



Payor of Last Resort (POLR)

COST SHARE OPTION

When a family is ineligible for POLR due to being over-income, they will be given the option to participate in the **Cost Share Option**. Ohio Department of Health (ODH) determines the cost share amount depending on factors such as family size, childcare expenses, and health insurance premiums. The cost share is the amount of non-reimbursable, paid medical expenses incurred by the entire family unit during the twelve-month period before the date the application is received to twelve months after the application is received or through the child's third birthday, whichever comes first. Examples of acceptable expenses are hospital bills, prescription medications, dental bills, and doctor office co-pays.

Following submission of a complete POLR application, ODH will review financial eligibility guidelines. If the family is determined cost share eligible, the family will receive a letter indicating eligibility and a cost share packet for completion.

Cost Share Packet Includes:

1. Letter indicating cost share eligibility from Ohio Department of Health
2. Financial Eligibility Determination Worksheet
3. POLR Cost Share Option Instructions
4. Sample POLR Cost Share Expense Form
5. POLR Cost Share Expense Form

Once the family cost share has been met and receipts for qualified medical expenses of \$100.00 and more are submitted to ODH, documentation will be reviewed for verification and subsequent issuance of a Letter of Approval (LOA).

Example documents follow:



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

RE: (Child's Name)
ET ID #:
Early Intervention Services Payment Application

Dear _____:

The Ohio Department of Health has received your request to be enrolled in the Help Me Grow Early Intervention Services System of Payment effective (application receipt date).

Based on information submitted with your application, **your family's income exceeds the income guidelines as determined in rule 3701-8-08.1 of the Ohio Administrative Code, for payment of Early Intervention Services, for payment of your child's Early Intervention services at this time.**

You now have the option, however, of submitting additional documentation for Family Cost Share Option. Rule 3701-8-08.1(B) of the Ohio Administrative Code provides that the family will be determined unable to pay and therefore, eligible for the Early Intervention Services System of Payment if the family unit provides satisfactory evidence that they had non-reimbursed medical expenses for the entire family during the twelve month period before the date the application was received. Information on the amount of your cost share and how to submit the documentation is attached to this letter.

If you disagree with this decision you may request reconsideration of the denial by writing to:

Ohio Department of Health
Bureau for Children with Developmental and Special Health Needs/Early Intervention Services
246 N. High St., 5th Floor
Columbus, OH 43215

Your request for reconsideration must be received no later than forty-five days after the date on this letter. Please include your name, your child's name and the ET number located at the top of this letter in your request. Your request for reconsideration must include a statement of the reasons that you believe the decision is incorrect or inappropriate and may include any written documentation, arguments or other materials that you wish to submit. If you have any questions concerning this action, please contact your Help Me Grow Service Coordinator.

Sincerely,

Richard Hodges, MPA
Director of Health

Financial Eligibility Determination Worksheet

Client Name	BCMH Case Number
Resource Payment Specialist	Date 11/25/2014
Family Size	4
1. Income Guideline	\$44,500.00
Income / Expense	
a. Taxable	
Pay Statements	\$83,012.21
Pay Statements	\$33,939.86
Total =	\$116,952.07
b. Non-Taxable	
Total =	\$0.00
c. Expense Pre-Adjustment	
CHILD CARE	\$9,100.00
PERS	\$9,343.04
Total =	\$18,443.04
d. Expense Post-Adjustment	
Service Level Credit	\$500.00
Insurance Cost	\$3,365.04
Total =	\$3,865.04
2. Gross Income (a-b-c)	\$98,509.03
3. Rounded Gross Income (Amount in #2 to next lowest \$500)	\$98,500.00
4. Income Guideline	\$44,500.00
5. Income over Guideline	\$54,000.00
6. Adjusted Net Income	\$13,000.00
7. Cost Share(#6-d)	\$9,134.96
8. Healthcare Expenditures	\$1,500.00
9. Cost Share Balance (#7-#8)	\$7,634.96
Final Eligibility Decision	No
10. Approved?	



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COST SHARE OPTION INSTRUCTIONS

The Help Me Grow Early Intervention Cost Share Option is available to families when their income exceeds the income eligibility guidelines for POLR. Cost Share is the amount of money that must be paid out-of-pocket by the family before POLR will pay for EI services on an IFSP. The steps below outline the process to qualify for payment of services under this option:

Step One: Review Income Calculations

Review your financial worksheet to determine if your income was calculated correctly. If an error has been made, contact the Ohio Department of Health-Bureau for Children with Developmental and Special Health Needs (BCDSHN) at (614) 644-8389 to discuss the error and determine if adjustments need to be made.

Step Two: Collect Eligible Expenses and Complete Your Cost Share Worksheet

- Expenses can **go back 12 months from the date of application** (found in the body of ineligibility letter) and you can continue to accumulate **non-reimbursable, paid** medical, vision, dental, or Part C Specialized Services expenses **through the child's third birthday or 12 months after the date of application**, whichever comes first. For example, if your application was submitted on 8/1/13, expenses can be included from 8/1/12 thru 8/1/14, as long as the child has not reached the age of three years old in this timeframe.
- **These expenses can be for the entire family, not just for the applicant.** You must meet the entire cost share balance (#9 on Financial Eligibility Determination Worksheet) before you would be eligible for POLR payment of EI services.
- If you can show **paid** expenses equal to your cost share, prior to the date of application, POLR services will be effective upon submission of a **complete** application. Co-pays and deductibles must be listed on separate lines.
- If you are unable to meet the cost share balance by the date of application, POLR will be approved for payment of services **on the exact date you demonstrate meeting your cost share obligation.**
- All expenses should be listed in date order on the Expense Form (see attachment). The last column on the form should be a **cumulative** total of expenses paid to date.
- Verification of payment must be sent on all expenses of \$100 or more. Acceptable verification includes cancelled checks, credit card statements, or provider statements.



- If using a credit card for payment, submit a copy of your monthly statement verifying the amount, the date, and the name of the provider of the service. Please black out your credit card number and all other unrelated information.
- Explanation of Benefits (EOB's) are **not** an acceptable form of documentation. EOB's do not show a payment made by the family. This document only shows the amount the insurance company paid and the amount they will not pay.
- Health insurance premiums have already been considered in the cost share determination, therefore, should not be included on the expense form.
- If the cost share is not met in the allotted period, the determination is void.

ALLOWABLE EXPENSES	NON-ALLOWABLE EXPENSES
Physician/hospital bills	Over-the-Counter items: vitamins, supplements, herbs, and other medications/items
Prescription (Rx) medications	Family budget items: rent, mortgage payments, utilities, groceries, entertainment, credit card payments not related to qualified medical expenses, etc.
Therapies: physical, occupational, speech	Dance, music, gymnastics, and/or swimming lessons
Dental visits (including orthodontia)	Travel, food, and/or lodging
Vision care: including eye exams, glasses, contact lenses, and laser surgery	Health insurance premiums
Medical supplies for the child with special health needs	Explanation of Benefits (EOB's)
Special formula/food for PKU	
Home modifications related to accessibility (for example: wheelchair ramp, but not entire deck)	
Contractual agreement (monthly payment plans) with providers of acceptable medical expenses. Agreement must be submitted with Expense Form, as well as documentation of at least two paid consecutive payments.	

Submit completed POLR Expense Form, along with receipts, to the address below:

Ohio Department of Health
BCDSHN-Attn: POLR
246 N High Street, 5th Floor
Columbus, Ohio 43215

Payor of Last Resort (POLR) Cost Share Expense Form

Name: SAMPLE Early Track # 0100120140 Cost Share Amount: \$ 1,473.68

cumulative total in this column

MEDICAL EXPENSES

Chronological Order

Date Payment Made	What for (Name of Dentist, Physician, Optician, Rx, etc.)	For Whom (which family member)	Amount of Medical Expense	Amount Paid by Insurance	Amount Paid by You	Monthly Payments	Total Paid by you on all bills to date
8/1/14	Cincinnati Children's Hospital	Sam	1,225.00	980.00	245.00		245.00
8/5/14	RX- CVS Pharmacy	Sally	89.25	50.00	39.25		284.25
8/9/14	Chiropractor-Dr. Bones	Sean	145.00	0	145.00		429.25
8/12/14	Dentist-Dr. Smiles	Susan	440.50	352.40	88.10		517.35
8/18/14	OSU Medical Center	Sally	5285.00	3250.00		250.00	767.35
9/2/14	Express Scripts	Sam	460.00		460.00		1227.35
9/18/14	OSU Medical Center	Sally	5285.00	3250.00		250.00	1477.35

If on monthly payments, need documentation of two payments made

Ensure that final amount equals or exceeds "cost share balance" from determination worksheet

Keep all receipts, statements, and cancelled checks

1. If expenditure is under \$100.00, write down on this sheet what it was and what it was for. (Do not include over the counter drugs.)
2. If expenditure is \$100.00 or above, a copy of the receipt or cancelled check is required.
3. If making payments, a copy of a statement from the provider showing total amounts due and the payments made is required.

