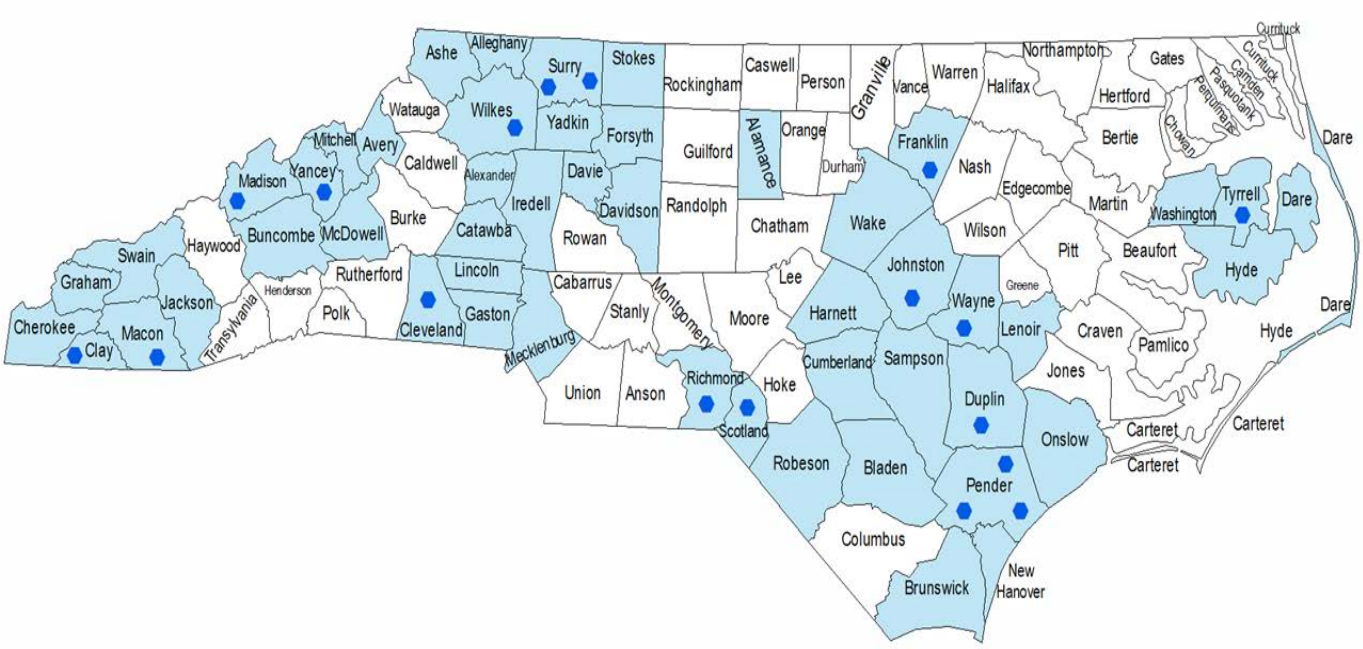
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF RURAL HEALTH

MEDICAL ACCESS AND BEHAVIORAL HEALTH PLAN MANUAL



MAP/BH MANUAL
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MEDICAL ACCESS AND BEHAVIORAL HEALTH ACCESS PLAN REFERENCE MANUAL

INTRODUCTION

The goals of the Medical Access Plan (MAP/BH) and Behavioral Health Access Plan (BH) are to help residents of North Carolina access primary health care services and integrated care services when they meet financial criteria and do not have affordable primary health care coverage. The plan is funded through state appropriations authorized starting in 1973 by the NC General Assembly. In 1977, the first Rural Health Center opened its doors. To date, the NC Office of Rural Health has supported the development of many rural primary care sites. Many are operating today as federally qualified health centers, rural health clinics or private physician offices.

As the healthcare landscape has changed, rural residents continue to find accessing primary care services difficult. To address this need, ORH established the State Designated Rural Health Center Program (SDRHC). Through the establishment of SDRHC, NC ORH partners with local communities to provide funding to improve ability to serve underserved populations who would otherwise be unable to access needed primary and behavioral care services due to geographic, economic, or other barriers. Thus, SDRHCs have become an integral part of the health care safety net for North Carolina's rural and underserved residents.

SDRHC provides support for the patients in your practice who are not eligible for Medicaid, Medicare or other affordable private insurance. The plans only cover in house medical and behavioral health services. MAP/BH and BH is only available to nonprofit medical practices through the North Carolina Office of Rural Health (NC ORH). Patients registered on MAP/BH or BH are expected to make the medical practice their primary care "home" 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.

This manual is intended to help practices understand how to administer both the MAP/BH and BH program.

Section I: Program Overview

Section II: MAP/BH Application

Plan guidelines and instructions on how to complete the enrollment worksheets are available in electronic and paper form. Funded sites are encouraged to go paperless as much as possible. How to do this while retaining required records is explained in this section.

Section III: Appendices

1. **Appendix A**: MAP/BH Application Form

2. **Appendix B**: MAP/BH Applicant Supporting Documentation Guidance
3. **Appendix C**: Technical Information (providing more in-depth explanation of how to properly administer the program and enroll patients)
4. **Appendix D**: Examples of patient scenarios that may be encountered when administering the Plan
5. **Appendix E**: Monthly Expense Report
6. **Appendix F**: Copayment Policy Addendum

SECTION I: MAP/BH Program Overview

WHAT MAP/BH COVERS

Visits are reimbursable through MAP/BH for the following services, less the patient copayment amount:

Medically necessary on-site face-to-face provider encounters, including.

- **Services performed by practice providers:**
  - Evaluation and management services considered medically reasonable and necessary
  - Physical examinations performed with a specific sign, symptom, or patient complaint,
  - Chronic Disease Management
  - Vaccinations and Preventive Services
- **On-site x-rays**: Both technical and professional components
- **In-house labs**: Chemical examination of urine by stick or tablet method or both; hemoglobin or hematocrit; blood sugar; examination of stool specimens for occult blood; pregnancy tests; and primary culturing for transmittal to a certified laboratory
- **Surgical procedures**: only minor procedures provided in the office are covered
- **Prophylaxis**: any for high-risk patients recommended by the Centers for Disease Control as a standard protocol (including but not limited to Flu & Pneumonia)
- **Telemedicine**: On-site visits using telemedicine. "Telemedicine" is a modality for treating patients using electronic communication, information technology, or other means between a physician in one location and a patient in another location with or without an intervening healthcare provider.

As a reminder Sites should retain all MAP/BH information, eligibility forms, and patient records for at least three years.

PATIENT ELIGIBILITY & ENROLLMENT PROCESS

To determine whether a patient is eligible for the MAP/BH program, you will need to complete the following steps:

1. Patient must reside and/or pay income taxes in North Carolina.
2. Based on patient's income and ***economic unit (EU)** size. EU must be under 200% of the Federal Poverty Level or close to the 200% requirement. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
3. Review Medicaid/ Medical Financial Assistance Eligibility Pre-Screen Questions to determine if patient is eligible for another program such as Medicaid. (NC Health Choice referencing website: https://medicaid.ncdhhs.gov/medicaid/get-started/apply-medicaid-or-health-choice/health-choice-services)
4. Request patient brings proof of EU income.
5. Review proof of income.
6. Determine whether EU is eligible for MAP/BH Program based on the completed application. If eligible, identify the copayment and debt write-off category to which the EU belongs.
7. Have patient sign Rights and Responsibilities Document **(see Appendix A)** to conclude the MAP/BH 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 pool their resources to pay for living expenses. The group may include children of group members who are full-time students, younger than 24 years old (as of the end of the calendar year) 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.*

GOING PAPERLESS

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

Needed Capabilities

- Data will be entered directly into 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 installed on the computer to use the enrollment worksheets.
- Ensure the computer is password protected and otherwise complies with HIPAA requirements.
- Ensure that all MAP/BH 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/BH coordinator can enter, save, retrieve, and print MAP/BH information and reports. This person must be able to manage the information electronically.
  As a reminder Sites should retain all MAP/BH information, eligibility forms, and patient records for at least three years.

Create electronic MAP/BH 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/BH materials and MAP/BH recipients. For example, a folder may be labeled MAP/BH FY 2022 under which each of the following folders exists: MAP/BH materials, MAP/BH patients, and Monthly MAP/BH Expense Reports. Individual files may be created and maintained within each folder.
- Each year, a new folder can be created under which additional folders and files may be located as indicated in the foregoing Section #1.

SECTION II: MAP/BH ENROLLMENT INSTRUCTIONS

I. MAP/BH Application Instructions

Names and Information of Patient and Members of the Economic Unit

Patient Name:

****Are you completing this form/application for multiple members of your household? If so, please complete the table below. If not, please continue to Section 1, Question 1.**

Name	Age	Is this person a patient or planning to be a patient?	**FOR OFFICE USE** Is this individual eligible for the MAP Program?

- Enter names and necessary information of all applicants in this section.
- Make sure to go back and confirm in the greyed-out box whether each EU member is eligible for the MAP/BH program once the application is complete.

Section 1- Medicaid/ Medical Financial Assistance Eligibility Pre-Screen Questions

To qualify for the MAP/BH program, individuals must go through a two-step screening process. The first step of the process determines if the patient is eligible for Medicaid.

1. Screen the individual for potential eligibility in insurance programs such as Medicaid or NC Health Choice. (NC Health Choice referencing website:

https://medicaid.ncdhhs.gov/medicaid/get-started/apply-medicaid-or-health-choice/health-choice-services)

Complete the Section 1 of the MAP/BH Application to identify whether EU members *with or without insurance coverage may be eligible for one of those programs. Medicaid and NC Health Choice provide comprehensive coverage and are preferable to MAP/BH if individuals are eligible for one of those programs.

**Note: It is possible for an individual in a MAP/BH qualifying EU to be offered or have insurance and remain eligible for MAP/BH.*

Section 2- Medical Access Plan/Behavioral Health Plan Eligibility Process and Application

To qualify for the MAP/BH program, individuals must go through a two-step screening process. The second step of the process determines if the patient is eligible for MAP/BH. If the patient completed the Section 1 and was determined eligible for Medicaid then the patient is NOT eligible for the MAP/BH Program.

To determine whether a patient is eligible for the MAP/BH program, you will need to complete the following steps:

- Patient must reside and/or pay income taxes in North Carolina.
- Based on patient's income and ***economic unit (EU)** size, (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines**)** confirm if the EU is close to meeting the eligibility requirements (EU must be under 200% of the Federal Poverty Level)
- Review Medicaid/ Medical Financial Assistance Eligibility Pre-Screen Questions from Section 1 to determine if patient is eligible for another program such as Medicaid. (NC Health Choice referencing website: https://medicaid.ncdhhs.gov/medicaid/get-started/apply-medicaid-or-health-choice/health-choice-services

Please note the following:

- Inform patients deemed eligible for MAP/BH that their payment status cannot be changed to MAP/BH until the verification materials are submitted and application is complete.
- Patients required to provide proof of the EU's income. If necessary, proof of Medicaid/NC Health Choice Denial or Inquiry Report before the next visit. The patient may be seen/treated without proof on the first visit.
- Patients awaiting acceptance into another insurance program or awaiting approval/denial to Medicaid may be seen on the MAP/BH program. Once enrolled in another insurance plan, they will no longer be eligible for MAP/BH funded services.
- MAP/BH Enrollment is backdated 30 days from acceptance into program.
- MAP/BH Funds cannot be used to supplant any other state funds or assistance. Please make sure that the patient is not being billed to multiple state funding sources.

Providing false information to participate in MAP/BH may result in permanent removal from the program(s). The members of the EU will be held liable for charges generated by the EU while on MAP/BH and for any debt that was written off because of participating in the MAP/BH program(s).

Section 3- Applicant Information

At this point in the process, the provider/intake specialist should be able to determine whether the applicant is a good fit for the MAP/BH program. Please have the applicant complete the basic demographic information.

Please note:

- If the applicant is completing the MAP/BH Application for the household, make sure to gather the necessary demographic information for ALL eligible EU members.
- Have the patient review the Rights and Responsibilities Information (**Appendix A**) with the applicant before they sign off on their application information.

Section 4- Applicant Income Information

Ask patient to estimate the annual income of each EU member and enter it into the box. Replace with the actual income when appropriate documentation is received. If using the form electronically, the totals should calculate automatically.

Name(s) of EU Members	Age	Name of Last Employer & Year Worked There	How often paid? Monthly, Weekly, etc.	Gross Amount (before any taxes or deductions)
			TOTAL	

1. Include income from employment, child support, alimony, unemployment, capital gains and dividends, housing and farm rental, Social Security, Social Security Disability, etc. See below table. If using the form electronically, the totals should calculate automatically.

BENEFITS - Unearned income such as Social Security, Unemployment benefits, retirement benefits, child support, private or employer sponsored disability etc. Provide copies of check, award letters, or other proof of this income. *Put 0 if the patient does not have any benefits.*

If you have any further questions regarding benefits and its definition, please refer to the Applicant Supporting Documentation Guidance.

Name of EU Member Receiving	List where income is from (i.e. child support, social security, unemployment, etc.)	How often received? Monthly, Weekly, etc.	Gross Amount
		TOTAL	

Do not include income from Supplemental Security Income (SSI), Work First, employment of individuals who are full-time students, younger than 24 years old, or unpredictable employment such as occasional yard work or babysitting.

Note: that any EU member receiving SSI should automatically qualify for Medicaid.

2. Include any deductions that the EU member is having to pay that could affect income. If using the form electronically, the totals should calculate automatically.

DEDUCTIONS – Applicant is having to support or pay for a dependent or other type of individual. Practice may request proof of resources through docmentation, but it is not required by NC ORH. *Put 0 if the patient does not have any resources.*

If you have any further questions regarding deductions and its definition, please refer to the Applicant Supporting Documentation Guidance.

Name of EU Member Paying	List of deduction type (i.e. child support, alimony, etc.)	How often does the EU Member have to pay?	Gross Amount
		TOTAL	

3. Include any additional sources of income not already listed. If using the form electronically, the totals should calculate automatically.

RESOURCES – Other types of income. Practice may request proof of resources through docmentation (i.e. bank statements), but it is not required by NC ORH. Make sure the value of any additional resources is annualized. For example, if the resource is valued at $100 divide that by 12 to annualize its value. *Put 0 if the patient does not have any resources.*

If you have any further questions regarding resources and its definition, please refer to the Applicant Supporting Documentation Guidance.

Source	Value	Comments/Additional Information

II. Frequently Asked Questions/Topics

Insurance / Primary Care Coverage Information

- 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/BH enrollment.

Comparison of Income to Federal Poverty Level

- If the result is below 200 percent of the federal poverty level (FPL), tell the patient that he/she appears eligible for MAP/BH and continue with the MAP/BH Application. Please see the link below for the current FPL.
    - https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

    - If the result is several hundred dollars over 200 percent of the FPL, continue with the application. Some individuals estimate income in rounded numbers, and the actual amount may be less. If you have questions, please contact the ***Office of Rural Health, Rural Health Operations Program.***
    - If the EU is over the FPL by 10% **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/BH exception. Refer to **Appendix C**: Technical Information Section VI for

information on how to request an exception. ***Contact the Office of Rural Health, Rural Health Operations Program with questions.***

- If the result is well over 200 percent of the FPL, thank the patient for applying and explain that they do not qualify for the MAP/BH 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.
- To determine EU for non-filers: the EU includes the individual plus, if living with the individual, his or her spouse and related children who are under 19 years old. In addition, any college student 26 years and under. Verify using birth certificate for each related child.

Medicaid/ Medical Financial Assistance Eligibility Pre-Screen Questions

- Complete the Medicaid/ Medical Financial Assistance Eligibility Pre-Screen Questions
    - Screening questions should be answered for each member of the EU applying for MAP/BH 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 the individual(s) to be eligible for Medicaid or NC Health Choice. Since these programs offer more benefits than MAP/BH, 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.
        - Should the applicant refuse/decline to be directed to Social Services, document the refusal in the patient's chart.
    - Continue the eligibility process for the rest of the EU for whom there was a "No" answer for each question**.**
    - Individuals awaiting acceptance or denial from Social Services may remain on MAP/BH Program.

Request for Information Verification

- Inform patients who appear eligible for MAP/BH that their payment status cannot be changed to MAP/BH 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.
    - 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. (IRS referencing website: https://www.irs.gov/forms-instructions)
    - When patient provides a 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.
    - 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, child support, court orders, government award letters, dividend statements, and bank statements showing government or corporate electronic deposits.

- Advise the patient that submitting false information to qualify for the MAP/BH 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/BH Application Process

- **Confirm Income**
    - Return to the Section Four – Applicant Income Information of the MAP/BH Application.
        - Review entries for completeness and enter annualized gross income each EU member based on the appropriate proof of income. If using paper forms, enter the subtotals and totals in the boxes designated for manual entry.
        - Make and keep copies of all information. If a scanner is available, scan the information into the patient's electronic MAP/BH file. Otherwise, make a copy and keep in an easily retrievable file. Return originals to the patient.
        - If patient claims zero (0) income level, ask patient all the questions on the application 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 applications, enter totals in the boxes designated for this purpose.

- **Complete the MAP/BH Applicants Rights and Responsibilities Document**
    - Fill in the renewal date and year. The renewal date is normally one year from the completion date of the MAP/BH application. The renewal date for the EU may be less than one year only under the following circumstances:
        (a) Unemployment compensation is being received,
        (b) Has limited benefit policy that is exhausted for the duration of the policy year,
        (c) The practice performs an annual mass renewal that will occur in less than 12 months.
        (d) 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/BH Application Form with the signed Rights and Responsibilities document, document the date the agreement is signed and fill in the effective date of the agreement (back date 30 days).

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

    - Maintain all MAP/BH enrollment records for at least the last three completed state fiscal years (July 1st – June 30th). This means each site should have at least three (3) years' worth of information on hand at any given time.

- **Adjust the Patient Account in the Practice Management System**
    - Convert Self Pay visits that occurred within one month of initial MAP/BH enrollment to MAP/BH visits. Adjust the patient account so that the patient is responsible for the appropriate copayment.
    - Follow office policy on collecting copayment and debt.

- **Charging Patient Visits**
    - Input all patient charges for the day into the Practice Management System. MAP/BH applies to face-to-face visits with a primary care provider for approved visit types as listed on the MAP/BH 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/BH 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/BH withdrawal account for an "other on-site" type of visit, e.g., a nurse-only visit or lab-only visit.

- **Front Office Reminders**

  - Each time a MAP/BH 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/BH coordinator/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/BH patients who are up for renewal, to bring their renewal information the next time they visit the practice.

Economic Unit Updates

- Updates to information on MAP/BH Application should be made in the following manner:
  - Information on completed MAP/BH forms may be updated during the year, or if no changes occurred during the year, updates may be made at MAP/BH renewal, provided the NC ORH has not changed the MAP/BH Application.
  - 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 application, note on the top of the first sheet of the application packet that the MAP/BH 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 forms/application, save the changes in the patient's MAP/BH 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.
  - If the patient provides updated information for all EU members (due to many changes occurring among the EU members), update the MAP/BH Patient Agreement **(Appendix A)** and assign a new MAP/BH 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 account system.

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

MAP/BH Eligibility Annual Renewals

- MAP/BH patients must be re-enrolled each year.
- Treat renewing MAP/BH patients like new MAP/BH patients such that all eligibility requirements must be met, and income verified each year.
- If the practice renews all MAP/BH patients within the same month but some patients renew their applications within 3 months of the designated annual renewal month, then those MAP/BH Patient Agreements should be set to expire on the practice's mass renewal month in the following year.
- Enter your Practice Management System the patient's MAP/BH renewal date to prompt Front Office staff to ask patients to bring their MAP/BH renewal information before the MAP/BH expiration date occurs.
- One month before the patient's MAP/BH expiration date, customize the MAP/BH renewal form letter by using your practice's letterhead, and send a copy to the patient alerting him/her of the MAP/BH 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/BH expiration date.
- If there is a lapse of more than one month in renewing MAP/BH, treat the EU as if it's never been enrolled in MAP/BH:
    - Ensure that all visits that occur after the MAP/BH expiration date and before the one month "look back" from the MAP/BH renewal date have been converted to Self-Pay visits.
    - Any Self -Pay balances accrued after the MAP/BH expiration date and up to one month before MAP/BH renewal are written off to MAP/BH Bad Debt based on the percentage write-off category that corresponds to the patient's renewed MAP/BH EU income 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.

- Maintain all MAP/BH enrollment records for at least the last three completed state fiscal years (July 1st – June 30th).

Provision of Materially False Information

A materially false statement is defined as one that paints a substantially untruthful picture of a financial condition by misrepresenting information of the type which would normally affect a decision.

- If a patient provides materially false information which would have changed his/her MAP/BH status, immediately remove all EU members from the MAP/BH program for one year.
- Reinstate all charges generated by each EU member for the year(s) that false information was provided to the MAP/BH program. Each EU member is liable for the difference in what was paid and what is still due.

- All charges written-off to MAP/BH 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/BH program, the EU may be reinstated into the MAP/BH program the next year. However, any reinstated charges and bad debt would remain the full responsibility of each patient.

- On the Monthly Expense Report (Appendix E), note the number of visits and corresponding MAP/BH allowable amount being returned to the MAP/BH program for use by other patients.

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

MAP/BH Economic Unit Exceptions

All MAP/BH exception requests must be approved by the NC ORH Operations Team for processing.

SECTION III: APPENDICES

The following Appendices are included as part of this manual: