Indigent/Charity and Financial Assistance Policy and Procedures

Beauregard Health System (BHS) Administrative Policy Manual

Title: Indigent/Charity and Financial Assistance Policy and Procedures
Effective: February 1, 1989
Revised: July 17, 2017; December 10, 2020; June 15, 2022; September 1, 2023

Purpose

The purpose of this policy is to identify circumstances in which Beauregard Health System (comprised of hospital and clinics) may provide care without charge or at a discount commensurate with the ability to pay, for a patient whose financial status makes it impractical or impossible to pay for medically necessary services. The provision for Charity Care and Financial Assistance is consistent, appropriate and essential to the execution of our mission, vision and values.

Resources are limited and it is necessary to set limits and guidelines. These policies are established to provide financial assistance to patients who qualify for indigent or charity care and to provide an efficient means of administering the Indigent/Charity Care and Financial Assistance Program. They are not designed to turn away or discourage those in need from seeking treatment. They are intended to assure that the resources BHS can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay.

Objective

BHS will provide urgent and emergency healthcare services to all patients regardless of their ability to pay. BHS provides charity/uncompensated care or financial assistance to medically indigent patients, who have no health insurance.

- This policy outlines the process for determining a patient's inability to pay for care; establishes criteria for indigent and charity discounts; established a mechanism to provide financial assistance to patients who quality for indigent or charity care; and provides an efficient means of administering the Indigent/Care and Financial Assistance Program.

- Upon request of the patient, it is the policy of BHS to consider a charity care write-off or discount after it has been determined that all other avenues have been exhausted, and the patient states they have no other means of making payment on the account. Charity care write-offs and discounts are granted at the discretion of BHS upon consideration of the guidelines contained herein.

- To be considered for charity care or financial assistance the patient must cooperate with the BHS to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicaid (this does not pertain to RHC – Hospital only). Patients are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for charity care or financial assistance. BHS retains the right in its sole discretion to determine a patient's ability to pay.

- To accomplish these objectives, the following forms will be used in conjunction with the procedures that follow for Charity Care of Financial Assistance:

  Attachment #1: Charity Care and Financial Assistance Eligibility Criteria
  Attachment #2: Application for Charity Care and Financial Assistance
  Attachment #3: Charity Care and Financial Assistance Worksheet

- To accomplish these objectives, the following documents for hospital financial assistance will be used to apply for the various State programs listed:

  Louisiana Medicaid: No-cost health insurance
  LaCHIP: No-cost health insurance for children birth to age 19
  LaCHIP Affordable Plan: Low-cost health insurance for children birth to age 19; the child cannot have other health insurance; there is a three-month waiting period for families who lose health insurance.
  LaMOMS: No-cost health insurance for pregnant women; to qualify you must be pregnant
  TakeCharge: Family planning health insurance for men and women
  Medicare Saving Program Louisiana: Help for people who are on Medicare

  Medicaid application documents are not required for RHC financial assistance.

  The following documents are required to apply for the Medicaid programs listed above:
  - Birth certificate and green card (if you were not born in the USA)
  - Social Security card
  - Driver's license or an identification card
  - Your last three month's bank statements for checking and savings accounts
  - Proof of income for the last 30 days (pay stubs, Social Security award letter, etc.)
  - Unpaid medical bills for the last 90 days (ER doctors, hospitalist, radiology, etc. are billed separately from BHS).
  - Life, health or burial insurance policies
  - Asset documents (documents for a second home or a second car) – hospital only. Asset documents for clinics are not required.
  - If apply for a disability, you will be required to provide the names and addresses of physicians/hospitals where you have been seen within the last two years.
  - List of medications, the dosage and how often the medication is taken, if applying for disability Medicaid.

Definitions

A. **Underinsured:** Patient has an insurance policy (non-PPO) that pays a nominal amount in relation to total charges. A patient may also have a very large co-pay in relation to the total charges. The Charity Care Committee determines underinsured status.

B. **Bad Debt Expense:** Uncollectible accounts receivable that were expected to result in cash inflows (i.e. they do not meet the facility's Charity Care/Financial Assistance eligibility criteria). They are defined as the provision for actual or expected uncollectibles resulting from the extension of credit.

C. **Charity Care:** Health care services that were never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

D. **Charity Care Committee:** A committee consisting of the CFO and the Director of Business Office.

E. **Family Income:** Gross wages, salaries, net receipts from self-employment, dividends, interest, Social Security benefits, railroad retirement, unemployment compensation, workers compensation, veterans benefits, training stipends, military allotments, regular support from family members not living in the household, government pensions, private pensions, government employee pensions (including military retirement pay), net gambling or lottery winnings, insurance and annuity payments, income from rents, royalties, estates and trusts and other sources reported on Federal and State income tax returns.

F. **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

G. **Indigent Person:**

1. **Financially Indigent:** A person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on BHS's eligibility criteria set forth in this policy. These patients are also defined as poor or economically disadvantaged and have income at or below federal poverty levels, as published each February or later in the Federal Register by the Department of Community Health (DCH).

2. **Medically Indigent:** A patient whose hospital bills after payment by third-party payers exceed a specified percentage of the person's annual gross income determined in accordance with BHS's eligibility criteria, and who is financially unable to pay the remaining bill. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include catastrophic medical expenses of patients where, after payment by third party payers, the residual amount exceeds a specified percentage of a patient's annual gross income.

Charity Care Guidelines

A. To be eligible for a 100 percent reduction from BHS patient portion of billed charges the household income must be at or below 200 percent of the current Federal Poverty Guidelines. To be eligible for a 100 percent reduction from the clinic patient portion of billed charges, the household income must be above 100 percent and at or below 200 percent of the current Federal Poverty Guidelines.

B. To be eligible for 74 to 98 percent reduction of BHS patient portion of billed charges for a financially indigent patient's family income must be between 200 percent to 300 percent of the Federal Poverty Guidelines. To be eligible for a 30 to 98 percent reduction of the clinic patient portion of billed charges for a financially indigent patient's family income must be between 200 percent to 300 percent of the Federal Poverty Guidelines.

C. Family Income at or greater than 300 percent of the Federal Poverty Guidelines qualifies for 74 percent charity discount for hospital patients. Family Income at or greater than 200 percent of the Federal Poverty Guidelines qualifies for 30 percent charity discount for RHC patients.

D. Medically indigent patient accounts will be considered on a case-by-case basis by the Charity Care Committee.

E. Charity care applications will be considered for 12 months or until a change in patient financial status is determined.

F. After the charity and discount adjustments have been computed, the remaining balances will be treated in accordance with Patient Financial Services policies regarding self-pay balances. Payment terms will be established on the basis of income.

In the event of nonpayment, the patient's self-pay balance will be turned over to a collection agency for collection actions and reported to the credit agencies.

G. Payments made by a patient prior to determination of eligibility will be refunded to the patient, if patient is eligible for a 100% reduction. In the event a patient qualifies for a partial discount, the payment will be applied to the balance owed on the account and any overpayment will be refunded. If a payment has been made to a collection agency, a refund will be made upon the discretion of BHS, as 30-35% in commissions have been paid.

H. Medicare, Medicaid and Insurance Plans co-insurance and deductibles are not eligible for Charity Care or Financial Assistance. (Medicare deductibles are claimed on Cost Report and reimbursed by Medicare if patient does not pay and hospital and clinics meet the Medicare criteria.)

I. All uninsured patients will received the minimum 74% discount, but only if there is no third party responsible for the bill (i.e. workers compensation, MVA, attorney cases, etc.). Clinic patients will receive a 30 percent minimum discount.

J. BHS uses the "look back" method to determine amounts generally billed (AGB), determined to be 74% discount using the average payment from Medicare and insurance plans from the prior fiscal year. The minimum uninsured discount will be calculated by averaging Medicare fee-for-service and all private health insurers paying claims to BHS facility, whereby their allowable charges are used to determine the percent of gross

K. BHS will not undertake extraordinary collection actions (i.e. lawsuit, liens, etc.) before reasonable efforts have been made to determine if the individual is eligible for assistance under hospital policies. Reasonable efforts include written and oral communications with the patient upon admission or after discharge.

Procedure

I. Identification of Potentially Eligible Patients

A. Where possible, prior to the admission of the patient, BHS will conduct a pre-admission interview with the patient, the guarantor, and/or his/her legal representative.

If a pre-admission interview is not possible, this interview should be conducted upon admission or as soon as possible thereafter. In the case of an emergency admission, BHS's evaluation of payment alternatives should not take place until the required medical care has been provided. At the time of the initial patient interview, the following information should be gathered:

1. Routine and comprehensive demographic data.
2. Complete information regarding all existing third party coverage.

B. Identification of potentially eligible patients can take place at any time during the rendering of services or during the collection process.

C. Those hospital patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for charity care, if the patient charges are greater than $500. If the patient charges are less than $500, a patient may complete a charity application, and is not required to complete a Medicaid application as a prerequisite.

RHC patients are not required to complete a Medicaid application as a prerequisite.

II. Determination of Eligibility

A. All patients identified as potential charity care recipients should be offered the opportunity to apply for charity care or financial assistance. If this evaluation is not conducted until after the patient leaves the facility, or in the case of outpatients or emergency patients, a Patient Financial Services representative will mail a charity care application to the patient for completion. When no representative of the patient is available, BHS must take over the responsibilities of the patient on his/her behalf, applying for available programs, including charity care.

B. Requests for charity care or financial assistance may be received from:
1. The patient or guarantor
2. Church sponsored programs
3. Physicians or other caregivers
4. Various intake departments of the institutions
5. Administration
6. Other approved programs that provide for primary care of indigent patients

C. The patient should receive and complete a written application (Attachment #2) and provide all supporting data required to verify eligibility. A "Financial Assistance Letter" should be given to the self-pay patient during registration that states:

"I have been given the opportunity and instructions to apply for financial assistance through Beauregard Health System. I understand that it is my responsibility to return the necessary documentation for my account to be reviewed and financial assistance offered within 5 working days of this document.

Should I fail to return the information necessary for Beauregard Health System to review my account, I understand that my account may not be considered for financial assistance and discounts applied to patients who qualify for financial assistance may not be offered to me."

D. In the evaluation of a hospital application for Charity Care or financial assistance, a patient's total resources may be taken into account which will include, but not be limited to, analysis of assets (identified as those convertible to cash and unnecessary for the patient's daily living expense) and family income. An evaluation of patient's monthly expenses including living expenses, medical expenses and other basic needs will be considered. If a patient has adequate available resources, the patient is not eligible for financial assistance above the 74% minimum discount.

For RHC financial assistance an analysis of assets is not required.

E. A paper or electronic record should be maintained reflecting authorization of charity care or financial assistance (Attachment #3) along with copies of all application and worksheet forms.

F. Upon completion of the application and submission of appropriate documentation, the Patient Financial Service representative will complete the Charity Care Worksheet (Attachment #3). The information shall be forwarded to the Director of Business Office for determination. Charity and financial assistance approvals will be made in accordance with the guidelines and documented on the worksheet (Attachment #3).

G. Accounts where patients are identified as medically indigent or accounts where the collector or Director has identified special circumstances that, when taken into consideration, may affect the patient's eligibility for charity care or financial assistance will be referred to the Charity Care Committee for consideration and final determination.

The committee's review of accounts that do not clearly meet the criteria and the decisions and rationale for those decisions will be documented and maintained in the account file (See Attachment #3).

H. Beauregard Health System makes every reasonable attempt to collect from insurance companies and other third-party payers. Financial hardship and charity care adjustments may be considered for patients whose income and assets will not allow full payment within a reasonable time.

III. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Beauregard Health System could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility – hospital assistance only. Not applicable to RHC.
5. Subsidized school lunch program eligibility;
6. Eligibility for other state of local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

IV. Notification of Eligibility Determination

A. Clear guidelines as to the length of time required to review the application and to provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason for denial, if applicable, will be provided, generally within 30 days of receipt of a completed application.

B. Collection activity will not be suspended during the consideration of a charity care application. If a charity care determination allows for a percent reduction, but leaves the patient with a self-pay balance, payment terms will be established on the basis of income.

V. Regulatory Requirements

In implementing this Policy, Beauregard Health System 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.

VI. Monitoring and Reporting

A charity care and financial assistance log, from which periodic reports can be developed, shall be maintained aside from any other required financial statements.

This policy will be reviewed annually by the WLHS, Inc. Board of Trustees.

Beauregard Rural Health Clinics
Charity/Uncompensated Care Discount Program
Attachment #1- Charity Care Eligibility Criteria

Family Size	2023 Federal Poverty Income Levels	200% Federal Poverty Income Levels
1	$14,580	$29,160
2	19,720	39,440
3	24,860	49,720
4	30,000	60,000
5	35,140	70,280
6	40,280	80,560
7	45,420	90,840
8	50,560	101,120
9	55,700	111,400
10	60,840	121,680
11	65,980	131,960
12	71,120	142,240

add $5,140 for each additional family member over 12

(1) Income level at or below 100% of poverty level equals a 100% charity discount.

(2) Income level between 101% and 200% of poverty level, the following sliding scale will be used to calculate the charity writeoff:

(3) Income Level 201% and greater, 30% charity discount using Attachment #1.

Income as a percent of poverty level:		Percent Charity Discount Writeoff
Less than-	105%	98%
	110%	95%
	115%	92%
	120%	89%
	125%	86%
	130%	83%
	135%	80%
	140%	77%
	145%	73%
	150%	69%
	155%	65%
	160%	61%
	165%	57%
	170%	53%
	175%	49%
	180%	46%
	185%	42%
	190%	38%
	195%	34%
	200%	30%

ATTACHMENT #1- Calculation Process

Rural Health Clinic

The " ATTACHMENT #1- Schedules" (noted on the following 6 pages) were calculated by using the process noted below:

STEP 1- [Family Income] / [Federal Poverty Income Level for Family Size] x 100 = [Income as a percent of poverty level]

STEP 2- Compare [Income as a percent of poverty level] as calculated in Step 1, to the schedule on bottom of "Attachment #1- Charity Care Eligibility Criteria" to find the "Percent Charity Discount Writeoff".

STEP 3- Patient total charges for visit, multiplied by "Percent Charity Discount Writeoff" (from Step 2) = charity discount to deduct from patient's bill.

STEP 4- Patient Total Charges - Charity Discount (calculated in STEP 3) = Amount due from patient

Example: A patient with a family size of 4, family income of $41,000 & a physician bill of $126:

STEP 1- $41,000 / $27,750 x 100 = 148%

STEP 2- 148% is less than 150%, which grants a 55% Charity Discount Writeoff.

STEP 3- $126 x 55% = $69.30 Charity Discount

STEP 4- $126 - $69.30 = $56.70 Amount Due From Patient

Family Size 1 — $14,580.00 : Federal Poverty Input 2023

ATTACHMENT #1- Schedules
Revised June 21, 2023

Rural Health Clinics &
Beauregard Health Clinics

\REV2022\Charity Sliding Scale- BPG 2023

Rural Health Clinics &
Beauregard Health Clinics

Family Income From	Family Income To	Income as a % of Poverty Level (Less Than)	Discount Percent
$0.00	$14,580.00	100.0%	100.00%
$14,580.01	$15,309.00	105.0%	98.00%
$15,309.01	$16,038.00	110.0%	95.00%
$16,038.01	$16,767.00	115.0%	90.00%
$16,767.01	$17,496.00	120.0%	85.00%
$17,496.01	$18,225.00	125.0%	80.00%
$18,225.01	$18,954.00	130.0%	75.00%
$18,954.01	$19,683.00	135.0%	70.00%
$19,683.01	$20,412.00	140.0%	65.00%
$20,412.01	$21,141.00	145.0%	60.00%
$21,141.01	$21,870.00	150.0%	55.00%
$21,870.01	$22,599.00	155.0%	50.00%
$22,599.01	$23,328.00	160.0%	45.00%
$23,328.01	$24,057.00	165.0%	40.00%
$24,057.01	$24,786.00	170.0%	35.00%
$24,786.01	$25,515.00	175.0%	30.00%
$25,515.01	$26,244.00	180.0%	25.00%
$26,244.01	$26,973.00	185.0%	20.00%
$26,973.01	$27,702.00	190.0%	15.00%
$27,702.01	$28,431.00	195.0%	10.00%
$28,431.01	$29,160.00	200.0%	5.00%
$29,160.01	$999,999.99	>200.0%	0.00%

Family Size 2 — $19,720.00 : Federal Poverty Input 2023

Family Income From	Family Income To	Income as a % of Poverty Level (Less Than)	Discount Percent
$0.00	$19,720.00	100.0%	100.00%
$19,720.01	$20,706.00	105.0%	98.00%
$20,706.01	$21,692.00	110.0%	95.00%
$21,692.01	$22,678.00	115.0%	90.00%
$22,678.01	$23,664.00	120.0%	85.00%
$23,664.01	$24,650.00	125.0%	80.00%
$24,650.01	$25,636.00	130.0%	75.00%
$25,636.01	$26,622.00	135.0%	70.00%
$26,622.01	$27,608.00	140.0%	65.00%
$27,608.01	$28,594.00	145.0%	60.00%
$28,594.01	$29,580.00	150.0%	55.00%
$29,580.01	$30,566.00	155.0%	50.00%
$30,566.01	$31,552.00	160.0%	45.00%
$31,552.01	$32,538.00	165.0%	40.00%
$32,538.01	$33,524.00	170.0%	35.00%
$33,524.01	$34,510.00	175.0%	30.00%
$34,510.01	$35,496.00	180.0%	25.00%
$35,496.01	$36,482.00	185.0%	20.00%
$36,482.01	$37,468.00	190.0%	15.00%
$37,468.01	$38,454.00	195.0%	10.00%

$38,454.01	$39,439.99	200.0%	5.00%
$39,440.00	$999,999.99	>200.0%	0.00%

::

Family Size 3 — $24,860.00 : Federal Poverty Input 2023

ATTACHMENT #1- Schedules

Rural Health Clinics & Beauregard Health Clinics

Rural Health Clinics & Beauregard Health Clinics

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$24,860.00	100.0%	100.00%
$24,860.01	$26,103.00	105.0%	98.00%
$26,103.01	$27,346.00	110.0%	95.00%
$27,346.01	$28,589.00	115.0%	90.00%
$28,589.01	$29,832.00	120.0%	85.00%
$29,832.01	$31,075.00	125.0%	80.00%
$31,075.01	$32,318.00	130.0%	75.00%
$32,318.01	$33,561.00	135.0%	70.00%
$33,561.01	$34,804.00	140.0%	65.00%
$34,804.01	$36,047.00	145.0%	60.00%
$36,047.01	$37,290.00	150.0%	55.00%
$37,290.01	$38,533.00	155.0%	50.00%
$38,533.01	$39,776.00	160.0%	45.00%
$39,776.01	$41,019.00	165.0%	40.00%
$41,019.01	$42,262.00	170.0%	35.00%
$42,262.01	$43,505.00	175.0%	30.00%
$43,505.01	$44,748.00	180.0%	25.00%
$44,748.01	$45,991.00	185.0%	20.00%
$45,991.01	$47,234.00	190.0%	15.00%
$47,234.01	$48,477.00	195.0%	10.00%
$48,477.01	$49,719.99	200.0%	5.00%
$49,720.00	$999,999.99	>200.0%	0.00%

Family Size 4 — $30,000.00 : Federal Poverty Input 2023

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$30,000.00	100.0%	100.00%
$30,000.01	$31,500.00	105.0%	98.00%
$31,500.01	$33,000.00	110.0%	95.00%
$33,000.01	$34,500.00	115.0%	90.00%
$34,500.01	$36,000.00	120.0%	85.00%
$36,000.01	$37,500.00	125.0%	80.00%
$37,500.01	$39,000.00	130.0%	75.00%
$39,000.01	$40,500.00	135.0%	70.00%
$40,500.01	$42,000.00	140.0%	65.00%
$42,000.01	$43,500.00	145.0%	60.00%
$43,500.01	$45,000.00	150.0%	55.00%
$45,000.01	$46,500.00	155.0%	50.00%
$46,500.01	$48,000.00	160.0%	45.00%
$48,000.01	$49,500.00	165.0%	40.00%
$49,500.01	$51,000.00	170.0%	35.00%
$51,000.01	$52,500.00	175.0%	30.00%
$52,500.01	$54,000.00	180.0%	25.00%

$54,000.01	$55,500.00	185.0%	20.00%
$55,500.01	$57,000.00	190.0%	15.00%
$57,000.01	$58,500.00	195.0%	10.00%
$58,500.01	$59,999.99	200.0%	5.00%
$60,000.00	$999,999.99	>200.0%	0.00%

::

Family Size 5 $35,140.00 : Federal Poverty Input 2023

ATTACHMENT #1- Schedules

Rural Health Clinics & Beauregard Health Clinics

Rural Health Clinics & Beauregard Health Clinics

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$35,140.00	100.0%	100.00%
$35,140.01	$36,897.00	105.0%	98.00%
$36,897.01	$38,654.00	110.0%	95.00%
$38,654.01	$40,411.00	115.0%	90.00%
$40,411.01	$42,168.00	120.0%	85.00%
$42,168.01	$43,925.00	125.0%	80.00%
$43,925.01	$45,682.00	130.0%	75.00%
$45,682.01	$47,439.00	135.0%	70.00%
$47,439.01	$49,196.00	140.0%	65.00%
$49,196.01	$50,953.00	145.0%	60.00%
$50,953.01	$52,710.00	150.0%	55.00%
$52,710.01	$54,467.00	155.0%	50.00%
$54,467.01	$56,224.00	160.0%	45.00%
$56,224.01	$57,981.00	165.0%	40.00%
$57,981.01	$59,738.00	170.0%	35.00%
$59,738.01	$61,495.00	175.0%	30.00%
$61,495.01	$63,252.00	180.0%	25.00%
$63,252.01	$65,009.00	185.0%	20.00%
$65,009.01	$66,766.00	190.0%	15.00%
$66,766.01	$68,523.00	195.0%	10.00%
$68,523.01	$70,279.99	200.0%	5.00%
$70,280.00	$999,999.99	>200.0%	0.00%

Family Size 6 $40,280.00 : Federal Poverty Input 2023

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$40,280.00	100.0%	100.00%
$40,280.01	$42,294.00	105.0%	98.00%
$42,294.01	$44,308.00	110.0%	95.00%
$44,308.01	$46,322.00	115.0%	90.00%
$46,322.01	$48,336.00	120.0%	85.00%
$48,336.01	$50,350.00	125.0%	80.00%
$50,350.01	$52,364.00	130.0%	75.00%
$52,364.01	$54,378.00	135.0%	70.00%
$54,378.01	$56,392.00	140.0%	65.00%
$56,392.01	$58,406.00	145.0%	60.00%
$58,406.01	$60,420.00	150.0%	55.00%
$60,420.01	$62,434.00	155.0%	50.00%
$62,434.01	$64,448.00	160.0%	45.00%
$64,448.01	$66,462.00	165.0%	40.00%

$66,462.01	$68,476.00	170.0%	35.00%
$68,476.01	$70,490.00	175.0%	30.00%
$70,490.01	$72,504.00	180.0%	25.00%
$72,504.01	$74,518.00	185.0%	20.00%
$74,518.01	$76,532.00	190.0%	15.00%
$76,532.01	$78,546.00	195.0%	10.00%
$78,546.01	$80,559.99	200.0%	5.00%
$80,560.00	$999,999.99	>200.0%	0.00%

::

Family Size 7 $45,420.00 : Federal Poverty Input 2023

ATTACHMENT #1- Schedules

Rural Health Clinics & Beauregard Health Clinics

Rural Health Clinics & Beauregard Health Clinics

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$45,420.00	100.0%	100.00%
$45,420.01	$47,691.00	105.0%	98.00%
$47,691.01	$49,962.00	110.0%	95.00%
$49,962.01	$52,233.00	115.0%	90.00%
$52,233.01	$54,504.00	120.0%	85.00%
$54,504.01	$56,775.00	125.0%	80.00%
$56,775.01	$59,046.00	130.0%	75.00%
$59,046.01	$61,317.00	135.0%	70.00%
$61,317.01	$63,588.00	140.0%	65.00%
$63,588.01	$65,859.00	145.0%	60.00%
$65,859.01	$68,130.00	150.0%	55.00%
$68,130.01	$70,401.00	155.0%	50.00%
$70,401.01	$72,672.00	160.0%	45.00%
$72,672.01	$74,943.00	165.0%	40.00%
$74,943.01	$77,214.00	170.0%	35.00%
$77,214.01	$79,485.00	175.0%	30.00%
$79,485.01	$81,756.00	180.0%	25.00%
$81,756.01	$84,027.00	185.0%	20.00%
$84,027.01	$86,298.00	190.0%	15.00%
$86,298.01	$88,569.00	195.0%	10.00%
$88,569.01	$90,839.99	200.0%	5.00%
$90,840.00	$999,999.99	>200.0%	0.00%

Family Size 8 $50,560.00 : Federal Poverty Input 2023

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$50,560.00	100.0%	100.00%
$50,560.01	$53,088.00	105.0%	98.00%
$53,088.01	$55,616.00	110.0%	95.00%
$55,616.01	$58,144.00	115.0%	90.00%
$58,144.01	$60,672.00	120.0%	85.00%
$60,672.01	$63,200.00	125.0%	80.00%
$63,200.01	$65,728.00	130.0%	75.00%
$65,728.01	$68,256.00	135.0%	70.00%
$68,256.01	$70,784.00	140.0%	65.00%
$70,784.01	$73,312.00	145.0%	60.00%
$73,312.01	$75,840.00	150.0%	55.00%

$75,840.01	$78,368.00	155.0%	50.00%
$78,368.01	$80,896.00	160.0%	45.00%
$80,896.01	$83,424.00	165.0%	40.00%
$83,424.01	$85,952.00	170.0%	35.00%
$85,952.01	$88,480.00	175.0%	30.00%
$88,480.01	$91,008.00	180.0%	25.00%
$91,008.01	$93,536.00	185.0%	20.00%
$93,536.01	$96,064.00	190.0%	15.00%
$96,064.01	$98,592.00	195.0%	10.00%
$98,592.01	$101,119.99	200.0%	5.00%
$101,120.00	$999,999.99	>200.0%	0.00%

::

Family Size 9

$55,700.00 : Federal Poverty Input 2023

ATTACHMENT #1- Schedules

Rural Health Clinics & Beauregard Health Clinics

Rural Health Clinics &
Beauregard Health Clinics

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$55,700.00	100.0%	100.00%
$55,700.01	$58,485.00	105.0%	98.00%
$58,485.01	$61,270.00	110.0%	95.00%
$61,270.01	$64,055.00	115.0%	90.00%
$64,055.01	$66,840.00	120.0%	85.00%
$66,840.01	$69,625.00	125.0%	80.00%
$69,625.01	$72,410.00	130.0%	75.00%
$72,410.01	$75,195.00	135.0%	70.00%
$75,195.01	$77,980.00	140.0%	65.00%
$77,980.01	$80,765.00	145.0%	60.00%
$80,765.01	$83,550.00	150.0%	55.00%
$83,550.01	$86,335.00	155.0%	50.00%
$86,335.01	$89,120.00	160.0%	45.00%
$89,120.01	$91,905.00	165.0%	40.00%
$91,905.01	$94,690.00	170.0%	35.00%
$94,690.01	$97,475.00	175.0%	30.00%
$97,475.01	$100,260.00	180.0%	25.00%
$100,260.01	$103,045.00	185.0%	20.00%
$103,045.01	$105,830.00	190.0%	15.00%
$105,830.01	$108,615.00	195.0%	10.00%
$108,615.01	$111,399.99	200.0%	5.00%
$111,400.00	$999,999.99	>200.0%	0.00%

Family Size 10

$60,840.00 : Federal Poverty Input 2023

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$60,840.00	100.0%	100.00%
$60,840.01	$63,882.00	105.0%	98.00%
$63,882.01	$66,924.00	110.0%	95.00%
$66,924.01	$69,966.00	115.0%	90.00%
$69,966.01	$73,008.00	120.0%	85.00%
$73,008.01	$76,050.00	125.0%	80.00%
$76,050.01	$79,092.00	130.0%	75.00%
$79,092.01	$82,134.00	135.0%	70.00%

$82,134.01	$85,176.00	140.0%	65.00%
$85,176.01	$88,218.00	145.0%	60.00%
$88,218.01	$91,260.00	150.0%	55.00%
$91,260.01	$94,302.00	155.0%	50.00%
$94,302.01	$97,344.00	160.0%	45.00%
$97,344.01	$100,386.00	165.0%	40.00%
$100,386.01	$103,428.00	170.0%	35.00%
$103,428.01	$106,470.00	175.0%	30.00%
$106,470.01	$109,512.00	180.0%	25.00%
$109,512.01	$112,554.00	185.0%	20.00%
$112,554.01	$115,596.00	190.0%	15.00%
$115,596.01	$118,638.00	195.0%	10.00%
$118,638.01	$121,679.99	200.0%	5.00%
$121,680.00	$999,999.99	>200.0%	0.00%

::

Family Size 11 $65,980.00 : Federal Poverty Input
2023

ATTACHMENT #1- Schedules

Rural Health Clinics & Beauregard Health Clinics

Rural Health Clinics &
Beauregard Health Clinics

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$65,980.00	100.0%	100.00%
$65,980.01	$69,279.00	105.0%	98.00%
$69,279.01	$72,578.00	110.0%	95.00%
$72,578.01	$75,877.00	115.0%	90.00%
$75,877.01	$79,176.00	120.0%	85.00%
$79,176.01	$82,475.00	125.0%	80.00%
$82,475.01	$85,774.00	130.0%	75.00%
$85,774.01	$89,073.00	135.0%	70.00%
$89,073.01	$92,372.00	140.0%	65.00%
$92,372.01	$95,671.00	145.0%	60.00%
$95,671.01	$98,970.00	150.0%	55.00%
$98,970.01	$102,269.00	155.0%	50.00%
$102,269.01	$105,568.00	160.0%	45.00%
$105,568.01	$108,867.00	165.0%	40.00%
$108,867.01	$112,166.00	170.0%	35.00%
$112,166.01	$115,465.00	175.0%	30.00%
$115,465.01	$118,764.00	180.0%	25.00%
$118,764.01	$122,063.00	185.0%	20.00%
$122,063.01	$125,362.00	190.0%	15.00%
$125,362.01	$128,661.00	195.0%	10.00%
$128,661.01	$131,959.99	200.0%	5.00%
$131,960.00	$999,999.99	>200.0%	0.00%

Family Size 12 $71,120.00 : Federal Poverty Input
2023

Family Income		Income as a % of Poverty Level (Less Than)	Discount Percent
From	To		
$0.00	$71,120.00	100.0%	100.00%
$71,120.01	$74,676.00	105.0%	98.00%
$74,676.01	$78,232.00	110.0%	95.00%
$78,232.01	$81,788.00	115.0%	90.00%
$81,788.01	$85,344.00	120.0%	85.00%

$85,344.01	$88,900.00	125.0%	80.00%
$88,900.01	$92,456.00	130.0%	75.00%
$92,456.01	$96,012.00	135.0%	70.00%
$96,012.01	$99,568.00	140.0%	65.00%
$99,568.01	$103,124.00	145.0%	60.00%
$103,124.01	$106,680.00	150.0%	55.00%
$106,680.01	$110,236.00	155.0%	50.00%
$110,236.01	$113,792.00	160.0%	45.00%
$113,792.01	$117,348.00	165.0%	40.00%
$117,348.01	$120,904.00	170.0%	35.00%
$120,904.01	$124,460.00	175.0%	30.00%
$124,460.01	$128,016.00	180.0%	25.00%
$128,016.01	$131,572.00	185.0%	20.00%
$131,572.01	$135,128.00	190.0%	15.00%
$135,128.01	$138,684.00	195.0%	10.00%
$138,684.01	$142,240.00	200.0%	5.00%
$142,240.01	$999,999.99	>200.0%	0.00%