

(insert facility name)

**GENERAL PROCEDURES FOR
PUBLIC HEALTH AND PRIMARY CARE SERVICES
ELIGIBILITY DETERMINATION**

Rationale/Purpose

The purpose of this policy is to determine the financial and residency requirements for patients requesting services from _____. This policy covers all public health payment programs and primary care services. The guidelines for the NC Department of Health & Human Services Purchase of Medical Care Services Payment Programs are received from the state, and are not part of this policy. The WIC program has specific eligibility guidelines, which may or may not be partially incorporated in this policy. Eligibility guidelines for dental health and home health services are not part of this policy.

_____ shall assure that no person, on the grounds of race, color, age, religion, sex, marital status, immigration status, national origin or otherwise qualified handicapped individual, solely by reason of his/her handicap (unless otherwise medically indicated), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity.

Coverage

_____ serves the public interest best by first assuring that all legally required public health services are furnished for all citizens, and then by providing as many recommended and requested public health services as possible. Mandated services for Tuberculosis Control, Communicable Disease Prevention, Sexually Transmitted Disease Control, immunizations and certain environmental inspections are excluded from fees.

Financial Requirements

_____ will see patients for all public health services, regardless of income status, except for WIC. Applicants are eligible for WIC if their gross family income is no more than 185% of the Office of Management and Budget (OMB) poverty guidelines. The income scales for public health services will be updated according to state guidelines (usually annually) per program, and patients will be placed on the sliding scale according to their income. Charges for Primary Care services will not be adjusted on a sliding scale. Patients who receive only primary care services, regardless of income, will be charged in full; therefore, income will not be assessed. Patients who have an HMO or PPO insurance plan listing another agency as their primary care provider and are requesting primary care services will be encouraged, but cannot be required, to see their primary care physician for public health services.

Residency Requirements

Residency requirements may vary according to the type of service provided and the program criteria. In determining residency, consideration should be given to where the patient, or parent of a minor patient, resides at the time of service and where they intend to make their permanent home.

Due to Federal/State program rules, patients who apply for Family Planning, STD, and Immunization public health program services must be seen regardless of income or residency status, and there is no residency requirement for patients who apply for WIC services.

Proof of residency will be required at time of eligibility process for _____ (insert county residency requirement by program). The following sources may be used:

- Current utility bill or any bill with their name and address (current – within past two months); or
- Drivers license; or
- Official ID issued by NCDMV; or
- Current rent receipt (current – within past two months)

Fee Charges and Scales

Established fees and the application of a sliding eligibility scale based on the individual's household size and household income will determine the patient's actual charges. The sliding fee scale is an alternate fee scale that is developed by the North Carolina Division of Public Health so that a patient's inability to pay is not a barrier to receive services. The sliding fee scale is used for most health department fees; however, the percent of discount may vary according to program guidelines. For non-mandated services, flat rate fees may/will be established.

Fees are subsidized by grants, private donations, state and federal funds, and local contributions.

Assessment of Family Size/Economic Unit and Income

To use the Poverty Income Guidelines, the family size/household unit must be determined and relevant sources of income must be calculated. A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.

A key rule to apply to all participants, including minors, is that an economic unit must have its own source of income. For example, a pregnant teenager with no income must be considered part of a larger economic unit that provides her support. Also, groups of individuals living in the same house with other individuals may be considered a separate

economic unit. For example, two sisters and their respective children who live in the same house are separate economic units if each sister supports herself and her children.

If an unemancipated minor requesting Family Planning services, does not request confidential contact, the parents' income and insurance information should be taken.

Any participant requesting Family Planning services and seeks confidential services should be treated as a "family of one" and considered on the basis of the patient's resources alone. Many adolescents would fall into this category, as well as some non-adolescents.

A pregnant woman is counted as two in determining family size. This increased family size may be used to certify her or any other categorically eligible family members. If multiple births are expected, the number of additional expected births should increase the family size. Proof of multiple births shall be required.

In some cases, counting a fetus in determining family size may conflict with the client's cultural, religious, or personal beliefs. In these situations, this policy can be waived and the family size would not be increased.

Other examples of economic units are:

- A foster child assigned by DSS is a family of one with income considered to be that paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
- A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family or be considered a family of one according to the income of the student for the family planning program because this group is extremely high-risk for unintended pregnancy. A self-supporting student maintaining a separate residence would be a separate economic unit.
- An individual or family in an institution is considered a separate economic unit. For example, if a mother and her children were staying in a shelter for battered women, the income of the other residents is not included.

Verification of Income

Each patient will be required to sign an Income Statement (Attachment 1) verifying that the financial information supplied to the interviewer is true and accurate. This statement will also include an authorization giving _____ County Health Department the right to verify this information. An Income Statement should be completed at the annual income screening, or whenever a change has occurred in the income status of the family/household unit. The eligibility screening will be good for one year unless there has been a change in the income status and confirmation will be required at each visit. The Income Statement should be signed and dated by the patient and initialed by the interviewer. The Income Statement will become part of the patient record.

Documentation/Declaration of Income

Documentation/Declaration of income is required for all sliding fee scale services. Gross income shall be used in fee determinations and shall be defined as the combined cash income received by the economic unit (all members in household contributing to the family unit) from the following sources:

Sources of Income

Income from the following sources should be counted:

- Salaries, wages, overtime pay, commissions, fees, tips
- Earnings from self-employment
- Interest earned on investments
- Periodic trust fund payments
- Public assistance money
- Unemployment compensation
- Alimony and child support payments
- Military allotments
- Social Security benefits
- Veteran's Administration benefits
- Retirement and pension payments
- Worker's Compensation
- Educational stipends in excess of the cost of tuition and books
- Income tax refunds
- Allowances paid for basic living expenses
- Regular contributions from individuals not living in the household
- All other sources of cash income except those specifically excluded
- Supplementary Security Income (SSI) benefits
- Prize winnings

Income from the following should not be counted:

- Irregular income that a child earns from babysitting, lawn mowing, or other tasks
- Proceeds from the sale of an asset
- Withdrawals from a bank account
- Gifts
- Inheritances
- Life insurance proceeds or one time settlements
- Military housing benefits (on base or off)
- Payments under the Low Income Energy Assistance Act
- Assistance to child or families for Free Lunch and Food Stamps

Reported income can be verified by the following:

- W-2 Form;
- Income Tax Form;
- Earnings Statements (pay stub, award letter);

- Employer's Statement; or
- Employment and Wage Verification Form *

* Applicants that are paid in cash and have no documentation to present for proof of earnings or contributions must have an Employment and Wage Verification form completed by their employer/contributor. The Employment wage verification Form or letter from employer must have the employer's signature, title, phone number and be dated. This form will be kept with the eligibility worksheet.

To determine gross income, agency staff should consider the income of the family/household unit for the past 12 months. If any of the wage earners was unemployed for at least 30 consecutive days during that 12-month period, or is currently unemployed, counting actual income from the previous 6 months and adding a projection of his income for the coming 6 months should figure his income.

When necessary to determine income, telephone confirmation of past employment termination dates may be required for clients stating no employment or recent job termination.

The Employment Security Commission database may be used to verify income of applicants or members of their household unit.

Documentation of income will not be required for mandated services such as Sexually Transmitted Diseases, Tuberculosis, Communicable Diseases and Immunizations since no charge can be assessed to the patient for these services, or for School Based Health center services due to Title V exemptions.

Computing Income

To determine annual or monthly income when you have hourly wages, weekly wages, bi-weekly wages or bi-monthly wages, use the following approach:

$$\begin{aligned}
 (\text{Hourly wage}) \times (\text{hours worked/weekly}) \times (52) &= (\text{Annual Income}) \\
 (\text{Hourly wage}) \times (\text{hours worked/biweekly}) \times (26) &= (\text{Annual Income}) \\
 (\text{Hourly wage}) \times (\text{hours worked/bimonthly}) \times (24) &= (\text{Annual Income}) \\
 (\text{Hourly wage}) \times (\text{hours worked/weekly}) \times (4.3) &= (\text{Average Monthly Income}) \\
 (\text{Hourly wage}) \times (\text{hours worked/biweekly}) \times (2.15) &= (\text{Average Monthly Income}) \\
 (\text{Hourly wage}) \times (\text{hours worked/bimonthly}) \times (2) &= (\text{Average Monthly Income})
 \end{aligned}$$

To convert net income to gross income multiply by 1.25.

When computing income, amounts will not be rounded until data is entered in the computer system.

Zero Income

Clients unable or unwilling to provide income documentation may be rescheduled or will be classified at 100% on the sliding scale for the service(s) received on that date. All patients must present their health insurance or Medicaid card at each visit and those who receive Medicaid are exempt from income eligibility determinations.

If the applicant reports zero or very little income, the application must include an explanation of what the family is actually living on. In most cases, a statement of zero income would be acceptable only when the applicant lives on income from sources not counted (see Source of Income list.)

Applicants reporting no income must have a Third-Party Confirmation Letter completed by a reliable third party knowledgeable of the applicant's income status. The Third-Party Confirmation Letter must be signed, dated, and include a telephone number. This letter will be kept with the eligibility worksheet.

Incarcerated patients are not eligible for Medicaid. The jail will be charged fees for inmate health care services according to fee agreements between it and the local health department. Fees will not be charged for state required communicable disease screening and follow-up services. Charges will be sent to the _____ County Jail for payment.

Service Denials

Service denials or appointment restrictions will be applied to patients who do not make a "good faith effort" to pay unless restricted by State or Federal regulations. A good faith effort is determined as scheduled monthly payments of 20% of total bill or strict adherence to an established patient payment plan. Family Planning clients who do not make a "good faith effort" to pay may be restricted or denied services only if they are at or above 60% of the Federally established Family Planning Income Guideline. Patients will be encouraged to keep their account balance below \$200 to avoid service denials or appointment restrictions. Patient payment plans will be established upon need or request and monitored by the financial services department. Emergency services can never be denied. The Clinic Director or designee makes the final decision regarding service limitations/denials or appointment restrictions.