

Dept: Revenue Cycle**Effective Date:** 5/1/2024**Author:** Serina Blackwell**Approved by:** Kendall Johnson**Review Dates:**

PURPOSE: To define Financial Assistance guidelines for patients of the Baton Rouge General. For the purposes of this policy, Baton Rouge General refers to all campuses of the non-profit hospital, including its doing business as name, "The General".

POLICY: It is the policy of the Baton Rouge General to provide medical services, regardless of ability to pay, to those patients in an emergency state. This policy defines how Financial Assistance is defined and applied at the Baton Rouge General.

It is the policy of Baton Rouge General to provide Financial Assistance to patients in need. The purpose of this Financial Assistance Policy (FAP) is to provide the framework under which Financial Assistance will be granted to patients for emergency and medically necessary care provided by Baton Rouge General.

This policy identifies the specific criteria and the application process under which Baton Rouge General will extend Financial Assistance to individuals whose financial status prevents them from fully paying for hospital services. Note that certain eligible individuals will be identified through presumptive eligibility.

This policy applies to all emergency or medically necessary care provided by Baton Rouge General Hospital. This policy does not apply to elective services.

The policy describes the criteria used by Baton Rouge General to determine eligibility for Financial Assistance, the measures Baton Rouge General will take to make the FAP available to our patients, and the Financial Assistance application process. The policy also describes actions taken by Baton Rouge General in the event of nonpayment.

To be eligible for Financial Assistance, you must complete and submit a Financial Assistance application (for patients not identified through presumptive eligibility) along with the required supporting documentation. Financial Assistance applications are due no later than 240 days following the date of the first billing statement on the account for which Financial Assistance is being requested.

PROCEDURE:

Notification of this Policy to our Patients and Community members

- A copy of this policy and the Financial Assistance application will be available in the Main Admissions departments at the Mid-City, Bluebonnet, and Ascension hospitals, at the Cashier's Office at the Bluebonnet hospital, and at the Customer Service Department (8490 Picardy Avenue, Suite 400 Baton Rouge, Louisiana 70809).
- Signage addressing the availability of the Financial Assistance Policy and how to obtain one is displayed in Main Admissions of all facilities.
- This policy and the Financial Assistance application will also be available on our hospital web site at: <https://www.brgeneral.org/patients-visitors/billing-insurance/>.
- A copy of this policy and a Financial Assistance Application may be requested (free of charge) by contacting our Customer Service department at (225) 819-1000.

How a patient may apply for Financial Assistance

- The patient should complete a Financial Assistance application and return it, along with a current check stub and the previous year’s income tax return to the Customer Service team at Baton Rouge General.
- The completed Financial Assistance Application and required documentation can be mailed to the address below:

Patient Financial Services
 Baton Rouge General Medical Center
 8490 Picardy Avenue, Suite 400
 Baton Rouge, LA 70809

- Or emailed to customerservice@brgeneral.org.

Eligibility Criteria

- Patients must be uninsured and must have family income at or below 200% of Federal Poverty Level.
- The Federal Poverty Level is based on family size. This is updated annually. Additional information on the Federal Poverty Level can be found at <https://aspe.hhs.gov/poverty-guidelines>. See table below:

2024 200% Federal Poverty Level Maximum Income

Family Size	Annual Income	Monthly Income
1	\$30,120	\$2,510
2	\$40,880	\$3,407
3	\$51,640	\$4,303
4	\$62,400	\$5,200
5	\$73,160	\$6,097
6	\$83,920	\$6,993
7	\$94,680	\$7,890
8	\$105,440	\$8,787

For families/households with more than 8 persons, add \$10,760 for each additional person.

- Patients can apply for the entirety of the application period, which will last from when they receive treatment until 240 days following the date of their first statement.
- Accounts must be for emergency or medically necessary services. No elective services are eligible for Financial Assistance.
- Qualifying patients will be eligible for a full discount of their remaining hospital balance on the approved account. Under no circumstances will qualifying patients be charged more than Amounts Generally Billed.
- All uninsured inpatients will be screened for Medicaid eligibility, SSI eligibility, Liability coverage, and Victims of Crime coverage. If the patient meets a category for Medicaid or SSI, a free screening will be completed. If the patient is a Victim of Crime, they will be referred to the Victim of Crimes’ office to complete an application.

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- If a self-pay outpatient would like to be screened to determine if they meet Medicaid, SSI, Liability or Victims of Crime coverage, they may contact our Customer Service Department at (225) 819-1000 and request a free screening.

Presumptive Eligibility

- A third-party review may be performed on uninsured patient accounts to check for patients who are eligible for financial assistance. Patients are still encouraged to apply for Financial Assistance.
- This third-party vendor will use family income at or below 200% of the Federal Poverty Level as qualifying criteria.
- If the financial assistance qualifications are met, the patient's will be eligible for a full discount of their remaining hospital balance.

Collection Practices at the Baton Rouge General

- Patients with insurance are sent a summary bill of their balance after all insurance payments have been processed.
- Patients without insurance are sent a summary bill with their balance on the fifth day following discharge. This will begin the 120-day notification period during which the patient will be notified of their balance and of the availability of the Financial Assistance Program. (This will also begin the 240-day application period). This bill states that Baton Rouge General has a Financial Assistance Policy in place. A patient may request a copy of this policy by contacting our Customer Service line at (225) 819-1000 and one will be mailed, faxed, or emailed. The Customer Service Representatives may also read the policy over the phone if the patient makes this request.
- Several attempts are made by our Business Office to notify the patient that a balance is due. Our Business Office will communicate that a Financial Assistance Policy exists at the Baton Rouge General.
- Patients that either do not respond to collection attempts or are unable to meet minimum payment requirements, by the end of the 120-day notification period, will be notified that their account will be placed with an external collection agency via a Final Demand letter. The Final Demand letter will explain that a Financial Assistance Policy exists at the Baton Rouge General and will explain how to receive a copy of this policy. The final demand letter will also include the plain language summary of this Financial Assistance Policy.
- The external collection agencies utilized by Baton Rouge General may take the following Extraordinary Collection Actions: they may report adverse information to credit agencies or bureaus, they may pursue actions that require legal or judicial processes, including filing liens, attachment or seizure of bank accounts, commencement of civil action against an individual, and wage garnishment.

What is Covered and is Not Covered by this Financial Assistance Policy

- Medically necessary hospital services provided to qualifying uninsured patients by Baton Rouge General are covered by the Financial Assistance Policy.
- Professional services provided by the physicians of the Hospital Medicine Group to uninsured patients are not covered under this policy.
- Professional services provided to qualifying uninsured patients by emergency room physicians, radiologists, anesthesiologists, or any other provider not listed above are not covered under this Financial Assistance Policy.
- Balances for patients with insurance coverage are not covered under this Financial Assistance Policy

DEFINITIONS:

- *Application*: Means an application for Financial Assistance to be completed by a patient.
- *Application Period*: The period during which Baton Rouge General will accept and process an application for Financial Assistance. The Application Period begins on the date the care is provided to the individual and ends on the 240th day after the date of the first billing statement for the care.
- *Amounts Generally Billed (AGB)*: Patients who qualify for Financial Assistance will not be charged more for emergency or medically necessary care than the amounts generally billed (AGB) to patients who have insurance.
 - The hospital will use Medicaid rates for the AGB, however patients approved for Financial Assistance will not be billed as all balances will be adjusted to zero.
- *Elective Services*: Services to treat a condition that does not require immediate attention. Elective services include procedures that are advantageous to the patient, but not urgent and include medically necessary services and non-medically necessary services, such as cosmetic and dental surgery performed solely to improve appearance or other elective procedures not typically covered by health insurance plans. Elective services that are not medically necessary will not be considered for Financial Assistance.
- *Emergency Services*: Services provided to a patient with acute symptoms of sufficient severity (including severe pain), such that absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or with respect to a pregnant woman, the woman or her unborn child) in serious jeopardy, or cause serious impairment to bodily functions, or serious dysfunction to any bodily organ or part.
- *Extraordinary Collection Actions (ECAs)*: These are collection actions requiring a legal or judicial process and can also involve other activities such as selling debt to another party or reporting adverse information to credit agencies or bureaus. Baton Rouge General does not engage in ECAs but our collection vendors, who delinquent accounts are released to after 120 days of non-payment will. These actions are defined in the Collection Practices at Baton Rouge General Section of this policy.
- *Family*: The patient, the patient's spouse, the patient's parents or guardians (in the case of a minor patient), and any dependents claimed on the patient's or parent's income tax return and living in the patient's or his or her parent's or guardian's household.
- *Family Income*: The sum of a family's annual earnings and cash benefits from all sources before taxes, reportable to the United States Internal Revenue Service. Family income includes, but is not limited to earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, alimony, child support, and other sources. Family Income also includes resources or property that are easily convertible to cash; including but not limited to checking accounts, savings accounts, stocks, bonds, certificates of deposits, and cash. IRA's and 401K's are excluded until money is removed.
- *Federal Poverty Level (FPL)*: Level of income at which an individual is deemed to be at the threshold of poverty. This income level varies by the size of the family unit. The poverty level is updated annually by the United States Department of Health and Human Services and published in the Federal Register. For purposes of this policy, the poverty level indicated in these published guidelines represents gross income. The FPL used for purposes of this policy will be updated annually.
- *Medically Necessary services*: Services that are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of good medical practice, are covered by and considered medically necessary by the Medicare and Medicaid programs, and are not mainly for the convenience of the patient or physician. Medically necessary services do not include cosmetic surgery or non-medical services, such as social, educational, or vocational services.
- *Presumptive Eligibility*: A Financial Assistance eligibility determination made by reference to specific criteria which have been deemed to demonstrate financial need on the part of an uninsured patient without completion of a Financial Assistance application. An application is not required for approval of presumptive eligibility.
- *Uninsured Patient*: A patient with no health insurance and who has no other payment sources available for health care services, such as Medicaid, Medicare, Crime Victims, worker's compensation, automobile insurance, or other third-party insurance as determined by Baton Rouge General based on information provided by the patient and from other sources.