



SBPH
St. Bernard Parish Hospital



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Policy

TITLE: Financial Assistance

EFFECTIVE DATE: 01/01/2025

NUMBER: SBPH.REV.042

I. 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.

II. Scope

This policy applies to all patients who are residents of the U.S. and who receive either Professional Services or Technical Services at St. Bernard Parish Hospital, as listed on Attachment D, that are Medically Necessary and who meet certain eligibility criteria.

III. Definitions

- A. St. Bernard Parish Hospital or SBPH: Hospital Service District of the Parish of St. Bernard, State of Louisiana d/b/a (i) St. Bernard Parish Hospital ("SBPH"), (ii) all facilities wholly-owned, leased, and/or managed by SBPH; and (iii) all Workforce Members in an SBPH facility.
- B. Emergency Medical Condition – As defined within the Social Security Act §1867.
- C. Elective Services- Services, which could include Medically Necessary Services, that are not considered Urgent Services.
- D. Expected Payments - All claims allowed by insurers.
- E. 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. Noncash benefits (such as food stamps and housing subsidies);
 - 2. Capital gains or losses; and
 - 3. Tax credits.

- F. 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.
- G. Financial Assistance – refers to healthcare services provided by SBPH without charge or at a discount to qualifying patients.
- H. Gross Charges – Total charges at the facility's full established rates for the provision of patient care services before deductions from revenue are applied.
- I. 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.
- J. 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.
- K. Professional Services - services provided by a physician or clinical professional.
- L. Self-Pay Discount – Discount applied to amounts due from patients for uninsured services.
- M. Technical Services - medical or technical equipment, supplies or services.
- N. Underinsured – Patient has some form of third-party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.
- O. Uninsured – Patient has no form of third-party assistance to assist with financial responsibility for medical services.
- P. 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.

IV. Policy Statement

- A. St. Bernard Parish 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. SBPH shall provide, without discrimination, care of Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance.

V. 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 SBPH 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 St. Bernard Parish Hospital's Financial Assistance screening process, including but not limited to, Medicaid coverage determinations, will exclude patients from Financial Assistance eligibility.

3. Financial Assistance is not a substitute for coverage. Patients with insurance coverage considered out of network at SBPH, identified through the application process, will be determined ineligible for Financial Assistance.
 4. Financial Assistance applies to patient liability only, including but not limited to, deductibles, co-payments, and co-insurances. Eligibility for Financial Assistance is determined based on the patient's Family Income, assets, and family size.
 5. St. Bernard Parish 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.
 6. Patients whose 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 SBPH. 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.
 7. Failure to comply with St. Bernard Parish Hospital's Medicaid coverage and Financial Assistance screening process will exclude patients from Financial Assistance eligibility.
 8. Modifications to previously awarded discounts shall be made if subsequent information indicates the information provided to SBPH was inaccurate.
 9. 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 all Professional Services and Technical Services, except for the following:
 - a. Pre-paid, fixed price services;
 - b. Transplant services;
 - c. Elective Services; and
 - d. Fees for Professional Services rendered by the providers as listed on Attachment A.
 2. St. Bernard Parish Hospital 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 the Patient Financial Services Department located at SBPH 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 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 St. Bernard Parish 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. 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 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 as demonstrated more fully on Attachment C.
2. Uninsured patients who are not eligible for financial assistance still qualify for an uninsured discount that is calculated for each facility (attachment C) and represents 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 and 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. Financial Assistance is not a substitute for insurance coverage. Except with respect to Emergency Medical Conditions, patients who have insurance

coverage but who are determined through the Financial Assistance application process to be out of network for the delivery of such services at SBPH are ineligible for Financial Assistance. However, a patient with insurance coverage may be eligible for Financial Assistance if the insurance company communicates after SBPH's delivery of services that such patient is out of network at SBPH provided that the individual satisfies all other Financial Assistance criteria.

5. Technical and 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.
6. 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.ochsner.org/patients-visitors/billing-and-financial-services/financial-assistance/> or
 - b. upon written request at St. Bernard Parish Hospital System Patient Financial Services 1514 Jefferson Highway, New Orleans, LA 70121.
2. St. Bernard Parish Hospital 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 St. Bernard Parish Hospital's web site,
 - c. By visiting Patient Financial Services located at St. Bernard Parish Hospital facilities.

VI. 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.

VII. Attachments

Attachment A Professional Services Not Covered by Financial Assistance Policy
Attachment C Amounts Generally Billed Discounts
Attachment D Facilities Covered under Financial Assistance Policy

VIII. References

[Patient Billing and Collection Process](#)

HFMA 501(c)(3) Hospital Charity Care Policy and Procedure

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>

IX. Policy History

None.