FAMILY HealthCare

Access Plan

Family HealthCare's Access Plan provides a way for families to have access to quality medical, dental and prescription services. Qualification is determined by your household size and income. Access Plan covers most services provided at Family HealthCare by Family HealthCare providers.

You will be responsible for an office visit fee at the time of your visit and in most cases; this will be the only charge for the services you receive. If you require a service that is not covered or discounted by Access Plan, you will be notified before you receive the service.

Can I have the Access Plan as secondary insurance?
Yes, if you meet eligibility requirements for Access Plan you can use the plan as a secondary/tertiary carrier. We will send the claim to your primary insurance first and if there is a patient responsibility when returned, we will apply the Access Plan discount.

Does Access Plan qualify as a credited insurance plan through the Affordable Care Act?
No, Access Plan is only available at Family HealthCare.

Application and Eligibility Requirements

Everyone is welcome at Family HealthCare. Access Plan application is good for twelve months at a time. You will have 30 days to provide all required information to Family HealthCare to qualify for twelve months. After 30 days, if required information is not provided, your temporary status expires and you will be responsible for the entire fee of your appointments. You are responsible for updating any change in household size, status, income level and other insurance coverage throughout your Access Plan. Failure to do so will be considered fraud resulting in self-pay status and future ineligibility from Access Plan.

To qualify for Family HealthCare's Access Plan, you must complete the following steps:

1. Complete the Access Plan application.

2. Provide income information. Acceptable forms of income include:

- **a.** Most recent month of paycheck stubs or other documentation that indicates your gross income within the last 30 days.
- **b.** Current tax documents (cannot be handwritten), W-2s, 1099 or other tax related documents
- **c.** Social security benefit letter (available at the local social security office)

d. Unemployment benefit letter (available at Job Services)
e. Immigration forms (I-20 or J1), no visa requirements
f. Alimony court statement
g. Disability benefit letter
h. Pension/retirement statements
i. Profit/loss statement for self-employment
j. Other documentation proving income source from third party
k. Self-declaration-ONLY at managers discretion

3. Provide proof of non-income. Acceptable forms include:

a. A brief letter from a case worker stating you have zero income. The letter must be on the organization's letterhead and contain signature, date, telephone number and address of the case manager writing the letter.
b. Federal income tax forms, Request for Transcript of Tax Return (Form 4506-T parts 7 and 8). Tax documents must be finalized by IRS.
c. Unemployment eligibility letter (reserved for those unable to provide the 4506-T)
d. Self-declaration-ONLY at managers discretion

4. Complete and appointment with a Family HealthCare Enrollment Specialist to discuss health coverage options. * You will be required to sign a letter stating you met with staff and understand all of your options*

Services and Office Visit Fees

You will be responsible for an office visit fee at each Family HealthCare appointment. If your medical provider recommends services that are partially covered or excluded, Family HealthCare will give you a pre-estimate form explaining the costs you will incur; we will only schedule those services if you accept responsibility for payment. **Your income must be within established Federal Poverty Income Guidelines based on household size. Federal Poverty Income Guidelines are updated annually.**

Access Plan Level	Access Plan Office Visit Fees		
Level 1: 0-100% FPL	Medical: $25	Dental: $35	Homeless Health: $3
Level 2: 101-138% FPL	Medical: $30	Dental: $45	Homeless Health: $3
Level 3: 139-170% FPL	Medical: $35	Dental: $55	Homeless Health: $3
Level 4: 171-200% FPL	Medical: $40	Dental: $65	Homeless Health: $3
No nominal fee for Pharm D, lab only, nurse only visits, or physical therapy			

Services EXCLUDED by Access Plan include:

- Flu shots
- Prescriptions covered by insurance
- Referrals made by your provider to outside facilities
- USCIS physicals
- Deliveries and circumcisions

Medical and Dental Procedure Charges	Access Plan Fees for Partial Covered Services
$0-$75.00	At Cost
$76.00-$200.00	$75.00
$201.00-$400.00	$150.00
$401.00-$600.00	$300.00
$601.00-$800.00	$500.00
>$801.00	$700.00

Lab Fees: Family HealthCare is not always able to analyze every lab that is required; some lab services that are sent outside of Family HealthCare are not eligible for a discount under our Access Plan. Please contact our billing office for a complete list of these services.

Radiology: If you have x-rays taken at FHC, a radiologist at Independent Radiology Inc. will read your x-ray and send you a separate bill. Independent Radiology Inc. will grant a 50% discount on radiology fees to eligible Access Plan patients. To qualify for this discount, you must pay the first half of your bill to Independent Radiology Inc. If no payment is made within 30 days, no discount will be given. Please call them at (888)-254-6741 if you have questions regarding their program.

Pharmacy: Family HealthCare has an NDSU-owned pharmacy which serves only FHC patients. Our pharmacy will provide discounts to patients with Access Plan as primary insurance; however, Access Plan cannot be used as a secondary discount. Your prescription costs are based on the cost of the medication. It also may vary depending on your Access Plan status. You may also qualify for patient assistance programs through the pharmacy. Outside prescriptions may be filled at the pharmacy only if you were referred by a Family HealthCare provider to specialty care or if you had to seek emergency room or walk-in clinic care when there was no appointment available at Family HealthCare.

Outside Referrals: Family HealthCare may provide outside referrals to Sanford Health for services not provided by Family HealthCare. If you are enrolled in Access Plan, your first Sanford visit may be discounted. An office visit fee may be required at the time of your appointment. Any fees collected will be applied to your balance. You may receive up to 3 bills asking for the full office visit payment. After the 3rd bill, discounts for Access Plan should be applied and you will be responsible to pay the reduced balance. If you have not received discounts after the 3rd bill, contact Sanford Health Billing Department and they will investigate. Any follow up appointments will not be discounted by Access Plan and you are encouraged to apply for Sanford's Community Care Program. Should the specialist you see refer you to another department within Sanford, you will need to contact your Primary Care Provider at Family HealthCare to obtain a new referral for the new specialty. Access Plan only applies to Sanford Health referrals.

Resources

Social Security Office
657 North 2nd Avenue
Federal Building Room 320
Fargo, ND 58102
1-877-335-4114
Hours: Mon, Tues 9am-3pm; Wed 9am-12pm; Thurs, Fri 9am-3pm

Job Services
1350 32nd Street South
Fargo, ND 58103
701-239-7300
Hours: Mon-Fri 8am-5pm

Form 4056-T: http://www.irs.gov/uac/About-Form-4506T

Family HealthCare After Hours
If you are experiencing a medical emergency, please dial 9-1-1.
For non-emergency medical attention, please call 701-234-6000 and ask for Family HealthCare's medical provider on-call

Access Plan Check-List

- [ ] Complete temporary Access Plan application
- [ ] Gather income or non-income verification information
  *Please refer to the Access Plan handout for more information
- [ ] Complete appointment with Enrollment Specialist to discuss health coverage options
  *You will be required to sign a letter stating you met with staff and understand all of your options
- [ ] Access Plan Representative will complete Access Plan for one year after patient meets all requirements. A one on one appointment is available upon request.

*You ***must*** complete all the above requirements before a one year Access Plan will be granted which includes meeting with an Enrollment Specialist.