

10A NCAC 43A .0206 DIRECT PATIENT CHARGES

- (a) Local providers receiving Title X funds shall develop and implement policies designed to recover program costs and support the program's focus on low-income participants. These policies shall establish a method of directly assessing patient charges and collecting payments for clinical services.
- (b) Local providers shall use the model fee scale developed by the branch in determining patient charges unless an alternate, locally-developed fee scale is approved by the branch prior to its use.
- (c) Patient fee systems must have charges that are:
 - (1) based on cost analysis of services provided; and
 - (2) discounted (adjusted) according to the patient's ability to pay.
- (d) There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
- (e) No patient charges shall be assessed when income falls below 100 percent of Federal Poverty Guidelines. No patient charges shall be assessed to patients certified eligible for Medicaid, or in a Medicaid applicant status.
- (f) Full charges shall be assessed if patient income falls at or above 200 percent of Federal Poverty Levels unless a provider believes that local conditions warrant delaying full charges until 250 percent of poverty. Then an alternate fee scale, incorporating the higher full-pay level may be developed locally and then submitted for approval in accordance with Paragraph (b) of this Rule.
- (g) There shall be a consistently applied method of "aging" accounts.
- (h) Bad debt write-off policies shall be established.
- (i) No one shall be denied services based solely on the inability to pay.
- (j) In the absence of any changes in federal regulations affecting the delivery of services to minors and the assessment of patient charges for services provided to minors, family planning project directors (Local Health Directors) may treat unemancipated minors as "a family of one" and consider them on the basis of their own resources. In such cases, the minor's income must be reported through the patient data system. Third-party sources (e.g., Title XIX and private insurance) shall be billed if eligibility criteria are met.
- (k) Patients shall be given a receipt each time a payment is collected.
- (l) Donations shall be accepted from any patient regardless of income status as long as they are truly voluntary. There shall be no "schedule of donations," bills for donations, or implied or overt coercion.
- (m) Local fee policies that reflect these requirements shall be documented and available for inspection.
- (n) Providers must use best efforts to continue to provide services to patients at or below 150 percent of Federal Poverty Guidelines.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990; July 1, 1983.*