



## Duke University Health System

### DUHS Financial Assistance Policy Summary

Effective: January 1, 2025

#### Purpose

Duke University Health System (“DUHS”) maintains a policy to provide uncompensated medical services, free of charge, or on a discounted basis to those patients who demonstrate an inability to pay.

#### Summary

- Services that qualify for Financial Assistance are limited to:
  - **Medically Necessary Services** are health care services that, in the absence of immediate medical attention, could reasonably be expected to result in a) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, b) serious impairment to bodily functions, or c) serious dysfunction of any bodily organ or part.
- All North Carolina residents are eligible to apply for Financial Assistance, as defined in the Financial Assistance Policy provided on DUHS Website (<https://www.dukehealth.org/paying-for-care/financial-assistance>) and may be deemed eligible for a Financial Assistance Adjustment either through an application process or presumptive screening process. Patients residing outside of North Carolina can apply for financial assistance through the application process or by calling our Customer Service Department.
- **Income:** the patient must have annual family income less than or equal to 300% of the available current year Federal Poverty Guidelines. For patients with annual household income of less than or equal to 200% of the Federal Poverty Income Guidelines, a 100% Financial Assistance Adjustment would be applied to the balance. For patients with annual household income above 200% but less than or equal to 300% of the Federal Poverty Income Guidelines for the most recent year, a sliding scale discount will be applied to the balance in percentage increments depending upon income and household size. That sliding scale is provided as attachment to the policy on the DUHS web portal. Discounts must apply consistently to uninsured and insured individuals.
- If patient is not presumptively eligible based on the policy requirements, they can apply for Financial Assistance utilizing the application process noted in the policy. The patient is expected to have applied for and complied with all processes related to seeking assistance from other insurers and/or programs (including all potentially applicable governmental programs) as requested by DUHS. Patients that are noncompliant or uncooperative in attempting to obtain other assistance may be denied Financial Assistance.

- Patients that are determined to be ineligible for Financial Assistance may still be eligible for a discount if their patient liability exceeds 15% of their current year or prior year annual household income.
- Eligibility is applicable to all DUHS entities for a period of six months.
- A financial assistance adjustment will be applied when the patient has been determined eligible via the application process or presumptive review screening and the service rendered is a qualifying service. When a patient is approved for Financial Assistance, adjustments will be processed for any open, active or bad debt balance that is patient responsibility.
- Other types of patients who may be approved for financial assistance adjustments include:
  - Deceased patients with limited-value estates
  - Patients with collection balances who are in verified Chapter 7 or Chapter 13 bankruptcy
  - Project Access patients
  - Patients approved for treatment at Southern High School
  - Patients who express an inability to pay for outpatient prescription medications from Duke's retail pharmacy
- Once eligibility has been determined, patients will not be charged more for emergency or other medically necessary care than amounts generally billed to patients that have insurance covering such care. DUHS uses the look-back method to calculate amounts generally billed.
- The DUHS Financial Assistance Policy is applicable to patients receiving medically necessary services in a DUHS facility. The following are excluded from this policy:
  - Experimental and elective services (IE: transplant services excluded)
  - International patients are excluded
  - Patients with Out of Network Insurance are excluded