - ✓ Plain Language Summary of the Financial Assistance Policy (PLS)
  - ✓ Contact information for EOMC Financial Counselors
- Signs will be posted in English to advise patients of the availability of financial assistance. Signage will be displayed in all points of admission and will contain the Eastern Oklahoma Medical Center website address where the FAP, FAA, and PLS may be accessed ([www.eomchospital.com](http://www.eomchospital.com)).
- Telephone number and physical location that individuals may call or visit to obtain copies of the FAP, FAA and PLS or to obtain more information:
  - ✓ Patient Financial Services Department/Business Office at Eastern Oklahoma Medical Center (918) 653-3402.
  - ✓ Signage, the FAP, FAA and PLS will be in other languages in instances where the lesser of 1,000 individuals or 5% or more of the local population speaks said foreign language.
- Paper copies of this information will be available upon request at all points of admissions.
- A notice will be included on billing statements that notifies and informs recipients about the availability of financial assistance for eligible individuals under Eastern Oklahoma Medical Center's FAP and includes the telephone number of the Financial Counselor who can provide information about the FAP and application process and the website address where copies of the FAP, FAA and PLS may be obtained.

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**What Do I Need to Submit Based on Your Work Status?**

Please provide copies of documents, **based on individuals work status** for the following household members: **Patient and anyone with an income or unemployment status that may help provide for you. All documents listed under the work status are needed unless you do not receive it.**

**Are you Employed or Self-employed?**

1. Pay Stubs for the last 2 months
2. Copy of previous year's complete Tax Returns
3. 3 months of COMPLETE bank statements (document must include utility payments and rent/mortgage payments. If, payments are not on the bank statement, 2 months of copies of the utility/rent/mortgage payments are needed).
  - ❖ If Self-Employed please submit 4 months of COMPLETE bank statements
4. Any governmental assistance documentation (SNAP/Food Stamps, Gov't Housing)
5. Include the above for any income holder within the household (Pay Stubs, Social Security Award Letter, Pension Benefits Statement, 3 months of bank statements, previous year tax forms)

**Are you Disabled or Retired?**

1. Social Security and/or Pension Benefit Statements or letter from current year
2. 3 months of COMPLETE bank statements (document must include utility payments and rent/mortgage payments. If, payments are not on the bank statement, 2 months of copies of the utility/rent/mortgage payments are needed).
3. Notarized Income Verification Letter if you are supported by another's income
4. Any governmental assistance documentation (SNAP/Food Stamps, Gov't Housing)
5. Include the above for any income holder within the household (Pay Stubs, Social Security Award Letter, Pension Benefits Statement, 3 months of bank statements, previous year tax forms)

**Are you Unemployed?**

1. Unemployment letter, denied or approved, if you were issued one
2. Notarized Income Verification Letter if you are supported by another's income
3. Copy of previous year's complete Tax Returns

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4. 3 months of COMPLETE bank statements (document must include utility payments and rent/mortgage payments. If, payments are not on the bank statement, 2 months of copies of the utility/rent/mortgage payments are needed).
5. Any governmental assistance documentation (SNAP/Food Stamps, Gov't Housing)
6. Include the above for any income holder within the household (Pay Stubs, Social Security Award Letter, Pension Benefits Statement, 2 months of bank statements, previous year tax forms)

**Are you a Full-Time Student?**

1. Copy of Award Letter and Transaction Ledger for loans and/or grants
2. 3 months of COMPLETE bank statements (document must include utility payments and rent/mortgage payments. If, payments are not on the bank statement, 2 months of copies of the utility/rent/mortgage payments are needed).
3. If applicable, any governmental assistance documentation (SNAP/Food Stamps, Gov't Housing)

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**Income Verification Letter: Proceed only if you are unemployed.**

**If you and/or your spouse are employed, you may disregard this page of the application.**

This form needs to be completed only for applicants with no employment income. Please have someone who knows you complete any/all applicable fields of this form.

**This form must be signed in the presence of the Patient Financial Counselor**  
***or***  
**you may choose to have it notarized.**

1. I certify that \_\_\_\_\_ is presently unemployed and he/she is living with me and pays no rent.
2. I certify that \_\_\_\_\_ is presently unemployed and I pay his/her living expenses.
3. I have known \_\_\_\_\_ for \_\_\_\_\_ years and I certify that he/she is unemployed and has no income.

Relationship to patient: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

❖ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Notary or Financial Counselor:** (Due to COVID notary is not required at this time)

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My commission expires: \_\_\_\_\_ Signature \_\_\_\_\_