

## **CFHN Eligibility Policy**

### **Eligibility Criteria**

The following criteria will be used by a Cape Fear HealthNet (CFHN) Enrollment Specialist to assess eligibility. A member/applicant must:

- Live in New Hanover, Brunswick, Columbus, or Pender County.
- Be uninsured and ineligible for Medicaid, Medicare, or VA health benefits
- Apply for all benefits to which he/she may be entitled (e.g., SSI, Social Security, Unemployment Benefits, VA, etc.)
- Have countable household income at or below 300% of the Federal Poverty Level as set by the Federal Department of Health and Human Services.

Household members may include:

- Spouse of the member unless they are legally separated.
- Minor children of the member who live in the home –

### **Identity**

Members/applicants will be asked to provide verification of identity. Every attempt will be made to obtain a copy of a valid government issued identification card (Driver's license or State issued Identification Card; a U.S. Passport; Work Visa, Green Card, or Correctional System ID with photo); however, the intention is not to create a barrier to enrollment. A member/applicant will not be denied for lack of identity verification only.

### **Domicile/Service Area Requirement**

Members/applicants must live in New Hanover, Brunswick, Pender, or Columbus County and provide verification. Examples of documents that can be used are listed below.

1. A current rent, lease, or mortgage payment receipt in the name of the applicant
2. Bank Statement
3. Current utility bill in the name of the applicant
4. Bank or Debit Card with photo (identity only)
5. School ID with photo (identity only)
6. Mail received at the current address
7. Personal property tax records, Form 1040, W-2, 1099, letter from IRS
8. Motor vehicle registration records
9. DSS or other agency records
10. A written statement from a knowledgeable source
11. Other documents as deemed appropriate and valid by CFHN

A verbal statement from a social service agency (homeless shelter, domestic violence shelter, etc.) will also be accepted as proof the member/applicant lives in the service area.

## **Uninsured**

Members/applicants must not have any medical insurance. This is defined as coverage for basic medical care and hospitalization (with or without deductibles) provided by a group, private plan, HMO, or other managed care plan. It includes NC Health Choice, Medicare, CHAMPUS, and coverage through the Veteran's Administration, Vocational Rehabilitation or Worker's Compensation unless said insurance does not cover current medical need. Members/applicants must be ineligible for Medicaid (see explanation below.). Members/applicants known to have chosen not to participate in employer sponsored health plans must provide documentation of the cost of the employer sponsored insurance and if more than 9% of gross monthly income, then member/applicant is eligible. A member's statement of no coverage is acceptable. Persons potentially eligible for coverage through the VA, VR, Medicaid, etc. may be accepted into the program for a limited time while their application for benefits is pending.

## **Ineligible for Medicaid**

Members/applicants must be ineligible for full Medicaid benefits under any category with the following exceptions:

1. Persons receiving Family Planning Coverage (i.e., limited benefits for family planning only) or emergency medical services (i.e., emergency coverage for undocumented persons for labor and delivery and medical emergencies that may result in death or serious injury if not treated) can receive non-covered services through Cape Fear HealthNet if they meet all other criteria.
2. Persons who have applied for Medicaid and are awaiting a determination of disability will be considered ineligible for Medicaid while their case remains in pending status. These cases will be tracked and may be given a shortened certification period.
3. Persons who have applied for Medicaid (non-disability) and who need immediate medical attention, including medications, while their case is in a pending status (including unmet deductibles) may be eligible for Cape Fear HealthNet for a short period.
4. Persons excluded from Medicaid coverage solely because they refuse to comply with a Medicaid requirement (e.g., cooperation with Child Support Enforcement regarding paternity establishment, support payments, etc.) will be ineligible for Cape Fear HealthNet.

Medicaid ineligibility can be verified by a denial letter, notice of inquiry or statement from the Caseworker (including information in DSS case-notes) indicating that the member/applicant was evaluated for Medicaid and did not meet the requirements. CFHN Eligibility Specialists can screen members/applicants when appropriate. For example, if the member/applicant clearly does not meet Medicaid criteria, it is not necessary to refer them to apply for Medicaid. If the member/applicant is potentially eligible for Medicaid (e.g., caretaker of minor child, alleging disability, under age 21), refer them to the Department of Social Services Medicaid Department in the county in which they reside for an assessment.

## **Application for Benefits**

Members/applicants must apply for all medical and/or financial benefits for which they may qualify. This includes but is not limited to affordable Employer Sponsored Health Plans (see above), Medicaid, Medicare, Veteran's Benefits, Worker's Compensation, Vocational Rehabilitation, Social Security, Supplemental Security Income (SSI) and Unemployment Benefits (UIB).

If a member/applicant appears potentially eligible for any of these benefits based on their responses to the questions, the Enrollment Specialist will refer them to the appropriate agency and will request written or verbal verification of compliance from that source. If a member/applicant refuses to apply for a financial benefit but the amount to which they are entitled can be determined (such as UIB), the benefit will be counted as income.

If a member/applicant refuses to apply for a benefit and the value of the benefit cannot be determined, they will be ineligible for Cape Fear HealthNet.

### **Countable Income**

The income limit is 300% of the Federal Poverty Level based on the size of the household. Countable income includes, but is not limited to wages, self-employment income (see definition below), benefits from Social Security (including SSI), Veteran's Administration, Unemployment, retirement, Work First, child support, investment income, contributions, etc.

### **Definition of Self-Employment**

Self-employment income is the gross income from a continuing trade or business activity. It includes any profit at the end of the year from a partnership, whether the income was distributed or not.

Self-employment income may be received annually (such as farming), or it may be received monthly (such as rental income), or it may fluctuate (such as a lawn care business).

An individual is self-employed when they are working in their own business, trade, or profession rather than working for an employer. Self-employment income includes but is not limited to farm income; rental income; roomer/boarder income; income from a solely operated business; income from a trade such as a carpenter or a cosmetologist; income from a partnership; and income earned by an individual working as a consultant or independent subcontractor.

To determine if an individual is self-employed, evaluate the individual's work situation. If an employer is withholding Social Security and income taxes, the individual is not self-employed. A self-employed individual generally exercises control over how the business will be conducted, not just the product.

### **Acceptable sources of verification of income include.**

1. Wage Stubs
2. A wage form or written statement from the employer indicating monthly income.
3. The prior year's tax return
4. Business Records
5. An award letter for benefits received.
6. Bank statement
7. Written statement from absent parent or Clerk of Court records.
8. Written statement from contributor regarding any monetary contributions.
9. DSS records. (within past 2 months)
10. The applicant's statement of income will be accepted only if the verification cannot be obtained from any source (i.e., no wage stubs and the source refused to provide verification or cannot be

located). Document why the statement was accepted, and that applicant has been instructed that verification of income will be required for any subsequent re-certifications.

Members/applicants who claim no income must provide a written statement from individual(s) who are buying food, paying bills, etc.

Move to procedural manual

### **Eligibility Renewal**

All members eligibility status will end:

- one (1) year from the original date of enrollment by CFHN (or earlier if other benefits were pending at the time of enrollment) It is the member's responsibility to request renewal although reminder letters/telephone calls will be provided by CFHN staff, as appropriate.

Approved By Board 9/5/23

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