

LOUISIANA STATE UNIVERSITY
HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA

POLICY NUMBER: 2525-12

CATEGORY: Patient Accounting Financial Services

CONTENT: Medically Indigent Eligibility Determination for I SLLHCSN

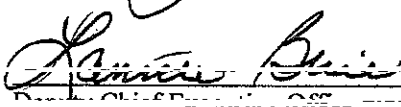
EFFECTIVE DATE: September 1, 2003

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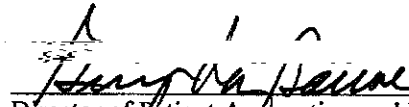
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Interim Chief Executive Officer
LSU Health Care Services Division

6.12.12
Date


Director of Patient Accounting and Financial Services
LSU Health Care Services Division

6/5/2012
Date


Director of Patient Accounting and Financial Services
LSU Health Care Services Division

5/31/2012
Date

I. STATEMENT OF PURPOSE, SCOPE AND ELIGIBILITY

The LSU-HCSD Medically Indigent Eligibility Determination Policy is the method by which LSU-HCSD facilities will determine patient responsibility for the charges incurred by the patients and how they can qualify for medically indigent services/treatment through its facilities or programs. For non-Medicare patients, the Federal Poverty Income Guidelines will be used as the basis for determining whether a person or family is financially eligible for assistance or service. For Medicare beneficiaries, in addition to the Federal Poverty Income Guidelines, an analysis of the patient's assets is required.

Any bona fide resident of the State of Louisiana in need of medical services, including medically indigent shall be processed in accordance with LSU-HCSD billing and

HCSO facility shall be used for service/treatment in any facility or program throughout

The LSU-HCSD Medically Indigent Eligibility Determination Policy will apply to all services for which there is a charge to the patient except as expressly prohibited by Federal or State statutes, rules or regulations, any services elective non-medically necessary in nature and for patients that have third party cover coverage

policy pertaining to the provision of services to the indigent.

II. DEFINITIONS

The following definitions shall apply to the LSU-HCSD Medically Indigent Eligibility Determination policy.

Assets. Only the resources or property that are readily convertible to cash and unnecessary for the patient's daily living. Examples are monies in a: Checking Account, Savings Account, Certificate of Deposit (CD), Money Market Account, IRA, 529 Plan, and/or Bonds. IRAs and 401Ks are excluded until

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Medicare Assets Testing – An analysis performed on the assets presented and electronically documented are in total not to exceed the allowable limit of \$2,000 per person or \$3,000 per couple. Included in this analysis, the hospital should take into account any extenuating circumstances that would affect the determination of the Medicare patient's indigence.

Louisiana Resident - Persons are considered a resident of the State of Louisiana when they actually live in the state and can provide evidence of intent to remain; there is no requirement of United States citizenship, but the applicant must be a U.S. citizen or a qualified alien.

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

Greater New Orleans Community Health Connection (GNOCHC) – effective October 1, 2010, the DHH Medicaid Waiver Program provides for primary and behavioral health care services to low-income (up to 200% of the FPL) uninsured residents of Jefferson, Orleans, Plaquemine and St. Bernard Parishes.

Medically Indigent - A person whose family unit resources or property and income is at or below two hundred percent (200%) of the Federal Poverty Level (FPL) for the size of the family unit, rounded to the nearest dollar, and in accordance with all regulations and qualifications set forth in this policy. As of the program implementation date, I SII

HCSH Hospitals accepts DHH's eligible enrollees in the GNOCHC program as appropriately screened persons for the MI eligibility adjustment.

Gross Income - As used herein means sum of income from salaries, Social Security benefits, pensions, annuities, self-employment or any other source which is applicable to the

HCSH scale for medically indigent eligibility determination

Family Unit/Dependent - A family unit is any group of individuals related by blood, marriage, adoption or resident, whose income can be legally applied to the patient's medical expenses. Children over eighteen (18) years of age and not in high school, emancipated minors and children living under the care of individuals, not legally responsible for their support shall not be considered in the family unit, unless they are claimed on their Federal Income Tax. For minor children, in the event there is a divorce in the family unit, the individual named in the divorce which parent is the responsible of service is responsible for the bill until such documentation is obtained.

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In case of a minor not claimed as a dependent, such as, new birth or new custody, for income tax purposes, the parents are still responsible for payment based on the medically indigent eligibility qualification table but may increase the dependent deductions by the patient(s) in question.

Responsible Persons - As used herein, "Responsible Persons" means the patient's parents or guardians if the patient is under the age of eighteen, unless someone else claims the patient as a dependent, in which case it is that person. If the patient is over eighteen, the patient is responsible for his/her contribution based on his/her gross family income and allowed deductions, unless claimed as a dependent, in which case the claimant becomes responsible for the charges toward the cost of care based on the claimant's family income.

Third Party Payer - As used herein shall mean any Commercial Insurance or Commercial Health Benefit Plan which is or may be legally liable for payment of charges incurred from medical services.

Elective Not Medically Necessary Procedures - As defined within this policy, elective not medically necessary procedures are those considered cosmetic or reproductive in nature or are part of a special flat fee program.

III. REGULATIONS

A. A person who fails to supply the information necessary for accurate medically indigent eligibility determination, shall be presumed to be able to pay the full charge for services rendered. Emergency treatment shall not be denied to anyone. For non-emergent cases the patient should be given the option to either pay a non-refundable

responsibility prior to discharge.

B. Patients who choose to pay the non-refundable deposit, will be given a reasonable deadline of ten (10) calendar days (for inpatients the 10 days will be from discharge) to provide the information to be evaluated for medically indigent eligibility determination. If information is submitted within the ten (10) day time frame and the patient is

classified as Medically Indigent for the balance of that account and through the next qualifying period. If the patient fails to provide the required information within the ten day time frame, the account will be considered as self-pay and billed accordingly.

If a patient's eligibility is determined for the designated time frame and a medical indigent eligibility is determined, the effective eligibility will apply for future cases only and not retroactive for previous services.

C. Any person who is potentially eligible for medical assistance benefits from any Federal or State program that cannot or refuses to provide evidence of application for

D. Medically indigent eligibility will be determined at registration in accordance with this policy using the LNUHCSD medically indigent eligibility qualification table (Attachment I) based on household gross income and number in the family unit.

The GNOCHC program enrollees are considered medically indigent eligible when treated by a non-participating GNOCHC provider or for non-covered benefit services of the program. LNUHCSD Hospital admits DHH's eligible enrollees in the

program of emergency care only for the no admission adjustment. No separate application will be required for free care engine patients that have been enrolled into GNOCHC by DHH.

Eligibility for persons who are self employed will be based on guarantor's income as reflected on the most current year Federal Income Tax Form. The responsible person shall be advised of his responsibility to report any change in the family unit income employment, composition, etc.

F. In accordance with Medicare regulation, CGU 5020.L, direct - Medically Indigent Patients - Provider Reimbursement Manual, Part 1, 11.4.1.1, Medicare Beneficiaries

and does not apply to the deductible or co-pay related to physician direct patient care services. Eligibility also does not apply to patient medical services which are the financial responsibility of the patient, i.e., medically unnecessary services, self-administered drugs, telephone charges. Medicare Advantage plans are health plan

Commercial Health Insurance Plan.

F. For Medicaid recipients, medically indigent eligibility applies only on those portions down portion, and non-covered medical services and does not apply to medical services that are non-compliant with the Medicaid Program requirements, i.e., Primary Care Physician referrals.

legal requirements requiring patients to be billed for their full cost share portion of the

However, if the third party coverage does not provide benefits for the hospital services due to health plan exclusions, or other exclusions resulting from a pre-existing

determination. This does not encompass a patient who has third party coverage that does

otherwise be authorized in the payer's network of providers.

A. Self-pay patients may be determined medically indigent eligible by presenting

documentation of financial need, including medical expenses for the fiscal year (FY)

charges twenty percent (20%) of the gross income of the family unit. Only charges

cost to the family unit, for the next twelve months from the date of service.

B. The charges incurred on current treatment or admission will be considered as a medical expense when computing the 20% calculation.

A. Family income shall be determined in accordance with gross monthly or annual income information provided by the patient/guarantor at the time of financial screening.

B. Except as previously defined, any individual or family unit whose income is at or below two hundred percent (200%) of Federal Poverty Level will be determined as medically indigent and shall be eligible for treatment at the hospital facility at no cost to the family unit.

C. Any family unit whose gross income is greater than two hundred percent (200%) of the Federal Poverty income guidelines for that family unit will be responsible for the

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The gross income and the Federal Poverty Income Guidelines are rounded to the

D. The Medically Indigent Eligibility Determination Table will be revised each year to include the changes in the Federal Poverty Income Guidelines that are 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 in the Federal Register.

VI. APPLICABILITY

This policy shall apply to all divisions and facilities of the LSU HCSD.

VII. IMPLEMENTATION

This policy becomes effective upon the approval and the signature of the CEO of the

LSU HCSD. Subsequent revisions to this policy shall become effective on the date the

the LSU HCSD or designee.

VIII. RESPONSIBILITY

designee(s) to adhere to the procedures set forth in this policy.

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Louisiana State University – Health Care Services Division (LSU-HCSD)
Medically Indigent Qualification Table

Family Unit	1	2	3	4	5	6	7	8
Poverty Guidelines	11,170	15,130	19,090	23,050	27,010	30,970	34,930	38,890
Guidelines X 200%	22,340	30,260	38,180	46,100	54,020	61,940	69,860	77,780

Add \$3,960 to poverty guidelines for each additional member (over 8)

Medically Indigent Qualification Table

No. in Family Unit	Gross Monthly Income
1	\$1,861.67
2	\$2,521.67
3	\$3,181.67
4	\$3,841.67
5	\$4,501.67
6	\$5,161.67
7	\$5,821.67
8	\$6,481.67

Add additional \$660.00 to monthly income for each additional dependent

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401Ks are excluded until money is removed.

documented are in total not to exceed the allowable limit of \$2,000 per person or \$3,000 per couple. Included in this analysis, the hospital should take into account

circumstances that would affect the determination of the patient's eligibility.

General Information

- Count assets as of the first day of the month.
- Validate assets from most recent statement, i.e. monthly, quarterly, semi-annually.
- Changes in the assets during the month do not affect assets count for the month.
- Do not count as an asset any money considered as income.

Added to the beginning of the Medicaid beneficiary's MI Application

- Amount in Checking Account \$ _____
- Amount in Savings Account, CDs \$ _____
- Cash in Safety Deposit Box \$ _____
- Amount in Stocks, Bonds \$ _____
- TOTAL \$ _____

Performed By

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