## Contents

**Purpose**

The Financial Assistance Policy (FAP) of Lake Charles Memorial Health System (LCMHS) aims to assist patients who may lack insurance coverage and could qualify for financial aid. It addresses the situation of patients seeking medical services without a means of payment or insurance. Eligibility for financial relief under this policy is determined by comparing an individual's financial resources and income with the Federal Poverty Guidelines. While this policy is applicable across the Health System, it is not relevant to independent practitioners operating within the System.

**Policy**

LCMHS is committed to providing financial assistance to those who have healthcare needs and are uninsured or underinsured, for medically necessary care based on their individual financial situation. LCMHS strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

A. To determine whether an individual is eligible for financial assistance, the individual must apply for financial assistance. This FAP describes how to apply and specifies the eligibility criteria an individual must satisfy to receive financial assistance. The information and documentation required to be submitted as part of the FAP application is defined in the policy.
B. This FAP applies to all emergency and other medically necessary care provided by LCMHS for the diagnosis and treatment of illness or injury. The System will determine whether a service is eligible for Financial Assistance. Services specifically excluded include, but are not limited to, the following:
    a. Care that is not medically necessary, including but not limited to
        i. Cosmetic procedures, such as breast augmentation, abdominoplasty, Botox injections, blepharoplasty, chemical peels, skin tag removal, dermal fillers, sclerotherapy, and dermatological laser treatments.
        ii. Cosmetic dental procedures
        iii. Bariatric surgery
        iv. Circumcision
        v. Genetic testing
        vi. Hormone replacement therapy
        vii. Stretta therapy
    b. Charges resulting from procedures that are not covered by third-party insurance, despite being medically necessary, due to the patient's failure to follow insurance payer guidelines where a patient knowingly received services in a non-contracted hospital.
    c. Motor vehicle accidents where third-party liability is being pursued for payment of System expenses (e.g., those involving patients with no health care insurance).
C. If a patient has potential payment resources such as health insurance or third-party settlement proceeds, they may not be eligible for financial assistance.
D. Financial Assistance is not considered a substitute for personal responsibility. Patients are expected to cooperate with LCMHS procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so.
E. If an FAP applicant is or may be eligible for funds from local, state, or federal programs that cover some or all of the costs of health care services, the FAP applicant is expected to apply for such programs before a determination of eligibility is made under this FAP. Financial assistance is generally payer of last resort to all other financial resources available to the patient including insurance; government programs, such as but not limited to VA benefits, Medicare, and Medicaid; third-party liability; and personal assets., including existing liquid assets. The System will aid individuals in applying for government programs.
F. The System will not deny financial assistance under this FAP based on an applicant's failure to provide information or documentation that the System does not specify in this FAP or in the FAP application form. The System will notify the individual in writing of the decision on their eligibility under this FAP and the basis for the decision.
G. Financial assistance documentation obtained from patients will be secured; access to this documentation will be limited to those essential to the Financial Assistance process.
H. LCMHS management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

**Financial Assistance Determination**

A. Financial assistance shall be the foremost consideration when a patient lacks alternative financial resources. This encompasses situations where the patient is not covered by any group or individual medical plans, workers' compensation, medical assistance programs, automobile insurance (including liability, medical payments, and uninsured/underinsured motorist coverage), third-party liability, or any other circumstances where a third party may be legally obligated to cover medical service costs. The only exception to this policy is when the patient's primary insurance coverage is through Medicare, or any other state, federal, or military programs.

B. Financial assistance will be determined in accordance with procedures that involve an individual assessment of financial need and may:
   - Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring).
   - Include reasonable efforts by LCMHS to explore alternative sources of payment from public and private payment programs and to assist patients to apply for such programs.
   - Consider the patient's available assets, and all other financial resources available to the patient.

**C. Verification of Citizenship or Qualified Alien Status**
   - Social Security Card (for all household members)
   - Proof of Qualified Alien Status. (See Attachment I)

**D. Verification of Louisiana Region 5 Residency** is required for any financial assistance request. The following documents must be provided:
   - Louisiana State Issued Driver's License or Identification Card
   - Proof of Louisiana Residency in Region 5 (Louisiana Driver's License w/current mailing address of a household member, utility bill in a household members name with the current mailing address or a government letter addressed to a household member with the current mailing address).

E. **Verification of income** is required for any financial assistance request. The following documents must be provided:
   - A completed financial assistance application
   - Proof of income for the patient/guarantor, family members living in the house, and dependents claimed on the patient's/guarantor's tax return.
     i. If employed: Last 2 paystubs, last 2 months' bank statements, last available W-2's.
     ii. If self-employed: Most recent tax returns for the patient/guarantor, family members living in the house, and dependents claimed on the patient's/guarantor's tax return.
     iii. If not employed: a copy of benefit information from Social Security disability, other Social Security income/benefits, I 099R, pension, public assistance, worker's compensation, trust fund, unemployment, military support, child support, and alimony; public assistance checks; retirement checks: and/or notarized statement of support.
   - Additional documentation may be requested based on the individual circumstances related to the case.

F. Requests for financial assistance shall be processed promptly, and LCMHS shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

G. Financial assistance write-offs will be applied to the date of service for which the financial assistance application was initiated and for future dates of service within the specified approval period.
   - NOTE: Insurance verification will be performed for each episode of care to determine if the patient remains uninsured.

H. Patients must re-apply for financial assistance at the end of the approval period for which the original application was approved.

I. If the responsible party is not cooperative with financial counselors regarding Medicaid applications, they will not be eligible for financial assistance.

**Patients will not be discriminated against in regard to race, creed, color, national origin, sex, sexual orientation, or the presence of any sensory, mental, or physical disability.**

**Eligibility and Amount of Write-Off**

A. Eligibility for write-off is determined based on the number of persons in the household and annual family income as a percentage of the Federal Poverty Level (FPL). LCMHS will use the Federal Poverty Guidelines (FPG) that are updated and published annually by the U.S. Department of Health and Human Services in the Federal Register. The latest information is available on this website: https://aspe.hhs.gov/poverty-guidelines

B. Patients who meet the income criteria enabling them to qualify for financial assistance will be considered under this policy based on the following criteria:
   - Patients whose gross family income does not exceed 201% of the current Federal Poverty Guidelines (FPG) will qualify for full coverage of any hospital and/or physician charges, subject to a minimal fee based on a sliding scale.
   - Patients whose gross family income exceeds 201% of the current FPG the patient may qualify for a reduced share of charges based on a percentage calculation below.
   - For the purpose of this document "P" represents the patient's payment and "C" represents the total charges.

| Tier Groups | Income Level (based on FPG) | Patient Portion |
|---|---|---|
| Tier 1 | 138% or below | $0.00 |
| Tier 2 | 139% - 150.99% | $P = \frac{C}{1000} \times 5$ |
| Tier 3 | 151% - 175.99% | $P = \frac{C}{1000} \times 10$ |
| Tier 4 | 176% - 200.99% | $P = \frac{C}{1000} \times 25$ |
| Tier 5 | 201% - 275% | $P = C - (C \times AGB\%)$ |

**Approval Periods**

A. Patients approved for the Financial Assistance Program will receive approval for a period defined below. Patients will be required to reapply once their approval period is exhausted.
   a. Patients with fixed incomes such as Social Security, Retirement, other government support programs or those who are self-employed and have proven income based on previous year's tax information will receive approval for a 1-year period from the application date.
      - Self-Employment income will be verified by the current year Federal Income Tax Form, using the gross income, on line 31 of the 1040 schedule. The Department of Labor information can be used as secondary income verification. If taxes were not filed, receipts, check stubs, contracts or sub-contract agreements for the prior 30 days can be substituted.
   b. Patients who are employed, unemployed or who have provided another means of support will receive approval for a 6-month period from the application date.
   c. A review of all the applicant's outstanding balances will also take place and accounts with dates of service within 240 days from the application date will be adjusted based on the level the patient is qualified for.

**Exceptions**

A. Patients who have certain primary insurance coverage will be eligible to apply for financial assistance, see Attachment A.
B. Patients who have primary coverage with Medicare will also be eligible to apply for financial assistance but will require additional documentation, see Attachment B.
C. In Emergent situations services are rendered regardless of a payer source or the patient's ability to pay. These patients will be notified by written correspondence of their option to apply for programs for which they may be eligible.

**Medical Indigency**

A. A patient whose out of pocket medical expenses for the twelve months prior to services exceed or is equal to 20% of the gross annual income will be eligible to participate in Medical Indigence coverage program which will cover services at Tier 4 rates for a period of twelve months from the time the 20% of medical expense is reached. (Please see Attachment C for additional information)
   - Patients will be asked to provide documentation of outstanding medical bills for the twelve months before the service date.

**Medicaid Indigency**

A. Patients qualified for limited-benefit state programs will be presumed indigent and their account balances adjusted accordingly.
B. Patients that have Medicaid coverage through a non-contracted state also qualify for the Medicaid Indigency adjustment.
C. See attachment H for additional information.

**Application Process**

A. Completing, signing, and applying for financial assistance, as well as submitting the required documentation set out in this policy, is required in order to determine if an individual qualifies for Financial Assistance. Applications are available at three locations. See Attachment I for a listing of websites, physical addresses, and telephone numbers for each location. Directions for returning the completed application are detailed in the financial assistance application.
B. The availability of financial assistance will be publicized to patients at intake or discharge. Financial Counselors will screen interested patients and assist in completing the application for financial assistance. Financial Counselors are available in the Hospital, Moss Memorial, and the Business Office to help complete the application or answer any questions related to this FAP. Location addresses can be found in Attachment I.
C. The patient or the patient's guarantor are required to supply personal, financial, and other documentation relevant to deciding financial need **within thirty (30) days** of the request for assistance. The applicant must provide the requested information for the patient, spouse, family members who reside together, and dependents claimed on the same tax return. **Applications not meeting these conditions may be returned to the applicant or considered denied.**
D. Although applications may be denied if not completed within 30 days, the application will be re-opened and reconsidered if the patient contacts us and requests reconsideration within 240 days after post-discharge billing.

**Definitions**

For the purpose of this policy, the terms below are defined as follows:

Amounts Generally Billed (AGB) – This is a calculation performed by the System annually. This calculation identifies the percentage that an eligible patient may be billed for services. (see attachment E)

Emergency Care: The patient requires immediate medical intervention due to a severe, life-threatening, or potentially disabling condition. Generally, the patient is seen and/or admitted through the emergency room. See section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Financial Assistance: Financial assistance is defined as medical services provided at no charge (or a reduced charge in the case of catastrophic financial assistance) to patients who are uninsured or underinsured and unable to pay based on income level (as based on the U.S. Department of Health and Human Services Federal Poverty Guidelines), financial analysis, demographic indicators and/or fu1ther healthcare needs based on diagnosis. Financial assistance does not include contractual allowances from government programs and contractual allowances from insurance.

Family/Dependents – The family unit is a group of individuals related by blood, marriage, adoption or resident, whose income can be applied to the patient's medical expenses. Children over eighteen years of age that are not a student, emancipated minors and children living under the care of individuals, not legally responsible for their support will not be considered part of the family/dependents, unless those individuals are claimed as dependents on the responsible party's income tax.

Family Income: Using the Census Bureau guidelines. the following is used when computing family income:

- Includes earnings. unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans· payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child suppo1t, assistance from outside the household, and other miscellaneous sources;
- Determined on a before-tax basis.
- Includes the income of all family members who reside together, and dependents claimed on the income tax return. (Non-relatives. such as housemates, do not count.)
- For dependents who live outside the home, family income shall include the dependent's income, along with the income of those who claim the dependent on their tax return.

- Family Income also includes resources or property easily convertible to cash, including checking accounts, savings accounts, stocks, bonds, certificates of deposits, and cash. IRAs and 401Ks are excluded until money is removed.

Federal Poverty Guidelines (FPG) – The federal government establishes and publishes annual poverty guidelines in the Federal Registry. The guidelines compare the family's yearly/monthly income with the size of the family/dependents.

Louisiana Resident – A person who lives in the state of Louisiana, has a permanent home there, or stays for over six months in a tax year, proven by a Louisiana driver's license, ID card, or utility bill.

Non-emergent Patient – Patient whose medical conditions do not require emergency treatment based on the hospital medical screening standards for emergency care.

Medicaid Indigency – Patient who do not qualify for traditional Medicaid but are presumed indigent by qualifying for limited-benefit state programs: and patients that have Medicaid coverage through a non-contracted state.

Medically Necessary Care: Medical treatment that is appropriate and necessary for treatment of the presented symptoms, as defined by Medicare and third-party payers.

Region 5 - Defined by the Louisiana Department of Health and includes five parishes: Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis.

Qualified Alien – Person authorized by the U.S. Citizenship and Immigration Services (USCIS) for legal entry and continued stay in this country. See Attachment I.

Uninsured Patient: A person receiving healthcare services that does not have healthcare insurance and will not qualify for any state/ federal programs.

**Insurance Primary Payor Source**
**Attachment A**

**Purpose**

Lake Charles Memorial Health System has contracted with multiple commercial insurance companies and has agreed to bill patients for amounts due regarding co-insurance, deductibles, and co-pays as determined by their coverage. LCMHS will be reviewed on a case specific basis and will proceed accordingly as we are contractually obligated. Should there be no specifications regarding the patient portion LCMHS will follow the guidelines below.

**Criteria**

A. Patients who have Medicare, Medicaid, or any other state, federal, or military programs coverage will be considered eligible to apply for participation in the financial assistance program should they meet the requirements of the policy.

B. Patients who meet the eligibility for participation in the financial assistance program will not be charged any amounts due after insurance processing as they are considered medically indigent.

C. If the patient's insurance denies a claim in full as it is not covered by the policy, then the patient will be considered under the self-pay portion of the financial assistance policy.

## Medicare Additional Criteria

**Attachment B**

**Purpose**

Lake Charles Memorial Health System is a Medicare provider and as such has agreed to follow Medicare Provider guidelines for establishing medical indigence. Medicare patients will follow the guidelines in this attachment to be considered for the financial assistance program.

**Criteria**

In addition to the documentation requested in the financial assistance policy Medicare also requires a total resource evaluation including evaluation of patient's available assets that are easily convertible into cash and are unnecessary for patients daily living.

a. Medicare patients must provide copies of most recent complete bank statements including both checking and savings accounts. An evaluation will be made of the available balance, removing the amount previously claimed as monthly income. (example: Patient has a checking account balance of $4,000 but their monthly income recently deposited for $2,000 so the checking account balance includes this income – the monthly income will be deducted from the balance as it is already claimed as income in previous steps of the financial assistance evaluation process)
b. Social security payment direct express card is not required as it only reflects income that is previously considered in the financial assistance evaluation.
c. Medicare patients must also provide proof of Certificate of Deposits (CD), Cash in a Safety Deposit Box, Stocks and or bonds.
d. IRAs, 401Ks and life insurance policies are not considered easily convertible into cash and therefore are not required.

An analysis performed on the assets presented and electronically documented are in total not to exceed the limit of $4,000 per person or $6,000 per couple.

**Medically Indigent Criteria**
**Attachment C**

**Purpose**

This policy is designed to help LCMHS staff identify patients that may be eligible for financial assistance due to medical indigence. There are patients who at times present for medical services that do not meet the income requirements for the full participation in the financial assistance program, however; they have experienced a hardship due to medical expenses.

**Criteria**

A patient whose family out of pocket **medical expenses for the twelve months prior to services** exceeds or is equal to 20% of the gross annual income will be eligible for full participation in the medically indigent financial assistance program for a period of one year from the approval date.

- Patients will be asked to provide documentation of outstanding medical bills for the twelve months before the service date.
- The patients out of pocket responsibility will be determined by calculating Total Family Yearly Income x 20% = This amount will be the amount that the patient is responsible for out of their pocket prior to Medically Indigent approval
- Once Medical Indigence is established the approval date will start from the date the patient reaches their out-of-pocket responsibility for one year forward.
- If a patient has another payor source including participation in the partial financial assistance program, only the amount the patient is held responsible for is to be considered as the patient's out of pocket expense.

The Medical Indigence Worksheet must be completed and once calculations are done, approved by a supervisor, manager, or director before final determination.

**Unemployed Patient Living off Resources**
**Attachment D**

**Purpose**

This purpose of this attachment is to provide additional direction in the event a patient is not employed and is living off previously saved resource or account such as a checking, savings account, retirement, or any other resource that is convertible to cash.

**Criteria**

In addition to documentation requested in the financial assistance policy patients who are unemployed and have no other source of income but are living off a previously saved resource must also provide the following:

a. Documentation of assets that are easily convertible to cash and unnecessary for the patient's daily living.
    i. This does not include retirement assets or primary residential equity.
b. Most current bank statements show their checking and savings account.
    ii. The bank statement will be reviewed to see what funds are available to them.

Lake Charles Memorial Health System will also consider any extenuating circumstances that would affect the determination of the Medicare patient's indigence. An analysis performed on the assets presented and electronically documented are in total not to exceed the limit of $4,000 per person or $6,000 per couple.

Example 1: Patient is living off an IRA totaling $150,000 and is receiving a monthly amount of $2000.00. This amount represents the monthly income for which the patient pays for expenses.

- The total amount of the IRA would not be considered as it is retirement account.
- The monthly amount being received would be considered as monthly income and considered according to the guidelines.

Example 2: Patient has recently lost job. At the time of separation from the job, the patient cashed out retirement account and received a check for $10,000. This amount represents the income for which that patient pays for monthly expenses.

- This amount would be considered as it has been converted into cash that the patient received.
- The patient is married and therefore is over resources as the amount exceeds the $6,000 per couple maximum.
- The patient's monthly income would be zero, but they are over resources for the Financial Assistance Program.

**Amounts Generally Billed**
**Attachment E**

**Purpose**

This attachment provides detailed information about the calculation of the amounts generally billed (AGB).

**Definitions**

Amounts Generally Billed (AGB) – This is a calculation performed by the System annually. This calculation identifies the percentage that an eligible patient may be billed for services.

**Criteria**

In accordance with section §1.501(r)-5(b) in the of the 501R regulations Lake Charles Memorial Health System has chosen to use the look back method to determine the Systems AGB. This calculation is performed annually and any changes that are made to the AGB percentage will go into effect within 120 days of the calculation being performed. Patients who currently are participating in a program that may be affected by a change in the AGB percentage are notified at the time of the financial assistance approval in writing that this calculation is re-evaluated yearly and is subject to change. Those patients are also notified in writing prior to the change taking place.

The Financial Counselor performs this calculation by evaluating all accounts with Insurance, Medicare, and Medicaid for a year prior to the calculation taking place. A comparison is done from the total charges of the overall accounts to the amounts that were adjusted due to the Systems contractual agreements with said payor sources this calculation determines the average contractual percentage for patients with a payor source. This percentage is established as an adjusted amount and the remaining difference is the amount established as the Amounts Generally Billed (AGB) percentage and is therefore billable to the patient.

Patients approved for financial assistance through Lake Charles Memorial Health System will not be billed for more than the amounts generally billed (AGB). Patients who participate in the partial approval program will be held responsible for a discounted amount based on the amounts generally billed (AGB) percentage established in the annual evaluation.

**Other Charity Approvals**
**Attachment F**

**Purpose**

Lake Charles Memorial Health System recognizes that there are instances where a patient or patient's guarantor is unable to meet the financial obligations due to, they do not meet all criteria for the financial assistance program or have failed to cooperate with filing an application for financial assistance.

**Definitions**

Charity - Patients who do not meet the criteria of the financial assistance program, however, have proven that they are financially unable to afford to pay their medical expenses incurred at Lake Charles Memorial Health System. These patients are most often patients who reside in a different state but have cooperated by supplying all information and meeting all other criteria of the financial assistance program.

Presumptive Charity – Patients who have not cooperated with applying for the financial assistance program, but by utilizing available reference resources Lake Charles Memorial Health System does not believe that the patient has a means to resolve their debt. Lake Charles Memorial Health System will presume their eligibility for Presumptive Charity.

**Criteria**

Only accounts and the current outstanding balance will be considered for Charity and Presumptive Charity. The patient will not receive ongoing approval for a period moving forward as they will need to seek services in their local state for assistance or apply for the full financial assistance program and cooperate by returning all necessary documentation.

**Charity**

Patients who apply for and cooperate with providing documentation for the financial assistance program however they are not a Louisiana resident, therefore, do not meet the criteria for the Full coverage or Partial coverage financial assistance programs may be considered for their outstanding balances to be adjusted as a Charity account. Patients that have Medicaid with other states, but LCMHS does not have a provider number can also be considered as Charity. The applicant must meet the financial criteria based on the Financial Assistance Policy. The patients specifically approved account or accounts will be adjusted to the Charity adjustment code and the patient will no longer be billed for the approved services.

**Presumptive Charity**

LCMHS recognizes that not all patients or patient's guarantors can complete the financial assistance application or provide requisite documentation. LCMHS further recognizes that some patients or their guarantors are non-responsive to the application process, therefore, the System will utilize other electronic sources to make an informed decision on the financial need of the patient to qualify them for the Financial Assistance Program. Patients who have not cooperated with the Financial Assistance Program either by not returning all the requested documentation for the program or have not applied for the program or have ignored bills and other communication from the System may not be considered for presumptive charity. These evaluations are a soft check and do not affect the patient's credit in a negative way. Once a patient is not likely to resolve their balances financially, these accounts are presumed to be Charity (Presumptive Charity). Presumptive Charity will be a last resort to qualify patients for the Financial Assistance program and will only be utilized after the System as exhausted all collection efforts. Once all collection efforts are exhausted and it is identified that a patient does qualify for Presumptive Charity the account would be included in the reporting for reimbursement on the Medicare cost report.

The account is taken out of the active accounts receivable and placed in the bad debt accounts receivable. The account is not assigned to any agency for further collections and is identified by an agent code that shows Presumptive Charity Bad Debt to identify amounts to be reimbursement on the Medicare cost report. This classification reflects that the System has identified the patient's low likelihood of payment and is not pursuing further for collections. In the event the patient makes a payment or contacts the office to set up payment arrangements the Presumptive Charity Bad Debt assignment can be reversed, and normal collection activities can resume. In the instance that a patient files for financial assistance after an account has been classified as Presumptive Charity Bad Debt the financial assistance application will be considered under the usual guidelines and any approval will be applied as defined in the policy.

**Ryan White CARE Act Eligibility**
**Attachment G**

**Purpose**

To comply with the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act, Title XXVI, HIV Health Care Services Program regarding annual cap on charges for applicable HIV patients. Section 2617 (c) of the Act mandates a limitation of the patient's financial responsibility under the program.

**Definitions:**

- The Ryan White CARE Act requires all grantees or recipients receiving funding under the Ryan White CARE Act to post a schedule of charges.
- Schedule of Charges – Table identifying the patient's financial responsibility for services provided in an applicable Lake Charles Memorial Health System (LCMHS) clinic that is treating HIV patients for primary care.
- 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.
- 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 (January1-December31).

**Policy:**

Lake Charles Memorial Health System (LCMHS) Patient Access Staff will provide a schedule of patient financial responsibility for HIV patients receiving outpatient treatment in a clinic setting at LCMHS. 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 Financial Counselor, 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 any applicable LCMHS outpatient clinic treating HIV patients for primary care throughout the end of the calendar year. The patient will be responsible for any inpatient admission charges.

Upon providing supporting documentation of individual medical expenses and being determined that the annual cap has been met, eligible discounts may be retroactive to the date the patient met the medical expense cap criteria for that calendar year and will be applied throughout the remainder of the calendar year. In the event that a patient has another payor source including participation in the partial financial assistance program, only the amount the patient is held responsible for is to be considered as the patient's out of pocket expense.

**Procedures:**

- 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 a brochure.
- The documentation of individual monthly gross income will be performed by the Patient Access staff using the method utilized in each financial screening case. The FPG % will be noted in the system where required.
- Patients who may be potentially eligible for the annual cap are responsible for providing documentation of their individual income to the LCMHS Patient Access Staff for accurate determination of the level of patient financial responsibility.

| Income Criteria | Annual Cap of Patient Financial Responsibility |
|---|---|
| At or Below 200% of FPL | Free Care (no fees from patient required) |
| 201%-300% of FPL | Patient responsible for 7% of annual gross income |
| 301% or greater of FPL | Patient responsible for 10% of annual gross income |

**Patients Approved for Government Programs Expedited Approval**
**Attachment H**

**Purpose**

This purpose of this attachment is to provide additional direction in the event a patient currently qualifies for Food Stamps, or a Louisiana Medicaid program Lake Charles Memorial Health System may utilize proof of that coverage to prove the applicant qualifies for coverage through the Financial Assistance Program. This is appropriate because the applicant has proven all the eligibility criteria necessary for approval for the Lake Charles Memorial Health System program to the State of Louisiana and will support this information.

In order for a patient to qualify for food stamps or a Medicaid program the patient has proven US Citizenship, Louisiana Residence & that their income falls under 200% of the federal poverty guidelines.

**Criteria**

Lake Charles Memorial Health System must receive proof of the applicant's coverage through Food Stamps or a Louisiana Medicaid Program by one of the following support documents.

- A Food Stamp or Medicaid decision Letter from the Louisiana State agency with the applicable effective date and coverage period (which must reflect current dates)
- A Printout from the Food Stamp or Medicaid office showing their eligibility with the applicable effective date and coverage period (which must reflect current dates)
- Proof of coverage verified verbally and recorded by a Lake Charles Memorial Health System representative with an employee of the applicable Louisiana state agency. This must be documented including the phone number called, who was spoken to, and the specific information verified on behalf of the patient. This documentation will be listed on the account in notes and included in the documentation to support the financial assistance application.

**Examples**

It is important that each team member understand when it is appropriate to utilize the Food Stamp or Medicaid approval. Please see below examples of applicable situations.

Example 1:
Patient applies for financial assistance for June but does not have all the supporting documents for financial assistance approval. Based on the patient's federal poverty guideline level, Lake Charles Memorial Health System processes a Medicaid application. The patient becomes eligible for Medicaid through the expansion program beginning July 1st. However, the patient has dates of service prior to the date their eligibility became effective through Medicaid.

Once Lake Charles Memorial is informed of the Medicaid approval by one of the above methods, it is appropriate to go back to prior dates of service based on the policies allowance to approve for Financial Assistance. This is because the patient has proven all the information needed for a financial assistance approval directly to the State of Louisiana.

Example 2:
Patient is in-patient and reports that they are receiving food stamps. The Financial Counselor contacts a Louisiana State Representative to confirm this patient's coverage through food stamps and documents according to the policy. The Financial Counselor will proceed according to their criteria to determine if a Medicaid application is necessary however, the patient temporary financial assistance can be approved pending the Medicaid decision as the patient has already proven all the information needed for a financial assistance approval directly to the State of Louisiana.

**Verification Of Immigration Status and Non-Citizen Status**
**Attachment I**

Acceptable Documentation of Qualified Non-Citizen Status

- The following instructions set forth the documents that may be accepted to determine qualified non-citizen status. Once determined, this status must be verified through the SAVE system.
- Lawful Permanent Resident
    - USCIS Form I-551; or
    - For recent arrivals, a temporary I-551 stamp on a foreign passport or on Form I-94
    - A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.
        - Note: Forms I-151, AR-3 and AR-3A have been replaced by USCIS. If presented as evidence of status, contact USCIS to verify status by filing a G-845S with a copy of the previous USCIS form. Refer the applicant/beneficiary to USCIS to apply for a replacement card.

Refugees

- USCIS Form I-94, endorsed to show entry as refugee under section 207 of INA and date of entry to the U.S.;
    - Note: Form I-94 processing for refugees has been automated by Customs and Border Protection (CBP). Refugees no longer receive a stamped, paper form ** upon arrival, except in limited circumstances. A refugee can obtain a copy of their I-94 record of admission from the website of the Department of Homeland Security (DHS).
- USCIS Form I-688B annotated "274a.12(a)(3)";
- Form I-766 annotated “A3”; or
- Form I-571.
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.
    - Reminder: Refugees usually change to LPR status after twelve (12) months in the U.S., but for the purposes of Medicaid eligibility are still considered refugees. They are identified by Form I-551 with codes RE-6, RE-7, RE-8, or RE-9.

Asylees

- USCIS Form I-94 annotated to show that asylum was granted under section 208 of the INA;
- A grant letter from the Asylum Office of the USCIS;
- Form I-688B annotated "274a.12(a)(5)";
- Form I-766 annotated “A5”; or
- An order of the Immigration Judge granting asylum.
    - Note: If a court order is presented, file a G-845 with the local USCIS district office, attaching a copy of the document, to verify the order was not overturned on appeal.
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.

Non-citizen granted parole for at least one (1) year by USCIS.

- USCIS Form I-94, endorsed to show grant of parole under Section 212 (d) (5) of the INA and a date showing granting of parole for at least one (1) year.
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.

Non-citizen granted conditional entry under the immigration law in effect before April 1, 1980

- USCIS Form I-94, showing admission under Section 203 (a) (7) of the INA, refugee-conditional entry;
- Forms I-688B annotated "274a.12 (a)(3)"; or
- Form I-766 annotated “A-3”.
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.

Non-citizen who has had deportation withheld under Section 243(h) of the INA

- Order of an Immigration Judge showing deportation withheld under Section 243(h) of the INA and date of the grant;
- USCIS Forms I-688B annotated "247a.12(a)(10)"; or
- Form I-766 annotated "A10".
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.

Non-citizens (and their children) who have been battered (or subjected to extreme cruelty) by a spouse, parent, or a member of the spouse or parent's family, if:

- The member of spouse's/parent's family lived in the same household with the non-citizen during the time they were battered or subjected to extreme cruelty;
    - Note: There is no such living requirement for the spouse or parent who battered or subjected the non-citizen to extreme cruelty).
- The non-citizen no longer lives in the same household with the individual who battered or subjected the non-citizen to extreme cruelty; and
- The non-citizen has an approved or pending petition for adjustment of immigration status for:
    - Status as an immediate relative of a U.S. citizen under section 204(a)(1)(A)(i), (iii), or (iv) of INA;
    - Status as the spouse or child of an LAPR non-citizen under section 204(a)(1)(B)(i), (ii), or (iii) of the INA; or
    - Suspension of deportation and adjustment to LAPR status (based on battery) under section 244(a)(3); and
- The U.S. attorney general determines that there is a substantial connection between such battery or cruelty and the need for Medicaid benefits.

American Indians born Outside of the U.S.

- American Indian Card (I-872);
- Documentation of LPR status (See I-313 Five Year Bar on Medicaid for Certain Qualified Non-Citizens);
- Birth or baptismal certificate issued on a reservation;
- Membership card or other tribal records;
- Letter from the Canadian Department of Indian Affairs;
- School records; or
- Contact with the tribe in question.
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.

Iraqi and Afghan entrants with special immigrant status

- Iraqi or Afghan passport with an immigrant visa stamp noting that the individual has been admitted under IV (Special Immigrant Visa) Category SI1, SQ1, SI2, SQ2, SI3, or SQ3 and DHS stamp or notation on passport or I-94 showing date of entry; or
- DHS Form I-551(known as a “green card”) showing Iraqi or Afghan nationality (or Iraqi or Afghan passport) with an IV code of SI6, SQ6, SI7, SQ7, SI9 or SQ9.

Victim of Human Trafficking

- USCIS Form I0914 (also known as a “T visa”), that allows a foreign victim of human trafficking to remain in the U.S. for up to four (4) years with legal non-immigrant status.

Compact of Free Association (COFA) Migrants

- Form I-766/EAD with COA code of A08, Form I-94 with a COFA COA code, or an unexpired passport issued by a COFA country (the Republic of Palau, RMI, or FSM).
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.

Ukrainian Humanitarian Parolee

- Form I-94 noting humanitarian parole with a UHP COA.
- Foreign passport with parole stamp that includes a UHP COA.
- Form I-766, Employment Authorization Document (EAD) with a C11 category, if they have applied for and received one.

Cuban and Haitian Entrants

- Form I-94, Arrival/Departure Record, with a Department of Homeland Security or legacy Immigration and Naturalization Service stamp noting “Cuban-Haitian Entrant (Status Pending).”
- Form I-94 or Cuban or Haitian passport with a Department of Homeland Security or legacy Immigration and Naturalization Service stamp noting “parole under 212(d)(5).”
- Form I-766, Employment Authorization Document (EAD), with category code “C11” or “A04.” The C11 code indicates that the individual was paroled into the United States.

- Documentation issued by U.S. Immigration and Customs Enforcement (ICE), such as Form I-830, Notice to EOIR: Alien Address containing information that the individual was released from ICE custody and paroled pursuant to 8 C.F.R. § 212.5.
- An EAD with a category code of "C08." The C08 code indicates that the individual has a pending application for asylum.
- Form I-797C, Notice of Action confirming USCIS receipt of the individual's Application for Asylum and Withholding of Removal, Form I-589.
- Documentation issued by the Department Homeland Security (DHS) or the Department of Justice (DOJ) Executive Office for Immigration Review (EOIR) showing pending removal proceedings, such as Notice to Appear, DHS Form I-862 and Order of Supervision, DHS Form I-220B.
- A data match with the Social Security Administration indicating current or past receipt of Medicare or SSI.

**Listing of System Websites, Physical Addresses, and Contact Numbers**
**Attachment J**

| LOCATION | WEBSITE | LOCATION | PHONE NUMBER |
|---|---|---|---|
| LAKE CHARLES MEMORIAL HOSPITAL | https://www.lcmh.com/patients-visitors/billing-financial/financial-assistance/ | 1701 Oak Park Blvd<br>Lake Charles, LA 70601 | (337)494-4637 |
| MOSS MEMORIAL HEALTH | https://www.lcmh.com/patients-visitors/billing-financial/financial-assistance/ | 1000 Walters St.<br>Lake Charles, LA 70607 | (337)480-8218 |
| LCMHS BUSINESS OFFICE | https://www.lcmh.com/patients-visitors/billing-financial/financial-assistance/ | 3050 Aster Street<br>Lake Charles, LA 70601 | (337)494-3265 |

NOTE: Please do not use the above address for submitting financial assistance applications. The proper address can be found on the application form itself.

**Provider Coverage Under Financial Assistance Policy-Attachment K**

**Purpose:**
This attachment identifies providers delivering emergency or medically necessary care at Lake Charles Memorial Health System facilities and specifies whether their services are covered under the Financial Assistance Policy (FAP).

**Hospital-Based Services**

| Department / Service | Provider Group Name | Covered by FAP? |
|---|---|---|
| Emergency Medicine | Professional Emergency Medical Management | Yes |
| Radiology | Access Radiology | Yes |
| Anesthesiology | Anesthesia Business Consultants | No |
| Pathology | The Pathology Laboratory | Yes |

**Other Services**

| Specialty | Provider Group Name | Covered by FAP? |
|---|---|---|
| Hospitalists | LCMHS Hospitalist Group | Yes |

**Notes:**
- 'Covered' means charges for these providers are eligible for financial assistance under the FAP.
- 'Not Covered' means charges are billed separately and are not eligible for financial assistance.