



## FINANCIAL ASSISTANCE POLICY

**Origination Date:** May 30, 2024  
**Last Approved:**

**Effective Date:** June 1, 2024  
**Next Review:**

### **PURPOSE**

The purpose of this policy is to further the charitable mission of West Ascension Parish Hospital Service District (the "Hospital") by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with requirements of the Internal Revenue Code and implementing regulations.

### **I. ELIGIBILITY CRITERIA**

The following classes of individuals and categories of care are eligible for financial assistance under this policy:

#### **A. Financially Indigent**

To qualify as Financially Indigent, the patient must be Uninsured or Underinsured and have a Household Income of equal to or less than 200% of Federal Poverty Level.

Household Family Size	2024 Federal Pverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	15,060	20,030	20,783	22,590	30,120	45,180	60,240
2	20,440	27,185	28,207	30,660	40,880	61,320	81,760
3	25,820	34,341	35,632	38,730	51,640	77,460	103,280
4	31,200	41,496	43,056	46,800	62,400	93,600	124,800
5	36,580	48,651	50,480	54,870	73,160	109,740	146,320
6	41,960	55,807	57,905	62,940	83,920	125,880	167,840
7	47,340	62,962	65,329	71,010	94,680	142,020	189,360
8	52,720	70,118	72,754	79,080	105,440	158,160	210,880
Each person over 8, add	5,380	7,155	7,424	8,070	10,760	16,140	21,520

The following definitions apply to such eligibility criteria:

"Uninsured": A patient who (i) has no health insurance or coverage under governmental health care programs, and (ii) is not eligible for any other third-party payment such as worker's compensation or claims against others involving accidents.

"Underinsured": A patient who (i) has limited health insurance coverage that does not provide coverage for hospital services or other medically necessary services provided

by the Hospital, or (ii) has exceeded the maximum liability under his/her insurance coverage.

"Household Income": An applicant's family income is the combined gross income of all adult members of the family living in the household and included on the most recent federal tax return. For patients under 18 years of age, the family income includes that of the parents and or stepparents or caretaker relatives. Family income/ income is determined by calculating the following sources of income for **qualifying** family members:

- 1) Wages, Salaries, Tips
- 2) Social Security Income or Supplemental Security Income
- 3) Business Income
- 4) Pension or Retirement Income
- 5) Dividends and Interest
- 6) Rents and Royalties
- 7) Disability Payments
- 8) Unemployment Compensation
- 9) Child Support and or Alimony
- 10) Income from Estates and Trusts
- 11) Legal Judgments
- 12) Workers Compensation
- 13) Veterans Payments
- 14) Survivor Benefits
- 15) Additional Miscellaneous Sources

The following shall be excluded from family income:

- 1) Equity in a Primary Residence
- 2) Retirement Plan Accounts
- 3) Irrevocable Trusts for Burial Purposes
- 4) Federal or State Administered College Savings Plans

"Eligible Services": Services eligible under this financial assistance policy must be clinically appropriate and within generally accepted medical practice standards.

They include the following:

- Emergency medical services provided in an emergency setting. Care provided in an emergency setting will continue until the patient's condition has been stabilized prior to any determination of payment arrangements.
- Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient.
- Non-elective services provided in response to life-threatening circumstances in a nonemergency room setting.

- Other medically necessary services, for example, inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms. Also, services typically defined by Medicare or other health insurance coverage as “covered items or services.”
- Services of healthcare providers employed by and delivered in at Prevoist Memorial Hospital

## **B. Medically Indigent**

To qualify as Medically Indigent, the patient must have current, unpaid medical bills from the past six months from the date of the application from any source in excess of 20 percent of the patient's Household Income.

## **C. Failure to Apply for Medicaid**

Patients who may be eligible for Medicaid and fail to apply for Medicaid within thirty (30) days of the Hospital's request are not considered eligible for financial assistance under this policy.

## **D. Categories of Care Eligible for Financial Assistance**

Provided that the patient qualifies as either Financially Indigent or Medically Indigent, the following classes of care are eligible for financial assistance under this policy:

- Emergency medical care
- Medically necessary care

Regardless of a patient's status as Financially Indigent or Medically Indigent, cosmetic procedures are **not** eligible for financial assistance under this policy. The determination of whether care is “medically necessary” is subject to the examining physician's assessment. Only medical care and medically necessary care provided within licensed hospital space at the Hospital, along with the related professional services provided by Covered Providers within licensed hospital space at the Hospital, are eligible for financial assistance.

## **II. COVERED PROVIDERS**

Care provided by the Hospital and Hospital-employed physicians and are covered by this policy (“Covered Providers”). Care provided by contracted emergency room providers, independent community physicians, and other independent service providers are not governed by this policy. Patients should directly contact these providers to ascertain if their care qualifies and is eligible for financial assistance.

Patients may obtain a current list of Covered Providers and providers who are not subject to this policy at no charge by visiting the Business Office- Patient Accounts located at the Hospital at

301 Memorial Drive, Donaldsonville, LA 70346, or by calling 1-225-473-7931 and requesting patient accounts, or visiting <https://www.westaph.org/>.

### **III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED**

Patients deemed eligible for financial assistance under this policy will not be billed more than the Amounts Generally Billed by the Hospital for individuals with health insurance covering such care. Any discounts granted to eligible patients under this policy will be taken from gross charges.

#### **A. Calculation of Amounts Generally Billed**

The Hospital determines its Amounts Generally Billed ‘AGB’ by utilizing the “prospective method.” Accordingly, the AGB equals the amount payors would allow for the care provided. In accordance with IRS guidelines (Limitation on Charges- Section 501r5), the Hospital will establish the AGB for care at an amount equivalent to what the hospital facility determines commercial and governmental payors would allow for such care. This includes the reimbursable amount the beneficiary would be responsible for, such as co-payments, co-insurance, and deductibles." The Hospital reserves the right to change the method it uses to determine AGB at any time. Questions concerning AGB should be directed to Prevost Memorial Business Office.

#### **B. Amount of Financial Assistance/Discount**

Patients who qualify as **Financially Indigent** (*i.e. uninsured or underinsured with a gross household income less than or equal to 200% of the Federal Poverty Level*) will be provided a 100% discount for medically necessary and emergency care, less any deposits paid. Additionally, uninsured and underinsured patients with gross household incomes greater than 200% but at or below 400% of the current Federal Poverty Level will be eligible for a sliding scale discount, less any deposits paid. *See table below.* NOTE: Discounts are considered after all third-party payment possibilities available to the applicant have been exhausted or denied, personal financial resources have been reviewed, and assets are not available to pay for billed charges.

<b>FPL</b>	<b>0 -200%</b>	<b>201%-275%</b>	<b>276%- 350%</b>	<b>351% - 400%</b>
<b>Discount</b>	<b>100%</b>	<b>75%</b>	<b>50%</b>	<b>25%</b>

Patients who qualify for financial assistance as **Medically Indigent** will be responsible for their medical bills up to **20%** of their Household Income. Any remaining amount will be considered financial assistance under this policy.

If financial assistance provided to the patient results in a charge greater than AGB, the patient shall be provided additional financial assistance such that the patient is not personally responsible for more than AGB.

#### **IV. APPLICATION PROCESS & DETERMINATION**

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on the Hospital's financial assistance application form during the Application Period. Completed applications must be returned to the Hospital Attn: Business Office- Patient Accounts at 301 Memorial Drive, Donaldsonville, LA 70346.

For purposes of this policy, the Hospital will provide a 240-day "application period," beginning on the date the first "post-discharge" billing statement is provided. A billing statement for care is considered "post-discharge" if it is provided to an individual after the patient received care, whether inpatient or outpatient, and the individual has left the hospital facility.

Patients can obtain a copy of this policy, a simplified summary of the policy, and a financial assistance application at no cost by downloading them from <https://www.westaph.org/> or by visiting the Hospital located at 301 Memorial Drive, Donaldsonville, LA 70346, in person at the (a) emergency room, (b) any admission areas, or (c) patient financial services at the hospital's patient accounts department.

##### **A. Completed Applications**

Upon receipt, the Hospital will suspend any Extraordinary Collection Actions 'ECAs' taken against the patient and process, review, and make a determination on completed applications submitted during the Application Period as set forth below. The Hospital may, on its own discretion, accept complete applications submitted after the Application Period.

Determination of eligibility for financial assistance shall be made by the following individual(s):

<u>Potential Write-off Amount</u>	<u>Approval Authority</u>
\$0.00 - \$10,000	Chief Financial Officer
\$10,000 or greater	Chief Executive Officer

Determination shall be made within 30 days of submission of a timely completed application. Patients will be notified of the Hospital's determination as set forth in the Billing and Collection provisions detailed.

For the financial assistance application to be deemed "complete," it must include all the information requested in the application, including the following:

- **The most recent W-2(s) for all members of the patient's household**
- **The most recent tax return(s) of all members of the patient's household**
- **3 most recent pay check stubs**
- **3 most recent checking/savings/investment statements**
- **Food stamp, WIC, or other needs-based program award letter (if applicable)**

The Hospital will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions.

For questions and/or assistance with filling out a financial assistance application, the patient may contact the Hospital Business Office i) by calling 1-225-473-7931 or ii) in person at the hospital patient accounts department located in the Hospital at 301 Memorial Drive, Donaldsonville, LA 70346.

If a patient submits a completed financial assistance application during the Application Period, and the Hospital determines that the patient may be eligible for participation in Medicaid, the Hospital will notify the patient of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances the Hospital will delay the processing of the patient's financial assistance application until the patient's application for Medicaid is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application within thirty (30) days of the Hospital's request, the Hospital will deny the financial assistance application due to the failure to meet eligibility criteria set forth herein.

***If the financial assistance application is approved by the Hospital, it will be effective for the current date of service and services provided in the subsequent 6 months. The applicant must reapply after the 6 month-period is exhausted.***

## **B. Incomplete Applications**

Incomplete applications will not be processed by the Hospital. If a patient submits an incomplete application, the Hospital will provide the patient with written notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (telephone number, and physical location of the office) of the Admissions department. The notice will give the patient a minimum of 14 days to submit the required information. However, if the patient submits a completed application before the end of the Application Period, the Hospital will consider and process the application as complete.

## **C. Presumptive Eligibility**

The Hospital reserves the right to provide financial assistance even though an application has not been submitted for the applicable care. An uninsured patient is ordinarily presumed to be eligible for full financial aid (100% discount) in the following circumstances:

- a. Homelessness
- b. Mentally incapacitated with no one to act on the patients behalf
- c. Eligible for Medicaid or indigent programs but not on date of service or for non-covered services; Medicaid or indigent program benefits have been exhausted or exceeded the length of stay for said program; or when the patient is enrolled in a Medicaid or indigent program but not in the state or parish where the services were rendered;
- d. Recipient of any local, state, or federal needs-based program such as WIC, food stamps, etc. (*documented proof required*); or
- e. Affiliation with a religious order with a vow of poverty.

## **V. COLLECTION ACTIONS**

Uninsured and under-insured patients will be provided a plain language summary of the financial assistance policy upon admission to the Hospital. Furthermore, all billing statements will include a conspicuous written notice regarding the availability of assistance, including the contact information identifying where the patient may obtain further information and financial assistance-related documents and the website where such documents may be found.

The Hospital or its authorized representatives may refer a patient's bill to a third-party collection agency or take any or all of the following extraordinary collection actions ("ECAs") in the event of non-payment of outstanding bills:

- Reporting to credit bureaus
- Legal suit
- Selling the account to a third party
- Garnishment of wages

The Hospital may refer a patient's bill to a collection agency 120 days from the date the first bill for care was provided to the patient. The Hospital will not take ECAs against a patient or any other individual who has accepted or is required to accept financial responsibility for a patient unless and until the Hospital has made "reasonable efforts" to determine whether the patient is eligible for financial assistance under this policy. The Hospital's Business Office is responsible to determine whether the Hospital has engaged in reasonable efforts to determine whether a patient is eligible for financial assistance.

### **A. No Application Submitted**

If a patient has not submitted a financial assistance application, the Hospital has taken "reasonable efforts" so long as it:

1. Does not take ECAs against the patient for at least 120 days from the date the Hospital provides the patient with the first post-discharge bill for care; and
2. Provides at least thirty (30) days' notice to the patient that:
  - Notifies the patient of the availability of financial assistance;
  - Identifies the specific ECA(s) the Hospital intends to initiate against the patient, and
  - States a deadline after which ECAs may be initiated that is no earlier than 30 days after the date the notice is provided to the patient;
3. Provides a plain language summary of the financial assistance policy with the aforementioned notice.
4. Makes a reasonable effort to orally notify the patient about the potential availability of financial assistance at least 30 days prior to initiating ECAs against the patient describing

how the individual may obtain assistance with the financial assistance application process.

5. If the patient has been granted financial assistance based on a presumptive eligibility determination, the Hospital has provided the patient with the notice required.

## **B. Incomplete Applications**

If a patient submits an incomplete financial assistance application during the Application Period, "reasonable efforts" will have been satisfied if the Hospital:

1. Provides the patient with a written notice setting forth the additional information or documentation required to complete the application. The written notice shall include the contact information (telephone number, and physical location of the office) of the Hospital department that can provide a financial assistance application and assistance with the application process. The notice shall provide the patient with at least 14 days to provide the required information; and
2. Suspends ECAs that have been taken against the patient, if any, for not less than the response period allotted in the notice.

If the patient does not provide the requested information within the specified time frame, ECAs may resume. However, if the patient submits the requested information during the Application Period, the Hospital must suspend ECAs and make a decision on the application.

## **C. Completed Applications**

If a patient submits a completed financial assistance application, "reasonable efforts" will have been made if the Hospital does the following:

1. Suspends all ECAs taken against the individual, if any;
2. Makes a determination as to eligibility for financial assistance as set forth in this financial assistance policy.
3. Provides the patient with a written notice either (i) setting forth the financial assistance for which the patient is eligible or (ii) denying the application. The notice must include the basis for the determination.

If the Hospital has requested that the patient apply for Medicaid, the Hospital will suspend any ECAs it has taken against the patient until the patient's Medicaid application has been processed, or the patient's financial assistance application is denied due to the failure to timely apply for Medicaid coverage.

If a patient is eligible for financial assistance other than free care, the Hospital will:



1. Provide the patient with a revised bill for the discounted amount owed;
2. Provide the patient with a refund for any amount the patient has paid less any deposits in excess of the amount owed to the Hospital (unless such amount is less than \$5), and;
3. Take reasonable measures to reverse any ECAs taken against the patient.

## **VI. EMERGENCY MEDICAL CARE**

Emergency medical treatment will be provided without regard to ability to pay and regardless of whether the patient qualifies for financial assistance under the financial assistance policy, (see Policy titled “Transfer and emergency examination” (EMTALA)). The Hospital will not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Hospital policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

## **VII. RESPONSIBILITY**

Questions regarding this Policy should be directed to the Chief Financial Officer. West Ascension Parish Hospital Board of Trustees will have oversight of this policy through annual approval.

### **Attachment A-List of Covered Providers:**

Providers whose fees for services provided West Ascension Parish Hospital are subject to this policy: none

\*Hospital and Hospital-employed physicians, billable providers and practitioners are covered by this policy.

#### List of Not Covered Providers:

-Independent physicians and other independent service providers are not covered by this policy. Patients should contact these providers to discuss their financial assistance program.

Dr. Sumanth Pudukollu  
Dr. Benedict Idowu  
Dr. Mark Clawson  
Dr. Huey Seyfarth  
Other ER physicians contracted through Blue Angels  
Dr. Nagaratna Reddy  
Dr. Glenn Schexnayder  
Dr. Michelle Hirsch  
Dr. Glenn Barras  
Dr. Keith Landry  
Dr. Eric Gravois  
Dr. Aimee Moran  
Dr. N. Stafford  
Care South Physician Group