

## DUHS Financial Assistance Policy

**Document ID: 18**
**Revision Number: 10**
**Status: Published**
**Origination Date: 05/01/2014**
**Effective Date: 07/01/2025**

### Applicability:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Ambulatory Surgery Center Arrington     | <input checked="" type="checkbox"/> Duke University Hospital (DUH) (both campuses) |
| <input checked="" type="checkbox"/> Davis Ambulatory Surgery Center (DASC)  | <input type="checkbox"/> Durham Campus Only  |
| <input checked="" type="checkbox"/> Duke Health Integrated Practice (DHIP)  | <input type="checkbox"/> Duke Raleigh Campus Only                                  |
| <input checked="" type="checkbox"/> Duke Health Lake Norman Hospital (DLNH) | <input checked="" type="checkbox"/> Patient Revenue Management Organization (PRMO) |
| <input type="checkbox"/> Duke Health Technology Services (DHTS)             | <input type="checkbox"/> Population Health Management Office (PHMO)                |
| <input checked="" type="checkbox"/> Duke HomeCare & Hospice (DHCH)          |  |
| <input checked="" type="checkbox"/> Duke Primary Care (DPC)                 |  |
| <input checked="" type="checkbox"/> Duke Regional Hospital (DRH)            |  |

### Purpose

To define the DUHS policy related to the provision of uncompensated medical services, free of charge, or on a discounted basis to those patients (as defined in this policy) who demonstrate an inability to pay.

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
- All non-ED services provided to patients with OON (Out of network) insurance plans are excluded from this policy.

### Definitions

**Amounts Generally Billed (AGB)** - Section 501(r)(5)(A) of the Internal Revenue Code, a tax provision of the Affordable Care Act (ACA), requires a hospital organization to limit its charges for emergency and other medically necessary care provided to financial assistance eligible patients to no more than amounts generally billed to individuals who have insurance covering such care. The provision further requires a definition of how AGB has been calculated using one of two defined methods: Look Back or Prospective. DUHS has employed the Look Back method to calculate AGB. The calculation for AGB is based upon actual claims paid to the health system by Medicare fee-for-service and all private health insurance claims paid to the facility in the prior fiscal year.

**Application Process** – refers to a process by which a patient or their appropriate representative calls Customer Service to request or completes a paper form that provides DUHS with information related to the patient's income and household size. All applications will be evaluated on a case-by-case basis by an Appropriate DUHS Representative.

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**Appropriate DUHS Representative** - is defined as those individuals serving in positions identified in the approval requirements section below along with other DUHC financial service representatives such as financial care counselors, Medicaid assistance counselors, and customer service representative.

**Federal Poverty Income Guidelines** - are guidelines published annually in the Federal Register by the United States Department of Health and Human Services that is based upon income and household size; define the poverty level in the United States.

**Financial Assistance Adjustment** - is defined as the write-off of a self-pay balance for which the patient is not able to pay as determined by the criteria defined within this policy or is presumptively eligible according to NC State guidelines

**Financial Assistance Services** - are defined as health care services provided free of charge or on a reduced charge basis to uninsured, under-insured, and Medically Indigent individuals, who meet certain financial criteria, demonstrate an inability to pay, and are approved pursuant to this policy.

**Elective Services** - are services that are not Medically Necessary Services, such as cosmetic services.

**Experimental Services** - are services that have not been approved by the Centers for Medicare and Medicaid Services (CMS) or other payers as acceptable treatment for a particular medical condition.

**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.

**Medically Indigent** - is defined as a circumstance in which payment for medical services would result in an inability to meet basic living expense. If the total patient liability exceeds 15% of the current year or prior year annual household income of the patient, the patient would be deemed Medically Indigent.

**Out of Network Plans** - are insurance coverages that have contractually excluded Duke Health providers from their network of approved providers, and for which no payments or reduced payments are made to Duke Health for services provided to patients with this coverage.

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**Project Access** - is a community based indigent care program offered in Wake, Durham and Johnston counties.

**Screening Process** - is the process that provides information regarding a patient's income level and credit history via a third-party screening service. Based upon the information provided through the third-party screening service, patients may be deemed eligible for Financial Assistance Adjustments as allowed in whole or in part by this policy. If the third-party screening process returns incomplete information (often because the patient lacks a home address or has not established a complete credit history), this information will be used as a presumptive indication of an income level of less than 200% of the Federal Poverty Income Guidelines and a Financial Assistance Adjustment can be applied, accordingly, if other requirements of this policy are met.

**Southern High School** - is a DUHS sponsored community-based clinic for local area high school students.

**Transfer** - patients that are referred to DUHS for services by a third-party hospital due to an inability of that hospital to provide services or treatment to a patient.

### **Policy**

Patients who demonstrate an inability to pay or who meet the presumptive guidelines in this policy will be considered for Financial Assistance Services. Patients are informed of the DUHS Financial Assistance Policy primarily through the DUHS website (<https://www.dukehealth.org/paying-for-care/financial-assistance>). This website address is listed on all patient billing statements. In addition, patients may be provided with DUHS' financial brochure or a summary of financial policies during the treatment process. Appropriate DUHS Representatives are also available to patients at DUHS patient registration locations.

The DUHS Financial Assistance Policy Summary, DUHS Financial Assistance Application and DUHS Financial Assistance FPL Sliding Scale are widely available, free of charge on the DUHS web portal. Copies may also be obtained by calling the customer service department. In addition, the full DUHS Financial Assistance Policy, PRMO Patient Balance & Collections Policy, and information about AGB, is available to any party that requests a copy by calling the customer service department. Financial Assistance signage is in place at DUHS Emergency and Admissions Departments and DUHS Hospital Based Clinics. All Financial Assistance related documentation is available in Spanish. DUHS will continue to work closely with the State of North Carolina, local community and other non-profit organizations on a consistent basis to ensure broad awareness of the DUHS Financial Assistance Policy.

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1. All North Carolina residents are eligible to apply for Financial Assistance, as defined in this policy 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.
2. Eligibility Requirement: Patients must comply with our NC Medicaid screening process to ensure Financial Assistance eligibility. If determined as uncooperative, Financial Assistance will be denied and/or existing Financial Assistance approvals in place revoked as a result of noncompliance.
3. 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 this policy on the DUHS web portal. Discounts must apply consistently to uninsured and insured individuals.
4. Covered Services: Covered services include emergency and medically necessary services received at Duke for both hospital and professional services. Cosmetic surgery is not covered by this policy.
5. Special Circumstances: Financial Assistance adjustments may also be made for patients with active or bad debt collection balances in verified Chapter 7 or Chapter 13 bankruptcy, Project Access, deceased patients with limited-value estates, ADAP/Ryan White cases or patients who are approved for treatment at Southern High School, as allowed in whole or in part by this policy.
6. Any DUHS patient, whether insured or uninsured, with a Self-Pay balance who has received Emergency Department Services and is admitted or discharged from the Emergency Department or any patient who is admitted by transfer from another facility, will be screened for potential financial assistance through the screening process, patients may be deemed eligible for Financial Assistance adjustments as allowed in whole or part by this policy
7. Any DUHS uninsured patient, with a Self-Pay balance who has received services outside of the Emergency Department and is a resident of Wake and Durham County will be screened for potential financial assistance eligibility via a Screening Process. Based upon the information provided through the Screening Process, patients may be deemed eligible for Financial Assistance Adjustments as allowed in whole or part by this policy.
8. Inpatient and Outpatient patients that express an inability to pay for outpatient prescription medications from Duke's retail pharmacy will be screened to validate

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whether the patient qualifies for Financial Assistance before providing the patient with prescription drugs at the time of discharge at limited or no cost.

### Approval Requirements

Initial approval requirements for the appropriate DUHS representative and the corresponding level of Financial Assistance Adjustments are as follows:

Approval Level	Approval Threshold
PRMO Self-Pay Director	≥\$50,000
PRMO AVP	≥\$75,000
PRMO COO	≥\$250,000

For patients approved for Financial Assistance Services through the application process or by calling customer service, the Financial Assistance adjustment will cover all active, qualifying services previously provided and those qualifying services provided within 6 months after the application approval date. Active bad debt accounts that have been transferred to outside collection agencies will be closed and returned in accordance with the PRMO Patient Balance & Collection Policy.

The approval period for Financial Assistance applications is 6 months. After initial approval has been received, subsequent patient balances will be adjusted by way of automatic system logic until the end of the 6-month timeline. After that time, the patient would need to reapply to be considered.

If presumptively eligible, no application process is required. If a patient was determined presumptively eligible for financial assistance within the past year, the institution may use that previous determination as the basis for extending financial assistance to the patient at a subsequent visit. If a patient was previously determined presumptive ineligible for financial assistance, the institution must conduct their usual screening process to determine if the patient has since become eligible for financial assistance.

Approval guidelines for hospital inpatient, outpatient and professional services through the application process are as follows:

- Discount of 100% for individuals with incomes up to 200% FPL.
- Discount of 90% for individuals with incomes above 200% FPL-225% FPL
- Discount of 80% for individuals with incomes above 225% FPL-250% FPL
- Discount of 70% for individuals with incomes above 250% FPL-275% FPL
- Discount of 65% for individuals with incomes above 275% FPL-300% FPL

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Discounts will not be applied to co-pays of insured individuals.

**Presumptive Eligibility Determination**

For North Carolina residents, presumptive eligibility will be approved at 100% if one of the following non-income-based criteria is met:

- a. Homelessness;
- b. Mental incapacitation with no one to act on the patient's behalf;
- c. Enrollment in Medicaid of patient or a child in their household;
- d. Enrollment in another means-tested public assistance program (including, but not limited to Women, Infants and Children Nutrition Program, Supplemental Nutrition Assistance Program).

Non-income-based screening and notification to patients of eligibility shall be completed as follows:

**Non-emergency department services**

- Screening- prior to or at check-in;
- Notification- prior to discharge

**Emergency department services**

- Screening- as soon as possible and prior to discharge if feasible
- Notification- prior to issuing bill to patient

The institution may provide an alternative pathway for patients who are not deemed presumptively eligible to apply for financial assistance. Documentation may be submitted as part of this alternative pathway.

**Medical Debt Relief**

Duke Health evaluates all qualifying patient accounts with outstanding balances for current North Carolina Medicaid enrollment and reclassifies outstanding debt for such qualifying individuals dating back to January 1, 2014, as financial assistance. All debts reclassified as financial assistance will be considered relieved.

In addition, Duke Health will continuously evaluate all patients who are North Carolina residents and enrolled in NC Medicaid for past medical debt within 60 days of the patient's inpatient discharge from the hospital or outpatient encounter and will reclassify any ongoing & past debt as financial assistance for qualifying individuals.

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Duke Health proactively informs qualifying NC resident patients within 30 days of any reclassification of debt to financial assistance.

Duke Health does not require patients to provide substantiating documentation for NC debt relief qualification. Patients are considered presumptively eligible based on the screening criteria outlined within this policy and/or upon confirmation of active NC Medicaid enrollment on or after 1/1/2025.

**Procedure**

1. Presumptive Eligibility for Financial Assistance- Non-Income Based
  - a. If the patient answers yes to any of the following on the registration questionnaire prior to or at check-in for Non-emergency department services and as soon as possible and prior to discharge for emergency department services, the system will auto-calculate 100% Financial Assistance Approval prior to billing.
    - Homelessness
    - Mental incapacitation with no one to act on patient's behalf
    - Enrollment in Medicaid if patient or a child in their household
    - Enrollment in another means-tested public assistance program (including, but not limited to Women, Infants and Children Nutrition Program, Supplemental Nutrition Assistance Program)
  - b. Patient will be provided notification on the After-Visit Summary
    - Prior to discharge for non-emergency department services
    - Prior to issuing bill to patient for emergency department services
2. Medical Indigence
  - a. All completed applications that are not recommended/approved for a sliding scale Financial Assistance Adjustment will be evaluated to determine if additional adjustments should be made based on Medical Indigence, as defined in this Policy.
  - b. Projected current year annual household income will be compared to the current balance due to all DUHS entities and providers. The amount of these balances that exceeds 15% of the projected current year annual household income will be eligible for a Financial Assistance Adjustment.
3. Financial Assistance Adjustments are applied to outstanding qualifying account balances within the effective date range and at the point of



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Financial Assistance approval.

4. Patients with incomes above 300 FPL% can apply for Financial Assistance by contacting Customer Service or by completion of the Financial Assistance Form provided on DukeHealth.org. Complete applications will include proof of monthly household income providing one of the following and a tax return if the applicant is claiming a dependent:
  - a. Pay Stubs
  - b. SSI/Disability
  - c. W2/Retirement/Pension
  - d. Tax Returns
  - e. Letter from EmployerIf neither item from the above list is present or available with an application, Federal Poverty Level screening may be requested to assist in income determination.
5. Applicants will receive written notice regarding their eligibility for Financial Assistance.
  - a. If approved, a written notice will be sent to the patient with the percent discounted and a payment request for any remaining balance and a discount will be posted in the billing system.
  - b. If denied, written notice will be provided with an explanation of denial.
6. Any account that receives a patient payment prior to Financial Assistance approval are not refunded.
7. Any eligible account that receives a patient payment after Financial Assistance approval will be refunded the amount equivalent to the patient payment. If payment is received from a secondary party or from insurance, the Financial Assistance Adjustment will be reversed for the amount of the payment and adjustment.

**Related Policies**

PRMO Payment Plan Policy

PRMO Patient Balance and Collections Policy

**Authoritative Source**

[IRS Financial Assistance Policies](#)

[IRS Limitation on Charges](#)

NC State Medical Debt Relief Mandate

**Attachments**

DUHS Financial Assistance FPL Sliding Scale

DUHS Financial Assistance Summary - English

DUHS Financial Assistance Application - English

Electronic versions of documents will always supersede printed versions.

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DUHS Financial Assistance Policy - Español

Resumen de la política de asistencia financiera de DUHS - Español

Formulario de asistencia financiera de DUHS – Español

**Departments Affected**

PRMO Customer Service

PRMO Self-Pay Collections

PRMO Service Access – Financial Services