Community Health Center Primary Care Program

The Community Health Center Primary Care Program at Monongahela Valley Association of Health Centers, Inc. provides assistance for qualified individuals and families; either insured, underinsured, or uninsured; based on a sliding fee discount for basic healthcare needs. Patients with income at or below 200% federal poverty level dependent on family size regardless of insurance status qualify for this program by following the application process at any MVA location.

Guidelines for Participation

CHC Primary Care Program recipients are required to update their information yearly. If any changes occur during the twelve month period, you must notify the front office and updated paperwork will be reviewed at either MVA location.

CHC fees must be made each visit.

If proof of income is not documented within 2 weeks all discounts will be cancelled and the patient will be responsible for all services in full.

Federal Poverty Guidelines change annually. This could change the discount percentages for each participant. Ask Front Office Staff for updated guidelines.

Services Covered:

- Office Visit with Provider
- X-Ray services
- Point of Care Labs
- Diabetic Education
- Basic Optical Services (contact fitting has extra fee)
- MVA Pharmacy Discounts
- Acute Surgical Procedures

Service NOT Covered:

- Dexa Scans

Sliding Fee Discount

Discount % Based on Income	CHC Fees due at time of service	Remaining Balance billed to Patient
95%	$15	_____
75%	$20	Pay Remaining 25%
50%	$25	Pay Remaining 50%
25%	$30	Pay Remaining 75%

For more information, please contact us at one of our locations:

MVA Health Centers-Fairmont
1322 Locust Ave.
Fairmont WV 26554
Phone: 304-366-0700

MVA Health Center- Mannington
118 Market Street
Mannington, WV 26582
Phone: 304-986-1750

MVA Health Centers-Shinnston
1 Columbia Rd.
Shinnston WV 26431
Phone 304-592-1040

Monongahela Valley Association of Health Centers, Inc. is accredited by The Joint Commission.
To contact the joint commission please call (630)792-3000 or visit jointcommission.org

The Joint Commission

MONONGAHELA VALLEY ASSOCIATION OF HEALTH CENTERS

Proof of Income

In order to qualify for the CHC Primary Care Program, proof of income is required. Discount will not be applied until proof is received. Any of the following documents may serve as documentation:

- Payroll stubs: 3 most recent, consecutive paystubs for each member of the household
- Income Tax Return
- W2s
- Child Support
- Social Security or Disability
- Copy of current benefit check
- Bank statement

I understand this information and will bring proof of income by: _____
Patient Signature:

CHC Primary Care Program

Common Questions for Participants

MONONGAHELA VALLEY ASSOCIATION OF HEALTH CENTERS

What is the CHC Primary Care Program?

The CHC Primary Care Program is a federal program that allows MVA to discount normal charges based on a sliding scale of fees. The amount of discount is determined by the size of your household and household income.

Does this mean that I have health insurance?

No, the CHC Primary Care Program is NOT insurance coverage. It provides a discount for services provided by MVA only and does not meet the insurance coverage requirements of the *Patient and Affordable Care Act.* If you need insurance, one of our enrollment specialist will be happy to assist you.

Am I automatically considered for this program?

Any patient may apply for the program by completing the required application and providing the necessary documentation. MVA will make every effort to ensure that you are aware of the resources available to you. However, we cannot consider you for the program unless you apply.

Once I am in the program is all my medical care free?

No, you must pay a small amount for each visit in addition to a percentage of charges if required.

Who is considered a member of my household?

A household is for this program refers to all persons related by birth, marriage, or adoption who reside together, dependents, and others in the same tax household. Unrelated individuals who are not dependents, living at the same address are considered separate households. The household is composed of: the applicant and their spouse; the applicant's unmarried partner, if they are the parent of the applicant's child; anyone under 19 years of age who lives with and is taken care of by the applicant; anyone claimed as a dependent on the applicant's federal tax return; anyone who claims the applicant on a federal tax return and their tax dependents.

Who in the household is eligible for the Sliding Fee?

Any member of the household listed in the application would be covered if eligibility requirements are met. Each members of the household does not need to fill out an application.

How often must I apply for the Program?

You need to verify your income annually or more often if there is a change in income for any member of the household. You must also notify MVA if there is a change is your household size

If I do not want to divulge financial information, am I still eligible for the program?
In order to determine eligibility and fairly evaluate all applications we must have certain financial information. MVA uses this information only for making a determination of eligibility and level of discount. All information provided is confidential. Patients who do not provide financial information will be treated as "Self Pay" patients and will be responsible for all charges incurred during their visit.

If I have insurance am I still eligible?
Eligibility is based only on household size and income. You may still be eligible if you have other insurance coverage. The sliding scale would apply to the amount of the visit that you would be responsible for. **The scale does not apply to co-pays required by your insurance company.**

How do I document my household size?
Household size can be documented by any of the following:

- Tax Return
- Social Security Card
- Birth Certificate
- Medicaid cards for dependent children
- Driver's License or State ID cards
- Court or government documents that indicate number of members in household

What is included in my income?
Income is based on the **gross income (before tax)** of all household members receiving income and includes:

- Earnings from employment, unemployment compensation, or worker's compensation
- Social Security, Supplemental Security Income, public assistance (excluding food stamps or utility assistance programs)
- Veterans' payments, survivor benefits, educational assistance
- Pension or retirement income
- Interest, dividends, rents royalties, income from estates or trusts
- Alimony, child support, assistance from family members outside the household

What are acceptable proofs of income?
Any of the following are acceptable in determining income:

- Tax Return
- W-2
- Pay Stubs
- Social Security Statement
- Medicaid denial letter
- Proof of eligibility in other programs such as Social Security Disability (SSDI), Temporary Assistance for Needy Families (TANF), Free or Reduced School Lunch Programs, Other public assistance programs.

What if I have no source of income?

If you are claiming no or close to no income you must provide one of the following:

- A signed statement describing your living circumstances and how your basic needs are being met

What do I do if I experience a financial hardship?

Please notify the front desk of a hardship.

CHC PRIMARY CARE PROGRAM APPLICATION

LAST NAME:	**Please check one:**
FIRST NAME:	Initial Application ☐
MIDDLE INITIAL:	Recertification ☐
STREET ADDRESS:	
CITY:	
STATE/ZIP:	
TELEPHONE:	
TODAY'S DATE:	
# IN HOUSEHOLD:	

MVA
MONONGAHELA VALLEY ASSOCIATION OF HEALTH CENTERS

It is necessary for MVA to ask personal questions in order to give you a discount on your medical expenses. This information will be kept on file in our center in strict confidence. You must verify your income at least annually. Your yearly income tax return, W2 form, or recent payroll checks covering is needed. Your income and household size is used to determine your discount.

What is your housing status:? _____

(Own, Rent, Live with someone, Temporary Housing, Homeless)

Place of Employment?

Yourself: _____ Children: _____

Spouse: _____ Other: _____

Do you receive income from the following sources? If so, how much and how often (ie. Weekly, monthly, yearly)

Sources	*Yourself*	*How Often?*	*Spouse*	*How Often?*	*Children*	*How Often?*	*Others*	*How Often?*	*Total Sources*
Employment									$ -
Social Security									$ -
Retirement/Pension									$ -
Rental Income									$ -
Interest Income									$ -
Child Support/Alimony									$ -
Other (Specify)									$ -
Food Stamps (Info Only)									$ -
Pub. Assist. (Info Only)									$ -
TOTAL	$ -		$ -		$ -		$ -		$ -

How Many People are Supported by this Income? _____

Do you have any type of insurance that will cover all or a portion of your medical expenses? _____

(If yes, list below)

_____

Names, Date of Birth, Social Security Number of all individuals in your household:

Name:	*Date of Birth:*	*Social Sec Number:*

I certify that the above information is true and have given MVA permission to verify any information in this application. Willfully submitting false information may result in cancelation of my participation in the Primary Care Program. If complete information is not submitted to MVA within 14 days, then I understand that I will be billed for all services provided. **I also understand that this is a discount program only for MVA's services and does not constitute insurance coverage as required by the *Patient Protection and Affordable Care Act.***

Signature:	***Date:***

CLINIC USE ONLY:

Approved by:	_____	***Slide Percentage:***	_____
Date of Approval:	_____	***Notes:***	
Date of Expiration:			