

Public Health Service, HHS

§ 124.502

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Subparts B–E [Reserved]

Subpart F—Reasonable Volume of Uncompensated Services to Persons Unable To Pay

AUTHORITY: 42 U.S.C. 216; 42 U.S.C. 300s(3).

SOURCE: 52 FR 46031, Dec. 3, 1987, unless otherwise noted.

§ 124.501 Applicability.

(a) The provisions of this subpart apply to any recipient of Federal assistance under title VI or XVI of the Public Health Service Act that gave an assurance that it would make available, in the facility or portion of the facility constructed, modernized or converted with that assistance, a reasonable volume of services to persons unable to pay for the services.

(b) The provisions of this subpart apply to facilities for the following periods:

(1) *Facilities assisted under title VI.* Except as otherwise herein provided, a facility assisted under title VI of the Act shall provide uncompensated services at the annual compliance level required by § 124.503(a) for:

(i) Twenty years after the completion of construction, in the case of a facility for which the Secretary provided grant assistance under section 606 of the Act; or

(ii) The period from completion of construction until the amount of a direct loan under sections 610 and 623 of the Act, or the amount of a loan with respect to which the Secretary provided a guarantee and interest subsidy under section 623 of the Act, is repaid, in the case of a facility for which such a loan was made.

(iii) “Completion of construction” means:

(A) The date on which the Secretary determines the facility was opened for service;

(B) If the opening date is not available, it means the date on which the Secretary approved the final part of

the facility’s application for assistance under title VI of the Act;

(C) If the date of final approval is not available, it means whatever date the Secretary determines most reasonably approximates the date of final approval.

(2) *Facilities assisted under title XVI.* The provisions of this subpart apply to a facility assisted under title XVI of the Act at all times following the Secretary’s approval of the facility’s application for assistance under title XVI, except that if the facility does not at the time of that approval provide health services, the assurance applies at all times following the facility’s initial provision of health services to patients, as determined by the Secretary.

§ 124.502 Definitions.

As used in this subpart—

(a) *Act* means the Public Health Service Act, as amended.

(b) *Allowable credit* for services provided to a specific patient means the lesser of the facility’s usual charge for those services, or the usual charge multiplied by the percentage which the total allowable cost as reported by the facility in the facility’s preceding fiscal year under title XVIII of the Social Security Act (42 U.S.C. 1395, *et seq.*) and the implementing regulations (42 CFR part 413) bears to the facility’s total patient revenues for the year.

(c) *Applicant* means a person who requests uncompensated services or on whose behalf uncompensated services are requested.

(d) *CPI* means the National Consumer Price Index for medical care.

(e) *Facility* means an entity that received assistance under title VI or XVI of the Act and provided an assurance that it would provide a reasonable volume of services to persons unable to pay for the services.

(f) *Federal assistance* means assistance received by the facility under title VI or title XVI of the Act and any assistance supplementary to that title VI or title XVI assistance received by the facility under any of the following acts: the District of Columbia Medical Facilities Construction Act of 1968, 82 Stat. 631 (Pub. L. 90–457); the Public Works Acceleration Act of 1962 (42 U.S.C. 2641, *et seq.*); the Public Works

and Economic Development Act of 1965 (42 U.S.C. 3121, *et seq.*); the Appalachian Regional Development Act of 1965, as amended (40 U.S.C. App.); the Local Public Works Capital Development and Investment Act of 1976 (Pub. L. 94-369). In the case of a loan guaranteed by the Secretary with an interest subsidy, the amount of Federal assistance under title VI or title XVI for a fiscal year is the total amount of the interest subsidy that the Secretary will have paid by the close of that fiscal year, as well as any other payments which the Secretary has made as of the beginning of the fiscal year on behalf of the facility in connection with the loan guarantee or the direct loan which has been sold.

(g) *Fiscal year* means the facility's fiscal year.

(h) *Nursing home* means a facility which received Federal assistance for and operates as a *facility for long-term care* as defined at, as applicable, section 645(h) or section 1624(6) of the Act.

(i) *Operating costs* for any fiscal year means the total operating expenses of a facility as set forth in an audited financial statement, minus the amount of reimbursement, if any, received (or if not received, claimed) in that year under titles XVIII and XIX of the Social Security Act.

(j) *Persons unable to pay* means persons who meet the eligibility criteria set out in §124.505.

(k) *Request for uncompensated services* means any indication by or on behalf of an individual seeking services of the facility of the individual's inability to pay for services. A request for uncompensated services may be made at any time, including following institution of a collection action against the individual.

(l) *Secretary* means the Secretary of Health and Human Services or [his or her] delegatee.

(m) *Uncompensated services* means:

(1) For facilities other than those certified under §124.513, §124.514, §124.515, or §124.516, health services that are made available to persons unable to pay for them without charge or at a charge which is less than the allowable credit for those services. The amount of uncompensated services provided in a fiscal year is the total allowable credit for services less the amount

charged for the services following an eligibility determination. Excluded are services provided more than 96 hours following notification to the facility by a quality improvement organization that it disapproved the services under section 1155(a)(1) or section 1154(a)(1) of the Social Security Act.

(2) For facilities certified under §124.513, §124.514, §124.515, or §124.516, services as defined in paragraph (m)(1) of this section and services that are made available to persons unable to pay for them under programs described by the documentation provided under §124.513(c)(2), §124.514(c)(2), or §124.516(c)(2), as applicable, or pursuant to the terms of the applicable grant or agreement as provided in §124.515. Except as provided in §124.516, excluded are services reimbursed by Medicare, Medicaid, or other third party programs, including services for which reimbursement was provided as payment in full, and services provided more than 96 hours following notification to the facility by a quality improvement organization that it disapproved the services under section 1155(a)(1) or section 1154(a)(1) of the Social Security Act.

[52 FR 46031, Dec. 3, 1987, as amended at 59 FR 44639, Aug. 30, 1994]

§ 124.503 Compliance level.

(a) *Annual compliance level.* Subject to the provisions of this subpart, a facility is in compliance with its assurance to provide a reasonable volume of services to persons unable to pay if it provides for the fiscal year uncompensated services at a level not less than the lesser of—

(1) Three percent of its operating costs for the most recent fiscal year for which an audited financial statement is available;

(2) Ten percent of all Federal assistance provided to or on behalf of the facility, adjusted by a percentage equal to the percentage change in the CPI between the year in which the facility received assistance or 1979, whichever is later, and the most recent year for which a published index is available.

(b) *Deficits.* If in any fiscal year a facility fails to meet its annual compliance level, it shall provide uncompensated services in an amount sufficient to make up that deficit in subsequent