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Owner Liz Glover:
Director
Area LD - Leadership

Financial Assistance Program, LD-830

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.

Scope

This policy applies to all patients who are residents of Louisiana or Mississippi and receive Technical Services at Slidell Memorial Hospital (SMH), Slidell Memorial Hospital East (SMH East), or to insured patients receiving Chemotherapy and/or Radiation Oncology Professional Services as listed on Attachment C, that are Medically Necessary and who meet certain eligibility criteria.

Definitions

- A. Emergency Medical Condition - 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. Non-cash 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 Resources.

F. Financial Assistance - refers to healthcare services provided by SMH/SMH East 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.

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 provider.

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 patients for uninsured services.

L. Technical Services - Medical or technical equipment, supplies or services.

M. Underinsured - Patient has some form of third party coverage but still has out-of-pocket expenses that exceed his/her ability to pay.

N. Uninsured - Patient has no form of third party coverage 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.

Policy Statement

SMH/SME East are 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. SMH/SMH East shall provide, without discrimination, care of Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance.

Policy Implementation

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 SMH's/SMH East'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.
 - a. Failure to comply with our 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 and Mississippi. Eligibility for Financial Assistance is determined based on the patient's Family Income, assets and family size.
4. SMH/SMH East shall provide a 100% Financial Assistance discount for eligible services to patients who's Family Income is at or below 200% of the FPL Guidelines.
5. Patients who Family Income exceeds 200% of the FPL may be eligible to receive discounted rates based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of SMH/SMH East. 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 SMH/SMH East'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 SMH/SMH East 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 Technical Services and for Professional Services related to Insured patients receiving Chemotherapy and/or Radiation Oncology services. Additional exceptions include:
 - a. Pre-paid, fixed price services.
 - b. Elective Services and
2. SMH/SMH East reserves the discretion to offer Financial Assistance for excluded

services on a case-by-case basis.

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 SMH/SMH East's Patient Access Departments.
2. Financial need will be determined by an individual assessment of financial need and may:
 - a. Include an application process ("Attachment A"), in which the patient or the patient's guarantor, is required to cooperate and provide 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 SMH/SMH East 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 90 days and future balances within 90 days 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.

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 represent the average 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 B.

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 eligible 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 eligible Professional 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.
5. Approvals granted under presumptive Financial Assistance are valid for the encounter under review only and not valid for 90 days.

F. Billing and Collection Efforts

1. The Billing and Collections policy and translated copies can be obtained:
 - a. Online at <https://www.slidellmemorial.org> or upon written request at Slidell Memorial Hospital, 1001 Gause Blvd., Medicaid Eligibility Office - MOB 1 Box #35, Slidell LA 70458.
2. SMH/SMH East 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:
 - a. On patient billing statements
 - b. Online via the SMH website
 - c. By visiting Patient Access located at the SMH facilities

Enforcement

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.

Attachments

Attachment A - Financial Assistance Application

Attachment B - Amounts Generally Billed Discounts

Attachment C - Facilities Covered under Financial Assistance Policy

References

RI-064 Patient Billing and Collection Procedures. HFMA 501(c)(3) Hospital Charity Care Policy and

Procedures. 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>

Policy History

LD-830 - Financial Assistance (Origination: 02/2015)

All SMH and SMH East Hospitals, Radiation Oncologists and employed Oncologists are covered under the Financial Assistance Policy.

Attachments

[Attachment A.docx](#)

[Attachment B.docx](#)

[Attachment C.docx](#)

Approval Signatures

Step Description	Approver	Date
CEO signs	Sandy Badinger: Chief Executive Officer	06/2023
Policy & Procedure Committee	Linda Hughes: Special Services Coordinator	06/2023
	Cathy Gebo: Director	06/2023
Editor/Reviewer	Cathy Gebo: Director	06/2023