

**MEDICAL ACCESS PLAN  
REFERENCE MANUAL  
TABLE OF CONTENTS**

**INTRODUCTION**..... 2

**SECTION I (Brief Overview)**..... 3

**SECTION II (MAP Enrollment Instructions)**

    I. Going Paperless..... 4

    II. Screen EU for MAP Eligibility..... 4

    III. Medicaid/NC Health Choice Screen..... 7

    IV. Request for Information Verification..... 7

    V. Completion of the MAP Application Process..... 7

    VI. Charging Patient Visits..... 9

    VII. Front Office Duties..... 9

    VIII. EU Updates..... 10

    IX. MAP Eligibility Annual Renewals..... 11

    X. Provision of Materially False Information..... 12

    XI. MAP Waivers..... 13

    XII. Collection of Payment from NORHCC Funds..... 13

**SECTION III (Appendices)**..... 14

    Appendix A: MAP Worksheets in English

    Appendix B: MAP Worksheets in Spanish

    Appendix C: Technical Information

    Appendix D: Examples

    Appendix E: MAP Monthly Withdrawal Worksheets

    Appendix F: Farmworker Health Program Information

# MEDICAL ACCESS PLAN REFERENCE MANUAL

## INTRODUCTION

The Medical Access Plan (MAP) is a program, similar to a sliding fee scale program that helps residents of North Carolina access primary health care services when they meet certain financial criteria and do not have primary health care coverage. Patients who may be eligible for programs such as Medicaid or the Migrant Fee-for-Service Program must apply for and be refused coverage by these programs before being eligible to enroll in MAP. MAP is only available in non profit medical practices that receive MAP funding. Patients on the MAP program are expected to make the medical practice their primary care “home” and to use it for their primary care needs. Patients who wish to use the practice only for ancillary services, such as laboratory or radiology, should not be enrolled in the MAP program.

This Reference Manual is intended to help practices understand how to administer the MAP program. Section I contains a brief overview of the program. Section II contains MAP program guidelines and instructions on how to complete the MAP enrollment worksheets which are available in electronic or paper form. Funded sites are encouraged to go paperless as much as possible with MAP. How to do this while retaining required records is explained in this section. Section III contains the Appendices comprised of Appendix A: the MAP Enrollment Worksheets in English; Appendix B: the MAP Enrollment Worksheets in Spanish; Appendix C: Technical Information, providing more in depth explanations of how to properly administer the program and enroll patients; Appendix D: Examples of patient scenarios that may be encountered when administering the MAP program; Appendix E: MAP Monthly Withdrawal Worksheets; and Appendix F: Farmworker Health Program Information.

If, after reading this Manual, you still have questions about the MAP program or how it should be administered, please call the North Carolina Office of Rural Health and Community Care (ORHCC) at 919/733-2040 and ask to speak with Parcheul Harris.

## SECTION I: BRIEF OVERVIEW

### WHAT MAP COVERS

Visits are reimbursable through MAP for the following services less patient copay amount:

- Medically required on-site provider encounters;
- The portion of medically required X-rays taken and/or read on-site;
- The portion of medically required surgical services performed by practice providers depending on billing practices – see appendix for example;
- The portion of obstetrical care (including antepartum, delivery, and postpartum care) provided by practice providers depending on billing practices – see appendix for example;
- The portion of medically required hospital, nursing home, and home care services performed by practice providers depending on billing practices – see appendix for example;

### PATIENT ELIGIBILITY & ENROLLMENT PROCESS

To determine whether a patient is eligible for MAP, you will need to complete the following steps which are explained in more detail later in this Manual:

1. Patient must reside in North Carolina.
2. Based on patient's income and Economic Unit\* (EU) size, review the Federal Poverty Table Worksheet to see if the EU is close to meeting the eligibility requirements (EU must be under 200% of the Federal Poverty Level; the limit may be lower in some practices depending on their agreement with the ORHCC).
3. Review Medicaid/NC Health Choice Eligibility worksheet to determine if patient is eligible for another program such as Medicaid.
4. Request patient brings proof of EU income.
5. Review proof of income (if no income, then complete Zero Income Claimant Worksheet).
6. Determine whether EU is eligible for MAP. If eligible, identify the copayment and debt write-off category to which the EU belongs.
7. Have patient sign Patient Agreement, and complete the Payment Plan Agreement as necessary, to conclude the MAP application process.

*\*Economic Unit (EU) is defined as an individual or a group of adults with or without children who live at the same residence and share all living expenses. The group also includes children of group members who are full-time students up to the age of 26 regardless of where they live. See Appendix C (Technical Information) for a more in-depth discussion of the EU and Appendix D (Examples) for examples of EUs.*

## SECTION II: MAP ENROLLMENT INSTRUCTIONS

### Going Paperless

All MAP funded sites are encouraged to go paperless as much as possible with this program.

#### *Needed Capabilities*

Data will be entered directly on a computer. Therefore, ensure there is a computer in a private area that can be used while determining eligibility of EU members. Excel software must be on the computer in order to use the enrollment worksheets.

Ensure the computer is password protected and otherwise complies with HIPAA requirements.

Ensure that all MAP information (including all EU folders and files) are secured and regularly backed up.

Ensure the computer is connected to a working printer.

Ensure the MAP coordinator is able to enter, save, retrieve, and print MAP information and reports. This person must be able to manage the information electronically.

#### *Create electronic MAP folders and files*

- ***Determine how to organize the electronic files. At a minimum, consider developing folders for each year under which additional folders and files may be maintained for that year's MAP materials and MAP recipients. For example, a folder may be labeled MAP FYE 2007 under which each of the following folders exists: MAP materials, MAP patients, and MAP Account Monthly Withdrawal Worksheets. Within each folder individual files may be created and maintained.***

Each year, a new folder can be created under which additional folders and files may be located as indicated in the foregoing section #1.

### Screen Economic Unit (EU) for MAP Eligibility

Compare the patient's stated income and EU size on the Eligibility Screen to the Eligibility Confirmation: Federal Poverty Table Worksheet to see if the EU is close to meeting the MAP eligibility criteria. If the EU appears close to meeting the MAP eligibility criteria, then complete the Medicaid / NC Health Choice Eligibility Screen to identify whether EU members without insurance coverage may be eligible for one of those programs. Medicaid and NC Health Choice provide comprehensive coverage and are preferable to MAP if individuals are eligible for one of those programs.

To qualify for the MAP program, individuals must go through two screening steps; first, as part of the EU unit which as a unit must meet the MAP income criteria, and second as an individual being screened for potential eligibility in insurance programs such as Medicaid or NC Health Choice.

Please note: it is possible for an individual in a MAP qualifying EU to be offered primary health care coverage through work, refuse it, and remain eligible for MAP.

## MAP Information worksheet.

### A. Names of the Economic Unit Members

1. List the first and last names of all members of the patient's Economic Unit.
2. **Include** all members in the EU, regardless of whether they have insurance or whether they are patients of the practice.
3. See Appendix C (Technical Information) for further discussion of EUs.

### B. Income Information

1. Ask patient to estimate the **annual income of each EU member** and enter it into the highlighted box. Replace with the actual income when it is received.
2. **Include** income from employment, child support, alimony, unemployment, capital gains and dividends, housing and farm rental, Social Security, Social Security Disability, etc. If an EU member works or has worked, list the name and telephone number of the most recent employer.
3. **Do not include** income from Supplemental Security Income (SSI), Work First, employment of individuals under age 21 who are full-time students, or unpredictable employment such as occasional yard work or baby sitting. **Note: any EU member receiving SSI should automatically qualify for Medicaid.**
4. **Write in** any additional sources of income not already listed.
5. **Deduct** alimony and child support payments.
6. **Use the Annualized Income Calculator worksheet as appropriate to determine the gross annualized income of the EU.**

### C. Insurance / Primary Care Coverage Information

1. For each member of the EU, choose "Y" for "yes" if the person has primary health care coverage.
2. For each member of the EU, choose "N" for "no" if the person does not have any primary health care coverage. Note: a supplemental cancer policy does not provide primary care coverage and the correct response would be "N" if that is all the coverage the individual has.
3. Employer health insurance for the individual or group may have been offered and rejected by the applicant without disqualifying the patient or group members from being eligible for MAP.
4. EU members who qualify for MAP and are either on the waiting list for NC Health Choice, are awaiting Medicare Disability designation, are in Medicaid spend down status, or are waiting for their employer's health insurance open enrollment period to begin, may enroll in MAP until they are accepted into those programs.
5. Migrant Farm Workers may be eligible for MAP through June 30<sup>th</sup> of the current fiscal year if any of the below criteria apply. See Appendix C Section III for more information on how to enroll eligible migrant farmworkers and their dependents. See Appendix F for more information on the Farmworker Health Program including contact information, an eligibility form, and a list of Migrant Health Entry Points.
  - a) The migrant farmworker is eligible for the NC Farmworker Health Program but the NC Fee for Service Migrant Farm Program has exhausted its funding for the fiscal year.
  - b) The MAP funded site is more than 30 miles from the nearest Migrant Health Entry Point (see Appendix F: Farmworker Information for a list of current MHEPs).
6. See Appendix C (Technical Information) for background on various health insurance coverage options (e.g., hospital only or cancer only policies) and how to handle MAP enrollment.

7. Any potential MAP enrollee (including adults and children) that cannot provide documentation of citizenship should complete as much of the paperwork as applicable and will qualify for a MAP 5 Copayment.

**D. Enter the age of each EU Member**

**E. Comparison of income to Federal Poverty Level**

Compare the EU size and estimated total income on the MAP Eligibility Screen to the totals on the MAP Eligibility Confirmation worksheet.

Under Column A, find the number of EU members reported on the MAP Eligibility Screen.

Moving to the right along that row, find the column under which the estimated total income from the Eligibility Screen appears.

If the result is below 200% of the federal poverty level (FPL), tell the patient that he/she appears eligible for MAP and go to Section II below.

If the result is several hundred dollars over 200% of the FPL, continue with the application. Some individuals estimate income in rounded numbers and the actual amount may be less.

If the EU is over the FPL by a few thousand dollars and one or more EU members have consistently high medical bills due to severe, chronic illness, the EU may be eligible for an EU MAP waiver. Refer to Section X of this manual and Appendix C: Technical Information Section VI for information on how to request a waiver.

If the result is well over 200% of the FPL, thank the patient for applying and explain that they do not qualify for the MAP program at this time.

Invite the patient to reapply if there is a change in the size or income of the EU.

Review the patient's account and determine whether a payment plan should be established.

## **Medicaid/NC Health Choice Screen**

### ***Complete the Medicaid/NC Health Choice Eligibility Screen.***

Screening questions should be answered for each member of the EU applying for MAP coverage.

**Follow the instructions on the screening tool. If the tool reflects any "yes" answers direct the individual(s) to Social Services,** explain that the likelihood is high for that person(s) to be eligible for Medicaid or NC Health Choice. Since these programs offer more benefits than MAP, it would help the patient and the practice for the individual(s) to enroll in the appropriate program. If possible, help schedule an appointment with a Medicaid/NC Health Choice eligibility specialist.

Explain that each person requested to go to Social Services who does not qualify for Medicaid or NC Health Choice should return to the practice with a **Denial or Inquiry Report**. For each person returning with a Denial or Inquiry Report, resume the MAP eligibility process with that person. If a person is put on the **NC Health Choice waiting list**, then that person is eligible for MAP until covered by NC Health Choice.

**For more information about Inquiry Reports,** please see Appendix C (Technical Information).

**Should the applicant refuse/decline to be directed to Social Services, please contact Parcheul Harris at the NC Office of Rural Health and Community Care (919-733-2040 x228).**

Continue the eligibility process for the rest of the EU for whom there was a "No" answer for each question.

## **Request for Information Verification**

***Inform patients who appear eligible for MAP that their payment status cannot be changed to MAP until the verification materials are submitted and the application is complete.***

***Ask the patient to provide proof of the EU's income and, if necessary, proof of Medicaid/NC Health Choice Denial or Inquiry Report before the next visit.***

Proof of income in the preferred order will include **a signed and dated copy** of the most recent calendar year's completed **1040** or **1040EZ** federal tax form; copy of the W-2 stub(s); three (3) of the most recent paycheck stubs from the current year (the most recent paycheck stub suffices if year-to-date earnings are shown for at least a three month period unless it is a new job); a notarized letter from each employer.

If **self-employed**, proof of income is **a signed and dated copy** of the past year's completed **1040 federal tax form**.

When patient provides tax form as proof of income, as applicable, ensure that separate information is received on the amount of total monthly social security benefits. These should be included in the income – use the Annualized Income Calculator worksheet to ensure the correct amount is being calculated.

When the patient does not provide an appropriate tax form, ask the patient to supply proof of income from other sources such as alimony, disability, dividends and child support. Court orders, government award letters, dividend statements, bank statements showing government or corporate electronic deposits are examples of acceptable forms of proof.

On the MAP Patient Checklist, check off what the patient should bring to complete the MAP application process. Give the patient the original and file a copy of the completed Patient Checklist as proof that you requested the information from the patient. If using the electronic worksheets, check the appropriate boxes, save a copy to the patient's folder and print a copy to give the patient.

**Advise the patient that submitting false information to qualify for the MAP program can result in permanent removal from the program, liability for any debt write-offs resulting from joining the program, and the reinstatement of all charges incurred while on the program.**

## **Completion of the MAP Application Process**

### *Confirm Income*

#### ***Return to the MAP Eligibility Information worksheet***

**Review** entries for completeness and enter annualized **gross income** for each EU member based on the appropriate proof of income. Annualized gross income is income before any deductions are taken out. If using paper forms, enter the subtotals and totals in the boxes designated for manual entry.

See Appendix C Section IV for more background on what constitutes proof of income and what to do if an EU member is receiving unemployment checks. See Appendix D (Examples) for tips on how to **calculate annualized gross income**.

**Make and keep copies** of all information. If a scanner is available, scan the information into the patient's electronic MAP file. Otherwise, make a copy and keep in an easily retrievable file. Return originals to the patient. Once all required proof of EU income is supplied, enter the name of the staff person completing the application at the bottom of the form.

If patient claims zero (0) income level, complete the MAP Zero Income Claimant worksheet.

Ask patient all the questions on this worksheet and document the responses. Look for alternative income sources, such as a relative or friend who regularly sends money. Determine whether the patient is really part of a larger Economic Unit. If this occurs, document appropriately and calculate eligibility based on the new EU information.

If using paper based worksheets, enter totals in the boxes designated for this purpose.

### *Comparison of Verified Income to Federal Poverty Level*

Confirm Economic Unit (EU) eligibility for MAP based on verified EU income and EU size using the MAP Eligibility Confirmation table.

Find the EU size by going down Column A.

Move to the right along the row that corresponds to the EU size and look for the range of income that includes the verified EU income.

If the EU income is between columns B through E, the patient and EU qualify for MAP.

Follow that column down to determine the EU's copayment amount and the write-off percentage if they have a Self Pay balance due.

If the EU's income is in Column F, then the EU is not eligible for MAP, unless there are extenuating circumstances for which the practice can request a waiver from ORHCC to put the EU on MAP temporarily. See Appendix C (Technical Information) for more information.

If there are no extenuating circumstances, inform patient of the EU's ineligibility for MAP at this time and invite the patient to reapply if there is a change in the EU status.

### *Complete the MAP Patient Agreement*

Complete the MAP Patient Agreement form. This is a legal document between the practice and the patient. Staff must review the contents of the Agreement with the patient. Upon completion, give the patient a copy of the signed and dated Agreement and file (or scan) the original.

Document EU size, income level, first and last names of EU members on the plan, and amount of copayment.

Fill in the renewal date and year. The renewal date is normally one year from the completion of the MAP application. The renewal date for the EU may be less than one year only under the following circumstances:

Unemployment compensation is being received,

Meets criteria for enrollment in MAP through Migrant Farmworker guidelines,

Has limited benefit policy that is exhausted for the duration of the policy year,

The practice performs an annual mass renewal that will occur in less than 12 months.

Site has a written policy requiring Zero Income Claimants to return within 4 – 6 months to update the site on his/her financial status.

Print and sign the MAP Patient Agreement, document the date the agreement is signed and fill in the effective date of the agreement (**back date one month**).

Give the patient a copy of the MAP Patient Agreement; place the original in an appropriate file. If a scanner is available, scan and file electronically in patient's MAP folder and give patient original. Ensure scanned copies are clearly legible.

**Maintain all of MAP enrollment records for at least the last three completed State fiscal years (July 1st – June 30<sup>th</sup>).** This means each site should have at least three (3) year's information on hand at any given time, usually each site will have just over (3) three year's worth of information.

### *Adjust the Patient Account*

Convert Self Pay visits that occurred within one month of initial MAP enrollment to MAP visits.

Adjust the patient account so that the patient is responsible for the appropriate copayment.

If the patient has an outstanding balance for visits that occurred 30 days before enrollment in MAP, write-off to "MAP Bad Debt" the appropriate percentage of that balance. Find the correct

percentage in the last row of the column corresponding to the MAP copayment category on the Federal Poverty Table Worksheet. The patient should pay the remainder owed within one month or should be placed on a Payment Plan for the outstanding amount.

- If the outstanding balance was sent to collections, recall the amount from the collection agency and follow the instructions above.

Explain the write-off policy to patient. If the patient cannot pay the remaining balance within one month, complete a Payment Plan contract with the patient and agree on the monthly payments due. Request that the patient sign the Payment Plan Patient Contract: Federal Truth in Lending Statement (included in Appendix A and B). Keep the original in the appropriate file (or scan into the patient's electronic file) and give the patient a copy.

**If at any time after enrolling in MAP, the patient generates a credit balance over \$10.00, the money must be refunded to the patient within one month of the credit balance being incurred.**

### **Charging Patient Visits**

*Input all patient charges for the day into the computer. MAP applies to on-site visits with a certified Diabetes Educator or face-to-face visits with a primary care provider for approved visit types (e.g., medically necessary, prenatal, PAP smears, etc) as listed on the MAP Patient Agreement.*

*The patient pays the lesser of the copayment or the day's charges.*

If the patient's copayment is more than the day's charges, enter the day's charges and request payment for the charges.

If charges are greater than the patient copayment, request patient pay the copayment amount. Write-off charges above the patient's copayment amount to "MAP Adjustment." Make this adjustment at the time of service so the write-off is not carried as an accounts receivable. Please refer to Appendix D (Examples) for more information.

*There is **no charge** to either the patient or the MAP withdrawal account for an "other on-site" type of visit, e.g., a nurse-only visit or lab only visit.*

### **Front Office Duties**

*Each time a MAP patient visits the practice, Front Office staff should ask whether there has been a change in the size or income of the Economic Unit.*

*If there has been a change, the patient must see the MAP contact person in the practice before making a copayment or leaving the practice.*

*If there have been no changes, record and collect the correct copayment or charges.*

*Front Office staff should remind MAP patients who are up for renewal, to bring their renewal information the next time they visit the practice.*

## **EU Updates**

Updates to information on MAP eligibility forms should be made in the following manner:

*Information on completed MAP forms may be updated during the year, or if no changes occurred during the year, updates may be made at MAP renewal, provided the ORHCC has not changed the MAP worksheets.*

*Once updates have been made to an existing paper application, a new application packet must be completed at the annual renewal.*

*If using paper-based worksheets, note on the top of the first sheet of the application packet that the MAP packet has been updated. Sign and date the note.*

Draw one line in ink through the outdated information so that it is still clearly visible. Write next to it in ink the updated information. Initial and date the updated information.

*If using electronic worksheets, save the changes in the patient's MAP folder under the same file name adding a #1, #2, etc. to the end of the file name to reflect the number of times the application has been changed that fiscal year. Retain all the files.*

***Information from EU members for whom a change is not being recorded does not need to be updated provided that the reported information is still current.***

*Whenever an update is made to the application packet that results in a change in copayment category:*

Complete a new MAP Patient Agreement.

For paper-based applications, have staff and patient sign and date updated Patient Agreement. Give a copy to the patient; attach the new Patient Agreement to the previous Patient Agreement and file with the revised MAP application.

For electronic applications, save the new Patient Agreement with the updated information under the patient's new file name, print the new Patient Agreement, ensure staff and patient sign and date, and give the patient a copy. If a scanner is available, scan the signed copy into the patient's folder; if not, place it into the patient's folder containing the previous signed Patient Agreement and income information.

Update the information in the computerized patient accounting system.

The renewal date remains the same unless the update is occurring within three months of renewal. In that case, the MAP Patient Agreement may be extended based on the practice's renewal procedures (12 months from date of issue or to a specific month each calendar year.)

*If the patient provides updated information for all EU members (due to many changes occurring among the EU members), then update the MAP Patient Agreement and assign a new MAP renewal date based on the practice's renewal procedures. If a scanner is available, scan the income information and Patient Agreement into the patient's electronic folder. Remember to also update the information in the patient accounting system.*

*All forms, including updated forms, should be retained in a file for at least three (3) completed state fiscal years (July 1<sup>st</sup> – June 30<sup>th</sup>). The site will likely have over 3 years of MAP information on hand at any one time.*

### **MAP Eligibility Annual Renewals**

*MAP patients must be re-enrolled each year.*

*Treat renewing MAP patients like new MAP patients in that all eligibility requirements must be met and income verified each year.*

*If the practice renews all MAP patients within the same month but some patients renew their applications within 3 months of the designated annual renewal month, then those MAP Patient Agreements should be set to expire on the practice's mass renewal month in the following year. For example, the renewal month for all patients is May, but a death in the EU moves the EU to a higher copayment category in March, then the Patient Agreement should reflect a renewal date of May of the following year.*

*Enter into your computerized patient accounting system the patient's MAP renewal date to prompt Front Office staff to ask patients to bring their MAP renewal information before the MAP expiration date occurs.*

*One month before the patient's MAP expiration date, customize the MAP renewal form letter by using your practice's letterhead, and send a copy to the patient alerting him/her of the MAP renewal date.*

*If the patient does not renew within 1 month after the expiration date, change the patient account to Self Pay as of the MAP expiration date.*

*If there is a lapse of more than one month in renewing MAP, treat the EU as if it's never been enrolled in MAP:*

*Ensure that all visits that occur after the MAP expiration date and before the one month "look back" from the MAP renewal date have been converted to Self Pay visits.*

*Any Self Pay balances accrued after the MAP expiration date and up to one month before MAP renewal are written off to MAP Bad Debt based on the percentage write-off category that corresponds to the patient's renewed MAP copayment level.*

***Exceptions to annual renewals (occasions when a renewal date of less than 1 year is allowed):***

A member of the EU is receiving unemployment benefits – it is clear when these will end so renewal date is established at one month after the last unemployment check will be issued to the individual.

EU member has limited primary care coverage (e.g., 6 office visits / year) which has been exhausted; renewal date for this individual/group is tied to the date the benefits resume, which is usually in January.

EU member is a migrant farm worker enrolled in MAP because the NC Migrant Fee for Service Program has exhausted its funding for the current fiscal year. The MAP renewal date for this person is July 1, when the program receives funds for the new fiscal year.

***Maintain all MAP enrollment records for at least the last three completed State fiscal years (July 1st – June 30<sup>th</sup>).***

**Provision of Materially False Information**

*If a patient provides materially false information which would have changed his/her MAP status, immediately remove all EU members from the MAP program for one year.*

*Reinstate all charges generated by each EU member for the year(s) that false information was provided to the MAP program. Each EU member is liable for the difference in what was paid and what is still due.*

*All charges written-off to MAP Bad Debt should be reinstated and each patient liable for the full amount owed.*

*Each patient may be placed on a payment plan for the amount due the practice. The practice follows its normal collection policy to obtain payment.*

*If the EU adheres to the practice's collection policies during that year and is otherwise eligible for the MAP program, the EU may be reinstated into the MAP program the next year. **However, any reinstated charges and bad debt would remain the full responsibility of each patient.***

*On the MAP Account Withdrawal Worksheet (Appendix E), note the number of visits on line (and corresponding MAP allowable amount) being returned to the MAP program for use by other patients.*

*Any patient providing materially false information twice is permanently removed from the MAP program at the practice. Staff should maintain a file of who has been removed from the MAP program, and whether this is their first offense or second.*

## **MAP Waivers**

*The MAP program allows for three (3) kinds of waivers. Waiver requests must follow the guidelines in Appendix C Section VII and must be approved by ORHCC.*

The first is an “EU waiver” that permits an EU that is ineligible for MAP due to group income levels at or over 200% of FPL to be enrolled in MAP for a year because of medical hardship. Usually, this is a situation where one or more members of the EU are experiencing exceptional medical bills. EU waivers must be renewed annually by ORHCC for the EU to remain enrolled in MAP.

The second type of waiver is a “service waiver” which permits the practice to offer different services to their MAP patients than those normally provided through the MAP Program. A service waiver needs to be approved one time and remains part of that site’s MAP Program until revoked by ORHCC.

The third type of waiver is a “copayment category waiver” which allows the medical practice to reduce the FPL for MAP eligibility. For example, rather than offering four (4) copayment categories up to 200% of FPL, the practice may seek to drop the \$20 copayment category and only offer the remaining three (3) MAP copayment categories, up to 166% of FPL. Normally this type of waiver is requested when the demand for MAP services is expected to exceed the grant award. An approved copayment category waiver is reviewed each year at the time of budget submission.

## **Collection of Payment from ORHCC Funds**

*MAP Funds will be released monthly based upon receipt, review and approval of the MAP Monthly Account Withdrawal Worksheet (Appendix E) by an ORHCC Operations Team member. Reports are due to the assigned Operations Team Member no later than end of business on the 10<sup>th</sup> calendar day of each month.*

*Calculate the MAP Allowable for the Monthly Report (this is not entered into the patient’s account or into the computerized patient accounting system). See Appendix C (Technical Information) Section VI for instructions.*

## **SECTION III: APPENDICES**

**The following Appendices are included as part of this manual:**

- A. MAP Eligibility Worksheets in English**
- B. MAP Eligibility Worksheets in Spanish**
- C. Technical Information**
- D. Examples**
- E. Monthly Account Withdrawal Worksheet**
- F. Migrant Farmworker Health Program Information**



**MEDICAL ACCESS PLAN  
MAP SERVICES**

The following services are provided through MAP grant funding less the patient's copay amount:

* Medically required on-site provider (physician, physician assistant, nurse practitioner) encounters
* The portion of medically required X-rays taken and/or read on-site
* The portion of medically required surgical services performed by practice providers
* The portion of obstetrical care provided by practice providers (including prenatal, delivery, and postpartum care)
* The portion of hospital, nursing home, and home care services performed by practice providers

## MEDICAL ACCESS PLAN ELIGIBILITY INFORMATION

0

Responsible Economic Unit \* Member: \_\_\_\_\_ Date: \_\_\_\_\_

Home address including street & city: \_\_\_\_\_ Phone: \_\_\_\_\_

\* An Economic Unit (EU) is defined as an individual or group of people (including full-time students up to age 26 wherever s/he lives) who live at the same residence and pool their resources to pay for the group's expenses.

List Names of EU Members	Name of Last Employer & Year Worked There	Annualized Income	Health Insurance	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Add or deduct amounts in categories on right:	<i>Subtotal:</i>	\$0.00		Use for Manual Subtotal
	Child Support and/or Alimony			
	Unemployment			
	Unearned Income (dividends, etc.)			
Don't include Supplemental Security Income (SSI).	Social Security Benefits		SSI Automatically qualifies for Medicaid.	
Qualifies for Medicare after waiting period is met.	Social Security Disability		Up to 100% Federal Poverty Level qualifies for Medicaid.	
	Other (specify):			
	Other (specify):			
	Other (specify):			
	<b>Total Economic Unit Income</b>	<b>\$0.00</b>	\$0	\$0

Tax Forms:    1040\*\*    1040A\*\*    1040EZ line #4  
or for Manual Total

Name of Staff Member: \_\_\_\_\_ \*\*Use Income Calculator worksheet

**MEDICAL ACCESS PLAN  
ELIGIBILITY INFORMATION**

0

**Comments / Notes:**

Please enter any explanatory notes below.



## MEDICAL ACCESS PLAN ANNUALIZED INCOME CALCULATOR

0

If you have the EU's tax return, follow the instructions below:

**For Tax Form 1040 (& Self Employed)**

Enter line item 22 (Total Income)		Add
If anyone receives social security benefits, enter line item 20a		Add
Total Annualized Income	\$0	

Manual Total for paper forms

**For Tax Form 1040 A**

Enter line item 15 (Total Income)		Add
If anyone receives social security benefits, enter line item 14a		Add
Total Annualized Income	\$0	

Manual Total for paper forms

**NOTE: To calculate the sum of multiple paychecks per period, type the following in the box =amount+amount+amount" then hit "enter" button.**

For example, paychecks for \$500, \$212, \$150 in 1st pay stub box would look like: =500+212+150 until you hit "enter" then \$862 will appear.

	1st pay stub	2nd pay stub	3rd pay stub	Total	
<b>Weekly Pay Stubs</b> Does employee <b>receive benefits</b> (paid vacation, sick, etc.? If Yes, enter gross (before deductions) weekly amounts.				\$0	"Total" formula = (sum of 3 stubs / 3) X 52  Manual Total for paper forms

*Note: Enter 3x if patient gets same \$ each week*

Assumes 52 weeks worked

	1st pay stub	2nd pay stub	3rd pay stub	Total	
If Employee <b>does not receive benefits</b> (paid vacation, sick, etc.) enter gross (before deductions) weekly amounts.				\$0	"Total" formula = (sum of 3 stubs / 3) X 50  Manual Total for paper forms

Assumes 50 weeks worked

# MEDICAL ACCESS PLAN ANNUALIZED INCOME CALCULATOR

0

## 2 Week Pay Stubs

Note: Enter 3x if patient gets same \$ each pay period

	1st pay stub	2nd pay stub	3rd pay stub	Total	
Does Employee <b>receive benefits</b> (paid vacation, sick, etc.? If Yes, enter gross (before dedcutions) weekly amounts.				\$0	

Assumes 52 weeks worked

"Total" formula = (sum of 3 stubs / 3) X 26

Manual Total for paper forms

	2nd pay stub	3rd pay stub	Total	
If Employee <b>does not receive benefits</b> (paid vacation, sick, etc.) enter gross (before deductions) weekly amounts.			\$0	

Assumes 50 weeks worked

"Total" formula = (sum of 3 stubs / 3) X 25

Manual Total for paper forms

## Income Notes / Comments

Please enter any explanatory notes below.

## **MEDICAL ACCESS PLAN PATIENT CHECKLIST**

**When you return to the practice to enroll in the Medical Access Plan, you will need to bring the following information:**

**Proof of Income from all members of your Economic Unit\* in the form of:**

Signed and dated past year's completed tax form(s) that were submitted to the IRS, or  
Past year's W-2 form(s), or  
3 most recent consecutive paycheck stubs, or  
Letter(s) from employer(s) stating annualized income.

**Proof from the Department of Social Services of Medicaid Ineligibility (if applicable):**

Denial Letter, or  
Inquiry Report

**Proof of all other INCOME information that applies to your EU\*, or that applies and was not listed on the tax form(s) you submitted:**

Child Support (verified by court order, checks, or bank statement)  
Alimony (verified by court order, checks, or bank statement)  
Unemployment  
Unearned Income (including housing and farm rentals, capital gains, dividends)  
Social Security  
Social Security Disability  
Any other source of income

\* An Economic Unit (EU) is defined as an individual or group of people (including full-time students up to age 26 wherever s/he lives) who live at the same residence and pool their resources to pay for the group's expenses.

The Medical Access Plan will cover many medically necessary services provided by our medical practice. A list of services covered by the grant is available upon request. Once enrolled, participants are on MAP for one year, or until a change in their EU effects their eligibility, whichever comes first. Participants must be recertified for this program at least annually and must inform the practice of any changes in their Economic Unit.

**Providing false information to participate in MAP may result in permanent removal from the program. You and members of your EU will be held liable for charges generated by the EU while on MAP and for any debt that was written off as a result of participating in MAP.**

**MEDICAL ACCESS PLAN  
\$0 INCOME CLAIMANT**

Monthly Economic Unit*	EXPENSES
Rent / Mortgage	
Water	
Car Payments	
Electricity	
Telephone	
Other: (specify)	
Other: (specify)	
Other: (specify)	
Other: (specify)	
<b>Monthly Expense Total</b>	<b>\$0</b>
<b>Enter Manual Total if using paper forms</b>	

Monthly Economic Unit*	INCOME
WorkFirst	
Foster Child Board	
Alimony	
Child Support	
Dividends	
Family	
Friends	
Other: (specify)	
Other: (specify)	
<b>Monthly Income Total</b>	<b>\$0</b>
<b>Enter Manual Total if using paper forms</b>	

<b>Total Annualized Income</b>	<b>\$0</b>
<b>Enter Manual Total if using paper forms</b>	

Formula = [(monthly income - monthly expense) X 12]

**Note: Ask patient to return in 4-6 months to confirm whether still experiencing \$0 income.**

\* An Economic Unit (EU) is defined as an individual or group of people (including full-time students up to age 26 wherever s/he lives) who live at the same residence and pool their resources to pay for the group's expenses.

**Income Notes / Comments**

Please enter any explanatory notes below.



## Medical Access Plan Medicaid / NC Health Choice Eligibility Screen

0

**Instructions:**

Ask the questions below of each uninsured member of the Economic Unit.
Follow the instructions for each question. Please note that FPL means federal poverty level.
If you have any questions about how to proceed, please call the Office of Rural Health at 919/733-2040 and ask for Gigi Crane or Parcheul Harris.

**Questions:**

**Answers (Yes / No):**

<b>1</b>	Is any uninsured member of the EU a U.S. Citizen/National, lawful permanent resident, refugee, asylee (received asylum), has been in the US at least 5 years, or is spouse/dependent/self honorably discharged veteran or same but on active duty in the U.S. military?	<div style="background-color: #e0ffff; width: 40px; height: 40px; margin: 0 auto;"></div>
	<b>If "Yes", continue with the rest of the Medicaid screening questions for that person(s)</b>	
	If "No", skip the rest of the Medicaid screening questions for that person(s) and continue with MAP eligibility confirmation	
<b>2</b>	Is any uninsured member of the EU a recipient of Work First Family Assistance, Supplemental Security Income (SSI), State/County Special Assistance (for aged and disabled individuals, Special Assistance to the Blind)?	<div style="background-color: #e0ffff; width: 40px; height: 40px; margin: 0 auto;"></div>
	<b>If "Yes", direct that person to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
<b>3</b>	Is any uninsured member of the EU age 65 or older?	<div style="background-color: #e0ffff; width: 40px; height: 40px; margin: 0 auto;"></div>
	If "Yes", is the individual's & spouse's income, if living together, at or below 120% of FPL? <b>If so, direct that person(s) to Social Services.</b>	<div style="background-color: #ffcc99; width: 40px; height: 40px; margin: 0 auto;"></div>
	If "No", continue with next Medicaid Screening question.	
<b>4</b>	Is any uninsured member of the EU a pregnant woman?	<div style="background-color: #e0ffff; width: 40px; height: 40px; margin: 0 auto;"></div>
	If "Yes", is the pregnant woman's income and, if in the home, the income of the father of the unborn at or below 185% of FPL? <b>If "Yes", direct the pregnant woman to Social Services.</b>	<div style="background-color: #ffcc99; width: 40px; height: 40px; margin: 0 auto;"></div>
	If "No", continue with next Medicaid Screening question.	

**Questions:** **Answers (Yes / No):**

<b>5</b>	Is any uninsured member of the EU under age 18?	
	If "Yes", is the EU income at or below 200% of FPL (include parents income if living in the home)? <b>If so, direct that person(s) to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
<b>6</b>	Is any uninsured member of the EU a parent/Caretaker relative living with and carrying for a child to whom he/she is related who is under age 19?	
	Is the income of the parent/caretaker (and spouse if living together) below 45% of FPL? <b>If so, direct that person(s) to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
<b>7</b>	Is any uninsured member of the EU aged 19 - 20?	
	Is the income of this person(s), and that of their parents if they live together, under 45% of FPL? <b>If so, direct that person(s) to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
<b>8</b>	Is any uninsured member of the EU a female aged 19 through 55?	
	Is the income of the person (and spouse if married) at or below 185% FPL? <b>If so, direct that person(s) to Social Services AND continue with the MAP eligibility process. This person may be eligible for both programs.</b>	
	If "No", continue with next Medicaid Screening question.	
<b>9</b>	Is any uninsured member of the EU a male aged 19 through 60?	
	Is the income of the person (and spouse if married) at or below 185% FPL? <b>If so, direct that person(s) to Social Services AND continue with the MAP eligibility process. This person may be eligible for both programs.</b>	
	If "No", continue with MAP eligibility process.	

**Note:** Questions 8 and 9 screen patients for the Medicaid Family Planning program. This program has limited benefits and does not disqualify patients for MAP services. There is little overlap between the two programs. Where overlap exists, Medicaid takes precedence and should be billed accordingly.

**Medical Access Plan  
Medicaid / NC Health Choice Screen**

0

EU Size	Below 45% FPL	Below 120% FPLy	Below 185% FPL	Below 200% FPL
1	Under \$4,680	Under \$12,480	Under \$19,240	Under \$20,800
2	Under \$6,300	Under \$16,800	Under \$25,900	Under \$28,000
3	Under \$7,920	Under \$21,120	Under \$32,560	Under \$35,200
4	Under \$9,540	Under \$25,440	Under \$39,220	Under \$42,400
5	Under \$11,160	Under \$29,760	Under \$45,880	Under \$49,600
6	Under \$12,780	Under \$34,080	Under \$52,540	Under \$56,800
7	Under \$14,400	Under \$38,400	Under \$59,200	Under \$64,000
8	Under \$16,020	Under \$42,720	Under \$65,860	Under \$71,200
8+n n=additional #1 in EU	Under \$16,020 + (\$3,600 * n)	Under \$42,720 + (\$3,600 * n)	Under \$65,860 + (\$3,600 * n)	Under \$71,200 + (\$3,600 * n)

SOURCE: US Department of Health and Human Services, *Federal Register*, Vol. 73, No. 15, January 23, 2008, p. 3971-3972. Note: FPL = federal poverty level

**MEDICAL ACCESS PLAN  
ELIGIBILITY CONFIRMATION TABLE**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Economic Unit* Size</b>	<b>Below 100% Poverty</b>	<b>100% to 132% Poverty</b>	<b>133% to 166% Poverty</b>	<b>167% to 199% Poverty</b>	<b>200% or above Poverty</b>
<b>1</b>	Under \$10,400	\$10,400 \$13,831	\$13,832 \$17,367	\$17,368 \$20,799	at or above \$20,800
<b>2</b>	Under \$14,000	\$14,000 \$18,619	\$18,620 \$23,379	\$23,380 \$27,999	at or above \$28,000
<b>3</b>	Under \$17,600	\$17,600 \$23,407	\$23,408 \$29,391	\$29,392 \$35,199	at or above \$35,200
<b>4</b>	Under \$21,200	\$21,200 \$28,195	\$28,196 \$35,403	\$35,404 \$42,399	at or above \$42,400
<b>5</b>	Under \$24,800	\$24,800 \$32,983	\$32,984 \$41,415	\$41,416 \$49,599	at or above \$49,600
<b>6</b>	Under \$28,400	\$28,400 \$37,771	\$37,772 \$47,427	\$47,428 \$56,799	at or above \$56,800
<b>7</b>	Under \$32,000	\$32,000 \$42,559	\$42,560 \$53,439	\$53,440 \$63,999	at or above \$64,000
<b>8</b>	Under \$35,600	\$35,600 \$47,347	\$47,348 \$59,451	\$59,452 \$71,199	at or above \$71,200
<b>8 + n</b>	Under \$35,600 + (\$3,600 * n)	\$35,600 + (\$3,600 * n) \$47,347 + (\$4,788 * n)	\$47,348 + (\$4,788 * n) \$59,451 + (\$6,012 * n)	\$59,452 + (\$6,012 * n) \$71,199 + (\$7,200 * n)	at or above \$71,200 + (\$7,200 * n)
<b>Copayment</b>	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$20</b>	<b>100% of charges</b>
<b>% of Patient Account Balance to be written off</b>	<b>80%</b>	<b>60%</b>	<b>40%</b>	<b>20%</b>	<b>0%</b>

SOURCE: US Department of Health and Human Services, *Federal Register*, Vol. 73, No. 15, January 23, 2008, p. 3971-3972.

<b>For each additional person = "n", add</b>	<b>\$3,600</b>
--	----------------

4/7/2008

# MEDICAL ACCESS PLAN PATIENT AGREEMENT

0

\_\_\_\_\_

Medical Practice

\_\_\_\_\_

Total Economic Unit\* Size

\$0.00

Economic Unit\* Income

\* An Economic Unit (EU) is defined as an individual or group of people (including full-time students up to age 26 wherever s/he lives) who live at the same residence and pool their resources to pay for the group's expenses.

**Below please list the name of each EU member who qualified for MAP:**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_

6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

I understand that the individuals listed above are responsible for paying the lessor of actual charges or a copayment of

\_\_\_\_\_ to the medical practice for covered services which include the following if offered by the practice:

- \* Medically required on-site provider encounters
- \* The portion of medically required X-rays taken and/or read on-site
- \* The portion of medically required surgical services performed by practice providers
- \* The portion of obstetrical care provided by practice providers (including prenatal, delivery, and postpartum care)
- \* The portion of hospital, nursing home, and home care services performed by practice providers

I agree to notify the medical practice of any changes effecting the size or income of my EU. Enrolled EU members will participate in

this program until the renewal date of : \_\_\_\_\_ unless there are changes in my EU size or income.

In order to be recertified without a lapse, I must bring in requested EU information by the renewal date.

I verify that all the information I have supplied is true and complete. I give my permission for the medical practice to confirm my EU's income/employment status with employers. I understand that the application information will be held in the strictest confidence, but that the information may be audited by the funding state agency to confirm accuracy of the application. I understand that providing false information may result in the permanent removal from MAP of all qualified members in my EU and that I and members of my EU may be responsible for charges generated while on MAP and for any debt written off as a result of being a MAP participant.

\_\_\_\_\_  
Responsible EU Member's Signature

\_\_\_\_\_

Today's Date

\_\_\_\_\_  
Staff Signature


\_\_\_\_\_

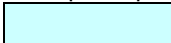
Effective Date (back date 30 days)

**MEDICAL ACCESS PLAN  
NOTICE OF MAP RENEWAL**



Date: 

Dear: 

Your participation in our medical practice's grant funded Medical Access Plan (MAP) expires on . To continue your participation with MAP, please bring within the next thirty (30) days your most current copies of the information listed below. You will be required to sign an updated Patient Agreement. If you do not renew your participation within thirty (30) days after expiration of your Patient Agreement, your account will be changed to Self Pay and everyone listed on your Patient Agreement will be responsible for payment of all services received from that time forward.

**Current proof of EARNINGS from all members of your Economic Unit\* in the form of:**


Signed and dated most current year's federal income tax return, <b>or</b>
Most current year's W-2 form(s), <b>or</b>
3 most recent paycheck stubs, <b>or</b>
<b>Notarized letter(s) from employer(s).</b>

**Current proof of all OTHER INCOME that applies to any member of your Economic Unit\*.**

Bring proof of **Social Security benefits** received by any member of your EU\*.

Child support or Alimony (verified by court orders or checks)
<b>Foster child support</b>
Unemployment benefits
Unearned Income including housing or farm rental, capital gains, and dividends
Social Security
Any other source of income

\* An Economic Unit (EU) is defined as an individual or group of people (including full-time students up to age 26 wherever s/he lives) who live at the same residence and pool their resources to pay for the group's expenses.

If you have any questions, please call us at the number above and ask for: 

## PLAN DE ACCESO MEDICO SERVICIOS DE MAP

Los servicios siguientes se provean por las fondas de MAP:

* Situaciones que requieren intervención médica en el consultorio médico con uno de los proveedores médicos
* Exámenes laboratorios que esten de acuerdo con el criterio del tablero laboratorio de MAP
* Rayos X requeridos por razones médicas que se hayan sacado y/o leído en el consultorio médico
* Cirugía no electiva realizada por los proveedores del consultorio
* Cuidado de obstetricia, incluyendo cuidado previo al parto, durante el parto y posterior al parto, proporcionado por los proveedores del consultorio
* Sevicios de hospital, asilos, y cuidado a domicilio proporcionado por los proveedores del consultorio
* Visita y exámenes preventivos del papaniculao (PAP Smear) y de la prueba para la cancer del próstata (PSA) la frecuencia sigiente a las guías de Medicare

## PLAN DE ACCESO MEDICO REPASO DE ELEGIBILIDAD

0

Persona responsable de la UE\*: \_\_\_\_\_ Fecha: \_\_\_\_\_

Dirección incluyendo la calle y ciudad: \_\_\_\_\_ Numero de Teléfono: \_\_\_\_\_

\* Una Unidad Económica (UE) se define como un individuo o grupo que viven en el mismo domicilio (incluyendo estudiantes que están estudiando tiempo completo, hasta la edad de 26 años, sin que importa donde viven) y que aportan sus ingresos para pagar los gastos del grupo.

Nombre e Apellidos de cada Miembro de la UE	Nombre de su Empleador y Fecha de su Ultimo Empleo	Ingreso Anual	Seguro Médico	Edad
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Sume o deduzca las cantidades en las categorías á la derecha	<i>Subtotal:</i>	\$0.00		Use para Subtotal Manual
	(naturales ó adoptivos) y/o pensión para un conyuge.			
	Desempleo			
	Ingresos no derivados del trabajo (dividendos, etc.)			
No incluye Ingresos Suplementario del Seguro Social (SSI).	Seguro Social		SSI - Se califica automáticamente para Medicaid.	
Califican para Medicare despues de cumplir el periodo del espera.	Seguro Social de Incapacidad		Hasta el 100% del Nivel de Pobreza Federal califican para Medicaid.	
	Otro (especefique):			
	Otro (especefique):			
	Otro (especefique):			
	<b>Ingreso Total de la Unidad Económica</b>	<b>\$0.00</b>	\$0	\$0

Formas de Impuestos Federales: 1040\*\* 1040A\*\* 1040EZ liña #4

Nombre del personal: \_\_\_\_\_ \*\*Use Income Calculator worksheet

o para Totales Manuales

**PLAN DE ACCESO MEDICO  
REPASO DE ELEGIBILIDAD**

0

**Comentarios / Notas:**

Por favor ponga notas explicativos por debajo:



## MEDICAL ACCESS PLAN ANNUALIZED INCOME CALCULATOR

0

If you have the EU's tax return, follow the instructions below:

**For Tax Form 1040 (& Self Employed)**

Enter line item 22 (Total Income)		Add
If anyone receives social security benefits, enter line item 20a		Add
Total Annualized Income	\$0	Total

Manual Total for paper forms

**For Tax Form 1040 A**

Enter line item 15 (Total Income)		Add
If anyone receives social security benefits, enter line item 14a		Add
Total Annualized Income	\$0	Total

Manual Total for paper forms

**Weekly Pay Stubs**

	1st pay stub	2nd pay stub	3rd pay stub	Total	
Does employee <b>receive benefits</b> (paid vacation, sick, etc.? If Yes, enter gross (before deductions) weekly amounts.				\$0	

Assumes 52 weeks worked

"Total" formula = (sum of 3 stubs / 3) X 52

Manual Total for paper forms

*Note: Enter 3x if patient gets same \$ each week*

	1st pay stub	2nd pay stub	3rd pay stub	Total	
If Employee <b>does not receive benefits</b> (paid vacation, sick, etc.) enter gross (before deductions) weekly amounts.				\$0	

Assumes 50 weeks worked

"Total" formula = (sum of 3 stubs / 3) X 50

Manual Total for paper forms

# MEDICAL ACCESS PLAN ANNUALIZED INCOME CALCULATOR

0

## 2 Week Pay Stubs

*Note: Enter 3x if patient gets same \$ each pay period*

	1st pay stub	2nd pay stub	3rd pay stub	Total	
Does Employee <b>receive benefits</b> (paid vacation, sick, etc.? If Yes, enter gross (before deductions) weekly amounts.				\$0	

Assumes 52 weeks worked

"Total" formula = (sum of 3 stubs / 3) X 26

Manual Total for paper forms

	2nd pay stub	3rd pay stub	Total	
If Employee <b>does not receive benefits</b> (paid vacation, sick, etc.) enter gross (before deductions) weekly amounts.			\$0	

Assumes 50 weeks worked

"Total" formula = (sum of 3 stubs / 3) X 25

Manual Total for paper forms

## Income Notes / Comments

Please enter any explanatory notes below.

## PLAN DE ACCESO MEDICO LISTA DE VERIFICACION

**Cuando usted regrese a este centro para inscribirse en el Plan de Acceso Médico, usted deberá traer consigo la siguiente información:**

**Comprobante de ingresos para cada miembro en su Unidad Económica en forma de:**

Declaración de impuestos del año anterior (1040 ó 1040EZ) firmado y datado, o  
Formulario W-2 del año anterior, o  
3 Talones de cheques de su empleo ó 1 Talón de cheque con el total del año  
Carta(s) notarizada del empleador

**Comprobante de ser inelegible para Medicaid (si se requiere)**

Una Carta de rechazo de cobertura  
Una Prueba de Indagación

**Comprobante de otra información sobre ingresos que se aplican a su UE, o que no se encuentren en su declaración de impuestos:**

Asistencia de mantenimiento de niños (orden de corte, cheques, o estado de cuenta del banco) (*Child support*)  
Pensión para un cónyuge (orden de corte, cheques, o estado de cuenta del banco) (*Alimony*)  
Cheques de desempleo (*Unemployment*)  
Ingresos no derivados del trabajo incluyendo alquiler de su vivienda, de su granja, de su capital, y de sus dividendos  
Seguro social  
Pagos de incapacidad del seguro social  
Cualquier otra fuente de ingreso

\* Una Unidad Económica (UE) se define como un individuo o grupo que viven en el mismo domicilio (incluyendo estudiantes que están estudiando tiempo completo, hasta la edad de 26 años, sin que importa donde viven) y que aportan sus ingresos para pagar los gastos del grupo.

El Plan de Acceso Médico (MAP, por sus siglas en inglés) cubrirá la mayor parte de los servicios proveídos por nuestro consultorio médico. Usted puede solicitar una lista de servicios cubiertos por MAP. Una vez escrito, usted podrá recibir

los beneficios durante un año a menos que no existan cambios en su UE que influye su elegibilidad. Participantes del MAP tendran que renovar su información por lo menos una vez al año para poder continuar a recibir los beneficios de este programa.

**El dar información falsa al Plan de Acceso Médico (MAP) puede resultar en que usted y los miembros de su UE sean permanentemente quitados del MAP. Usted y los miembros de su UE pueden ser hechos responsables por los cargos generados por la UE durante el tiempo que la UE estaba en el MAP y por cualquier deuda que fue perdonada al aprticipar en el MAP.**

**PLAN DE ACCESO MEDICO  
SOLICITANTES CUYOS INGRESOS SON \$0**

<b>Gastos Mensuales de la UE*</b>	<b>GASTOS</b>
Alquiler / Hipoteca	
Agua	
Care Payments	
Electricidad	
Teléfono	
Otro: (especifique)	
Otro: (especifique)	
Otro: (especifique)	
Otro: (especifique)	
<b>Gastos Mensuales TOTALES</b>	<b>\$0</b>
<b>Enter Manual Total if using paper forms</b>	

<b>Gastos Mensuales de la UE*</b>	<b>INGRESOS</b>
WorkFirst	
Asistencia de mantenimiento de niños adoptivos	
Pensión para un cónyuge	
Asistencia de mantenimiento de niños naturales	
Dividendos	
Asistencia de familiares	
Asistencia de amigos	
Otro: (especifique)	
Otro: (especifique)	
<b>Gastos Mensuales TOTALES</b>	<b>\$0</b>
<b>Enter Manual Total if using paper forms</b>	

<b>Total Annualized Income</b>	<b>\$0</b>
<b>Enter Manual Total if using paper forms</b>	

Formula = [(monthly income - monthly expense) X 12]

**Nota: Pídele al paciente que regresa en 4-6 meses para confirmar si aun tiene ingresos de \$0.**

\* Una Unidad Económica (UE) se define como un individuo o grupo que viven en el mismo domicilio (incluyendo estudiantes que están estudiando tiempo completo, hasta la edad de 26 años, sin que importa donde viven) y que aportan sus ingresos para pagar los gastos del grupo.

**Income Notes / Comments**

Please enter any explanatory notes below.



## Medical Access Plan Medicaid / NC Health Choice Eligibility Screen

0

**Instructions:**

Ask the questions below of each uninsured member of the Economic Unit.
Follow the instructions for each question. Please note that FPL means federal poverty level.
If you have any questions about how to proceed, please call the Office of Rural Health at 919/733-2040 and ask for Gigi Crane or Parcheul Harris.

**Questions:**

**Answers (Yes / No):**

<b>1</b>	¿Es el paciente or algún miembro de la Unidad Económica (UE) ciudadano Norte Americano, residente permanente, refugiado, asilo político, ha vivido en los E.U. por un mínimo de 5 años; o es marido/dependiente/si mismo honorablemente licenciado ó está en servicio activo en el militar de los E.U.?	<input type="checkbox"/>
	<b>If "Yes", continue with the rest of the Medicaid screening questions for that person(s)</b>	
	If "No", skip the rest of the Medicaid screening questions for that person(s) and continue with MAP eligibility confirmation	
<b>2</b>	¿Hay algún miembro de la UE sin seguro médico que recibe Asistencia Familiar "Work First", Ingresos Suplementarios de Seguro ("SSI"), Asistencia Especial del Estado/Condado para Personas de Edad Avanzada o Discapacitados ("SAA" ó "SAD")?	<input type="checkbox"/>
	<b>If "Yes", direct that person to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
<b>3</b>	¿Hay algún miembro de la UE sin seguro médico que tiene 65 años de edad o más?	<input type="checkbox"/>
	Si la respuesta es "Sí", ¿Son los ingresos del miembro y su cónyuge, si estan viviendo juntos, igual o menos de 120% del nivel de pobreza? <b>If so, direct that person(s) to Social Services.</b>	<input type="checkbox"/>
	If "No", continue with next Medicaid Screening question.	
<b>4</b>	¿Es algún miembro de la UE sin seguro médico una mujer embarazada?	<input type="checkbox"/>
	Si la respuesta es "Sí", ¿son los ingresos del la mujer, y el padre del nonato si vive con la mujer del hijo, igual a o menos de 185% del nivel de pobreza? <b>If "Yes", direct the pregnant woman to Social Services.</b>	<input type="checkbox"/>
	If "No", continue with next Medicaid Screening question.	

**Questions:** **Answers (Yes / No):**

5	¿Es algún miembro de la UE sin seguro médico menor de 18 años de edad?	
	Si la respuesta es "Sí", ¿son los ingresos igual a, o menos de 200% del nivel de pobreza (incluye los ingresos de los padres si viven en el hogar)? <b>If so, direct that person(s) to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
6	¿Es algún miembro de la UE sin seguro médico el pariente, o cuidador y familiar, de un niño menor de 19 años de edad con quien esta viviendo y encargado?	
	¿Son los ingresos del pariente/cuidador (y el conyuge si viven juntos) menos de 45% del nivel de pobreza? <b>If so, direct that person(s) to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
7	¿Es algún miembro de la UE sin seguro médico de 19 á 20 años de edad?	
	¿Son los ingresos de esta persona, y de sus padres si viven juntos, menso de 45% del nivel de pobreza? <b>If so, direct that person(s) to Social Services.</b>	
	If "No", continue with next Medicaid Screening question.	
8	¿Es algún miembro de la UE sin seguro médico una hembra de edad 19 á 55?	
	¿Son los ingresos de esta persona (y su conyuge si está casada) á 185% o menos del nivel de pobreza? <b>If so, direct that person(s) to Social Services AND continue with the MAP eligibility process. This person may be eligible for both programs.</b>	
	If "No", continue with next Medicaid Screening question.	
9	¿Es algún miembro de la UE sin seguro médico un hombre de edad 19 á 60?	
	¿Son los ingresos de esta persona (y su conyuge si está casado) á 185% o menos del nivel de pobreza? <b>If so, direct that person(s) to Social Services AND continue with the MAP eligibility process. This person may be eligible for both programs.</b>	
	If "No", continue with MAP eligibility process.	

**Note:** Questions 8 and 9 screen patients for the Medicaid Family Planning program. This program has limited benefits and does not disqualify patients for MAP services. There is little overlap between the two programs. Where overlap exists, Medicaid takes precedence and should be billed accordingly.

**Questions:**

**Answers (Yes / No):**

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**Medical Access Plan  
Medicaid / NC Health Choice Screen**

0

EU Size	Below 45% FPL	Below 120% FPLy	Below 185% FPL	Below 200% FPL
1	Under \$4,595	Under \$12,252	Under \$18,889	Under \$20,420
2	Under \$6,161	Under \$16,428	Under \$25,327	Under \$27,380
3	Under \$7,727	Under \$20,604	Under \$31,765	Under \$34,340
4	Under \$9,293	Under \$24,780	Under \$38,203	Under \$41,300
5	Under \$10,859	Under \$28,956	Under \$44,641	Under \$48,260
6	Under \$12,425	Under \$33,132	Under \$51,079	Under \$55,220
7	Under \$13,991	Under \$37,308	Under \$57,517	Under \$62,180
8	Under \$15,557	Under \$41,484	Under \$63,955	Under \$69,140
8+n n=add'l #1 in EU	Under \$15,120 + (\$3,480 * n)	Under \$40,320 + (\$3,480 * n)	Under \$62,160 + (\$3,480 * n)	Under \$67,200 + (\$3,480 * n)

SOURCE: US Department of Health and Human Services, *Federal Register*, Vol. 72, No. 15, January 24, 2007, p. 3147-3148. Note: FPL = federal poverty level

**MEDICAL ACCESS PLAN  
ELIGIBILITY CONFIRMATION TABLE**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Economic Unit* Size</b>	<b>Below 100% Poverty</b>	<b>100% to 132% Poverty</b>	<b>133% to 166% Poverty</b>	<b>167% to 199% Poverty</b>	<b>200% or above Poverty</b>
<b>1</b>	Under \$10,210	\$10,210 \$13,578	\$13,579 \$17,050	\$17,051 \$20,419	at or above \$20,420
<b>2</b>	Under \$13,690	\$13,690 \$18,207	\$18,208 \$22,861	\$22,862 \$27,379	at or above \$27,380
<b>3</b>	Under \$17,170	\$17,170 \$22,835	\$22,836 \$28,673	\$28,674 \$34,339	at or above \$34,340
<b>4</b>	Under \$20,650	\$20,650 \$27,464	\$27,465 \$34,485	\$34,486 \$41,299	at or above \$41,300
<b>5</b>	Under \$24,130	\$24,130 \$32,092	\$32,093 \$40,296	\$40,297 \$48,259	at or above \$48,260
<b>6</b>	Under \$27,610	\$27,610 \$36,720	\$36,721 \$46,108	\$46,109 \$55,219	at or above \$55,220
<b>7</b>	Under \$31,090	\$31,090 \$41,349	\$41,350 \$51,919	\$51,920 \$62,179	at or above \$62,180
<b>8</b>	Under \$34,570	\$34,570 \$45,977	\$45,978 \$57,731	\$57,732 \$69,139	at or above \$69,140
<b>8 + n</b>	Under \$34,570 + (\$3,480 * n)	\$34,570 + (\$3,480 * n) \$45,977 + (\$4,628 * n)	\$45,978 + (\$4,628 * n) \$57,731 + (\$5,812 * n)	\$57,732 + (\$5,812 * n) \$69,139 + (\$6,960 * n)	at or above \$69,140 + (\$6,960 * n)
<b>Copago</b>	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$20</b>	<b>100% of charges</b>
<b>% of Patient Account Balance to be written off</b>	<b>80%</b>	<b>60%</b>	<b>40%</b>	<b>20%</b>	<b>0%</b>

SOURCE: US Department of Health and Human Services, *Federal Register*, Vol. 72, No. 15, January 24, 2007, p. 3147-3148.

<b>For each additional person, add</b>	<b>\$3,480</b>
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3/5/2007

# PLAN DE ACCESO MEDICO ("MAP") CONTRACTO DEL PACIENTE

0

[Redacted]

Consultorio Médico

[Redacted]

Número de miembros de la UE\*

[Redacted]

Ingresos de la UE\*

\* Una Union Económica (UE) se define como un individuo o grupo de personas que viven en el mismo domicilio (incluyendo estudiantes estudiantes que están estudiando tiempo completo, hasta la edad de 26 años, sin que importa donde viven) y que aportan sus ingresos pagar los gastos del grupo.

Below please list the name of each EU member who qualified for MAP:

1 [Redacted]  
2 [Redacted]  
3 [Redacted]  
4 [Redacted]  
5 [Redacted]

6 [Redacted]  
7 [Redacted]  
8 [Redacted]  
9 [Redacted]  
10 [Redacted]

Entiendo que los individuos anombrados arriba son responsables de pagar el menor de los cargos reales o un copago de [Redacted] al consultorio médico para los sevicios que se cubren si son ofrecido por el consultorio:

- \* Situaciones que requieren intervención médica en el consultorio médico
- \* Exámenes de laboratorio que estén de acuerdo con los requisitos del MAP Laboratory Panel
- \* Rayos X requeridos por razones médicas que se hayan sacado y/o leído en el consultorio médico
- \* Cirugía no electiva realizada por los proveedores del consultorio
- \* Cuidado de obstetricia (incluyendo cuidado previo al parto, durante el parto y posterior al parto) proporcionado por los proveedores del consultorio
- \* Servicios de hospital, asilos, y cuidados a domicilio proporcionado por los proveedores del consultorio
- \* Visita y exámenes preventivos del PAP Smear (papañaulao) y del PSA (prueba para la cancer del próstata), según las guías de Medicare

Estoy de acuerdo en notificar al consultorio médico de cambios que afecten el número o los ingresos de los miembros de me UE.

Miembros de mi UE inscritos en este programa continuarán cumpliendo los requisitos de participación hasta: [Redacted]

a menos que existan cambios en el número de miembros de mi UE o los ingresos. Para renovar nuestra participación en este programa sin tener un lapso, devo traer la información requirada de la UE antes de la fecha de renovación.

Verifico que toda la información que he presentado es verdadera y completa. Doy permiso al consultorio médico a confirmar mis ingresos y los de mi UE con nuestros empleadores. Entiendo que la información suministrado será estrictamente confidencial y no será comunicada a ninguna otra agencia, pero que la información puede ser revisada durante una auditoría del la agencia del estado dona los fondos para confirmar la precisión de la aplicación. Información falsa al MAP, puede resultar en que yo y los miembros de mi UE sean permanentemente quitados del MAP. Yo y los miembros de mi UE pueden ser hechos responsables por los cargos generados por la UE y por cualquier deuda que fue perdonada al participar en el MAP.

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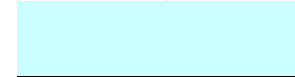
Firma de la Persona Responsable de la UE / Responsible EU Member's Signature

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Firma del Empleado / Staff Signature



Fecha / Today's Date



Fecha de inicio de vigencia / Effective Date (back date 30 days)

**MEDICAL ACCESS PLAN (MAP) / PLAN DE ACCESO MEDICO  
NOTICIERO DE RENOVACION DE MAP**



Fecha /  
Date:

Estimado /  
Dear:

Su participación en nuestro fondo de concesión del Plan de Acceso Médico (MAP) con nuestro consultorio médico se vence . Para mantener su participación vigente en MAP, por favor traiga directamente a este centro dentro de los próximos treinta (30) días sus más recientes copias de la información listado abajo. Usted tendrá que renovar el Patient Agreement. Si usted no renove su participación dentro de treinta (30) días de la fecha de vencimiento de su contrato en MAP, su cuenta será cambiado a *Self Pay* y usted será responsable por el costo de cualquier servicio recibido de esa fecha y adelante.

**Comprobante corriente de Ingresos de todos los miembros en su Unidad Económica\* en forma de:**

Declaración de impuestos del año anterior (1040 ó 1040EZ) firmado y datado, o
Formulario W-2 del año anterior, o
3 Talones de cheques de su empleo ó 1 Talón de cheque con el total del año, o
Carta(s) notariada del empleador.

**Comprobante reciente de toda otra información sobre ingresos que se aplica a cualquier miembro de su UE.**

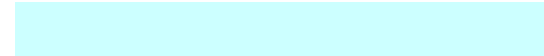
Trae comprobante corriente de beneficios de Seguros Sociales recibido por cualquier miembro de su UE.

Asistencia de mantenimiento de niños (orden de la corte o cheques) y/o Pensión para un cónyuge (orden de la corte o cheques)
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Asistencia del Estado para niños adoptivos o niños en hogares de crianza
Cheques de desempleo
Ingresos no derivados del trabajo incluyendo alquiler de su vivienda, de su granja, de su capital, y de sus dividendos
Seguro social ( <i>Social Security</i> )
Cualquier otra fuente de ingreso

***\*Unidad Económica (UE) se define como un individuo o grupo de personas que viven en el mismo domicilio (incluyendo estudiantes que están estudiando tiempo completo, hasta la edad de 26 años, sin que importa donde viven) y que aportan sus ingresos para pagar los gastos del grupo.***

Si tiene cualquier pregunta, por favor llámenos y pide por:



## **APPENDIX C**

### **TECHNICAL INFORMATION**

#### **I. Economic Unit**

An **Economic Unit (EU)** is defined as an individual or a group of adults with or without children who live at the same residence and pool their resources to pay for the group's living expenses. The group may include children of group members who are full-time students up to the age of 26 regardless of where they live. See Appendix D for examples of EUs.

- A.** There can be more than one EU living at one residence. The number of EUs at one residence can be as many as the number of individuals living there. The number of EUs depends upon how independent the individuals or groups are from one another. In this case, independence is determined by financial actions. The key to determining EU size is whether resources are pooled to pay for expenses or whether individuals are primarily maintaining financial independence from one other. Stated another way, individuals or groups attempting to pay their own way most of the time would constitute separate EUs.
  
- B.** The following questions may be used as a guide to identify how independently the individuals/groups are acting:
  - 1.** How are the individuals/groups paying for their personal expenses? Are they helping one another (they are probably 1 EU) or are there distinct individuals/groups paying for their own personal expenses (they probably constitute more than 1 EU)?
  
  - 2.** Is the living arrangement viewed as temporary or permanent? How long have they been living together? If the arrangement is viewed as temporary and they've been living together for less than one year, they are separate EUs. See the section below on temporary residence.
  
  - 3.** Who is working? If someone is not working are they married, a family member, or in an emotional "partnership" with a working person who is covering most of the expenses? If so, they are in one EU with the working person rather than comprising their own EU and claiming zero income.
  
  - 4.** Are individuals/groups contributing toward room and board consistently (even if not at "fair" market value) or whenever financially possible? If so, this is indicative of a separate EU. If an individual or group is completely dependent on another for room and board, then this is likely to be one EU rather than separate EUs.

- C. An **EU temporarily residing** with and dependent on another EU (e.g., due to a personal/financial crisis) should be considered its own independent EU for the first year. For example, a mother and child move in with her parents temporarily because the mother lost her job. The mother and child should be considered one EU. **NOTE:** temporary residence takes precedence over relationship status to determine EU status.

If after one year, the dependent EU (in this example the mother and child) is still living with and is still dependent on the other EU (her parents), then consolidate both EUs and treat them as one larger EU.

## II. Insurance

### A. Private Insurance

1. EU members, who have **supplemental health insurance** (e.g., a hospital or cancer only policy) that does not cover primary care services, are eligible for MAP if they meet all other criteria.
2. If a primary health insurance policy **limits the number of covered out patient visits** per year, and the EU meets the MAP criteria, then members who have exhausted their outpatient visit benefit for the year may be put on MAP for the remainder of the policy period until the benefits renew for the next year. Usually, health insurance benefits follow a calendar year so the person would be on MAP only through December. Include in the patient's MAP file proof of the health insurance policy's limitations on outpatient visits and use of that benefit for the year.

**Call the North Carolina Office of Rural Health and Community Care (NCORHCC) at 919/733-2040 if you have any questions.**

### B. Government Insurance

#### 1. Medicaid or NC Health Choice:

If the patient was sent to Social Services based on the initial screening but failed to qualify, make a copy of the Medicaid/NC Health Choice Denial or Inquiry Report and file.

An **Inquiry Report** is generated when a person seeks participation in **Medicaid or NC Health Choice**, but it is clear to the Social Services Representative that the patient will not meet the eligibility requirements. The patient is advised not to submit an application since activation of an application at Social Services requires the applicant to bring in a lot of information and for the Social Services Representative to complete a lengthy verification process. Instead, it is more efficient to generate an Inquiry Report as proof of the encounter and avoid the application process altogether.

- a) **Note:** If a child is placed on the **waiting list for NC Health Choice**, the child can be put on MAP until accepted into the NC Health Choice program.
- b) **Note:** If a patient is Medicaid eligible pending a **spend-down** amount and the patient is MAP eligible, then the patient can be put on MAP until they receive Medicaid.
- c) **Note:** If a patient obtains **Medicaid coverage retroactively**, change the insurance type for each applicable visit from MAP to Medicaid. Refund any MAP copayments made by the patient if they're greater than the applicable Medicaid copayment (Medicaid copayments are not required on RHC core visits). Show the number of reduced MAP visits on row B of the next month's Monthly Report MAP Account Withdraw Worksheet. Credit the MAP Withdraw Account by the appropriate amount of money and file the retroactive visits with Medicaid.
- d) **Note:** A patient can be on Medicaid under the Family Planning Program and under MAP for all other services not covered by Medicaid that are covered by MAP. In this situation, Medicaid coverage should take precedence over MAP on the rare occasions where coverage overlaps.
- e) **Note:** Medicaid Patients who exceed their **legislative limit of 24 visits cannot** be put on MAP for the remainder of the calendar year, Medicaid allows providers to request coverage for additional visits, if necessary. Pursue that avenue if the patient needs additional visits.

## 2. Social Security - Disability

- a) Patients who have applied for federal **disability status**, are awaiting a decision, and meet all other MAP eligibility criteria, may be put on MAP until the disability determination is made. Include proof that a request for disability has been filed with the federal government.

## III. Migrant Farmworkers

- 1. Only a Migrant Health Entry Point (MHEP) can enroll migrant farmworkers onto the Migrant-Fee-for-Service Program. If an MHEP is more than 30 miles from a MAP funded site, then the site may enroll the migrant farmworker onto MAP under the **MF \$5 copayment** category. **Appendix F** (Farmworker Health Program Information) contains more details about the farmworker health program along with a list of Migrant Health Entry Points and a sample eligibility form that may be used to help identify farmworkers who are eligible for the Migrant Fee-For-Service Program.

2. Agricultural workers who have migrated to the area **within the past two years** may be eligible for the Migrant Fee-For-Service Program. If the individual is eligible for the Migrant Fee-for-Service Program and a Migrant Health Entry Point (MHEP) is located within 30 miles of the practice, then the patient should be referred to the MHEP to enroll in the Migrant Fee-For-Service Program. If you're interested in becoming an MHEP, see Appendix F.
  
3. Migrant farmworkers and their dependents may be enrolled in MAP under the following conditions:
 

They meet the Migrant Fee-For-Service Program eligibility criteria **and** either the

  - a) MAP funded site is 30 miles or more from a Migrant Health Entry Point **or**
  - b) Migrant Fee-For-Service Program is under a freeze.
  
4. To enroll a migrant farmworker in MAP:
  - a) Complete the Migrant Fee-For-Service Program application form (DHHS 3753). The sample form in Appendix F may be copied and used. Attach the completed Migrant Fee-For-Service Program application form to the MAP application package and enroll the patient at the MF \$5 (migrant farmworker) copayment category. *Ensure that a \$5.00 MAP MF (migrant farmworker) patient type has been created in the computer to track these types of visits.*
  
  - b) Complete the MAP Patient Agreement. **For all migrant farmworkers, the MAP Patient Agreement should expire the last day of the State's fiscal year - June 30th.** At that time, practices need to determine whether the migrant farmworkers enrolled in MAP still meet the criteria listed in the section above.
  
  - c) MAP grant withdrawals for migrant farmworkers are managed the same as other \$5.00 copayment withdrawals, and are tracked on the MAP monthly withdrawal worksheet under the column heading "Farmworker". A copy of the MAP Monthly Withdrawal Worksheet is in Appendix E.
  
  - d) Practices should review the MHEP list at the start of each fiscal year. If an MHEP has been added to the list that is within 30 miles of the practice, then migrant farmworkers should be referred to the MHEP for enrollment into the Migrant Fee-For-Service Program.
  
5. Migrant farmworkers and their dependents enrolled in the Migrant Fee-For-Service Program, may be seen at the practice. The practice should bill the Migrant Fee-For-Service Program using the HCFA 1500 form (see Appendix F for more information). Each year, patients must show the front office a current copy of their completed Migrant Fee-For-Service Eligibility Form (DHHS 3753).

Applications are valid for one year from the date of completion provided that the patient continues to meet the program eligibility requirements.

6. Agricultural workers who have lived in the area **for more than two years** may be eligible for MAP. Many Spanish speaking agricultural workers have chosen to live in North Carolina on a year round basis and should be screened for MAP eligibility. Practices receive MAP patient eligibility worksheets in Spanish that are identical in content to the English MAP eligibility worksheets.

#### IV. Income

- A. **Annualized gross income** is how much the person earns during the year before any deductions for taxes or benefits. This figure is used to ensure consistency.
  1. If proof of income is available only for part of the year, then annualize the income. Take a representative period of the income earned, such as a weekly, biweekly, or monthly rate, and multiply it by the appropriate number of periods such as 52 weeks, 26 pay periods, or 12 months. Include overtime only for those months when it is part of the individual's normal, expected income. Deduct all other overtime.
  2. Use the Annualized Income Calculator included in the enrollment materials in Appendices A (for English) and B (for Spanish) to help determine a person's gross annualized earnings.
- B. The preferred order for **proof of income** is:
  1. **For Employed Individuals:**
    - a) Signed and dated copy of the most recent 1040 or 1040EZ federal income tax form that was submitted to the IRS. For example, patients applying from January, 2005 through April 2005 may use a 2004 tax form, or you may accept a 2003 tax form from them if they haven't filed their 2004 tax form and little has changed for them financially. However, remind them to bring their updated information as soon as they file their 2004 taxes. Require that patients applying for MAP after April 2005 through December 2005 bring their 2004 tax form.
      - (1) Use **line 22** of the 1040 tax form.
      - (2) Use **line 4** of the 1040EZ 1040 tax form.
    - b) Most recent W-2 form, use box #1 (wages, tips, and compensation).

- c) Most recent paycheck stub with year-to-date information, or at least three month's worth of the most recent paycheck stubs if year-to-date information does not appear on them.
- d) Notarized employer statement

**2. For Self Employed Individuals:**

- a) Signed and dated copy of the most recent 1040 federal income tax form that was submitted to the IRS. For example, patients applying from January, 2007 through April 2007 may use a 2006 tax form, or you may accept a 2005 tax form from them if they haven't filed their 2006 tax form and little has changed for them financially. However, remind them to bring their updated information as soon as they file their taxes. Require that patients applying for MAP from May 2007 through December 2007 bring their 2006 tax form.
- b) Use the amount on **line 22** of the 1040 tax form.
- c) For any additional employment, such as a part-time job, require proof of income as noted in section on employed individuals.

**3. For Seasonal Workers and Migrant Farm Workers when the Migrant Fee-for-Service Program is frozen or the closest Migrant Health Entry Point of more than 30 miles away:**

- a) Annualize income by counting **gross income** (before taxes and other deductions) for months worked and counting zero (0) income for months not worked, if no other income is received during that time.
  - (1) For example, a seasonal worker is paid \$300/week for 4 months, before taxes, and has no other income the rest of the year: Multiply \$300 by the number of weeks in the four months. Usually there are 16 weeks in 4 months so the annualized income would be  $\$300 \times 16 = \$4,800$ .
  - (2) If the worker is paid during a month that contains more than a 4 week pay period, add the additional week's amount to the annualized income. For example, if the migrant worker is paid \$300/week for 4 months but one month contains 5 weeks, then the annualized income would be  $\$300 \times 17 = \$5,100$ .

**3. For patients receiving unemployment checks:**

- a) **Annualize** the **gross** unemployment check (before taxes and other deductions) to identify the correct copayment category for the EU.

- b) **ENSURE** that the Patient Agreement (reviewed in section IV.C. of the MAP Reference Manual) terminates the month **after** which the patient will no longer receive an unemployment check.
  - (1) For example, if the last unemployment check is received on August 15<sup>th</sup>, then MAP terminates on September 15<sup>th</sup>. The patient will need to return and provide current financial information at that time to determine whether the EU still qualifies for MAP.
  - (2) Treat this as a mid year update or renewal depending on how much information has changed.

**V. Changes to the Patient’s Account**

**A.** Add the following Patient Types to the computerized patient accounting system:

- MAP MF 5
- MAP 5
- MAP 10
- MAP 15
- MAP 20

**B.** For each patient enrolled in MAP, change the patient type (for tracking purposes) in the computerized patient accounting system and assign the appropriate copayment level. The appropriate patient types and corresponding copayment categories are exhibited below:

<b>Income Level as Percent of Poverty</b>	<b>Copayment Amount</b>	<b>Patient Type</b>
Migrant Farm Worker	\$5	MAP MF 5
Below 100%	\$5	MAP 5
100 – 132%	\$10	MAP 10
133% - 166%	\$15	MAP 15
167% - 199%	\$20	MAP 20
200% and Above	full amount due	Self Pay

**C.** Ensure you have two (2) adjustment types: MAP Adjustments (charges – copayments) and MAP Bad Debt Adjustments (old balance write-off as a result of becoming MAP enrollee).

**D.** Develop a report to count MAP Encounters/Visits.

- E. Use memo functions to remind staff of MAP renewal date and to ask patient at renewal to bring proof of income for the EU.

## VI. MAP Reporting and Reimbursement

- A. **MAP visits** are defined as face-to-face encounters with a physician, nurse practitioner, physician assistant, or certified nurse midwife. The current MAP rate is \$72/visit.
  - 1. **“Other On-Site” visits**, e.g., a nurse-only visit, should be tracked for reporting purposes, but clinics may not charge MAP patients nor draw down MAP funds for these visits. One way to track these visits is to charge the patient’s account for the visit then immediately adjust it off to the MAP adjustment category.
  - 2. **Allowable = (MAP rate x MAP visits) – Copayments**
    - a) Example: Assuming 10 visits at the \$5 copayment level, the resulting draw down in MAP Allowable would be computed as follows: \$72 X 10 visits is \$720 minus \$50 in copayments equals \$670 in MAP Allowable.
- B. Document on the MAP Monthly Account Withdrawal Worksheet all MAP encounters and copayment levels for the month. **Do not include other on-site visits.** Submit the completed MAP Account Withdrawal Worksheet each month with the Monthly Report.
  - 1. Each month, the ORHCC will reimburse sites for MAP visits incurred during the previous month. Reimbursement will be provided once the Monthly Report and the MAP Monthly Account Withdrawal Worksheet is received and approved by a member of the ORHCC Operations Team.
  - 2. **Continue to track MAP Allowable even if the grant allocation for MAP is exceeded. Additional MAP funding may be available if initial MAP funding is exceeded. If MAP funding is exhausted, the site may request a MAP Copayment waiver.**
  - 3. **Document on the Monthly Report:** MAP Adjustments, MAP Bad Debt Adjustments, MAP accounts receivable (copayments due), MAP Encounters, MAP cash receipts (copayments paid), and MAP charges.
- C. **Diabetes Self Management Training (DSMT)**, encounters with a certified Diabetes Educator, are tracked separately. Use the Diabetes Education MAP Account Withdrawal Worksheet included in the handouts and with your Monthly Report packet.
  - 1. MAP patients do not pay a copayment for this service.
  - 2. Document the number of counseling visits by type (individual or group) and multiply by reimbursement amount to obtain the total Allowable Diabetes amount for the month.

3. Lower MAP reimbursement rates apply for individual and group counseling sessions than for other medically necessary MAP visits. See the DSMT Withdrawal Worksheet for current MAP diabetes education rates.
4. Submit the DSMT Withdrawal Worksheet each month with the MAP Account Withdrawal Worksheet to receive credit for the visits.

## VII. MAP Waivers

- A. **All MAP waiver requests** with supporting information as indicated below must be sent to the attention of Gigi Crane or Parcheul Harris at the North Carolina Office of Rural Health and Community Care (NCORHCC) for processing.
- B. **For EU Waivers:** A waiver may be granted for a patient/EU in an extraordinary situation. Most likely, this would be an EU whose income is over 200% of the Federal Poverty Level and is medically needy as evidenced by exceptional medical bills that result in economic hardship. To request a waiver, the appropriate staff person at the practice (this may be the MAP coordinator) must send a letter documenting the following:
  1. The patient(s)'s extraordinary circumstances (for example, the specific debilitating medical condition, the unusual psychosocial situation, domestic abuse, etc.);
  2. An estimate of the UE's annual medical expenses if the extenuating circumstances are due to a debilitating medical condition (including pharmacy, hospital, specialists, primary care). Indicate whether this figure is based on the previous year's expenses or the current year's expenses;
  3. EU's total annual income.
  4. At renewal, the EU's situation would need to be reevaluated; another waiver may be requested if it appears warranted.
- C. **For Service Waivers:** A waiver may be granted to add services to the MAP program at a particular site. Adding an annual physical or a DOT physical would be an example of this kind of waiver. To request a service waiver, the practice administrator must send a letter with the Board Chair's signature documenting the following:
  1. The additional service(s) requested;
  2. The reason for the requested service(s);
  3. The number of additional MAP visits by MAP category that would be expected from the additional service(s);
  4. The date the Board discussed and agreed to the additional service(s) request (this should be reflected in the Board minutes for that date);

5. The date desired for the additional service(s) to become effective under MAP.

**D. For Copayment Category Waivers:** A waiver may be granted for the medical practice to reduce the FPL for MAP eligibility. For example, rather than offering four (4) copayment categories, the practice may seek to drop the \$20 copayment category and only offer the three (3) remaining MAP copayment categories, dropping the eligibility for MAP to 166% of FPL. To request this type of waiver, the site must send a letter signed by the Board Chairperson documenting the following:

1. The copayment category (ies) the site wishes to drop;
2. A financial analysis demonstrating the need to drop the requested copayment category (ies) including but not limited to:
  - a) YTD MAP expenditures (how much of your MAP grant have you used YTD?),
  - b) Projected MAP expenditures for the remaining FY if no changes in copayment levels are made,
  - c) Projected MAP expenditures for the remaining FY under the requested copayment scenarios (how much do you expect to spend if the changes are approved and you have fewer copayment categories?),
3. The date the Board discussed and agreed to make this request (this should correspond to the Board minutes for that date);
4. The desired date for the waiver to take effect.
5. The waiver will be reviewed annually at each budget submission.

**VIII. HIPAA Reminder:** Do not use the patient's name in any correspondence with NCORHCC. Use a numeric identifier, such as the medical record number, that you will recognize, but that maintains the patient's anonymity to us.

## **IX. Electronic Enrollment Worksheets.**

- A.** The enrollment worksheets use Excel software.
- B.** Enter all data into the aqua colored boxes.
- C.** The worksheets are protected so that headings and formulas cannot be written-over accidentally.
- D.** Each worksheet should automatically show the responsible MAP member's name upon that information being entered into the Eligibility Information worksheet.
- E.** If the worksheets appear too large or too small on the computer monitor, change the % view on the "zoom" box in the tool bar.
  - 1.** Increasing the % amount in the "zoom" box, increases the size of the page on the monitor.
  - 2.** If the zoom box does not appear in the toolbar, go to Tools and choose Customize from the scroll down list. Choose the Command tab. Under Categories, choose View. Under Commands, choose Zoom and drag that Zoom box to your toolbar. In order for the new tool to be accepted into the toolbar, ensure that it is being placed among existing commands on the toolbar, not by itself at the end of the other commands on the toolbar. If the Zoom box is accepted, it should appear on the toolbar. Close out of Tools.

## **APPENDIX D EXAMPLES**

### **I. Economic Units**

#### **A. Multiple EUs at one residence:**

1. A single mother with two children has lived with her married sister for two years. The single mother has a job and pays for her own expenses including room and board whenever she can contribute. This constitutes two EUs. The single mother is working, paying for most of her own expenses in an attempt to live on her own.
2. An elderly aunt, who receives social security, lives with her niece's family because she is getting frail. The aunt has her own room, but doesn't pay for it. She eats very little so she doesn't pay for her food although she will occasionally buy something she wants to eat or will sometimes give the niece some money before big holiday meals. Otherwise, the aunt pays all her own expenses.

#### **B. One EU:**

1. A friend moves in and agrees to cook and clean for room, board and spending money. The friend is going to look for a job, but does not plan to move out or to change the living arrangement in any way after finding a job.

**C. Temporary residence (multiple EUs):** A man moved in with his girlfriend after losing his job three months ago. The arrangement is viewed as temporary until he finds a job and can move out on his own. He pays for his few personal expenses from savings. The girlfriend provides room and board. These are two EUs although there is an emotional "partnership", because he has been there less one year and plans on living alone again. The temporary residence status takes precedence over the relationship status. Upon MAP renewal his status would have to be reevaluated based on his circumstances.

**D. Temporary residence for more than one year (one EU):** A man moved in with his sister 18 months ago after losing his job. He plans to live with her until he finds regular work and can move out. A brother sends him \$15 - \$20 a week to help out. He takes odd jobs as he can find them to help pay for his expenses. This is now one (1) combined EU, because the man has been heavily dependent on his sister for over a year. You will need to obtain financial information from the sister (she can submit it confidentially if she doesn't want her brother to know her financial situation AND if you can ensure the privacy of the information).

## **II. Annualized Gross Income**

- A.** Annualize income by counting gross income (before taxes and other deductions) for the months worked, counting zero (0) income for months not worked, and adding income to months when other work exists.
  - 1.** For example, a seasonal worker is paid \$300/week for 4 months, before taxes, picking fruit and has no other income the rest of the year: multiply \$300 by the number of weeks in the 4 months worked. If each month had 4 weeks, \$4,800 would be the annualized income.
  - 2.** Another example is of an individual who is paid \$350/week gross for 3 months cleaning hotels, makes no income for 4 months, then makes an average \$250/week for the next 5 months as a waiter. Multiply \$350 by the number of weeks in the 3 months worked. Multiply the \$250 by the number of weeks in the 5 months worked. Add the two totals. This is the annualized amount. The total annualized income would be \$9,200 assuming four weeks per month.
- B.** For patients receiving **unemployment payments**, annualize the gross unemployment check (before taxes and other deductions) to identify the correct copayment category for the EU. However, ensure that the Patient Agreement (reviewed in section IV. C. of the MAP Reference Manual) terminates the month after which the patient will no longer receive an unemployment check. For example, if the last unemployment check is scheduled for issue on August 15<sup>th</sup>, then MAP terminates on September 15<sup>th</sup>. The patient will need to return and provide updated information to determine whether the EU still qualifies for MAP. Treat this as a mid year update or renewal depending on how much information has changed.

## **III. EU MAP Waivers**

- A.** An EU MAP waiver may be appropriate in a situation where the EU income is slightly over 200% of the federal poverty level (FPL) and in which an EU member(s) generate(s) high medical bills due to treatment of a complicated or chronic medical condition.
- B.** For example: there is an EU comprised of a 45 year old working female and her 53 year old husband who takes occasional tax preparation jobs when he can and who has diabetes, hypertension, and congestive heart failure. Her income puts them at \$1,000 above the FPL for an EU of two. However, due to his medical conditions, their medical bills average \$3,500 per year.

## **IV. Adjusting the Patient Account and Reporting MAP Encounters on the MAP Withdrawal Worksheet located in Appendix E**

- A. Example 1, simple visit - Patient Account:**

1. Patient goes through MAP eligibility process and after providing all required proof is placed on MAP. The patient's copayment is determined to be \$5.00.
2. The MAP patient visits the practice on June 1<sup>st</sup>. The charge for the day's visit is \$100.00 for an office visit and lab work. The patient pays the copayment and the account is adjusted as shown below:

<u>Patient Account</u>	
MAP patient charge (6/1)	100.00
Patient payment (6/1)	<u>(5.00)</u>
Balance	<u>95.00</u>
MAP Adjustment (6/1)	<u>(95.00)</u>
Balance	<u>0.00</u>

**B. Example 1 - Clinic Reimbursement:**

1. At the end of each month, the clinic completes the MAP Withdrawal Worksheet to record all MAP eligible encounters experienced and submits it to the appropriate Operations Team member at NCORHCC for processing. Reimbursement occurs monthly based upon all MAP encounters reported for the month. The reimbursement effect for this particular example would be as follows:

<u>Clinic Reimbursement from MAP Program</u>	
MAP NCORHCC Rate	\$72.00
Patient Copayment	<u>(5.00)</u>
MAP Allowable	<u>67.00</u>

**C. Example 2, visit and bad debt - Patient Account:**

1. On June 15th a Self Pay patient visits the clinic. The patient has an outstanding balance of \$200 and is charged \$30 for that day's visit bringing the total due to \$230. The patient makes a payment that day of \$20 for the visit. The total due is now \$210.

<u>Patient Account Prior to MAP Enrollment</u>	
Outstanding Balance 6/1	\$200
Self Pay Patient Charge (6/15)	<u>30</u>
Balance	<u>\$230</u>
Patient Payment (6/15)	<u>(20)</u>
Balance	<u>\$210</u>

2. On June 30th the patient completes the application process and is enrolled in MAP at the \$5 copayment level. No medical encounters occurred on the 30th.
3. Change Patient Type from "Self Pay" to "MAP 5". Adjust visits after June 1st to the \$5 copayment level. Adjust off to "MAP Bad Debt" appropriate amount of the patient's balance as of June 1<sup>st</sup> (the balance 30 days prior to patient enrollment in

MAP). Refer to the Eligibility Confirmation Federal Poverty Table Worksheet for the write-off amount corresponding to the patient's copayment level. For this example the write-off percentage is 80%. The remaining 20% balance is the patient's responsibility. If patient cannot pay this within 30 days, place patient on a payment plan.

Patient Account Upon MAP Enrollment

Self Pay Patient Charge 6/15	\$30
Patient Payment	<u>(20)</u>
Balance	<u>\$10</u>
Adjust off to "MAP"	(25)
Credit Balance for 6/15 Visit	<u>\$(15)</u>
Prior Total Due (As of 6/1)	\$200
less credit applied from above	(15)
New Total Due	<u>\$185</u>
Adjust (80%) to "MAP Bad Debt"	(148)
Balance Due	<u>\$37</u>

**4. Example 2 - Clinic Reimbursement:**

At the end of each month, the clinic completes the MAP Withdrawal Worksheet to record all MAP eligible encounters experienced and submits it to the appropriate Operations Team member at NCORHCC for processing. Reimbursement occurs monthly based upon all MAP encounters reported for the month. The reimbursement effect for this particular example would be as follows:

Clinic Reimbursement from MAP program:

MAP NCORHCC Rate	\$72.00
Patient Copayment	<u>(5.00)</u>
MAP Allowable	<u>\$67.00</u>

**APPENDIX E  
MEDICAL ACCESS PLAN  
FY 2010 MONTHLY ACCOUNT WITHDRAWAL WORKSHEET**

Center Name:

Month & Year:

Map Reimbursement Rate = **\$ 72.00**

Map Encounters by Patient Type

		Farmworker	Below 100%	100-132%	133-166%	167-199%
<b>A</b>	# of Encounters Experienced (Current Month)					
<b>B</b>	# of Encounters to Deduct (e.g., Retroactive Medicaid Adjustment)*					
<b>C</b>	Total # of Encounters (Row A - Row B)	-	-	-	-	-
<b>D</b>	Copayment	\$ 5.00	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00
<b>E</b>	Amount Collectible from Patients (Row C x Row D)	\$ -	\$ -	\$ -	\$ -	\$ -

\* Encounters that occurred during a period for which patient has now received retroactive Medicaid.

**F** Gross MAP Rate: \$           -  
 (= Total # of Encounters on Row C x MAP Reimbursement Rate)

**G** Less Patient Copayments: \$           -  
 (=Total amount collectible from patients)

**H** MAP Allowable: \$           -  
 (=Gross MAP Rate - Patient Copayments)

**I** MAP Bad Debt:   
 (=Amount written off when patient joins MAP)

TOTAL	
	-
	-
	-
	-
\$	-

**APPENDIX E  
MEDICAL ACCESS PLAN: DIABETES SELF MANAGEMENT TRAINING  
FY 2007 MONTHLY ACCOUNT WITHDRAWAL WORKSHEET**

Center:

Month & Year:

**INDIVIDUAL SESSIONS per 30 Minutes**

**MAP Reimbursement      \$30.00**

Map Encounters by Patient Type

		Farmworker	\$5	\$10	\$15	\$20	TOTAL
<b>A</b>	# of Encounters (Current Month)						-

**GROUP SESSIONS per 30 Minutes**

**MAP Reimbursement      \$15.00**

Map Encounters by Patient Type

		Farmworker	\$5	\$10	\$15	\$20	TOTAL
<b>B</b>	# of Encounters (Current Month) *						-

\* Count each MAP patient per 30 minute segment as one encounter.  
For example, 3 MAP patients attending a 60 minute group session = 6 encounters.

**REIMBURSEMENT CALCULATIONS**

<b>C</b>	Allowable MAP DSMT Amount
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Individual Sessions -- Total of Line A x \$30	<table border="1"> <tr> <td>\$</td> <td align="center">-</td> </tr> </table>	\$	-
\$	-		
Group Sessions -- Total of Line B x \$15	<table border="1"> <tr> <td>\$</td> <td align="center">-</td> </tr> </table>	\$	-
\$	-		
Total:	<table border="1"> <tr> <td>\$</td> <td align="center">-</td> </tr> </table>	\$	-
\$	-		