Mending the Safety Net:
A Hospital-Community Collaboration Improves Access to Free Care in Columbus

A follow-up to the December 2000 Report, "Holes in the Safety Net: The Challenges of Finding and Getting Hospital Free Care in Columbus"

UHCAN Ohio
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PREFACE

Universal Health Care Action Network of Ohio (UHCAN Ohio) is a statewide organization committed to achieving health care justice, including of universal coverage, quality care and public accountability. With offices in both Columbus and Cleveland, UHCAN Ohio works for reform through education, grassroots organizing, and collaboration with individuals and organizations across Ohio, giving special attention to those most at risk in the present system.

UHCAN Ohio began its inquiry into the local health care safety net in 1998. In the summer of 2000, UHCAN Ohio and its community partners decided they wanted to learn more about free care policies and the availability of information about free care at Columbus's acute care hospitals. UHCAN Ohio staff and committee members conducted surveys and developed both reports. If you have any additional questions or would like to learn more about our work, please contact us at:

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The Access Project is a national health care initiative supported by The Robert Wood Johnson Foundation and the Annie E. Casey Foundation. It works in partnership with the Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University and the Collaborative for Community Health Development. In early 1998 the Access Project began its efforts to improve the health of our nation by assisting local communities in developing and sustaining efforts that improve healthcare access and promote universal coverage, with a focus on people who are without insurance.

Community Catalyst is a national organization that works with consumer advocacy groups to expand access to quality health care for all, and to build consumer and community participation in the shaping of the U.S. health system. Community Catalyst helps state and local consumer health groups develop the legal, policy, and organizational tools needed to cope with the changes transforming healthcare.

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- Kim Dill, staff organizer. Kim organized meetings for hospitals, gathered information for the report from hospital representatives, coordinated the follow-up surveys, and provided consistent oversight to ensure completeness and accuracy.
- Committee members: Committee members participated on negotiating committees with hospitals, conducted follow-up telephone calls and site visits, reviewed drafts, developed strategies, and made this effort successful. These committee members include: Alfreda Abbott-Ayodele, Marti Abel, Mila Briskin, Dorothy Cromartie, Patricia Dawkins, Debera Diggs, Helen Evans, Marion Grey, Genia Hendrix, Teresa Jacott, Mamie Jenkins, Maria Carmen Lambea, Jerry Lapsley, Chip Livisay, Carol Neustadt, Michelle Rubin King, Carol Rudder, Leahjean Seward, Erika Shell Castro, Carolyn Slack, Calvin Sowell, Laura Thielbar, Nancy Trent, Cheryl Turk Hill, Gladys Turner, Maryan Warsame, David Weaver, Heidi Yoakum, Sofia Zisman, and others. Their dedication made this project possible.
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EXECUTIVE SUMMARY

Background

This report examines the progress made by Columbus hospitals and community members in strengthening the hospital free care safety net. Many uninsured and under-insured residents of Columbus rely upon hospital free care to meet critical health needs.

In December 2000, UHCAN Ohio issued a report entitled, *Holes in the Safety Net: The Challenge of Finding and Getting Hospital Free Care in Columbus*. This report emphasized the importance of hospital free care in Columbus, a community that has:

- Over 130,000 uninsured residents.
- No public hospital or levy for the uninsured.
- Too few primary and specialty care providers who offer free or reduced-fee care.

The report summarized findings of telephone surveys and site visits of all ten non-profit hospitals in Columbus. Researchers found that information about the availability of Ohio's statutory Hospital Care Assurance Program – "HCAP" - and other hospital free care programs is difficult to obtain. UHCAN Ohio's Free Care Committee, which prepared the report, made a set of recommendations directed both at hospitals individually and collectively, to make free care more accessible to those in need.

Before releasing the report, UHCAN Ohio asked each hospital system to meet with its Free Care Committee to address our findings and recommendations. The committee challenged the hospitals to collaborate on some immediate improvements and to begin working on larger policy changes.

Hospitals Commit To Work With Community On Free Care

The hospitals responded by committing to participate in a process with community representatives to improve health care policies and practices. Although Columbus hospitals have worked previously with community groups on addressing unmet health needs, this new effort marks a unique collaboration between hospitals and community representatives on *hospital financial policy*. The significance of this historic collaboration should not be underestimated.

Furthermore, in the first six months since the report was released, the hospitals responded by beginning to implement significant improvements in patient outreach and enrollment in free care. These improvements include:

- Better signage, in English and other languages.
- Easy-to-read handouts about free care programs.
- Staff training on free care.
- Procedures to ensure that patients learn about financial assistance *before* leaving the hospital.

The Free Care Committee also asked the hospitals to collaborate with each other on standardizing free care policy, with three initial recommendations:

1. **Accept a standard, citywide HCAP application** that social service agencies and providers can use to assist patients in applying for HCAP.
2. **Adopt a standard, citywide charity care policy for patients with family incomes up to 200% federal poverty level**.
3. **Collect uniform data on charity care to patients between 101-200% of federal poverty level**.

In response, the four hospital systems have agreed to accept a standard HCAP application, with instructions drafted by UHCAN Ohio. The adult systems have moved closer to a uniform charity care policy for patients with incomes up to 200% federal poverty level. The hospitals have also agreed to work with UHCAN Ohio and the Columbus Health Department to explore more uniform data collection on charity care.

Finally, the hospitals and UHCAN Ohio's Free Care Committee have developed a collaborative relationship, based on a shared commitment to address the health care needs of uninsured people. In short, as a result of the hospital-community collaboration, there are fewer holes in the safety net.

Further Work Needed

The work is far from complete. In June 2001, UHCAN Ohio conducted a follow-up phone survey and site visits. As our follow-up survey shows, not all improvements have been implemented sufficiently. Although signage had improved markedly, the telephone calls revealed continued weaknesses in employee responses to free care inquiries (in part because the calls occurred *before* some hospitals' scheduled free care trainings).

In addition, the hospitals and the Free Care Committee have not had enough time to address several longer-range recommendations. Unfinished areas include:

- Standardization of free care policy and data collection.
- Strategies to educate and assist non-English speaking patients.
- Exploration of procedures to assist patients with non-hospital bills.

Access HealthColumbus: Toward Comprehensive Care for the Uninsured

It is important to remember that hospital free care is only a piece of the health care safety net. To become healthy and stay healthy, people need comprehensive health care, including primary and preventative health care, access to specialists, and help in managing chronic health conditions. Because uninsured people often lack access to these other services, they sometimes end up as hospitalized patients – sicker and needing more expensive care.

In order to provide full health care services to all Columbus residents regardless of insurance status or ability to pay, UHCAN Ohio and the hospitals are involved in a broader community initiative, Access HealthColumbus. This initiative would create a public/private system that will assure access to appropriate care for uninsured people in Franklin County. The accomplishments outlined in this report will serve as an important building block in that system of care.

Building a system of care for the over 130,000 uninsured people in Franklin County will take commitment, money and other resources. UHCAN Ohio challenges the entire community to "step up to the plate" the way the hospitals have done and contribute resources to creating a system of care for the uninsured.

Columbus Ten Non-Profit Acute Care Hospitals *Organized by system, all are included in this report*
Children s Hospital (CHI)
Children s Hospital, 700 Children s Drive, Columbus, OH 43205
Mount Carmel Health Systems (MCHS)
Mt. Carmel East, 6001 East Broad Street, Columbus, OH 43213
Mt. Carmel West, 793 West State Street, Columbus, OH 43222
St. Ann s, 500 South Cleveland Avenue, Columbus OH 43081
OhioHealth (OH)
Doctors North, 1087 Dennison Avenue, Columbus, OH 43201
Doctors West, 5100 W. Broad Street, Columbus, OH 43228
Grant Medical Center, 111 South Grant Street, Columbus, OH 43215
Riverside Methodist Hospital, 3535 Olentangy River Road, Columbus, OH 43214
The Ohio State University Hospitals (OSU)
OSU Medical Center, 410 West 10th Avenue, Columbus, OH 43210
University East Hospital, 1492 East Broad Street, Columbus, OH 43205

INTRODUCTION

Background: UHCAN Ohio s December 2000 Report on Free Care

In the spring of 2000, UHCAN Ohio's Free Care Committee conducted a survey of all ten non-profit acute care hospitals in Columbus (see UHCAN Ohio's definition of "free care" in the side bar on this page[1]). They sought to find out:

- Whether it is easy for community members to get information about the availability of free care from hospitals.
- Whether hospitals have explicit free care policies and procedures.
- How well hospitals were complying with Ohio's Hospital Care Assurance Program (HCAP) rules.

UHCAN Ohio's Free Care Committee is racially, ethnically, culturally, and geographically diverse, reflecting the diversity of Columbus' uninsured and underinsured residents. The committee includes people living and working in medically underserved communities around Greater Columbus. Organizations endorsing the recommendations of the original report likewise represent our community's diversity.[2]

A team of trained community volunteers made telephone inquiries and site visits to Columbus' ten non-profit hospitals, seeking information about the availability of free care and the hospitals' policies for providing it. They also collected and reviewed HCAP and free care applications and handouts from the hospitals.

What is Free Care?

UHCAN Ohio defines free care as health care that a patient receives with no obligation to pay. If a patient gets billed, referred to collections, or sued, that s not free care — even if the patient never pays. Many uninsured people receive care without paying, but they may avoid seeking needed health care for fear of more bills and face serious financial consequences affecting the rest of their lives.

In December 2000, UHCAN Ohio issued its report entitled, *Holes in the Safety Net: The Challenge of Finding and Getting Hospital Free Care in Columbus.*[3] The report discusses the importance of free care for uninsured people, the sources for hospitals' free care obligation, and reasons why improved free care outreach can actually *help* Columbus hospitals, which face increasing burdens from free care.

The findings, detailed in the report,[4] were summarized as follows:

- **Information about the availability of HCAP and other hospital free care programs is difficult to obtain.** Front line staff generally did not appear to be trained to answer free care inquiries or to transfer callers appropriately. Requests frequently result in multiple telephone transfers with callers ending up in voicemail labyrinths.

[1] Free Care can also include public programs such as Medicaid, which covers all medically necessary health care at no cost to patients, and AEMA — Alien Emergency Medical Assistance — which provides coverage for medical emergencies to immigrants not eligible for Medicaid.

[2] The list of endorsing organizations appears in the Appendix.

[3] The complete report is available on UHCAN Ohio s website, www.uhcanohio.org, under reports.

[4] The report did not reveal findings about individual hospitals, but instead reported aggregate findings on each question researched.

Limits of Hospital Free Care

In this report, we focus on hospital free care. When hospitals give free care, they cancel or reduce the hospital bill. Unfortunately, hospital free care does not cover bills from physicians and other non-hospital providers. Hospital free care often does not provide primary and preventative care either. Patients who are eligible for Medicaid or AEMA receive comprehensive coverage.

- **Written information about free care programs and hospital policies is not readily available or prominently displayed.** Callers were generally told that there was no written information or that it could be found on the back of their hospital bills. Visitors found no handouts about free care in patient waiting areas.

- **Although all of the hospitals had at least some of the required signs describing HCAP, the signs were in English only, and they were often difficult to find, read, or understand.** Signs were often in obscure locations, in small print, and not in plain language. With only a few exceptions, there were no signs that described the hospitals' own free care policies[5] in addition to HCAP.

- **Callers were generally discouraged from applying for free care in advance of receiving services.** Most hospital staff advised callers to wait until after receiving both treatment and a hospital bill before applying for free care. Hospital employees were reluctant to mail applications to callers. Some applications obtained by surveyors were excessively lengthy and sought unnecessarily detailed financial information.

The underlying discovery was that **most hospitals did not have a written free care policy that was available to the public**. At least one hospital had no free care policy at all. And, the hospitals had never worked with the public to develop or refine free care policies. The report contained detailed recommendations for the individual hospitals, for hospital collaboration, and for the community, to improve access to free care -- and to expand access to health care for all residents of Columbus.[6]

The concern was not that the hospitals weren't providing uncompensated care, but rather that hospitals did not take steps necessary to inform patients and the public that free care is available to those in need. Thus, people are not seeking needed care because they don't know—and can't easily find out— about free care. And, uninsured people who receive care at hospitals sometimes find themselves burdened with medical bills and afraid to seek further health care.

The report also emphasized that hospital free care, although a vital part of the current safety net for uninsured people, is a poor substitute for providing people with comprehensive health care coverage, including access to primary, preventative, and specialty care. UHCAN Ohio invited the hospitals to collaborate on filling the holes in the free care safety net – and to work together toward a better system of care for uninsured people.

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[5] Charity care is the term some hospitals have used traditionally to refer to free or discounted care, other than HCAP, for uninsured patients who cannot afford to pay. Hospitals increasingly use financial assistance. In this report, we use the two interchangeably.

[6] The UHCAN Ohio Free Care Recommendations, in the form of a Checklist, appears in the Appendix of this report.

A Call to Action

UHCAN Ohio wanted the report to accomplish the following goals: to improve hospital compliance with existing free care requirements; to reinforce, for Columbus' leadership and community, the critical nature of free care and the need to ensure that it is readily accessible, by engaging in a public process to improve access to free care; and to challenge local leadership and the community to work for health care access expansions that will strengthen – or even eliminate the need for – a health care safety net.

HOSPITAL RESPONSES TO UHCAN OHIO S RECOMMENDATIONS

In the December 2000 report, UHCAN Ohio offered a large set of recommendations for improving financial assistance policies and practices. The following describes hospital responses to the UHCAN Ohio recommendations, including accomplishments and suggested next steps in the collaboration[7].

Summary of Accomplishments: In response to the December 2000 report, all hospitals:

- Committed to collaborate with the free care committee to improve free care policies and procedures. In six months, the hospitals and committee developed working relationships and made concrete changes.
- Have provided the community with written free care policies. In some cases hospitals developed and revealed written free care policies for the first time.
- Have considered UHCAN Ohio's recommendations carefully and have made real efforts to improve outreach and enrollment of uninsured patients in free care programs.
- Have agreed to continue collaborating with the community on improving access to free care programs.
- Are working with the Access HealthColumbus initiative to address access to health care for the uninsured in a systemic way.

Hospital Abbreviations

CHI
Children s

MCHS
Mount Carmel Health System

MCW
Mt. Carmel West

MCE
Mt. Carmel East

St.A
Mt. Carmel St. Anne s

OH
OhioHealth

G/R
Grant/Riverside

DH
Doctors Hospital

DHN
Doctors North

DHW
Doctors West

OSU
Ohio State University Medical Center

UE
OSU University East Hospital

Creating a Hospital/Community Process

Background: Columbus area hospitals have always worked with community groups on community health projects. UHCAN Ohio's free care committee was looking for hospitals to collaborate with the community on hospital *policies.*

Before issuing the report, UHCAN Ohio asked each hospital system to meet with the Free Care Committee to discuss their findings and recommendations. The Free Care Committee sought commitments from the hospitals to collaborate with the committee on addressing the recommendations.

Accomplishments: All hospitals made commitments to collaborate, for the first time, with community members, to improve free care/ financial assistance policies and procedures. The hospitals participated actively in the first six months of the process and have agreed to continue.

Next Steps: The collaboration between hospitals and the community will continue, in order to monitor implementation of policies and consider further improvements.

Summary of the Process

Negotiating teams from the Free Care Committee had at least two meetings with representatives of each hospital system. [8] In these meetings, hospital representatives included both senior administrators and personnel in charge of implementing free care policies. In addition to meetings, substantial communication took place between UHCAN Ohio staff and hospital representatives. The hospitals have shared internal policies with community representatives, considered the recommendations, and incorporated community feedback into changes.

[7] The Recommendations Checklist and a chart with details of hospital activities appear in the Appendix.

[8] Two hospital systems met with the committee and agreed to address the recommendations before th out. The third system met the following month, the fourth several months later.

The Free Care Committee also convened an "All-Hospital" meeting with representatives of every system, to explore standardization of applications, policies, and data collection for free care. In June 2001, UHCAN Ohio staff compiled responses to our recommendations from each system and verified those responses in preparation of this report. Free Care Committee members also conducted follow-up phone monitoring and site visits of each hospital.

Toward A Community-Wide Hospital Financial Assistance Policy

As the December 2000 report showed, free care at hospitals has been a well-kept secret. UHCAN Ohio made a series of recommendations to the hospitals to standardize citywide financial assistance policy and collect uniform data on charity care, as the basis for creating a system of care for the uninsured.

1. Establishing standards for patients at or below 200% poverty

Background: Ohio law, through the Hospital Care Assurance Program (HCAP), requires hospitals to provide free hospital care to patients with incomes at or below the current Federal Poverty Level (FPL). [9]
However, many uninsured people with incomes above 100% FPL ($17,650 per year for a family of 4, in 2001) cannot afford to pay hospital bills. In response, many hospitals have voluntary "charity care" policies for patients above federal poverty level.

When UHCAN Ohio's free care committee began its work, hospital charity care policies were, for the most part, a well-kept secret. Although many uninsured patients received free care, many others – especially outpatients – did not learn about or receive HCAP or other financial assistance. One hospital system (OH) had a written policy that was available on request, but not well known. Other systems either had no written policy (OSU) or did not share it publicly (MCHS). UHCAN Ohio asked each hospital to share its charity care policy.

The free care committee asked each hospital to consider standardizing charity care throughout Franklin County. UHCAN Ohio asked the hospitals to agree to full charity care to 200% FPL.[10] Patients living with household incomes at or below 200% FPL – $35,300 for a family of four – generally do not have extra income for hospital bills. In addition, uninsured patients face medical bills from all non-hospital providers, including physicians, lab tests, therapists, and others.

Standardizing charity care among all Franklin County hospitals would place them on a more level playing field. Furthermore, informing the public about charity care is easier with a standard policy. If all hospitals do not have the same charity care policy, some hospitals may bear a greater burden than others. On the other hand, if all hospitals have the same charity care policies, hospitals in some locations may bear a disproportionate burden in caring for uninsured patients. If that occurred, a health levy or other means could be developed to achieve equity.

In order to encourage inter-hospital cooperation on charity care, UHCAN Ohio called a meeting of all hospitals, in March 2001. At that meeting, hospitals agreed to consider moving toward a standard policy of total free care to patients at or below 200% FPL.

Accomplishments: All hospitals have shared current written policies with community representatives and OSU articulated a financial assistance policy for the first time. These two breakthroughs together represent an important step toward standardized policy:

[9] Ohio Revised Code section 5112.17 created the Hospital Care Assurance Program (HCAP).
[10] Like HCAP, hospital charity care applies only to hospital bills, not to physicians or other non-hospital providers.

- Two OH Health hospitals, Grant and Riverside, provide full charity care to patients up to 200% FPL. For patients above 200%, OH uses a sliding scale, which they provided to us (existing).
- OH is considering raising DH full charity care from 175% to 200% FPL.
- OSU Medical Center now provides financial assistance to 200%, with graduated discounts from 100-200% FPL[11] (new).
- OSU's University East Hospital provides charity care to 200%, with graduated discounts (existing).
- MCHS provides charity care, on a sliding scale, to 250% FPL [12] (existing).
- CHI offers charity care, on a sliding fee scale, to 250% FPL (existing).

A Model for Columbus Hospitals?

In June 2001, the Oregon Health Action Campaign (OHAC) and the Oregon Association of Hospitals and Health Systems (OAHHS) launched the nation s first statewide free care agreement. They have issued a pamphlet, Financial Assistance Guidelines, a Suggested Policy for Oregon Hospitals. The statewide agreement began with collaboration between OHAC and hospitals in two Oregon counties.

The OAHHS recommends that the standard guidelines be adopted by each hospital and contains implementation procedures to maximize consistency and compliance.[1] Just as Oregon has done, Columbus hospitals and UHCAN Ohio could adopt standard guidelines and suggested implementation procedures. Columbus hospitals, in collaboration with the Ohio Hospital Association, could then encourage other Ohio hospitals to adopt similar standards and procedures.

Next Steps: Several hospitals expressed interest in developing a standard charity care policy as part of the development of a community-wide system of care for the uninsured. Hospitals are participating in a community initiative, Access HealthColumbus, working to create such a system. As AHC progresses, discussions about standardization will continue.

UHCAN Ohio recommends :

- That the hospitals and community representatives develop a handout explaining HCAP and other financial assistance available at hospitals.
- That CHI provide full charity care to children with family incomes to 200% who are NOT eligible for Medicaid – primarily children not born in the U.S.
- That when hospitals offer discounts, these should be based on the patient's ability to pay or the hospital's actual cost, not on hospital *charges*.
- That hospitals move toward <u>full</u> hospital charity care to patients below 200% of the federal poverty level.

[11] OSU s sliding scale for discounts to patients with incomes between 100-200% FPL offers discounts off the hospital charges (full price, or retail). The amount of payment required may exceed what some patients can afford.

[12] The MCHS sliding scale is a combination of specific dollar amount patients should pay and percentage discounts. It attempts to set payments based on a patient s ability to pay. However, patients in some instances may still be asked to pay more than they can afford.

Children s Hospital: A special case?

CHI is in a different position from the other hospitals, because most children, except for some non-citizens, are eligible for Medicaid with incomes up to 200%.[13] *Unfortunately, not all eligible parents enroll their children in Medicaid.*

UHCAN Ohio believes that all eligible children should be enrolled in Medicaid, for two reasons. First, Medicaid covers all medically necessary care, including doctors' visits, dental, eye care, mental health (although patients often face great hurdles with enrollment, staying enrolled, and access to providers). Second, we believe that hospital free care should be reserved for those who are not eligible for Medicaid or other public programs, in order to best use available public and private resources.

Children's offers a sliding scale to 250% for uninsured patients [for outpatients only], but engages in extensive efforts to reach out and enroll eligible patients in Medicaid. For a variety of reasons, many people still hesitate to enroll their children in Medicaid. [14] *CHI expressed concern that offering full free care may create a further disincentive to Medicaid enrollment, and UHCAN Ohio agrees.*

[13] Children are eligible for Medicaid up to 150%, regardless of other insurance. For children between 151-200% FPL, children are eligible for Medicaid only if they lack insurance that covers both hospitalization and primary care. Parents with dependent children are eligible with incomes up to 100% FPL. Non-parents are not eligible for Medicaid unless totally disabled or low income elderly.

[14] Reasons may include: past bad experiences; misinformation; the misconception that Medicaid is welfare, instead of a health coverage program; and, most importantly, current barriers to enrollment and access to providers. Also, parents who themselves are not eligible are less likely to enroll their children.

2. Adopting a standard HCAP application

Background: As our original report showed, many uninsured patients do not find out about free care until after leaving the hospital. Often, patients with hospital bills – especially those with Limited English Proficiency – seek help in applying for HCAP from community based agencies. UHCAN Ohio recommended that the hospitals adopt a uniform HCAP application for distribution to community-based agencies.

Accomplishments: All hospital systems have agreed to accept a standard HCAP application, based on the sample HCAP application offered by the Ohio Department of Job and Family Services (which monitors the HCAP program).

Next Steps: UHCAN Ohio will distribute these applications to front line providers, agencies and organizations in the community, so that they may assist patients who have hospital bills but did not enroll in hospital free care. UHCAN Ohio and the hospitals will monitor to ensure that these applications meet the needs of hospitals and patients. UHCAN Ohio will assist in assuring that all hospitals have HCAP applications in Spanish, Somali, and other languages.

3. Uniform collection of data on uninsured patients

Background: Hospitals currently collect data on care provided to patients at or below 100% poverty, under the HCAP program. They also report uncompensated care above 100%, but with no caps. Some hospitals, including OH, track actual charity care separately from other uncompensated care.

UHCAN Ohio recommended collection of data on care to patients between 101-200% FPL,[15]. This data would both demonstrate how much care hospitals are providing and also furnish powerful evidence to local and state policymakers of the need for additional funding for the uninsured.

Accomplishments: Hospitals and community representatives have begun exploring this complicated issue. Hospitals point out that previous efforts to achieve uniform data collection among different systems have failed; that they are already required to collect mountains of data for various public entities; and, that data collection is extremely expensive. All hospitals agreed that discussions about data collection will be easier once a standard charity care policy is accepted.

Next steps: The Columbus Health Department and UHCAN Ohio are researching and will report on what data is being collected, and pursue further discussions with each hospital. The hospitals will consider the research and continue exploring how to collect uniform data as the basis for seeking new funds for uninsured care.

[15] Uninsured patients under 200% FPL is the target population of Access HealthColumbus, a community initiative to assure access to health care in Columbus. Our data request aligns with AHC.

Outreach and Enrollment In HCAP, Medicaid And Other Free Care Programs.

1. Signs and handouts

Site visits

Our follow-up visits showed marked improvements on signs and handouts. At most hospitals, new, improved HCAP and charity care signs were posted at certain high traffic areas around the hospital. All hospitals had or will have HCAP signs in Spanish and some hospitals had Somali HCAP signs.

Brochures or other handouts on free care programs were displayed in patient registration areas at most hospitals. However, we were disappointed that, in most hospitals, handouts were not on display in the emergency room, patient financial services, or other high traffic areas. We also found no handouts in other languages. Detailed findings appear in the appendix.

Background: When the Free Care Committee began its work, hospital outreach and enrollment activities varied substantially. All systems had financial counselors in the hospital to assist patients who ask for help and procedures to inform and screen **inpatients** about financial assistance before discharge.

However, we found, in our initial site visits, that, despite requirements in Ohio law,[16] few hospitals had signs or handouts about free care that were easy to find or understand.[17] Many hospital employees were unable to direct patients to financial assistance. Hospital procedures for enrolling patients prior to discharge varied. Here's how the hospital responded to UHCAN Ohio's specific recommendations for improvement of outreach and enrollment activities**.**

Accomplishments: All hospitals have made new, clearer signs describing the HCAP program. All signs, except for MCHS, also describe hospital charity care programs for patients with incomes too high for HCAP. (Signs in other languages are described in the section, "Access to information in other languages," below; for more details on signs, see the chart in the Appendix.)

All hospitals have produced new brochures, cards, flyers, or letters informing patients about free care programs. Handouts at all ten hospitals cover the hospitals' own charity policies, and most handouts also include information on HCAP (OH inadvertently omitted HCAP information from their cards at DHN and DHW).

Next Steps: Periodic monitoring**.**

[16] Ohio Administrative Code 5101:3-2-0717, governing HCAP, requires hospitals to post notices in appropriate areas, including admissions, emergency room, and financial departments, stating the right of people at or below federal poverty level to receive care without charge.

[17] G/R were the only hospitals where we saw signs that were prominent and easy to understand; they also had excellent handouts on HCAP and charity care, but they were hard to locate.

2. Information and assistance prior to discharge

Background: Many uninsured people do not read signs and handouts on general display. Hospitals need procedures in place to make sure all **inpatients and outpatients** receive oral and written free care information and assistance *before* they leave the hospital.

Reporting annually to the community on HCAP and charity care

Note: This was contained in our original recommendations, but, given time constraints, we have not discussed this recommendation with the hospitals. However, as we collaborate on uniform data collection, UHCAN Ohio would like the hospitals to consider the benefits of doing this in the future.

Background: UHCAN Ohio s Free Care Committee found, in its research, that data on how much free care and other community benefits hospitals provide to the uninsured is hard to find.

Accomplishments: Both MCHS and OH issue annual reports on Community Benefits:

- MCHS issues an annual Social Accountability Report.
- OH issues an annual Community Benefits report.

However, these reports have not been offered widely to the public. The MCHS report is available on request.

Next Steps: UHCAN Ohio recommends that all hospitals issue similar reports publicly to show how much uncompensated care and other benefits to the community our nonprofit hospitals are providing. By offering up these reports for community review, hospitals in other states have opened the door to greater collaboration in the community on addressing unmet needs.

Accomplishments:

- Hospitals shared and reported to the community current procedures for providing information and assistance prior to discharge.
- Several hospitals strengthened their efforts to inform patients at registration.
- CHI drafted a simple "screening tool" to match patients with programs before discharge.
- At MCHS, self-pay patients who are unable to pay a deposit[18] at registration receive financial assistance information and applications.
- OSU-Main, reports that financial counselors are available in the Emergency Department.

Best Practices

At registration, OH now hands all uninsured ("self-pay") patients easy-to-read "cover letters," available in English and Spanish, which explain HCAP and charity care. [19] MCHS is piloting and effort to assist low-income patients at registration. First, registration employees check to see if the patient needs to apply for financial assistance for both current and past visits. Then, patients with non-emergency conditions are referred to MCHS primary care clinics for follow-up and continuous care.

Next steps:

- Development of simple handouts or business cards for all patients, before discharge, that state, simply, "If you have trouble paying your bill, call Patient Financial Assistance, at [phone number] for help."
- Continuing staff training to ensure effectiveness of all the above procedures.
- Monitoring implementation and effectiveness of hospital practice.

3. Improving staff training on free care

[18] MCHS has a policy of asking each self-pay patient in the emergency room for a $60 deposit at registration. Patients who indicate inability to pay receive information on free care. UHCAN Ohio is concerned about the potential chilling effect on patients who can not afford to pay.

[19] Doctors Hospital has used similar cover letters since 1998, as a result of UHCAN Ohio s collaboration there. Anecdotal feedback from the community has been very positive.

Background: UHCAN Ohio's December 2000 report showed, through extensive phone monitoring, that patients inquiring about free care or financial assistance received inconsistent, and often erroneous, information. Many hospital employees did not know where to direct patients asking about free care. The committee recommended that hospitals train all employees with patient contact that free care exists and where to refer patients for financial assistance.

Staff training is a continuing challenge for hospitals, considering the large numbers of employees, the many other policies and procedures staff need to know, and employee turnover.

Accomplishments:

- Hospitals shared and reviewed current training procedures.
- UHCAN Ohio's policy director gave a one-hour presentation on financial assistance programs for non-citizens at CHI; the training was also videotaped for future use.[20]
- She also presented the findings and recommendations of the December 2000 free care report for social services and financial counselors at OSU.

In all hospitals, financial counselors, social services, and registration staff receive training on free care. However, training of other staff with patient contact – such as operators and emergency room nurses -- is not uniform. For instance, DH financial counselors are not trained on Medicaid and AEMA.

G/R trains HCAP and financial counselors annually, with two additional roundtable discussions. Additionally, all departments must schedule one training per year. However, G/R does *not* train its telephone operators. DH staff are trained on hire to refer calls to financial staff (this produced better-than-average results in our original monitoring). OSU trains staff in Patient Care Resource Management, Social Work, and Financial Counselors. Presentations are optional for other staff.

Best Practices

Following our report, MCHS initiated plans for articles in the employee newsletter and quarterly e-mails to reach all staff. CHI has developed new financial assistance handouts that are provided to employees at all points of entry.

In response to our June 2001 monitoring (see below), CHI has committed to:

- Instruct all employees to refer families indicating inability to pay to Patient Accounts for assistance.
- Provide registration and case management staff with new handouts and instruct them to inform patients that free care and assistance programs are available, by September 1, 2001.

Next Steps: UHCAN Ohio will recommend to hospitals that:

- Operators and all staff with patient contact know, at minimum, where to refer callers who need financial assistance.
- Employees receive the new handouts, use them to inform patients, and distribute them to patients in need.
- Financial and social services employees receive periodic updated training.
- Hospitals self-monitor to ensure effectiveness of training.

Follow-up phone monitoring

In the summer of 2000, UHCAN Ohio's Free Care Committee made a series of phone calls to various departments at each hospital, asking about free care. Results showed that front line employees, in most cases, were not trained to answer free care inquiries or transfer calls appropriately. We shared our results with the hospitals.

[20] That presentation, Financial Assistance Programs for Immigrants, is available for booking through UHCAN Ohio, (614) 253-4340.

In June 2001, the Free Care Committee again telephoned the hospitals' main information numbers, asking about free care. The results show that hospitals need to do more basic training. Some disappointing results:

- *Operators answering the main number, in most cases, did not know where to transfer the call.*
- *Financial services staff only sometimes provided information about HCAP and seldom informed callers about hospital charity care.*

On the other hand, many callers eventually reached employees who provided information on financial assistance programs.[21]

Hospital responses: *MCHS had just begun its new training; CHI will do additional training (see below); OH expects people to call financial services and does not train operators; OSU – no response.*

4. Screening for free care before sending patients to collections

Background: UHCAN Ohio and community representatives encountered people with hospital bills in collection who did not know about financial assistance programs. Based on new policies adopted by Oregon hospitals, we recommended that hospitals ensure that patients are screened for financial assistance eligibility before being sent to collections.

Accomplishments: Hospitals shared, where applicable, their procedures for screening patients before sending them to collections.

- All hospitals contract with companies that seek to enroll patients in public programs and financial assistance.
- All hospitals send HCAP notices on bills (most notices are hard to find or understand).
- OH both tries to reach patients by phone to screen for free care before sending account to collections.
- OSU relies on notices about HCAP on the back of bills to notify patients about free care and does not attempt to contact every uninsured patient.

Best Practice
MCHS reviews accounts weekly and attempts to contact patients before referring them to collections.

Next steps: Continued monitoring of current procedures; UHCAN Ohio recommends that all hospitals improve notices about free care included in bills.

[21] Detailed results of phone monitoring appear in the Appendix.

5. Access to information and assistance in other languages

Why access to information in other languages is important

Franklin County's uninsured population includes many people who do not know English well enough to communicate effectively about health care and financial assistance. Title VI of the Civil Rights Act of 1964 requires hospitals to assist Limited English Proficiency (LEP) patients to communicate effectively with providers.

Because the U.S. Congress greatly limited Medicaid eligibility for non-citizens, most low-income immigrants, except refugees and asylees, are not eligible for Medicaid, except in emergencies. Therefore, HCAP and hospital charity care are important resources for uninsured immigrants.

Hospitals make investment in language access

OSU and MCHS have full time interpreter services coordinators, who are assisting in access for limited English patients. OH is in the process of creating a 2-FTE-coordinator position. CHI plans to do the same by the end of the year. UHCAN Ohio, which has long advocated for dedicated coordinators, applauds the hospitals for making this commitment.

In addition, Alien Emergency Medical Assistance (AEMA) provides Medicaid coverage, regardless of immigration status, for treatment of emergency conditions, including normal labor and delivery. AEMA, which reimburses hospitals and all other providers, benefits hospitals and patients alike. But most immigrants do not know about AEMA and need assistance from hospitals to apply.

a. Signs and handouts

Background: When we did our original report, no hospital had HCAP signs or other materials in Spanish and other common languages.[22] To ensure that Franklin County residents with Limited English Proficiency (LEP) know about hospital free care, UHCAN Ohio and the hospitals are working together on effective ways of informing LEP patients.

Accomplishments: All hospitals have or will soon have HCAP signs in Spanish;[23] MCHS includes Somali also. OSU is considering signs in Russian and/or Somali.

CHI and OH have handouts in English and Spanish,[24] OSU will have Spanish fact sheets, by August 2001 and is considering Somali and Russian handouts; MCHS will seek funding to print brochures in multiple languages in the next fiscal year. CHI will print brochures in Somali by August 2001. MCHS has HCAP applications in Spanish, Somali and other languages – these will be shared with other hospitals. OH states that they have no plans to translate signs and handouts into other languages.

b. Free care information by phone 24 hours in multiple languages

Background: When this effort began, no hospital had the capacity to provide free care information by phone, at any time during the day, in languages other than English.[25] Providing multi-language phone communication is a challenge. The hospitals have few, if any, bilingual staff available to answer telephones. Thus, even if a non-English speaker leaves a telephone message, most hospitals do not have the capacity to interpret the message or return the call. However, UHCAN Ohio felt that recorded messages providing information in different

[22] This was so despite OAC 5101:3-2-0717, which requires hospitals to post HCAP signs in English and other languages common to the area served.

[23] Instead of having a full Spanish sign, CHI has a message in Spanish directing readers to a desk for information.

[24] OH s handouts are not translated, but they have letters explaining HCAP and charity care in Spanish.

[25] In early 2000, UHCAN Ohio conducted a telephone survey of hospitals ability to communicate in various commonly spoken languages other than English. Only one hospital was able, on one occasion, to connect a caller with a language phone line; no other call resulted in successful communication.

languages would be a good start at addressing the challenge of multilingual telephone communication.

Accomplishments: OSU has an HCAP/charity care phone line (293-9898), accessible 24 hours, 7 days a week. The message, in English and Spanish, asks callers to leave a name and phone number to be contacted with information about HCAP or charity care. A work group is designing a more interactive recording with potential to offer information in additional languages.

At MCHS, HCAP financial assistance employees have access to interpreting services during business hours. MCHS has a telephone line for patients to request HCAP information and applications, but in English only. MCHS is seeking funds to offer the line in multiple languages. At OH, phone numbers on signs are answered during business hours by a bilingual (English/Spanish) employee. After business hours, callers are asked in English only, to leave a message. At CHI, the patient accounts department plans to offer, by the end of 2001, a telephone line for non-English speakers inquiring about financial assistance programs.[26]

Next Steps: In the fall, UHCAN Ohio plans to convene a workgroup from the hospitals and community to discuss improving telephone access in multiple languages. UHCAN Ohio recommends multi-language information lines and hiring Spanish-speaking financial assistance staff. In addition, hospitals need to assess languages of patients to determine in what languages materials should be available.

[26] Development of the phone line will be coordinated with the hiring of interpreter coordinators.

MORE WORK TO BE DONE

In the six months since the original report, UHCAN Ohio's Free Care Committee and the hospitals have made significant progress in shoring up holes in the safety net. However, much work remains to be done and the collaboration should continue. In addition, both the hospital and community should periodically monitor hospital practices, as part of continuous quality improvement.

Monitor and continue improving efforts to inform patients

1. Hospitals and community representatives should monitor that:
   - Signs, in common languages, are visible and understandable to patients.
   - Handouts on free care/financial assistance are available throughout the hospital.
   - Procedures to inform and enroll patients before discharge, especially outpatients, are reaching most patients, resulting in fewer patients needing post-discharge follow-up and collection efforts.
   - Procedures to ensure that patients are screened for free care before being referred to collections are effective, including improved notices with bills and other follow-up contacts.

2. Hospitals should consider developing business cards or small handouts bearing a contact phone number for financial assistance. These should be widely available in the emergency room, admitting, and other high-volume areas and be provided to all patients upon registration or discharge.

3. Hospitals and community organizations should collaborate on developing HCAP and financial assistance notices for bills that are eye-catching and easy to understand.

Offer more extensive staff training

1. All hospital employees with patient content should be trained to know where to refer patients for financial assistance.
2. All hospital employees should receive the new handouts and use them to inform patients about financial assistance.
3. Financial and social services should receive periodic training updates.
4. Hospitals should self-monitor effectiveness of their employees' communications to patients regarding financial assistance, using various methods including "blind" phone calls requesting assistance and sending "test" patients to apply for financial assistance.

Provide assistance for limited English proficiency patients

1. Hospitals and community representatives should work on developing more effective strategies for communicating about financial assistance with Limited English Proficiency patients, including translated handouts, multi-language phone lines and access to interpreters.

Improve charity care policies

1. For adult hospitals, standardize charity care at full hospital charity care to patients with incomes at or below 200% of federal poverty level.
2. For Children's Hospital, provide full charity care to patients with incomes below 200% FPL not eligible for Medicaid, with a sliding scale for others.
3. Develop a community-wide handout explaining HCAP, charity care, and other financial assistance programs.

4. Charity care discounts for hospital sliding scales should be based on patients' ability to pay and hospital costs, not hospital charges.
5. UHCAN Ohio and community groups will distribute the standard HCAP applications, with instructions, to community agencies and providers.
6. Hospitals and community representatives should explore ways hospitals can assist HCAP and charity patients in obtaining non-covered services, to ensure appropriate follow-up and continuity of care.

Help to increase access to primary and specialty care for uninsured patients

1. Expand hospital primary, specialty and urgent care clinics covered by HCAP and charity care and work with community representatives to promote the clinics.
2. Collaborate with Columbus Neighborhood Health Centers, Inc. on expanding CNHC capacity to serve the uninsured.

NEXT STEPS FOR THE COMMUNITY: ACCESS HEALTHCOLUMBUS

Hospitals cannot care for the uninsured alone

Franklin County's hospitals have made progress on standardizing free care policy. However, hospitals are reluctant to take on a greater charity care obligation without help. Our local hospitals face major financial challenges. Reduced reimbursements from Medicare, Medicaid and managed care have all strained hospitals' ability to provide free care and other community benefits. At the same time, hospitals have seen a significant rise in uncompensated care, particularly for patients with incomes above poverty level. Arguably, hospitals could be doing more for the uninsured.[27] However, hospitals alone cannot care for the 130,000 or more uninsured in Franklin County.

Hospital free care is only a part of the solution

It is important to remember that hospital free care is only a *part* of what uninsured people need. First of all, hospital free care covers only the hospital portion of the bill. It doesn't pay for physicians (except at certain hospital-based clinics) or other non-hospital providers, or prescriptions.

More importantly, in order to achieve and maintain health, people need access to primary and preventative care and specialists. People with chronic health conditions need help managing their conditions, so that they can stay healthy and out of the hospital. When uninsured people use hospital emergency rooms as a substitute for primary care, not only are they placing an unnecessary burden on hospitals, but also they are not receiving the most effective care. And they are driving up health care costs.[28]

Columbus' network of community health centers, CNHC, Inc., which provides comprehensive primary care to patients on a sliding scale, has capacity to see fewer than 20% of Columbus' uninsured patients, and demand for appointments far outstrips capacity. As part of building a system of care, funds are needed to greatly expand CNHC sites, provide more evening and weekend hours, and expand interpreter services.[29]

Bigger Change: Creating a system of care for the uninsured

Ideally, our federal government would guarantee health care to everyone, as is done in all other industrialized nations. Or, Ohio could expand Medicaid coverage[30] to more uninsured people. However, in the absence of state or national universal coverage, local communities such as Columbus are seeking ways of providing health care for the uninsured.

A community initiative is underway, with participation from hospitals, other providers, the city, county, and advocates for low-income people, to assure access to health care for uninsured residents, called "Access HealthColumbus" (AHC). Building on the current safety net for the uninsured, AHC is designing a *system* of care for low-income uninsured people[31] that will provide the uninsured with timely and appropriate care, while maximizing efficient use of

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[27] Community benefits reporting, described above, have aided other communities in determining hospitals fair share in addressing community health needs.

[28] For example, a visit to a community health center costs around one-fourth of an ER visit.

[29] CNHC has doubled its interpreter services, but demand for services from Columbus large Latino and Somali communities far exceeds current capacity.

[30] Medicaid, the state/federal health program, provides comprehensive coverage for certain low-income parents and children, people with disabilities and the elderly. Many uninsured either do not fit into a Medicaid category or are over income.

[31] AHC has tentatively identified the target population as people with incomes under 200% FPL, although no decisions have been made about initial eligibility guidelines.

existing resources. At the same time, AHC recognizes the need to identify new revenue sources to meet the needs of the uninsured.

AHC will attempt to maximize current resources through such strategies as:

- enrolling all eligible people in Medicaid.
- recruiting volunteer physicians to treat uninsured patients at no charge.
- offering low-income people access to primary, preventive and specialty care, thus reducing unnecessary hospital care.

In exchange, AHC will call upon our local hospitals to provide necessary hospital care to people enrolled in AHC. As has occurred in several other communities that have developed systems for the uninsured, our local hospitals should see significant decreases in inappropriate emergency room visits and unnecessary hospitalizations for preventable conditions by uninsured patients.

Hospitals have indicated a willingness to consider adopting UHCAN Ohio's standard charity care recommendations as part of this larger effort. Access HealthColumbus' Policy Strategy Team has endorsed UHCAN Ohio's recommendation of a standard charity policy covering people at or below 200% FPL, as a goal, in the context of an overall system of care. After AHC comes up with a system design and implementation date, Access HealthColumbus, the hospitals, and UHCAN Ohio together will consider further standardization of hospital charity care as a component of the AHC care package.

Even by maximizing efficient use of existing resources, AHC will not be able to provide care for all of Columbus' uninsured. New revenues will be needed to expand sources of primary care, to pay for providers, diagnostic tests, and treatments. UHCAN Ohio hopes that the proposed data collection efforts, in conjunction with a standard charity care policy, will convince local and/or state policymakers and the public of the need to find additional funds to finance care for the uninsured. New sources of revenues could include a county health levy or a state tobacco tax, or revenues from the state's share of the Tobacco Settlement.

CONCLUSION

Standardizing and improving outreach and enrollment in hospital free care benefits both hospitals and the community. When uninsured people know about and use charity care, they are more likely to get the health care they need.

Furthermore, hospitals benefit from strengthened free care in many ways: First, when hospitals enroll more people in HCAP (for people below 100% FPL), they receive more money from the state HCAP pool. Second, by simplifying enrollment, hospitals cut down on their tremendous administrative costs following up with people who cannot pay. Third, hospitals, from their nonprofit status, have an obligation to address unmet community health needs, including caring for the uninsured. Improving policy and data collection will free care (as opposed to bad debt) demonstrates the value of hospitals' nonprofit status to the public and the IRS.

Finally, strengthening hospital free care is part of the foundation for creating a system of care for the uninsured that provides comprehensive, appropriate and effective care to make and keep people healthy. Access HealthColumbus' plan to build a system of care using existing resources depends on hospitals to continue providing hospital-level free care to eligible patients. Furthermore, enrolling more uninsured people in free care, standardizing free care, and collecting uniform data on provision of care to people with incomes below 200% FPL would demonstrate the need for more revenues. Doing so would prove to policymakers and the public the need for more revenues to pay for uninsured care, thus laying the groundwork for a possible county levy or increased state funding.

APPENDIX

A. List of Endorsements

B. UHCAN Ohio Recommendations Checklist

C. Chart: Signs and Handouts

D. Chart: Phone Monitoring

UHCAN Ohio Free Care Report Endorsements

The following organizations endorse the recommendations contained in UHCAN Ohio's report on free care at Columbus Hospitals, and urge hospitals to collaborate with members of the community on improving access to free care. To do this, hospitals should:

- Reach out aggressively and qualify all low-income insured people for free care and public programs such as Medicaid.
- Collaborate with community representatives on simplifying the process for signing up for HCAP and free care.
- Improve free care programs beyond HCAP
- Comply with all existing requirements of Ohio's HCAP (free care) law.
- Cooperate in establishing citywide reporting standards for free care and community benefits.

Asian American Community Services
Phyllis Law, Executive Director

Catholic Social Services
Sara K. Murphy, PhD, President

Central Community House
Pam McCarthy, Executive Director

Columbus Health Department
William C. Myers, M.S., Commissioner

Columbus Neighborhood Health Centers
Patrick J. Lay, CEO
Helen Evans, Chairperson

Columbus Urban League
Samuel Gresham, Jr., President

Communities In Schools
Sara Neikirk, Executive Director

Community Shelter Board
Barb Poppe, Executive Director

Jewish Family Services
Marvin Kuperstein, Executive Director

Livingston Park Neighborhood Improvement Association
Calvin Sowell, Executive Director

National Alliance for the Mentally Ill
Carol A. Rudder, President

Ohio Hispanic Coalition
Julia Arbini-Carbonell, Executive Director

R & R: Recognize and Refer to Recover
David H. Weaver, PhD, CEO

Racial Justice/ Public Policy Committee of the YWCA

Southwestern City Schools Adult Basic Literacy Education Program
Gail Morgan, Coordinator

APPENDIX B: UHCAN OHIO FREE CARE RECOMMENDATIONS CHECKLIST

Individual Hospitals

1. **Reach out and work actively to qualify individuals for HCAP, Medicaid and other free care programs. Hospital outreach initiatives could include the following actions:**

_____ Post clear, visible and readable notices in English and other languages throughout the hospital about HCAP and the hospital's own free care program. The signs should, at a minimum, be consistent with the HCAP specifications.

_____ Develop clear, understandable brochures that describe HCAP and the hospital's own free care program in multiple languages.

_____ Make brochures available throughout the hospital.

_____ Each hospital must have a clearly stated policy for its own charity care program.

_____ Provide individuals with free care information upon request, and provide each patient with this information and assistance in applying at time of discharge.

_____ Develop a uniform, consistent process by which individuals can apply for free care programs **before, during, or after** receipt of services. The process should be simple (e.g. a short, easy-to-understand application that provides for self-declaration of financial status), respectful, and generally user-friendly. The process should also encourage individuals to apply for free care at the earliest possible time, preferably before the receipt of services.

_____ Train hospital staff, including admitting, telephone operators, general information, financial, billing, social service and ER staff, about the various free programs, the process for applying for the programs, and where to refer inquiries about free care.

_____ Provide information about free care by telephone 24 hours a day in multiple languages.

_____ Prior to any assignment to a collection agency, a patient's previous history will be reviewed to confirm that a financial assistance determination was previously made, or reasonable efforts were made to contact the patient with information about free care.

2. **Assist HCAP and other free care patients in obtaining non-covered services so as to ensure appropriate follow up and continuity of care. Assistance could include:**

_____ Helping patients and their advocates resolve bills for non-HCAP reimbursed services, including physician office visits.

_____ Developing procedures for forwarding notification of HCAP or other free care program eligibility to providers of services that are not covered by HCAP.

_____ Working with hospital-based physicians' billing offices to facilitate write-offs or reductions of bills of HCAP or other free care patients.

_____ Scheduling, whenever possible, follow-up appointments for HCAP or other free care patients at hospital clinics covered by HCAP or other hospital free care programs.

_____ Providing, upon discharge, HCAP and other free care patients with pharmaceutical samples, where appropriate and possible, to ensure continuity of any prescription drug regimen.

3. Establish a close working relationship with representatives of the community within which it operates to better address community health issues by:

_____ Working together, hospitals and community groups should develop a process for regular consultation and feedback, and for joint development of policies, such as free care policies, that meet the community's needs.

_____ Hospitals should use community groups – and community groups should make themselves available – for community outreach on hospital programs such as HCAP and free care.

Hospital Collaboration

1. Ensure that community members have access to affordable, quality health care by:

_____ Creating a standard, countywide application.

_____ Creating a standard, countywide charity care policy (including free care for all patients at or below 200% of the federal poverty level, and partial free care for individuals from 200 – 400 % of the federal poverty level).

_____ Working with other stakeholders, including community groups, on seeking policy changes to insure more people, including an expansion of Medicaid to more working parents, and establishing a county health levy.

2. Collect more specific date on HCAP and charity care, and develop a standard format for reporting HCAP and free care by:

_____ Collecting data on uninsured and under-insured patients, broken down by <100% poverty, between 101 and 200% poverty, Medicaid, and other.

_____ Reporting to the community, on an annual basis, their data on HCAP and charity care.

3. Develop mechanisms for sharing best practices regarding the administration of HCAP and their own free care programs.

_____ Hospitals could establish a forum for themselves where they can discuss administration of HCAP and other free care programs, including what is working, what is not working, and where they can collaborate on problems solving.