

**Woman's Hospital Foundation  
Baton Rouge, Louisiana  
Administrative Policy Manual**

**APPROVAL:**

Administrative Policy No: 118  
Effective Date: 10/98

Chief Financial Officer, Director of Patient Access

Review/Revision Dates: 5/99, 9/04, 06/06, 2/09, 9/11, 10/16, 2/24, 4/26

**Financial Assistance Program**

**I. PURPOSE**

The policy describes the financial assistance provided to qualifying low-income patients for emergency and medically necessary care services provided at Woman's Hospital and its associated clinics.

The purpose of this Financial Assistance Policy (FAP) is to specify:

- Eligibility criteria for Financial Assistance in the form of
- How to apply for Financial Assistance
- Compliance with applicable state and federal laws and regulations

**II. POLICY**

Woman's Hospital is a non-profit organization with a mission to improve the health of women and infants. It is a leader in women's and family-centered care with the following values.

Respect – Accepting and appreciating differences; Woman's Hospital welcomes diversity and seeks to understand differences in cultures, opinions and perspectives.

Innovation – Creating and embracing change to improve outcomes; Woman's Hospital improves lives by accepting challenges, never giving up and relentlessly nurturing new ideas.

Compassion – Showing kindness to and caring for one another; Woman's Hospital is gentle and considerate through our actions and expressions.

Excellence – Being the best at what we do; Woman's Hospital strives to exceed the expectations of our co-workers, patients and guests.

Patients qualifying for financial assistance will receive free care for emergency and medically necessary services. This policy is intended to comply with federal and state laws. Woman's Hospital will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, or national origin when making a determination for assistance. DEFINITIONS

The following definitions are applicable to all sections of this policy.

**Amount Generally Billed:** The amount generally billed (AGB) is a rate determined using a prospective method. Under the prospective method, the AGB is determined based on the amounts that would be paid to the hospital by Medicare fee-for-service (FFS) for the same services, including co-pays and deductibles, if the patient were a Medicare FFS beneficiary.

**Family Income:** An applicant's family income includes the gross income for 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, family income includes that of the parents, and/or step-parents, or legal guardian. If the patient lives in one parent's household, the family income for those living in that household will be considered.

The following sources of income will be considered in determining eligibility for assistance: earnings, unemployment compensation, workers' compensation, Social Security payments, public assistance, veterans' payments, survivor benefits, pension or retirement income, alimony, child support, interest, dividends, and any other source of miscellaneous income.

Family income is determined on a before tax basis.

**Federal Poverty Level:** The Federal Poverty Level (FPL) uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at

**Financial Assistance:** Assistance provided to eligible patients, or guarantors, to relieve them of all or part of their financial obligation for emergency or medically necessary care provided by Woman's Hospital. A 100% waiver of patient financial obligation for eligible medical services provided by Woman's Hospital to uninsured and underinsured patients with annualized family incomes at or below 300% of the Federal Poverty Level.

**Guarantor:** An individual other than the patient who is responsible for payment of the patient's bill.

**Medical Indigency:** Applicants with annualized gross family income in excess of the Federal Poverty Level thresholds for free care discounts may qualify for assistance when family medical expenses incurred during the previous six months are considered. The total out-of-pocket medical expenses from any healthcare provider incurred in the previous six months by members of the applicant's family living in the household and included on the most recent federal tax return will be subtracted from the gross family income. This adjusted family income figure will then be used to determine eligibility for assistance.

**Medically Necessary:** Health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.

**Qualification Period:** Applicants determined eligible for financial assistance will be granted assistance for a period of twelve (12) months from the date of determining eligibility. Financial

assistance will apply retroactively to charges for eligible services incurred within 240 days of the first post-discharge billing statement.

**Underinsured Patient:** An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by Woman's Hospital.

**Uninsured Patient:** A patient with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and Tricare,) Worker's Compensation, or other third-party assistance to assist with meeting a patient's payment obligations.

### III. ELIGIBLE SERVICES

Services eligible under this policy must be clinically appropriate and within generally accepted medical practice standards. They include the following services:

1. 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.
2. Medically necessary services, for example, inpatient, outpatient and ambulatory health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms provided by Woman's Hospital facility and Woman's Hospital provider clinics
3. Services for a condition that, if not treated promptly, would lead to an adverse change in the health status of a patient.
4. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
5. Prescription medications filled at the Woman's Hospital Retail Pharmacy in accordance with an established formulary.

Services not eligible for financial support include the following:

1. Elective procedures and procedures that are not medically necessary.
2. Cosmetic surgery, fertility clinic procedures, and bariatric procedures not covered by insurance.
3. Services received in Woman's Hospital facilities but from providers not employed by Woman's Hospital. Such services may include those provided by: radiologists, anesthesiologists, neonatologists, pathologists, and other specialists. Patients are encouraged to contact these providers directly to inquire about assistance they may provide for their services.
4. Physician services delivered at the LSU Clinic are provided by physicians who are not employed by Woman's Hospital. These physicians are not covered under this policy and patients are encouraged to contact these physicians directly to inquire about assistance they may provide for their services.

### IV. EMERGENCY MEDICAL SERVICES

Woman's Hospital will care for emergency conditions, or a medical screening examination to determine whether an emergency medical condition exists, to those patients seeking such care, or

for whom a representative has made a request if the patient is not able to do so, regardless of a patient's financial status. Such treatment will not be delayed in order to screen for financial assistance, inquire into methods of payment, or insurance coverage or status. Collection actions that may discourage people from seeking emergency medical care are prohibited under the Woman's Hospital policy.

#### V. ELIGIBILITY AND ASSISTANCE

Assistance will be extended to uninsured and underinsured patients, or a patient's guarantor and based on family income. Patients, or patients' guarantors, are expected to cooperate with the application process outlined in this policy to obtain financial assistance. The applicant will submit a fully completed financial assistance application with documentation prior to the rendering of services if possible.

Applicants that are potentially eligible for Medicaid but that do not apply for such benefits within Medicaid time limits may be denied financial assistance.

Financial assistance is typically not available for patient co-payments or balances after insurance when a patient fails to comply reasonably with insurance requirements, such as those associated with coordination of benefits.

This assistance will be granted to insured patients after all third-party payment options available to the applicant have been exhausted.

#### VI. APPLYING FOR FINANCIAL ASSISTANCE

Eligibility determinations for assistance will be based on the Woman's Hospital policy and an assessment of the applicant's financial need. Patients will be offered information on the financial assistance policy and the process for submitting an application. Applications may be submitted up to 240 days after the date of the first post-discharge statement.

Woman's Hospital will make a reasonable effort to explain the benefits of Medicaid and other available coverage programs to patients, or a patient's guarantor. Woman's Hospital will assist patients, or patients' guarantors, in applying for coverage programs that may pay for healthcare services. Patients, or their guarantors, identified as potentially eligible for Medicaid or other programs, are expected to cooperate and apply for such programs. Patients, or their guarantors, choosing not to cooperate in applying for such programs may be denied financial assistance.

When an applicant submits an incomplete financial assistance application, a written notification will be sent to the applicant outlining the required information or documentation necessary to complete the application. The applicant will be informed that this information must be received within 30 days of the date the notification was postmarked. If the necessary information needed to complete the application is not submitted within the 30-day timeframe, the request for assistance may be denied.

**Documentation:** Eligibility for assistance is based on financial need of the applicant at the time of application. In general, documentation must be submitted with an application for assistance. If adequate documentation is not provided, Woman's Hospital will contact the applicant seeking the requisite information.

The following income documentation will be used to determine annualized family income.

1. Copies of recent pay stubs (if pay stubs are not available, the adjusted gross income from the most recent federal income tax return may be substituted).
2. If self-employed, a copy of the federal tax return from the most recent tax year including all schedules, W-2s, and 1099s.
3. If unemployed, verification of any compensation received. For example: social security disability, unemployment compensation, workers compensation, self attestation of income or support being provided to applicant.
4. Other supporting documentation, as needed to confirm sources of income, such as benefit determinations, bank statements, or copies of the most recent federal tax return.
5. Verification of dependents between 18 – 26 years of age student status.

Those applying for medical indigency will be required to provide proof of outstanding medical obligations. Medical expenses from Woman's Hospital and/or other healthcare providers incurred during the six months prior to the date of application will be considered in determining eligibility.

Documentation of medical expense:

Applicants are required to provide a patient statement or bill as proof of patient responsibility.

Financial assistance inquiries, requests for help in completing an application, or completed applications are to be directed to the following office:

Woman's Hospital Attn: Financial Assistance Counselor  
100 Woman's Way  
Baton Rouge, LA 70817  
Telephone (225) 924-8354

#### VII. PRESUMPTIVE ELIGIBILITY

Woman's Hospital will utilize a healthcare industry-recognized presumptive eligibility screening model that is based on public record databases to streamline the process of qualifying patients for financial assistance. This predictive model incorporates public record data to calculate a socio-economic and financial capability score that includes estimates for income and financial need.

When electronic screening is used as the basis for presumptive eligibility, a full free care discount will be granted for eligible services.

#### VIII. QUALIFICATION PERIOD

Determinations of eligibility for assistance are typically made within two weeks of receiving a completed application. Applicants will be sent a notification of their eligibility determination. When eligibility is approved, Woman's Hospital will grant assistance for a period of twelve months. Financial assistance will also be applied to unpaid bills incurred for eligible services that are within 240 days of the first post discharge statement. Assistance will not be denied based on failure to provide information or documentation that is not required in the policy or on the application.

An applicant that has been denied assistance may re-apply at any time there has been a change of income or status.

#### IX. NOTIFICATION OF FINANCIAL ASSISTANCE

Information on Woman's Hospital financial assistance policy will be available to patients and the community. The policy, an application and a plain language summary of the policy will be available on Woman's Hospital website.

<http://www.womans.org/patients-and-visitors/billing-and-insurance/>

Information on financial assistance will be offered to patients upon admission to or discharge from Woman's Hospital and its associated clinics, including the LSU Clinic. Patient billing statements will include a conspicuous notice describing the availability of, and how to obtain information on, financial assistance. Signs are posted in the admitting and emergency departments instructing individuals about how to obtain information on financial assistance.

Woman's Hospital will also distribute financial assistance informational materials to agencies and non-profit organizations serving the low-income populations in the hospital's service area.

#### X. RELATED POLICIES

Information on the Woman's Hospital Billing and Collection Policy may be obtained by contacting:

Woman's Hospital Attn: Patient Accounting  
8850 Airline Highway  
Baton Rouge, LA 70815  
(225) 924-8106

#### XI. POLICY APPROVAL

The Woman's Hospital Board of Directors approved this policy. The financial assistance policy is subject to periodic review. Significant changes to the policy will be reviewed and approved by the Woman's Hospital Board of Directors.