

Northshore Extended Care Hospital Financial Assistance

- I. Purpose.** This policy provides 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.
- II. Scope.** This policy applies to all patients who receive either Professional Services or Technical Services at Northshore Extended Care Hospital (the “Hospital”) that are Medically Necessary and who meet certain eligibility criteria.
- III. Definitions.**
 - A. Emergency Medical Conditions - Defined within the meaning of Section 1867 of the Social Security Act.
 - B. Expected Payments - All claims allowed by insurers.
 - C. Family Income - Defined by the Census Bureau which includes 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. Non-relatives, such as housemates.
 - D. 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.
 - E. Financial Assistance - Healthcare services provided by Hospital without charge or at a discount to qualifying patients.
 - F. Gross Charges - Total charges at Hospital’s full established rates for the provision of patient care services before deductions from revenue are applied.
 - G. 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.

- H. Patient Portion - The amount the patient is financially responsible for after insurance has been applied to the bill for the services rendered.
- I. Professional Services - Services provided by a physician or clinical professional.
- J. Self-Pay Discount - Discount applied to amounts due from patients for uninsured services.
- K. Technical Services - Medical or technical equipment, supplies or services.
- L. Underinsured - Patient has some form of third party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.
- M. Uninsured - Patient has no form of third party assistance to assist with financial responsibility for medical services.

IV. Policy Statements.

- A. Hospital 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. Hospital shall provide, without discrimination, care of Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance.
- B. Patients who are determined eligible for Financial Assistance shall not be deferred for Medically Necessary care.
- C. Patients are expected to cooperate with Hospital's 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.
- D. 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.

V. Procedures/Standards and Roles & Responsibilities.

A. Eligibility for Financial Assistance.

1. 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 and Mississippi. Eligibility for Financial Assistance is determined based on the patient's Family Income, assets, and family size.
2. Hospital shall provide a 100% Financial Assistance discount for eligible services to patients whose Family Income is at 200% of the FPL Guidelines or less.

3. Patients whose Family Income exceeds 200% 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 Hospital. For exceptions, documentation may be required to qualify for Financial Assistance. Exceptions include, but are not limited to:
 - a. Expensive medications,
 - b. Terminal illness, or
 - c. Multiple hospitalizations.
 4. Failure to comply with Hospital's Medicaid coverage and Financial Assistance screening process will exclude patients from Financial Assistance eligibility.
 5. Modifications to previously awarded discounts shall be made if subsequent information indicates the information provided to Hospital was inaccurate.
- B. Services Available Under this Policy.
1. Financial Assistance is available for all Professional Services and Technical Services, except for the following:
 - a. Prepaid, fixed price services, and
 - b. Transplant services.
- 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 by visiting the Patient Financial Services Department located at Hospital Health System facilities.
 2. Financial need will be determined by an individual assessment of financial need and may:
 - a. Include an application process 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 (such as credit scoring);
 - c. Use a third party tool when there is insufficient information provided by the patient and may be utilized as the sole documentation source to make a Financial Assistance determination;
 - d. Include reasonable efforts by Hospital 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. Applications for Financial Assistance are considered on an episode-of-care by episode-of-care basis. 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.

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 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 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. Medically Necessary charges not covered by Medicaid or indigent care programs may be presumed eligible for Financial Assistance.
3. Account balances with previously made payments may be considered for Financial Assistance if requested through Patient Financial Services or Patient Accounts Customer Service; however, they shall not be considered through the presumptive Financial Assistance process.

F. Billing and Collection Efforts.

- a. The Billing and Collections policy and translated copies can be obtained upon written request to Northshore Extended Care Hospital, c/o LHC Group, Inc., 901 Hugh Wallis Rd S, Lafayette, LA 70503, Attention: Legal Department.
2. Hospital will not impose extraordinary collection efforts such as wage garnishment, liens on primary residences or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for Financial Assistance under this policy.

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

1. Information about the Financial Assistance program can be found on patient billing statements, the Hospital web site, by visiting Patient Financial Services located at the Hospital facilities, or on the patient discharge summary.

VI. Enforcement and Exceptions.

- A. 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.