



**ADMINISTRATIVE/ OPERATIONS POLICY
FINANCIAL ASSISTANCE POLICY**

Effective Date: October 1, 2017
Approval: CFO
Policy Initiated by: Revenue Cycle

Purpose: To describe the Financial Assistance Program, including how JALH and Clinics will determine patient’s eligibility to receive free or discounted emergency and medically necessary health care. This policy constitutes the Financial Assistance Policy and the Emergency Medical Care Policy (within the meaning of Section 501 © in the Internal Revenue Code).

Policy: JALH is committed to minimizing the financial barriers to healthcare, especially to those who are economically poor and undeserved and to those who are not covered by health insurance or governmental health care programs. Consistent with its Mission and values of JALH will provide financial assistance to patients who qualify pursuant to this Policy. JALH hospitals provide without discrimination, care for emergency medical conditions to patients regardless of whether the patients are eligible for financial assistance.

Participants: Jennings American
Legion Hospital
1634 Elton Rd
Jennings, La 70546
(337)616-7000

Family Medicine Clinic
Of JALH
1322 Elton Rd. Suite F
Jennings, La 70546
(337)824-8868

Lake Arthur Clinic
Of JALH
328 Kellogg Avenue
Lake Arthur, La 70549
(337)774-0100

OB Clinic
805 N. State Street
Jennings, La 70546
(337)824-6150

PROCEDURES:

A. Program Eligibility

1. To be eligible for the JALH Financial Assistance Program under this Policy, the patient must be uninsured or participate in a government-sponsored program for the indigent such as county health care assistance programs. Under insured and Medicare patients may be eligible for assistance under the JALH Hardship Policy.
2. Patients interested in financial assistance will receive free financial counseling from JALH to identify potential public or private health coverage programs to assist with long-term health care needs.

3. JALH reserves the right to deny assistance to patients who meet the income level criteria if, in the judgment of JALH such patients have sufficient net assets to pay for Covered Services (as defined in Section B.1) at usual and customary charges. In reviewing available assets, JALH will not consider the value of a patient's primary residence, primary vehicle, or retirement account. Patients who disagree with the denial may appeal as described below in Section D.8
4. Before finding a patient eligible for assistance under this Policy, JALH may require patient to apply for public health coverage programs for which JALH presumes the patients are eligible, as instructed by JALH financial counselor. JALH may deny eligibility for the Financial Assistance Program to patients who have been screened for a public health coverage program and are presumed to be eligible but are not cooperating with the process to apply for the health coverage program. As a condition to participation in the Financial Assistance Program, JALH may also require patients to apply for future health care coverage through the federal health care exchange if the individual is eligible for subsidized premiums.
5. Patients are not eligible for the Financial Assistance Program if the patient receives or is expected to receive a third-party financial settlement that includes payment intended to compensate the patient for the charges related to the medical care rendered by JALH facility. The patient is expected to use the settlement amount to satisfy any patient account balances.
6. In making eligibility determinations, JALH may consider factors such as: the patient's and family's earning status, sources of oncome and assets, nature and extent of liabilities, ability to obtain additional credit, amount of medical bills and family size.
7. JALH will evaluate patients to determine if they meet presumptive eligibility criteria for the Financial Assistance Program without the patients completing an application. Uninsured patients are ordinarily presumed to be eligible for financial assistance in the following circumstances:
 - a. The patient is homeless;
 - b. The patient was not required to file a Federal tax return for the most recently concluded calendar year; or
 - c. Electronic eligibility tools that use patient demographic data, credit reports, and other publicly available information indicate that the family's income is less than 200% of Federal Poverty Guidelines.

A patient presumptively found to be eligible may be asked to verify basic financial information before receiving financial assistance.

B. Covered Services

1. Benefits under the Financial Assistance Program may be applied to any emergency and Medically necessary health care services provided at the hospitals; listed in Exhibit A ("Covered Services"). This policy uses the Medicare definition of "medically necessary" which is "health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine."

2. Certain services are not eligible for benefits and are not considered Covered Services under the JALH Financial Assistance Program. These include, but are not limited to, the following:
 - a. Elective or lifestyle services that are not considered to be emergent or medically necessary as determined by a physician at JALH.
 - b. Services provided for workers compensation care when a third party is liable for the injuries or illness requiring medical services; and
3. JALH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this Policy. JALH will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions. Emergency medical services are provided to all JALH patients in a non-discriminatory manner, pursuant to each hospital Emergency Medical Treatment and Active Labor Act policy.

C. How to Apply for Financial Assistance

1. The patient or patient's guarantor should complete and submit a Financial Assistance Program application to apply for financial assistance.
 - a. Patients and guarantors may request application by:
 - i. Asking a Financial Counselor
 - ii. Calling Financial Counselor 337-616-7000
 - iii. Mail a written request to Jennings American Legion Hospital
1634 Elton Rd Jennings, LA 70546 ATTN: Financial Counselor
 - iv. Downloading an application an application at [www. JALH.com](http://www.JALH.com)
 - b. The application describes all the personal, financial, and other information or documentation that an individual must submit to be considered for eligibility in the JALH Financial Assistance Program.
 - c. JALH may presumptively qualify some patients for the most generous discount offered under the Financial Assistance Program based on external data sources and electronic eligibility tools that use patient demographic data, credit reports and other publicly available information. Patients who do not presumptively qualify may apply for the Financial Assistance Program using the application.
2. The application for the Financial Assistance Program must be submitted to JALH within 8 months of the date of the first post-discharge billing statement that pertains to the care for which the patient or guarantor is seeking financial assistance,
3. Completed applications, including all required information and documentation, should be submitted to JALH for eligibility determination. Completed applications may be:
 - a. Submitted by mail to JALH using the address on the application ATTN: Financial Counselor
 - b. Delivered to JALH Business Office

4. Applicants are notified by mail when their application is incomplete and are given an opportunity to provide the missing documentation or information within 60 days of the date of notification. Written notices to persons with incomplete application will include:

- c. Instructions for how to submit the requested documentation or information;
- d. A plain language summary of this policy
- e. Information about Extraordinary Collection Actions that the hospital might take if it does not receive the information requested within the 60-day period; and
- f. Contact information for JALH department that can provide assistance with the application process.

In addition to the written notice, applicants may also receive a phone call if their application is incomplete.

D. Eligibility Determination

1. For complete applications, JALH will make a determination regarding the applicant's eligibility in a timely manner and consistent with this Policy.
 - a. If JALH believes an individual who has submitted a completed application may qualify for Medicaid JALH may postpone making a financial assistance eligibility determination until after a Medicaid application has been submitted and the Medicaid eligibility determination has been made.
 - b. Upon receipt of a completed application, JALH may not initiate or resume any Extraordinary Collection Actions to obtain payment for the care at issue until the eligibility determination has been made.
2. If JALH finds the applicant is eligible for assistance other than free care, JALH will:
 - a. Provide the applicant with a billing statement and written notice that indicates the amount the individual owes based on the financial assistance given, how that amount was determined, and how the individual may obtain information regarding the amounts generally billed for the care;
 - b. Take all reasonably available measures to reserve any Extraordinary Collection Actions taken against the individual, including removing any adverse information from a credit report that arose as a result of a JALH credit disclosure made for the relevant episode of care.
3. Under the following circumstances, JALH may revoke, rescind, or amend the financial Assistance provided:
 - a. Fraud, theft, or misrepresentation by the patient or guarantor, or other circumstances that undermine the integrity of the Financial Assistance Program

- b. Identification of a third-party payer, including a public or private health coverage program, worker's compensation, or third-party liability insurance,
4. If a denied applicant believes that his or her application was not properly considered, he or she may submit a written request for a reconsideration within 60 days of the date of determination. The request should include information that was not submitted with the original application that supports the applicant's reason for appealing. The denial letter provides additional information about the appeal process. Appeals are reviewed by designated hospital staff, and appeal decisions are final.
5. Eligibility determinations will not be based on information that JALH has reason to believe is unreliable or incorrect or on information obtained from the applicant under duress or through the use of coercive practices. Coercive practices include denying emergency medical care to an individual until the individual has provided information requested to determine whether the individual is eligible for assistance under this Policy.

E. Discounts Available Under the Financial Assistance Program

1. Following a determination of eligibility under this Financial Assistance Policy, a patient deemed to be eligible for assistance ("Eligible Patient") will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care
2. In general, Eligible Patients with a gross family income at or below 200% of Federal Poverty Level will qualify for 100% discount (free care) on all Covered Services.
3. In general, Eligible Patients with a gross family income between 200% and 300% of the Federal Poverty level will qualify for a sliding scale discount on all Covered Services, ranging from 50% to 100% discount on eligible services.
4. Eligibility determinations will be made and discounts will be offered without regard to race, creed, color, religion, gender, orientation, national origin, or physical disability.

F. Actions in the Event of Non-Payment

1. Unpaid discounted balances of patients who qualify for the Financial Assistance Program are considered uncollectable bad debts.
2. JALH does not conduct, or permit collection agencies to conduct on its behalf, Extraordinary Collection Actions, as defined under Internal Revenue Code Section 501 ©. Against individuals before reasonable efforts have been made to determine whether the patient is eligible for the Financial Assistance Program. Reasonable efforts include the hospital making a determination that

the patient is ineligible for the Financial Assistance Program because the patient is covered by Commercial Insurance.

3. The System Director of Patient Financial Services maintains Oversight and responsibility for determining if JALH has made reasonable efforts and whether an Extraordinary Collection Action is appropriate. If a patient believes Extraordinary Collection Actions was initiated improperly, the patient should contact the JALH Financial Counselor for follow up at 337-616-7000 and provide his/her contact information for follow up.
4. Under no circumstances will JALH pursue Extraordinary Collection Actions until 120 days after the date of the first post-discharge billing statement for the care at issue.
5. At least 30 days before initiating an Extraordinary Collection Action, JALH will:
 - a. Provide the individual with a written notice that: indicates financial assistance is available for eligible individuals, identifies the Extraordinary Collection Actions that the hospital intends to initiate to obtain payment for the care, and states the Extraordinary Collection Actions will be initiated 30 days after the date of the written notice;
 - b. Provide the individual with a plain language summary of this Policy; **and**
 - c. Make a reasonable effort to orally notify the individual about this Policy and about how the individual may obtain assistance with the application process.
6. As authorized by state and Federal law, JALH may file a hospital lien on the proceeds of a judgement, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries for which a JALH hospital provided care. This type of lien is not considered an Extraordinary Collection Action and does not require advanced notice to be given to the patient. JALH will notify the patient of such lien in accordance with state law,

G. Providers Who Participate in the Financial Assistance Program

JALH hospitals may contract with physician groups and other independent contractors that provide medically necessary care but do not participate in the JALH Financial Assistance Program. Therefore, a patient who is eligible for the Financial Assistance Program will not necessarily receive financial assistance from those non-participating providers. Patients who receive care from non-participating providers. Patients who receive care from one of the non-participating providers are advised to contact the provider directly to determine whether the provider has its own financial assistance program.

J. Distribution of the Policy

1. Each JALH hospital will offer a plain language summary of a plain language summary of this policy to patients as part of the intake or discharge process. JALH financial counselor will also distribute the summary of this Policy to patients as appropriate during counseling sessions.
2. Each billing statement from JALH will include a conspicuous written notice informing patients about the availability of financial assistance, including both a telephone number and website address where the patient may obtain additional information and copies of the plain language summary of this Policy.

3. Each hospital will have public displays in the emergency department and admissions areas notifying patients of the Financial Assistance Program.
4. This Policy, language summary, and the Financial Assistance Program application will be available at www.jalh.com and are also available upon request and without charge in each hospitals emergency department and admissions areas.

K. Pursuant to Louisiana Revised Statue 22:1880

1. Jennings American Legion Hospital is providing a list that contains the name and contact information for each individual or group of hospital-contracted services at this facility. These providers include anesthetists, pathologists, radiologists, emergency medicine providers and hospitalists.
2. Professional services rendered by the independent healthcare professionals listed below are not part of the hospital bill. These services will be billed to you separately by the providers. We encourage you to contact your insurance company to determine whether the independent healthcare professionals are participating with your health plan.

Anesthesia Services
 Mike Marceaux, CRNA
 William Dean Fontenot, CRNA
 1634 Elton Road
 Jennings, LA 70546
 (337)616-7150

Emergency Medicine Services
 Jefferson Davis Emergency Group, LLC
 P.O. Box 400
 San Antonio, TX 78292
 (866)285-0910

Pathology Services
 The Path Lab
 830 Bayou Pines West
 Lake Charles, LA 70601
 (337)436-9557

Hospital Medicine Services
 Jefferson Davis Physician Services, LLC
 Schumacher Clinical Partners
 200 Corporate Boulevard
 Lafayette, LA 70508
 (800)893-9698

Radiology Services
 Aldes J. Rozas, III, MD
 1634 Elton Road
 Jennings, LA 70546
 (800)960-0168

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