



East Liverpool Medical Group

Affiliated with East Liverpool City Hospital

Policy Group: Billing –BI

Policy Name: Financial Assistance

Policy Number: BI-102

Date Implemented: 02/13/2018

Date Revised: 09/04/2018, 07/09/2020

Resources:

POLICY: River Valley Physicians d.b.a. East Liverpool Medical Group (hereafter referred to as “East Liverpool Medical Group”) will make available to patients the opportunity to receive financial assistance for payment of their medical office bills and establish criteria for charity care and discounted care.

PROCEDURE:

- I. Charity Care: When an individual qualifies for charity care, an account balance remaining for a patient's medical office care is fully forgiven. Charity care is available only after a third-party payer legally liable for a patient's care has been billed and remitted payment for services.

An individual qualifies for charity care if:

1. The person is a resident of Ohio.
2. The person is not a recipient of the Medicaid program in Ohio or a recipient of public assistance from another state.
3. The person has applied for and been denied Medicaid coverage.
4. The person has a family income at or below current federal poverty guidelines, and
5. The person completes and submits the required application for charity care.

Current recipients of federal or state disability assistance are eligible for charity care.

Family income is determined by income earned by members of a family group as hereafter described:

- A patient's family includes the patient, the patient's spouse, and all the patient's children, natural or adopted, under the age of eighteen (18) who lived in the patient's home.
- The family for a patient less than eighteen (18) years old includes the patient, the patient's natural or adoptive parents, and the natural or adoptive parents' children, natural or adoptive, who live in the home.
- The family for a patient who is the child of a parent less than eighteen (18) years old living in the patient's grandparent's home includes the patient's parent(s) and other children of the patient's parents, natural or adopted, who reside in the home.

Income is defined to be the sum of pre-tax total of salaries, wages and cash receipts minus receipts for business expense including farm and non-farm self-employment. Income will be calculated by:

1. Multiplying by four the person's or family's income, as applicable, for the three months preceding the date services were provided; or
2. Using the person's or family's income, as applicable, for the twelve months preceding the date services were provided.



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A patient or the parent of a patient less than eighteen (18) years old must file a complete, signed application to receive charity care. For verification of income, the following may be submitted in order of preference.

1. For all applicable family members; proof of monthly income such as pay stubs, bank statements, SSI statements, or verification of income from an employer;
2. A signed statement from the applicant or the applicant's attorney stating the family income for a patient during a year's time prior to a date of service or during the three months prior to the date of service which will be multiplied by four (4).
3. A signed statement from the applicant or the applicant's attorney stating a patient's family had no income during the year prior to the date of service.

Applications for charity care will be accepted for an account up to three (3) years after the date of the second statement to a patient requesting payment for services. Eligibility determinations will use the Federal Poverty Guidelines current at the time that services were provided.

A determination that a patient is eligible for charity care is applicable for outpatient services occurring up to ninety days (90) after the date of service for an account used for the initial determination.

A patient eligible for Disability Assistance (DA) must provide proof of eligibility for the date of service. In lieu of a current DA card, administrative personnel may call the Ohio Department of Jobs and Family Services interactive Voice Response System to confirm eligibility. The telephone call must be documented and, if possible, include the name of the person providing eligibility information.

Administrative personnel will fully document the basis for charity care.

Charity care records will be retained for eight years.

II. Discounted Care

A patient with a self-pay balance who is not eligible for charity care may qualify for a sliding-scale discount on medical group charges. The sliding scale discount allowed depends upon the patient's family income compared to Federal Poverty Guidelines. To qualify for a discount, the patient must complete and submit the application required by the medical group.

Family income, calculation of income, and verification of income will occur as described under the Charity Care procedure.



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The medical group's sliding-scale for discounts is as follows:

Income Percentage of Federal Poverty Guideline Discount

100% or less.....	100%
101 to 125%.....	95%
126 to 150%.....	90%
151 to 175%.....	85%
176 to 200%.....	80%

When it is determined that a patient is eligible for discounted care, the charge to be discounted will not be greater than that charged for medically necessary care rendered to a patient having insurance under Medicare. Full payment for discounted charges must be received within thirty (30) days of determination or an allowable payment plan must be established within thirty (30) days of determination. If the aforementioned payment is not received or there is a lack of adherence to a payment plan, the patient's responsibility for the original charge will be reinstated.

III. Additional Opportunities

When a patient has no insurance coverage, the patient will be allowed a 20% discount for prompt pay. The prompt pay discount is allowed when a patient submits full payment at the time of service.

Monthly payment plans are available to patients who do not qualify for charity care, discounted care, or who are unable to take advantage of prompt payment.

A typical monthly payment plan requires an account balance to be paid in three (3) months or less. No interest loans are also available to patients when a longer time period is required to pay off an account balance.

The opportunity for qualified patients to receive financial assistance will be advertised by posters placed in every front desk area and on the medical group's website. Additionally, all patient bills will include information informing qualified patients of the opportunity to receive charity care, discounted charges, or alternative means of paying an account balance.

When a patient refuses to avail him/herself of assistance to apply for Medicaid, charity care, discounted care or other payment plans, the medical group retains the right to assign the patient account to collection agencies or take legal action to obtain payment for services rendered.