


Administrative Manual

	Policy Name	Patient Financial Assistance
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I. Description

Policy and procedures for providing financial assistance to patients for services at UNC HCS.

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II. Rationale

As part of its mission, the University of North Carolina Health Care System (UNC HCS) provides care for residents of North Carolina who are uninsured or underinsured and do not have the ability to pay for medically necessary healthcare services. The purpose of this policy is to use financial assistance resources available to the UNC HCS to maximize the availability of health care services to the people of North Carolina in a consistent, equitable and effective manner. As part of the annual budget process, Senior Management will estimate the level of patient financial assistance expected for the fiscal year. This policy does not affect or limit UNCHCS's dedication and obligation under EMTALA to treat patients with emergency medical conditions.

III. Policy

UNC HCS shall have an organized patient financial assistance program designed to help provide necessary health care for North Carolina residents to the extent that resources are available. For this purpose, a Financial Assistance Oversight Committee will oversee all aspects of the patient financial assistance program, including pharmacy financial assistance and transplant financial

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assistance. The policy in effect at the time of the approval/denial will be used to determine eligibility for financial assistance.

Patient Financial Assistance consists of the following components:

- I. Discounts for Uninsured Services
- II. Payment Plans
- III. Charity Care
- IV. Catastrophic Charity Care
- V. Eating Disorders Charity Care
- VI. Dental Services

A. Discounts for Uninsured Services

Persons who have no health insurance coverage or who obtain services not covered by their health insurance will be eligible for a 35% discount of their UNC Hospitals (UNCH) and UNC Physicians & Associates (P&A) charges, except for Category 3 services in the Financial Assistance Exceptions Table (Appendix A). This discount will be given regardless of income or North Carolina residency.

B. Payment Plans

If a patient does not qualify for UNC HCS's Charity Care program (see section III below), the patient will be expected to make payment in full or make reasonable payment arrangements for charges already incurred, less any approved uninsured discounts, and the usual collection procedures will apply.

1. Payment arrangements will require separate monthly payments for P&A and UNCH patient balances and will be evaluated independently using the schedules below.
2. If a patient defaults on his/her established payment arrangement, the entire remaining amount will become due and the collection process will resume.
3. Payment arrangements are variable, and arrangements can be reset if the amount due from the patient has grown such that the current monthly arrangement amount is no longer sufficient to satisfy the debt within the number of months required by the table.

P&A Balance Payment Plan

<u>Amount Due</u>	<u>Monthly Payment Amount</u>	<u>Months to Pay</u>
<\$25	Payment in full	1
\$25-250	1/6 th of amount due	up to 6
\$251-500	1/12 th of amount due	up to 12
\$501-1500	1/24 th of amount due	up to 24 months
\$1501 -	1/36 th of amount due	up to 36 months

UNCH Balance Payment Plan

<u>Amount Due</u>	<u>Monthly Payment Amount</u>	<u>Months to Pay</u>
< \$29	Payment in Full	1
\$30-899	\$25 per month	Amount due ÷ \$25
>\$900	Amount due ÷ 36	36

C. Charity Care

Charity Care is a benefit where 100% of the patient's balance will be written off except for limitations in the Financial Assistance Exceptions Table (Appendix A) and those balances covered by external funding sources. Charity Care is available for North Carolina residents who meet family income and residency criteria as determined by Medicaid eligibility criteria (see Appendix C). Any resident of North Carolina may apply for financial assistance and all applications will be considered without regard to race, color, gender, national origin or religious preference.

1. Availability

- a. A Charity Care application will be made available to anyone who requests it or is identified with a need AND meets eligibility screening criteria as outlined on the Charity Care Screening Tool (Appendix B).
- b. Patients may submit an application for Charity Care prior to their first visit to UNC Health Care. The application will be held until initial services are rendered.
- c. UNC HCS will post notices as required by law regarding the availability of financial assistance. Patients requiring financial assistance or thought to require such assistance will be referred to a Financial Counselor or Financial Assistance Specialist.
- d. Patients may only receive Charity Care after all other financial resources available to the patient have been exhausted AND the patient is without sufficient income to cover out of pocket expenses as defined by UNC HCS. Other financial resources include, but are not limited to, private health insurance, CHIP, agency funding, Medicare and/or Medicaid.
- e. If the Charity Care application is approved, Charity Care will apply to balances after all third party coverage has been collected. Whenever agency funding is available, whether or not the patient has been approved for Charity Care, agency funding must be secured prior to the service being scheduled and covered by Charity Care. If the service is scheduled prior to the completion of the agency funding process, the service must be flagged for exclusion from Charity Care.
- f. A determination of eligibility for Charity Care will be effective for six (6) months and will be applicable toward all applicable patient balances incurred prior to an approved Charity Care application.
- g. Charity Care covers only services deemed "medically necessary" by Medicare, Medicaid, or industry standards. All medically necessary services will be considered Category 1 unless approved as Category 2 or 3 in the Financial Assistance Exceptions Table (Appendix A) by the Financial Assistance Oversight Committee.
- h. For services in Categories 2 and 3 in the Financial Assistance Exceptions Table (Appendix A), medical necessity will be determined by the treating physician. In instances where medical necessity is unclear, the Financial Assistance Oversight Committee will make a final determination.

2. Rights and Responsibilities

- a. If a patient does not have Medicaid or other private agency funding, but may qualify, the patient must cooperate with the application process to be considered for Charity Care. If a patient does not cooperate with the application process for any available funding, Charity Care will be denied or revoked if active approval is on file and the patient will be responsible for any balances. The patient is required to provide documentation to

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include but not limited to evidence of third party coverage, employment status, verification of employment, proof of North Carolina residency, income, and family size.

- b. For patients actively receiving Medicaid except for Family Planning and EMS Medicaid, a complete application is one that has the guarantor and dependent sections fully completed, bears the patient's signature, and is supported with a copy of the valid Medicaid card. For Medicaid patients completing this process, the Charity Care eligibility date will be the effective date on the Medicaid.
- c. Only patient balances will be considered for Charity Care write-off. Patient balance is the amount for which there is no third party coverage or other funding available, or balances after insurance. Accounts in a Liability status are not eligible for Charity Care.
- d. If the patient's household income is less than or equal to 250% of the current Federal Poverty Guidelines for their family size, the patient may be eligible for Charity Care.
- e. Once the final determination has been made regarding Charity Care eligibility, the patient will be notified in writing.
- f. If a patient's income or family size changes, a new Charity Care application may be submitted with supporting documentation for re-evaluation of Charity Care status.
- g. Any payments made to date will be counted toward the amount due and will not be refunded.
- h. The patient has the right to appeal a denied application for Charity Care. The appeal will be reviewed by the Financial Assistance Oversight Committee Clinical and/or Administrative Appeals Group. The patient will be notified in writing of the appeal outcome.

3. Extraordinary Circumstances/Other Applicant Categories

Qualification under extraordinary circumstances not outlined below, requires approval by the Financial Assistance Oversight Committee.

- a. Homeless Persons – A homeless person is an individual who has no home or place of residence and depends on charity or public assistance. Such individuals will be eligible for Charity Care, even if they are unable to provide all of the documentation required for the Charity Care application. The Charity Care application needs to indicate in the address field that the patient is homeless, and the application must be signed by the patient.
- b. Deceased Patients - The charges incurred by a patient who has died may still be considered eligible for Charity Care. For the Charity Care application, the deceased patient will count as a family member, but their income will be zero. Accounts in an Estate status are not eligible for Charity Care.
- c. Inmates – Charges incurred by a patient who has subsequently become incarcerated may still be considered eligible for Charity Care. His/her income will be deemed as zero for the purposes of the Charity Care application from the date of entry into the correctional facility until the date of release from the correctional facility. Written proof from the correctional facility that the patient is an inmate, including date of entry and proposed date of release, shall suffice as the Charity Care application. Note: All charges incurred during the incarceration are the responsibility of the correctional facility.

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- d. Transplant Services – are addressed in a separate Transplant Program Financial Guidelines Policy.
 - e. Pharmacy Services – are addressed in a separate Pharmacy Assistance Policy.
 - f. International Patients – Charity Care is not available for international patients. An international patient is defined as one who resides in a foreign country and is either visiting the United States for tourism or medical tourism purposes.
4. Notification
- a. Once complete and submitted, an application will be reviewed within 15 business days against UNC HCS's eligibility criteria.
 - b. Once approved or denied, a notification letter will be sent to the patient.
 - c. If additional information is required to reach a determination, a request for additional information will be sent to the patient.
 - d. Patients approved for Charity Care will be required to pay a copay for each encounter (See Appendix B).
5. Changes to the Policy or Eligibility Criteria
- Charity Care eligibility criteria will be reviewed annually by the Financial Assistance Oversight Committee and is updated to reflect published changes in the Federal Poverty Guidelines. Revisions may be made at any time to the criteria or the policy based on changes in UNC HCS's financial ability to provide financial assistance or changes in state or federal regulations.
6. Default Criteria Definition
- In the absence of specific program description language defined by this policy, the current North Carolina Department of Health and Human Services Division of Medical Assistance Medicaid Manual will be used as the default.

D. Catastrophic Charity Care

1. Policy

The purpose of this policy is to use financial assistance resources available to the UNC HCS to provide health care services needed by people who may incur a catastrophic medical event regardless of their residency status and do so as consistently, equitably and effectively as possible.

- a. UNC HCS shall have a Catastrophic Charity Care Program designed to help provide necessary health care to the extent that resources are available.
- b. The Financial Assistance Oversight Committee will oversee all aspects of the Catastrophic Charity Care Program.
- c. This policy is for UNC Hospitals and UNC Physicians & Associates balances only. This policy does not apply to Rex Hospital, the UNC Community Based Clinics, or any other UNC affiliate.

- d. The policy in effect at the time of the approval/denial will be used to determine eligibility for Catastrophic Charity Care.

2. Eligibility Criteria

- a. Patients who are denied Traditional Charity Care based on income exceeding 250% of the Federal Poverty Guidelines will be considered for Catastrophic Charity Care. Any patient or guarantor thereof may be considered without regard to race, color, gender, national origin or religious preference.
- b. Catastrophic Charity Care is available when the UNC Hospitals' and UNC Physicians & Associates' existing patient balances after all other financial resources available to the patient have been exhausted, produces a medical debt to income ratio of greater than or equal to 20%. For example, if a household of 2 has an annual income of \$75,000, the combined balances after all other means of payment must be at least \$15,000. Other financial resources include, but are not limited to, private health insurance, agency funding, Medicare and/or Medicaid.
- c. If the Catastrophic Charity Care application is approved, Catastrophic Charity Care will apply to balances after all third party coverage has been ruled out, including Medicaid and any private agency payers.
- d. For approved Catastrophic Charity Care applications, the patient's medical debt after insurance will be reduced to 20% of their income. If a patient has no income, the patient's medical debt after insurance will be reduced by eighty percent (80%).
- e. Catastrophic Charity Care may be awarded once every 12 months from the date of last Catastrophic Charity Care approval. If financial and/or family size situations change, a new Charity Care Application must be submitted.
- f. Balances in bad debt already with collection agencies and/or the Attorney General's Office will be considered. Prospective balances will not be considered.
- g. The calculation of medical debt will include balances that may have been decreased due to the Self Pay Uninsured Discount.
- h. For Catastrophic Charity Care, all accounts for which the guarantor is responsible will be considered in the calculation of medical debt. Services otherwise excluded from Charity Care may be included in the Catastrophic calculation.
- i. When Catastrophic Charity Care is approved, the approval date is recorded. If there are balances pending third party payment, the adjustment of the balances will be postponed until all third party coverage has paid. Any patient balances left that were from dates of service on or prior to the approval date will then be adjusted.

E. Eating Disorders

UNCHCS will provide medically necessary treatment to patients presenting to UNCHCS with medical symptoms related to eating disorders. Voluntary admission to the eating disorders unit is considered elective and, as such, is subject to the payment provisions in this policy and related departmental policies.

1. To be eligible for non-urgent inpatient admissions, a patient must meet all of the following:
 - Diagnosis of anorexia nervosa, bulimia nervosa or eating disorder not otherwise specified
 - Potential admission to the partial or inpatient ED units
 - All potential non-urgent, scheduled admissions must have insurance or, if uninsured, patients must have the ability to pay 50% prior to the admission and maintain a payment

plan for the balance. Residents of Orange, Person and Chatham (OPC) counties may apply for Charity Care if they qualify in accordance with UNC Health Care guidelines.

2. Pre-screen all admissions for insurance coverage. Verify patient pay amount and determine ability to pay. OPC residents may apply for Charity Care.
3. Prepare an estimate of P&A and UNCH patient pay amount after insurance coverage. Require 25% deposit of estimated patient pay based on per diem rates and allow financing of the rest as per the usual hospital policy.
4. If patient requires readmission to inpatient or partial hospitalization programs prior to her/his benefit renewing, then an additional 25% deposit of estimated cost of this treatment episode based on per diem rates will be required with the remaining sum to be financed together with the previous remaining balance.
5. If an NC resident patient cannot finance the difference of a readmission, offer an application for Catastrophic Charity Care, which is available only one event per lifetime for patient liability greater than \$15,000 and requires patient to pay 20% of income towards the bill.

F. Dental Services

1. Policy
 - a. In order to be eligible for financial assistance for Dental Services, the patient must be approved for UNC HCS financial assistance.
 - b. Dental Services that are eligible for full Charity Care coverage are those that would be covered by Medicare. Charity Care coverage includes the following:
 - i. When the severity of the underlying illness requires hospitalization;
 - ii. A secondary service that is integral and necessary to treat a non-dental condition, such as tumor removal, is provided at the same time as the primary service and by the same physician/dentist;
 - iii. The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease;
 - iv. An oral or dental examination performed on an inpatient basis as part of a comprehensive work up prior to renal transplant surgery or performed in a RHC/FQHC prior to heart valve replacement.
 - c. All services, except cosmetic procedures, are eligible for the self pay discount and the interest free payment plan.

**Appendix A
Financial Assistance Exceptions Table**

Category	Definition	Program Eligibility		Service Definitions
		Discount	Charity Care	
Category 1	Medically Necessary	Y	Y	Most Services
Category 2	High Cost Treatment; Other Alternatives Usually Available	Y	N	Cochlear implant Elective infant circumcision LDL apheresis Transplants Psychiatric inpatient services (Exclusion from Charity Care does not affect patient admissions. Financial assistance for Psychiatry patients is available in accordance with the statutory State cachement system.) Bariatric surgery Deep brain stimulation Penile or testicular implant Vasectomy or vasectomy reversal Left Ventricular Assist Device (see Transplant policy) Pediatric Hearing aids (ages to 21) Preservation reproductive opportunities after cancer treatment (IVF for PROACT) Any other procedure which does not meet medical necessity criteria
Category 3	Excluded Services	N	N	Cosmetic surgery/procedures* In-vitro fertilization Non-medically necessary obstetric ultrasound Optical Shop products Routine eye exams Contact lenses or exams* Hearing aids Eating disorders treatments (See Eating Disorders section for specific policy) Acupuncture Non-medically necessary virtual colonoscopy Non-medically necessary full body MRI

*Cosmetic surgery is not eligible for a payment plan. Full payment is required prior to service.

Appendix B
Charity Care Copayments

Service	Co-pay amount	Recipient
*Primary Care Clinic Visit	\$25 per visit	Physician
Specialty Care Clinic Visit	\$35 per visit	Physician
Emergency Department (ED)	\$50 per visit	Physician
Hospital Admission	\$100 per admission	Physician
Ambulatory Surgery	\$75	Physician
Global surgery clinic visit	\$0	
ETOH & Substance Abuse	\$0	
Ancillary Services	\$20 per visit	Hospital

*Primary care is defined as visits occurring in Family Medicine, Children’s Primary Care, or General Internal Medicine clinics.

When applicable, insured patients who are also eligible for Charity Care will pay their insurance carrier’s required copay, not the Charity Care copay.

Appendix C Requirement Definitions for Charity Care

NC Residency – In order to meet North Carolina state residency requirements to be Medicaid eligible, an individual must be domiciled in North Carolina with the intention to remain here permanently or for an indefinite period, or show that he/she entered North Carolina to seek employment or with a job commitment. A person is domiciled in North Carolina if North Carolina is his/her fixed, established, or permanent place of residence with the intention to remain there permanently or for an indefinite period.

REQUIREMENT: To verify residency, two documents from two of the categories below need to be provided. This means a document or proof must be from two of the little letters below. Example: An item from c and d would be acceptable. Two documents in b are not acceptable. Applicants who do not have the required two documents must complete and sign the declaration on the back of this form, subject to prosecution, that they do not have two of the documents listed.

- a. A valid North Carolina drivers' license or other identification card issued by the North Carolina Division of Motor Vehicles;
- b. A current North Carolina rent, lease, or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant's legal spouse, showing a North Carolina address;
- c. A current North Carolina motor vehicle registration in the applicant's name, which shows the applicant's current North Carolina address;
- d. A document verifying that the applicant is employed in North Carolina;
- e. One or more documents proving that the applicant's home in the applicant's prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home;
- f. The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address;
- g. A document showing that the applicant has registered with a public or private employment service in North Carolina;
- h. A document showing that the applicant has enrolled his/her children in a public or private school or a child care facility located in North Carolina;
- i. A document showing that the applicant is receiving public assistance (such as Food Stamps) or other services which require proof of residence in North Carolina (Work First and Energy Assistance do not currently require proof of NC residency);
- j. Records from a health department or other health care provider located in North Carolina which show the applicant's current North Carolina address;
- k. A written declaration from an individual who has a social, family, or economic relationship with the applicant, and who has personal knowledge of the applicant's intent to live in North Carolina permanently, for an indefinite period of time, or the applicant's intent to reside in North Carolina in order to seek employment, or the applicant's job commitment in North Carolina;
- l. A current North Carolina voter registration card;
- m. A document from the US Department of Veteran's Affairs, US Military or the US Department of Homeland Security verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment in North Carolina;
- n. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with has job commitment in North Carolina;
- o. A document issued by the Mexican consular or other foreign consulate verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment in North Carolina.

North Carolina Residency Applicant Declaration

I, _____, verify that I cannot provide two North Carolina state residency verification documents as described on the other side of this form.

I hereby declare that the above information is true and accurate. I understand that this declaration form is used to help verify that I meet North Carolina state residency requirements for UNC Health Care Charity Care. I understand that a false or misleading declaration by me may result in Charity Care adjustments for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

Signature

Date

Address: _____

Telephone No. _____

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Third Party Coverage - All patients will be screened for third-party sources of coverage and assistance that may include, but are not limited to:

- 1) Personal or Employee Sponsored Health Insurance
- 2) Medicare, Medicaid, CHIP, commercial, or any other third party coverage
- 3) Eligibility for public assistance programs
- 4) Third party coverage from an employer or family member's employer
- 5) Workers' Compensation

Income/Employment Status – Income includes total cash receipts from all sources before taxes. Verification of income is not required for dependents under age 18.

The following are considered income:

- 1) Wages and salaries before deductions
- 2) Self-employment income
- 3) Social security benefits
- 4) Pensions and retirement income/distribution
- 5) Unemployment compensation
- 6) Strike benefits from union funds
- 7) Workers' Compensation
- 8) Veterans' payments
- 9) Public Assistance payments
- 10) Training stipends
- 11) Alimony
- 12) Military family allotments
- 13) Income from dividends, rents, royalties, & interest income
- 14) Income from estates and trusts
- 15) Income from legal settlements
- 16) Regular insurance or annuity payments
- 17) Support from an absent family member or someone not living in the household
- 18) Lottery winnings
- 19) One third of liquid assets drawn down as a withdrawal from a bank. The most recent checking and savings account statements from the guarantor are required. Stocks, bonds and non-retirement investments are considered available liquid assets to be used for this calculation. Long-term retirement annuities are not included when considering liquid assets. Examples of liquid assets include, but are not limited to checking, saving, & money market accounts, CDs, and bonds.
- 20) Non-liquid assets as defined by requirements according to North Carolina Department of Health and Human Services' Medicaid MA-2230 Financial Resources definition for countable real property will be considered in assessing financial assistance eligibility. A patient's equity in real property, when compared to the tax value, will be considered a non-liquid asset. The patient's primary residence will be excluded. Patients will be made aware of this provision at time of application for financial assistance.

The following will not be considered income:

- 1) Food or rent received in lieu of wages

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- 2) Non-cash benefits
- 3) Payments from student loans and grants
- 4) Child Support payments

The following may be used to prove income:

- 1) Federal and state income tax returns for the prior calendar year.
Self-employed patients are to provide Schedule C of their federal income tax return. The following deductions will not be allowed in determining income:
 - a. Depreciation
 - b. Travel, Meals, & Entertainment
 - c. Expenses listed as "Other" on Schedule C will be evaluated on an individual basis.
- 2) W-2 Form(s), or other IRS income forms, included with the prior calendar year tax return filing.
- 3) Payroll check stubs covering the last six weeks are required. When check stubs are unavailable, telephone verification from employer verifying employment and income is acceptable. Telephone verification may only be performed by an authorized UNC HCS employee to the applicant's Human Resource Representative, not vice-versa. The UNC HCS employee must document in the system and/or record the following:
 - a. Company name
 - b. Date, time of phone call
 - c. Phone number called
 - d. Person at applicant's place of employment verifying income.
- 4) Other current income from any source not directly related to employment, such as retirement or disability benefits, Social Security, or Veteran's Benefits must be verified with check stubs or other documentation.
- 5) The most recent checking & savings account statements.
- 6) Patients who are employed, but due to a temporary medical condition rendering them unable to work are not drawing an income, will have their annual income reduced by the period of inability to work. This pro-rated income will be used in determining the patient's eligibility for financial assistance.
Example: The income of a patient with an annual income of \$40,000 who is unable to work for 12 weeks will have a pro-rated annual income of \$30,000 for the purposes of determining eligibility for financial assistance.
- 7) In instances when the patient states that the above supporting documentation does not exist, the patient will be required to provide a statement attesting to their income.

Unemployment may be documented by presentation of:

- 1) North Carolina Employment Security Commission documents
- 2) Letters from state and local agencies on their letterhead
- 3) In the absence of any of the above, patients who are unemployed are required to document how their expenses are being paid. Credit reports will be obtained when additional information is needed. These requirements will be waived for patients of retirement age as published by Social Security.

Family Size - A family is a group of two or more persons related by birth, marriage, or adoption that live together. All such related persons are considered as members of one family. Family members are defined as follows:

- 1) The patient and, if married, his/her spouse;
- 2) Any natural, or adopted minor child of the patient or spouse who has not been emancipated by a court and who is not, or has never been, married;

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- 3) Any minor for whom the patient or patient's spouse has been given the legal responsibility by a court;
- 4) Any person designated as "dependent" on the patient's latest tax return;
- 5) Any student over 18 years old who is dependent on the patient's family income for over 50 percent support;
- 6) Any other person dependent on the patient's family income for over 50 percent support;
- 7) Any minor child of a minor who is solely, or partially, supported by the minor who is a member of the patient's family.

Dependency is determined by one of the following documents that contain the patient's or patient's spouse's name:

- 1) Current tax return
- 2) Court-ordered guardian/conservator ship
- 3) Birth certificate
- 4) Baptismal record
- 5) Social Security award letter
- 6) U.S. Immigration documentation
- 7) In the absence of any of the above, a signed affidavit from the patient witnessed by a UNC HCS representative attesting to the dependency of minor child or other family member
- 8) A minor is one who has not reached his/her eighteenth (18th) birthday and who is not and has never been married. When the marital status of the minor cannot be determined, or when there is no documentation indicating the patient is an emancipated minor, the parents or legal guardian should be designated as the responsible party. The parents' or guardian's income and residence should be used to determine eligibility for financial assistance. Legal guardianship must be supported by fully executed and valid legal documents.

Proof of family size will be based on the most current filed Federal Tax form in accordance with the IRS tax laws. A birth certificate(s) must be presented to validate an increase in the family unit above the total claimed on the most recent tax return. If no tax return is provided, the family size will be calculated as one (1).