

TITLE: HOME HEALTH AGENCY	PAGE: 1
SUBJECT: Charity Care and Discounted Fee Care - Availability, Eligibility and Eligibility Determination Process; Time Payment Plan	OF: 4
DEPARTMENT: ACCOUNTING	
APPROVED BY: OHCInc Board Of Directors	EFFECTIVE DATE:
REVISED DATES: February 2019	Immediately

PURPOSE

1. To provide a systematic and equitable mechanism and to define guidelines for accepting clients who do not have medical insurance or the ability to pay.
2. To ensure access to home health agency services regardless of an individual's ability to pay and provide home health agency services on a charitable basis to eligible indigent and low income persons.
3. To provide guidelines to determine a patient's eligibility for charity care and discounted fee care.
4. To establish a framework in which requests for charity care and discounted fee care are considered and mechanisms for approval of such services.

POLICY

1. Optimal Health Care, Inc. (OHCInc) will make available to all clients home health care services regardless of race, creed, gender, age, sexual orientation, national origin, or financial status who are uninsured, underinsured, or have experienced a catastrophic event and lack adequate resources to pay for services. If there is no medical insurance for reimbursement, the client (or the client's guarantor) is responsible for payment. However, cases arise whereby the client or guarantor does not have the ability to pay OHCInc for services rendered and may apply for Charity Care, a sliding fee scale or installment payment plans.
2. Printed public notification regarding the OHCInc Charity Care and sliding fee scale policies will be made annually in newspapers in OHCInc service areas. The notification will also be posted in the OHCInc business offices, OHCInc client handbook and OHCInc website.
3. Within two business days following a client's initial request for Charity Care services, application for Medical Assistance, or both, OHCInc shall make a determination of probable eligibility for Medical Assistance, Medicare, Charity Care, and reduced fees, and communicate this probable eligibility determination to the client.
4. Clients who are not eligible for insurance, Medicare, Medical Assistance, reduced fees or Charity Care are expected to pay for OHCInc services. OHCInc accounting practice is described in our "Payment Plan Policy".
5. OHCInc will supply the client and the client's family with the OHCInc Charity Care policy and review the arrangements for payment and/or the provision of Charity Care for services at the initial meeting with the client.
6. OHCInc shall commit to providing 0.5% of the total visits that are completed in the Upper Eastern shore as Charity Care.

SCOPE

1. This policy applies to OHCInc operating in the State of Maryland, and constitutes the exclusive policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by OHCInc to determine eligibility.
2. This policy also exclusively governs the Time Payment Plan for OHCInc operating in the State of Maryland.

DEFINITIONS:

1. "Charity care" means care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient.
2. "Discounted fee care" means care provided to patients of limited means who do not qualify for charity care but who are unable to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy.

ELIGIBILITY

1. Charity care is provided for patients at or below 125% of the Federal Poverty Guidelines for his/her family size.
2. Discounted fee care is provided for patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size In accordance with the following Sliding Fee Scale:

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

- Insured patients who meet the income criteria above are eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under their insurance coverage,

PROCEDURE

Eligibility Determination

1. When a patient or patient's representative requests charity care and/or discounted fee care, Medical Assistance, or both, the following two-stop process will be followed by OHCInc In-Take and Accounting department personnel;
2. **STEP ONE - DETERMINATION OF PROBABLE ELIGIBILITY**
 - a. Within two business days following a patient's initial request for charity care and/or discounted care, application for Medical Assistance, or both, OHCInc In-Take and Accounting department personnel will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative.
 - b. In order to make the determination of probable eligibility, an OHCInc In-Take staff will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.
3. **STEP TWO - FINAL DETERMINATION OF ELIGIBILITY**
 - a. The final determination of eligibility for charity care or discounted fee care will be based on a completed income verification form and supporting documentation of eligibility.
 - b. The patient or patient's representative will be requested to attest to available income and family size and to document the patient's income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of Income level.
 - c. If documentation to verify income is not available, the Director of operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.
 - d. If the patient is eligible for Medical Assistance and has not already applied, the patient will be requested to apply for coverage under this program, eligibility for charity care or discounted fee care will be provisionally granted pending approval of the application for Medical Assistance.
 - e. A patient and/or patient's representative are required to cooperate fully with OHCInc in obtaining the information to make a final determination of eligibility

for charity care or discounted fee care under this policy.

4. TIME PAYMENT PLAN

- a. A patient who qualifies for discounted fee care under this policy may request to pay billed charges over time. OHCInc requests a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

5. INTERNAL, ACCOUNTING AND RECORDKEEPING (INTERNAL USE ONLY)

- a. The Home Health Director of Clinical Operations may prospectively approve charity care or discounted fee care up to \$1,000.
- b. Approval by the Executive Director or Director of Operations, or her/his designee, should be obtained if the amount of charity care or discounted fee care services for a patient exceeds \$5,000.
- c. A log of pre-approved charity care and discounted fee care patients and amount of charges for discounted services to such patients shall be maintained.
- d. Indigent or charity patients are set up in the OHCInc online service management portal with the payer code of Private, INDIGENT/Charity. Skilled visits to such patients will automatically be marked in the portal as non-billable.
- e. Separate accounts should be maintained for charity care and discounted fee care patients and a patient should not be included in one of these accounts and also in bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to a charity account if his/her income level is determined to qualify for such status at any time prior to legal action being taken against such person; provided, however, that accounts moved from bad debt to charity shall not be reported as charity care in data reporting to the Maryland Health Care Commission.
- f. Where OHCInc has made a minimum charity care commitment in connection with a certificate of need, charity care provided by the agency should be credited to the various, respective commitments and reported to the Maryland Health Care Commission as required.

ATTACHMENT 1: INCOME VERIFICATION FORM

INCOME DOCUMENTATION VERIFICATION

I, _____ (patient name) provide the following information in support of my request for charity care and/or discounted fee care for home health care services rendered to me by Optimal Health Care, Inc. (OHCInc). The information I provide will be maintained in the strictest confidence by OHCInc and will be utilized by OHCInc solely to (1) make a final determination of the eligibility for charity care and /or discounted fee care for home health care services rendered to me and (2) compile aggregated, non-personally identifiable reports to state agencies requiring this information.

ANNUAL INCOME (including income from all sources, including any insurance, third party coverage, guarantors or any other source)

___ \$0-\$12,000	___ \$30,001-\$40,000	___ \$60,001-\$70,000	___ \$90,001-\$100,000
___ \$12,001-\$20,000	___ \$40,001-\$50,000	___ \$70,001-\$80,00	___ \$100,001-\$120,000
___ \$20,001-\$30,000	___ \$50,001-\$60,000	___ \$80,001-\$90,00	___ \$120,001-Above

FAMILY SIZE: _____ **PERSONS**

Supporting documentation provided (check all that apply)

___ W-2 ___ Tax Return ___ Other (Specify)

___ Pay Stub ___ Medicaid Card _____

___ None

If you have any other information that you believe would be helpful to OHCInc. in making a decision, please attach it to this form.

I hereby attest and certify that the following information is true, accurate and complete to the best of my knowledge, information and belief.

Patient Signature

Date

If you have any question regarding this form, please contact OHCInc. Director of Operations at 301-790-4962 ext 313

TO BE FILLED OUT BY IN-TAKE MANAGER OR SOCIAL WORKER

AGENCY LOCATION: _____

PATIENT ID#: _____

The undersigned has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient is eligible for charity care or discounted fee care under the relevant Optimal Health Care, Inc. (OHCInc) policy (outlined in Charity Care and Discounted Fee Care - Availability, Eligibility and Eligibility Determination Process; Time Payment Plan).

OHCInc In-Take Manager or Social Worker

Date

INCOME DOCUMENTATION ATTESTATION

When circumstances prevent Optimal Health Care, Inc. (OHCInc) from securing detailed information concerning the income and family size of a particular patient in order to make a final determination of eligibility for charity care or discounted fee care, a Director of Operations is permitted to make a final determination that a patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances reflecting income at or below the eligibility guidelines under the relevant OHCInc policy (outlined in Charity Care and Discounted Fee Care - Availability, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland.

AGENCY LOCATION: _____

PATIENT ID#: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including the annual income and family size, of the foregoing patient with respect to the patient's eligibility for charity care and/or discounted fee care as set forth in the relevant OHCInc policy (outlined in Charity Care and Discounted Fee Care - Availability, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland. I am satisfied that the patient is eligible for charity care and/or discounted fee care under such policy.

OHCInc Director of Operations

Date

ATTACHMENT 2: NEWSPAPER NOTICE

[OPTIMAL HEALTH CARE, INC. LOGO]

PUBLIC DISCLOSURE OF THE AVAILABILITY OF CHARITY CARE, DISCOUNTED FEE CARE AND TIME PAYMENT PLAN

Optimal Health Care, Inc. (OHCInc) provides home health care to residents of Cecil, Kent, Queen Anne's, Talbot and Caroline Counties in the State of Maryland. OHCInc is committed to providing accessible home health care to the communities it serves. Home health care is available to all patients regardless of their race, color, national origin, gender or ability to pay. OHCInc provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the Federal Poverty Guidelines for the patient's family size. OHCInc provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the Federal Poverty Guidelines for the patient's family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for based on the patient's income level within that range. Within two business days of a patient's initial request for charity care or discounted fee care, application for Medical Assistance, or both, OHCInc will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, OHCInc will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. OHCInc also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time. Please visit www.ohc-inc.com to review OHCInc's charity care, discounted fee care and time payment plan policy in full. If you have any questions, or to request a copy of the complete policy, please contact your local care office. You can find a complete list of OHCInc local care centers in, Maryland by visiting <https://ohc-inc.com/contact-us/>

ATTACHMENT 3: WEBSITE INFORMATION

[OPTIMAL HEALTH CARE LOGO]

PUBLIC DISCLOSURE OF THE AVAILABILITY OF CHARITY CARE, DISCOUNTED FEE CARE AND TIME PAYMENT PLAN

Optimal Health Care, Inc. (OHCInc) is committed to providing accessible home health care to the communities it serves. Home health care is available to all patients regardless of their race color, national origin, gender or ability to pay. OHCInc provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the federal poverty guidelines for the patient's family size. OHCInc home health provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the federal poverty guidelines for the patient's family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for base on the patient's income level within the range. Within two business days of a patient's initial request for charity care or discounted fee care, application for Medical Assistance, or both, OHCInc will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, OHCInc will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. OHCInc also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time.

For additional information, please refer to the complete OHCInc policy governing "Charity Care and Discounted Fee Care - Availability, Eligibility and Eligibility Determination Process; Time Payment Plan" which follows below or you may also contact your local OHCInc home health care provider.