

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

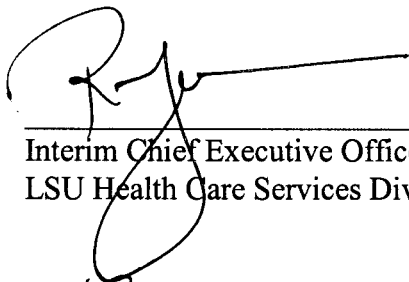
POLICY NUMBER: 1505- 09

CATEGORY: Patient Financial Services

CONTENT: Ryan White CARE Act Eligibility Determination for LSU-HCSD  
Outpatient Provided Services

EFFECTIVE DATE: Issued: July 26, 2004  
Updated: April 1, 2005  
Revised: May 30, 2008  
Revised September 29, 2009

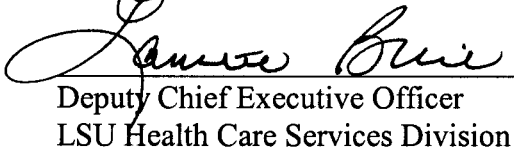
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Interim Chief Executive Officer  
LSU Health Care Services Division

Date

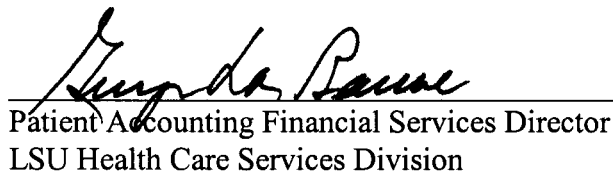
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Deputy Chief Executive Officer  
LSU Health Care Services Division

Date

10/6/09



Patient Accounting Financial Services Director  
LSU Health Care Services Division

Date

10/1/2009

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

**I. STATEMENT OF PURPOSE:**

To Comply with the Ryan White CARE Act, Title XXVI, HIV Health Care Services Program, Part B – Care Grant Program, Subpart I – General Grant Provisions, Section 2617 (c) Requirement Regarding Imposition of Charges for Services, (1) – (4).

**II. DEFINITIONS:**

- A. Ryan White CARE Act- Ryan White CARE (Comprehensive AIDS Resources Emergency) Act requires all grantees or recipients receiving funding for Early Intervention Services (Outpatient Clinic Services) under the Ryan White CARE Act, to post a schedule of charges. Section 2617 (c) also mandates a limitation of the patient’s financial responsibility under this program.
- B. Schedule of Charges –Table identifying the patient’s financial responsibility for services provided in all Health Care Services Division (HCSD) clinics treating HIV patients for primary care.
- C. Eligible medical expenses – Any patient out-of-pocket medical expense, including inpatient and outpatient medical bills, enrollment fees, health insurance premiums, deductibles, cost sharing, co-payments, and coinsurance. Supporting documentation of these items could be the Providers bill showing the patients cost share or the amount of the insurance premium that was paid. The item should, at a minimum, show the name of person receiving service, name of service provider, amount, and date(s) of service.
- D. Annual Cap – Limitation placed on the maximum financial responsibility that an HIV patient would be responsible for during a calendar year (January 1–December 31).
- E. HIV Coordinator – The employee designated by a HCSD medical center as the liaison for HIV services at that medical center and who is responsible for complying with the reporting requirements of the Ryan White CARE Act.
- F. EMTALA – Emergency Medical Treatment and Active Labor Act that governs access to emergency care.

### **III. POLICY:**

LSU-HCSD will provide a schedule of patient financial responsibility for HIV patients receiving outpatient treatment in a clinic of an HCSD medical center receiving funding for primary care services under the Ryan White CARE Act. The annual cap on the Schedule of Patient Financial Responsibility does not apply to services received at other private medical providers.

It is the responsibility of the patient to provide the supporting documentation of all eligible medical expenses to the medical center HIV Coordinator, or his/her designee, in order to meet the annual cap. The annual cap is based on a calendar year. Persons meeting the annual cap will not be financially responsible for future outpatient services provided in any HCSD outpatient clinic treating HIV patients for primary care through the end of the calendar year. The patient will be responsible for any inpatient admission charges.

Upon providing supporting documentation of medical expenses and being determined that the annual cap has been met, eligible charges may be retroactive to ten (10) days. Any payments made prior to eligibility date are non-refundable.

No one will be denied treatment in emergency situations and/or when EMTALA applies.

Nothing in this policy is intended to conflict with federal, state law, rule or policy pertaining to the provision of services to the indigent.

### **IV. PROCEDURES:**

- A. A notice announcing the schedule of patient financial responsibility will be made available to all patients receiving services in the HIV outpatient clinic via either signage and/or brochure.
- B. The documentation of monthly gross income will be performed by the designated hospital Registration personnel. The HIV Coordinator, and/or his/her designee, can access the patient's documented income to determine the patient's annual cap responsibility. HIV Coordinators or their designees will inform patients of their annual financial responsibility based on their annual income reported.
- C. Patients who may be potentially eligible for the annual cap are responsible for providing documentation to the medical center's HIV Coordinator, or his/her designee, for accurate determination of the level of patient financial responsibility.

The schedule of patient financial responsibility:

<b>Annual Cap of Patient Financial Responsibility</b>	<b>Income Criteria</b>
Free care	At or below 200% of Federal Poverty Level
7% of annual gross income	201% - 300% of Federal Poverty Level
10% of annual gross income	301% or greater of Federal Poverty Level

**V. APPLICABILITY:**

This policy shall apply to all medical centers of the LSU-HCSD who receive some form of primary care funding from the Ryan White CARE Act.

**VI. IMPLEMENTATION:**

This policy becomes effective five business days after the approval and signature of the HCSD Chief Executive Officer or designee. Subsequent revisions to this policy shall become effective on the date the revised policies are approved by the Chief Executive Officer of the HCSD or his/her designee. The Federal Poverty Level guidelines shall be revised each year to the changes published annually in the "Federal Register". The effective date of the annual update will be the first day of the month following the notification of the changes published in the Federal Register.

**VII. RESPONSIBILITY:**

It shall be the responsibility of each HIV Coordinator, Hospital Administrator and designee(s) to adhere to the procedures set forth in this policy.