
Financial Assistance

I. Purpose

This policy provides guidance on Financial Assistance guidelines for the provision of free or discounted, eligible Medically Necessary services to patients who meet certain eligibility criteria and demonstrate an inability to pay in accordance with 26 U.S. Code § 501r and other applicable regulations.

II. Scope

This policy applies to all patients who are residents of Louisiana, Texas, Arkansas, or Mississippi and receive either Professional Services or Technical Services at Ochsner LSU Health System (OLHS), that are Medically Necessary and who meet certain eligibility criteria.

III. Definitions

- A. Emergency Medical Conditions - As defined within the Social Security Act §1867.
- B. Elective Services - Services, which could include Medically Necessary Services, that are not considered Urgent Services.
- C. Expected Payments - All claims allowed by insurers.
- D. Family Income - As defined by the Census Bureau to include earnings, unemployment compensation, worker's 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 support, assistance from outside the household, and other miscellaneous sources on a pre-tax basis. The following are excluded from calculation as Family Income by the Census Bureau:
 - 1. Noncash benefits (such as food stamps and housing subsidies);
 - 2. Capital gains or losses; and
 - 3. Tax credits
- E. Federal Poverty Level (FPL) - The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities and varies by family size as set forth by the Department of Health and Human Services.
- F. Financial Assistance - refers to healthcare services provided by OLHS without charge or at a discount to qualifying patients.
- G. Gross Charges - Total charges at the facility's full established rates for the provision of patient care services before deductions from revenue are applied.

Financial Assistance

- H. Medically Necessary - Services that are reasonable or necessary for the diagnosis or treatment of an illness or injury. Medical Necessity will be determined by the examining physician.
- I. Patient Portion - The amount of medical charges the patient is financially responsible for after insurance has been applied to the bill for the services rendered.
- J. Professional Services - Services provided by a physician or clinical professional.
- K. Self Pay Discount – Discount applied to amounts due from patient for uninsured services.
- L. Technical Services - Medical or technical equipment, supplies or services.
- M. Underinsured - Patient has some form of third party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.
- N. Uninsured - Patient has no form of third party assistance to assist with financial responsibility for medical services.
- O. Urgent Services – Services that if not performed timely would endanger life, significantly worsen the patient’s condition, or result in loss of limb or irreversible loss of function.

IV. Policy Statements

- A. OLHS is committed to providing Financial Assistance for Medically Necessary Care to persons who are Uninsured, Underinsured, ineligible for a government program, or otherwise unable to pay, and who are determined to be eligible for Financial Assistance in accordance with this policy. OLHS shall provide, without discrimination, care of Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance.

V. Procedures/Standards and Roles & Responsibilities

- A. Eligibility for Financial Assistance
 - 1. The granting of Financial Assistance shall be based on an individualized determination of financial need and will not take into account age, gender, race, social or immigration status, sexual orientation, or religious affiliation.
 - 2. Patients are expected to cooperate with OLHS’ procedures for obtaining Financial Assistance or other forms of payment, and to contribute to the costs of their care based on their individual ability to pay.

Financial Assistance

- a. Failure to comply with OLHS' Financial Assistance screening process, including but not limited to, Medicaid coverage determinations, will exclude patients from Financial Assistance eligibility.
 3. Financial Assistance applies to patient liability only, including but not limited to, deductibles, co-payments, and co-insurances and is available to residents of Louisiana, Texas, Arkansas, or Mississippi. Eligibility for Financial Assistance is determined based on the patient's Family Income, assets, and family size.
 4. OLHS shall provide a 100% Financial Assistance discount for eligible services to patients whose Family Income is at 250% of the FPL Guidelines or less.
 5. Patients whose Family Income exceeds 250% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of OLHS. For exceptions, documentation may be required to qualify for Financial Assistance. Exceptions include, but are not limited to:
 - a. Expensive medications and hospital/ physician bills;
 - b. Terminal illness; or
 - c. Multiple hospitalizations.
 6. Failure to comply with OLHS's Medicaid coverage and Financial Assistance screening process will exclude patients from Financial Assistance eligibility.
 7. Modifications to previously awarded discounts shall be made if subsequent information indicates the information provided to OLHS was inaccurate.
 8. Patients who are determined eligible for Financial Assistance shall not be deferred for Medically Necessary care.
- B. Services Available Under this Policy
1. Financial Assistance is available for all Medically Necessary Professional Services and Technical Services, except for the following:
 - a. Pre-paid, fixed price services;
 - b. Transplant services
 - c. Elective Services; and
 - d. Fees for Professional Services rendered by the providers as listed on Attachment A.
 2. OLHS reserves the discretion to offer Financial Assistance for excluded services on a case-by-case basis.

Financial Assistance

C. Methods by Which Patients May Apply for Financial Assistance

1. Financial Assistance requests can be made by contacting the Patient Account Customer Service department via telephone, email, fax, or written correspondence or in person by visiting the Financial Counseling department located at OLHS facilities. Department located at Ochsner Health facilities
2. Financial need will be determined by an individual assessment of financial need and may:
 - a. Include an application process (“Attachment B”), in which the patient or the patient’s guarantor, is required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need;
 - i. The Financial Assistance application is required to provide additional information to allow for a more in-depth review of borderline approvals, hardship cases, and large balances.
 - b. 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 (e.g. credit scoring);
 - c. Use a third party tool when there is insufficient information provided by the patient, which may be used as the sole documentation source to make a Financial Assistance determination;
 - d. Include reasonable efforts by OLHS to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs; or
 - e. Include a review of the patient’s outstanding accounts receivable for prior services rendered and the patient’s payment history.
3. Approvals for financial assistance are considered valid for the next twelve (12) months and future balances within twelve (12) months will be auto adjusted. A patient has 240 days from the date of the first post-discharge bill for an episode of care to apply for Financial Assistance for that episode of care.
4. Upon completion of the twelve (12) month Financial Assistance period, a patient must reapply for Financial Assistance.

D. Amounts Charged to Patients

1. Patients who receive Financial Assistance may not be charged more for the same services generally billed to insured patients. The Financial Assistance discounts are separately calculated for each facility and represent the average

Financial Assistance

payor yield by reviewing Medicare and commercial actual and Expected Payments (including the Patient Portion) over the prior twelve-month period as demonstrated more fully on Attachment C.

2. Uninsured patients who are not eligible for financial assistance still qualify for an uninsured discount that is calculated for each facility and represents the average payor yield by reviewing Medicare and commercial actual and expected payments (including the Patient Portion) over the prior twelve-month period.

E. Presumptive Financial Assistance Eligibility

1. In addition to the formal Financial Assistance application process, Uninsured patients may also be presumed to be eligible for Financial Assistance for charges on Technical and Professional Services based on evidence provided via use of a third party screening tool, which may be utilized as the sole documentation source to make a Financial Assistance determination.
2. Technical and Professional Services will be reviewed separately under the presumptive process.
3. Medically Necessary charges not covered by Medicaid or indigent care programs may be presumed eligible for Financial Assistance.
4. Technical and Professional account balances with previously made payments may be considered for Financial Assistance if requested through Financial Counseling or Patient Accounts Customer Service; however, they shall not be considered through the presumptive Financial Assistance process.
5. Approvals granted under presumptive Financial Assistance are valid for the encounter under review only and not valid for twelve months.

F. Billing and Collection Efforts

1. The Billing and Collections policy can be obtained:
 - a. online at www.ochsnerlsuhs.org or
 - b. upon written request at OLHS Financial Counseling Department 1541 Kings Highway, Shreveport, LA 71103.
2. OLHS will not impose against any patient extraordinary collection efforts such as wage garnishment, liens on primary residences or take other legal actions.

G. Communication of the Financial Assistance Program to Patients and Within the Community

1. Information about the Financial Assistance program can be found:

Financial Assistance

- a. On patient billing statements,
- b. Online via the OLHS web site, or
- c. By visiting Financial Counseling departments located at the OLHS facilities.

VI. Enforcement and Exceptions

Failure to comply with this policy may result in progressive discipline up to and including termination of employment for employees or termination of contract or service for third-party personnel, students or volunteers.

VII. Attachments

Attachment A Professional Services Not Covered by Financial Assistance Policy
Attachment B Financial Assistance Application
Attachment C Amounts Generally Billed Discounts
Attachment D Facilities Covered under Financial Assistance Policy

VIII. References

OLHS.REV.02 Patient Billing and Collection Process (January 2019)
HFMA 501(c)(3) Hospital Charity Care Policy and Procedure
Census Bureau Measure of Poverty
42.U.S.C. 1395dd
26 U.S.C 501, see also 26 CFR Parts 1, 53 and 602, Additional Requirements for Charitable Hospitals; Final Rule
<https://www.census.gov/topics/income-poverty.html>

IX. Policy History

UH. 1.6-C Financial Assistance (February 2014)

X. Approved

Chuck Daigle, Chief Executive Officer
Dr. Davis Lewis, Chief Medical Officer
Vernon Moore, Chief Financial Officer

Reviewers

William Thacker, AVP: Revenue Cycle
Elizabeth Roos, AVP: Revenue Cycle
Joint Management Committee, 11/29/2018
Policy Review Committee, 10/25/2019

All Ochsner LSU employed providers and all Ochsner LSU Physician Group providers are covered under the OLHS Financial Assistance Policy.

The following is a list of providers rendering care at OLHS facilities that are not covered under the Financial Assistance policy:

Rachel Bishop, DDS
George Merriman, MD
Douglas McKay, MD
Cary Mielke, MD
Kenneth Powell, MD