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## Financial Assistance

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### 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.

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- 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.

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- 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.

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### 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

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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](http://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:

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- 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

## **Attachment A: Professional Services Not Covered by Financial Assistance Policy**

**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

Guarantor #:

**Financial Assistance Process and Application**

The Ochsner LSU Health System (OLHS) is committed to providing financial assistance for patients with a demonstrated financial need or hardship, who have received medically necessary healthcare services provided by OLHS. Medically necessary services are 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. This application does not serve as a guarantee of financial assistance or reduction in outstanding liability.

**Forms to include:**

- OLHS Financial Assistance Application
- OLHS Patient Attestation

**Documentation to include:**

1. Copy of your most recently filed income tax return OR a copy of three (3) most recent pay stubs for yourself and co-applicant.
  - If unemployed, please provide letter from last employer OR copy of unemployment award letter OR letter certifying denial of unemployment benefits from applicable state department of labor
2. Last two (2) months bank statements for yourself and co-applicant.

**\*\*Lines 1 and 2 must be included for your application to be processed; if you do not have these items, please provide a written statement advising of such\*\***

**If Applicable:**

1. Copy of Social Security Administration monthly award letter
2. Copy of Disability monthly award letter
3. Copy of AFDC award letter or food stamp budget sheet
4. Copy of healthcare insurance card/ information
5. Any and all other income:
  - Spousal/ child Support
  - Rental property
  - Investment income
6. Medicaid denial letter from state administrator
7. Proof of dependents (most recently filed income tax return)

**\*\*If any of the above applies, we will not be able to process your application without such documentation\*\***

**Please Mail Completed Info to:**  
OLHS Financial Counseling Department  
1541 Kings Highway  
Shreveport, LA 71103



Guarantor #:

**Income Information**

Please complete the income information below. Please state if the income listed is per month or per year. If married, please include spouse income under the co-applicant fields.

Income Sources	Applicant	Per Month/Year	Co-Applicant	Per Month/Year
Employment	\$		\$	
Social Security	\$		\$	
Disability	\$		\$	
Unemployment	\$		\$	
Rental Property	\$		\$	
Investment Income	\$		\$	
Spousal Support	\$		\$	
Child Support	\$		\$	
<b>Total Combined Income</b>				\$

**Applicant/ Guarantor Information**

<b>Relationship to Patient:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent			<b>Marital Status (*):</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
<i>*If married, please include spouse information and income</i>				
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>U.S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social Security Number</b>
<b>Date of Birth</b>	<b>Number of Dependents</b>	<b>Age of Dependents</b>	<b>Current Telephone Number</b>	
<b>Street Address</b>			<b>City, Parish, State, Zip</b>	
<b>Current Employer</b>		<b>City, Parish, State, Zip</b>	<b>Position</b>	
<b>If you are not working, how long have you been unemployed?</b>				

Please mail completed form and necessary documentation to:  
OLHS Financial Counseling Department 1541 Kings Highway, Shreveport, LA 71103

If you have any questions or concerns, please contact the Financial Counseling Department at 318-626-1168

Guarantor #:

**Co-Applicant Information**

<b>Relationship to Patient:</b> [ ] Self [ ] Spouse [ ] Parent				
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>U.S. Citizen</b> [ ] Yes [ ] No	<b>Social Security Number</b>
<b>Date of Birth</b>	<b>Number of Dependents</b>	<b>Age of Dependents</b>	<b>Current Telephone Number</b>	
<b>Street Address</b>			<b>City, Parish, State, Zip</b>	
<b>Current Employer</b>		<b>City, Parish, State, Zip</b>		<b>Position</b>
<b>If you are not working, how long have you been unemployed?</b>				

Please mail completed form and necessary documentation to:  
OLHS Financial Counseling Department 1541 Kings Highway, Shreveport, LA 71103

If you have any questions or concerns, please contact the Financial Counseling Department at 318-626-1168

Guarantor #:

**Attestation**

- I have complied with the OLHS Financial Counseling screening process to determine if I may be eligible for alternate resources (COBRA, Social Security, Medicaid, and Victim of Crime).
- I understand that until I have complied with the Financial Counseling screening process, or applicable application process, I will not be eligible for financial assistance.
- I understand that balances due to non-medically necessary services, such as purely elective or cosmetic services are not eligible for financial assistance, and I have not included any of those balances in this request.
- If I have included balances due to purely elective or cosmetic services, they will not be adjusted. If they are adjusted in error, they will be reinstated.
- If applicable, I have provided my most recent/current insurance card with appropriate information to submit past, present, and future claims.
- I have provided all requested documentation from page 1 of this application. I attest that all information provided on this application, as well as all supporting documents are accurate and truthful to the best of my knowledge and ability.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Application**

\_\_\_\_\_  
**Phone/Contact**

\_\_\_\_\_  
**Address (Street Address, City, State, Zip)**

*Please mail completed form and necessary documentation to:  
OLHS Financial Counseling Department 1541 Kings Highway, Shreveport, LA 71103*

*If you have any questions or concerns, please contact the Financial Counseling Department at 318-626-1168*

Guarantor #:

**No Income Verification/ Statement of Support**

\_\_\_\_\_ (**Applicant**) is applying for financial assistance with the Ochsner LSU Health System. The applicant has stated they do not receive any monthly/yearly income. The applicant has listed you as their sole means of support.

To the best of my knowledge, the applicant has no income and I certify this to be true. I am either providing the applicant with food and shelter and/or providing the applicant with financial support as specified below

**Relationship to the applicant**

*For example: Shelter, Mother, Father, Other*

**I am providing:**

- Food and Shelter    \$ \_\_\_\_\_    Approximate monthly total
- Financial Support    \$ \_\_\_\_\_    Approximate monthly total
- Other    \$ \_\_\_\_\_    Approximate monthly total

\_\_\_\_\_  
**Printed Name** (of supporter)

\_\_\_\_\_  
**Signature** (of supporter)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone/Contact**

\_\_\_\_\_  
**Address (Street Address, City, State, Zip)**

*Please mail completed form and necessary documentation to:  
OLHS Financial Counseling Department 1541 Kings Highway, Shreveport, LA 71103*

### Attachment C: Amounts Generally Billed Discounts

Facility	Calculated Discount Rate
Academic Medical Center	77%
Monroe Medical Center	79%
St. Mary Medical Center	77%

Physician Charges	Calculated Discount Rate
OLPG	69%

## **Attachment D: Facilities Covered under Financial Assistance Policy**

OLHS.REV.01 applies to the following hospital facilities and the associated provider-based departments of each:

Academic Medical Center  
Monroe Medical Center  
St. Mary Medical Center