LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA

POLICY NUMBER: 1505-17

CATEGORY: Patient Financial Services

CONTENT: Ryan White CARE Act Eligibility Determination for Lallie Kemp Regional Medical Center Outpatient Provided Services

EFFECTIVE DATE: Issued: July 26, 2004
Updated April 1, 2005
Revised: May 30, 2008
Revised: July 31, 2009
Revised: July 31, 2010
Revised: October 15, 2011
Reviewed: August 20, 2015
Reviewed: July 14, 2017

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8/9/17
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LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
HEALTH CARE SERVICES DIVISION
Ryan White CARE Act Eligibility Determination
For LSU HCSD Outpatient Provided Services

I. 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 required 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 © 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 the Health Care Services Division (HCSD) clinic treating HIV patients for primary care.

C. Eligible medical expenses – Any patient out of pocket medical expense, including in-patient and out-patient medical bills, enrollment fees, health insurance premiums, deductibles, cost sharing, co payments, and coinsurance.

D. Annual Cap – Limitation placed on the maximum financial responsibility that an HIV patient would be responsible for based on their individual income during a calendar year (January 1 – December 31.)

E. HIV Coordinator – The employee designated by a Lallie Kemp Regional 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:

Lallie Kemp Regional Medical Center 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 supporting documentation of all individual 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 individual income for the calendar year. Persons meeting the annual cap will not be financially responsible for future outpatient services provided in the Lallie Kemp Regional Medical Center out-patient clinic treating HIV patients for primary care through the end of the calendar year. The patient will be responsible for any in-patient admission charges.

Upon providing supporting documentation of individual 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.

Nothing in this policy is intended to conflict with federal, state law, rule or Lallie Kemp Regional Medical Center, LSU HCSD policy pertaining to the provision of services to the medically 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. The schedule of Patient Responsibility will clearly define the annual financial responsibility cap of the individual patient in order for them to be medically eligible to receive outpatient HIV care.

B. The documentation of individual 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 of their individual income 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 follows:

Annual Cap of Patient Financial Responsibility	Income Criteria
Free care (no fees from patient required)	At or below 100% of Federal Poverty Level
Patient Responsible for 5% of annual gross income	101% - 200% of Federal Poverty Level
Patient responsible for 7% of annual gross income	201-300% of Federal Poverty Level
Patient responsible for 10% of annual gross income	301% or greater of Federal Poverty Level

V. APPLICABILITY:

This policy shall apply to Lallie Kemp Regional Medical Center, 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 Deputy Chief Executive Officer. Subsequent revisions to this policy shall become effective on the date the revised policies are approved by the Deputy 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 the Lallie Kemp Regional Medical Center HIV Coordinator, Hospital Administrator and/or designee(s) to adhere to the procedures set forth in this policy.