

LOURDES HEALTH NETWORK

FINANCIAL ASSISTANCE POLICY

Updated 10/23/2017

Readopted 9/20/18

POLICY/PRINCIPLES

It is the policy of Lourdes Health Network (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all appropriate hospital-based medical services provided by the Organization, including employed physician services and behavioral health, per WAC 246-453-010(7).
3. Attachment A provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- **“Amount Generally Billed”** or **“AGB”** means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **“Appropriate hospital-based medical services”** means those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For the purpose of this section, “course of treatment” may include mere observation or, where appropriate, no treatment at all. WAC 246-453-010(7)
- **“Charity Care”** means medically necessary hospital health care rendered to indigent persons when third-party coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer, as determined by the department of health. RCW 7.170.020(4)

- “**Community**” means Benton and Franklin Counties, including the cities of Kennewick, Pasco, Richland, Benton City, Connell, Kahlotus, Patterson, Prosser and West Richland.
- “**Emergency Care**” means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- “**Family**” means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. WAC 246-453-010(18)
- “**Federal Poverty Guidelines**” means the guidelines issued in the Federal Register by the Department of Health and Human Services. The guidelines are a simplification of the poverty thresholds for use for administrative purposes – for instance, determining financial eligibility for certain federal programs. Per <https://aspe.hhs.gov/poverty> guidelines
- “**Indigent persons**” means those patients who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 200% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor. WAC 246-453-010(4)
- “**Initial determination of sponsorship status**” means an indication, pending verification, that the services provided by the hospital may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet criteria for designation as an indigent person qualifying for charity care. WAC 246-453-010(19)
- “**Final determination of sponsorship status**” means the verification of third party coverage or lack of third party coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party’s qualification for classification as an indigent person, subsequent to the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part. WAC 246-453-010(20)
- “**Medically Necessary Care**” means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- “**Organization**” means Lourdes Health Network.
- “**Patient**” means those persons who receive appropriate hospital-based medical services, emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.
- “**Publicly available**” means posted or prominently displayed with public areas of the hospital, and provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than five percent of the population in the hospital’s service area, and interpreted for other non-English speaking or limited-English speaking or other patients who cannot read or understand the writing and explanation. WAC

246-453-010(16)

- **“Responsible party”** means that individual who is responsible for the payment of any hospital charges which are not subject to third-party sponsorship. WAC 246-453-010(14)
- **Third-party coverage”** means an obligation on the part of an insurance company, health care services contractor, health maintenance organization, group health plan, government program, tribal health benefits, or health care sharing ministry as defined in 26 USC § 5000A to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital health care service. The pendency of such settlements, judgments, or awards must not stay hospital obligations to consider an eligible patient for charity care.

Financial Assistance Provided

1. Patients with income less than or equal to 250% of the Federal Poverty Guidelines (“FPG”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 250% of the FPG but not exceeding 400% of the FPG, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

Sliding Scale Discount:

FPL 251% to 279% = 90% discount

FPL 280% to 309% = 80% discount

FPL 310% to 339% = 70% discount

FPL 340% to 369% = 60% discount

FPL 370% to 399% = 55% discount

3. Patients with demonstrated financial needs with income greater than 400% of the FPG may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Consideration for the “Means Test” includes, but is not limited to, income, medical bill obligations, mortgage payments, utilities, family size and disability. For assistance with determining eligibility for the “Means Test” discount, contact Lourdes Financial Counselors, Lourdes Medical Center at (509) 546-2361. A patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.
4. For a patient that participates in certain insurance plans that deem the Organization to be “out-of-network,” the Organization may reduce or deny the financial assistance that would otherwise be available to the patient based upon a review of the patient’s insurance information and other pertinent facts and circumstances. This reduction or denial does not apply to patients with a family income at or below 100% of the FPG.
5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP Application”).

6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
7. The Organization requires the uninsured to apply for Medicaid or other government assistance. If a patient refuses to apply for potential assistance outside of charity care, the Organization may deny financial assistance on that basis.
8. In the event that a responsible party pays a portion or all of the charges related to appropriate hospital-based medical services, and is subsequently found to have met the charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within 30 days of receiving the charity care designation, per WAC 246-453-020(11).
9. If the patient qualifies for a sliding scale discount, the responsible party will be allowed to establish a payment arrangement to pay balance owed over a reasonable period of time, without interest or late fees, per WAC 246-453-050(1)(c).
10. The Organization shall make this policy publicly available.

Other Assistance for Patients Not Eligible for Financial Assistance

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here for the convenience of the community served by Lourdes Health Network.

1. Uninsured patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payer for that Organization. The highest paying payer must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payer does not account for this minimum level of volume, more than one payer contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.
2. Uninsured and insured patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

Notice and Training

Information about Lourdes' Financial Assistance Policy shall be made publicly available as follows:

- A. A notice advising patients that Lourdes provides financial assistance and charity care shall be posted in key public areas of the hospital, including Admissions/Registration, the Emergency Department, Billing and Financial Services.
- B. Notice and a plain language summary of this Policy, the current version of this Policy, and the Financial Assistance Application will be available on the hospital's website.

- C. The written notice, plain language summary of this Policy, the current version of this Policy, and the Financial Assistance Application shall be made readily available in English and any language spoken by more than ten percent of the population in the hospital's service area and interpreted for other non-English speaking or limited-English speaking or other patients who cannot read or understand the writing and explanation
- D. All hospital billing statements and other written communications involving billing or collection of a hospital bill by the hospital will include the following statement on the front / first page of the statement in both English and the second most spoken language in the hospital's service area:

You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance officer at [web site] and [phone number].

The hospital has established a standardized training program on this Policy and the use of interpreter services to assist persons with limited English proficiency and non-English-speaking persons in understanding information about this Policy. The hospital will provide regular training to front-line staff who work in registration, admissions and billing and any other appropriate staff to effectively answer questions about Financial Assistance / Charity Care availability at the hospital, to obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization will calculate one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization. A free copy of the AGB calculation description and percentage(s) may be obtained by contacting Lourdes Financial Counselors: Lourdes Medical Center at (509) 546-2361, or Lourdes Counseling Center at (509) 943-9104 x7297 or at (509) 943-9104 x7363.

Applying for Financial Assistance and Other Assistance

A patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. For the purpose of reaching an initial determination of sponsorship status, the Organization may rely upon information provided orally by the responsible party. The Organization may require the responsible party to sign a statement attesting to the accuracy of the information provided for the purpose of the initial determination of sponsorship status. A patient may be denied financial assistance if the patient provides false information on a FAP Application or in connection with the



presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available by one of 3 methods:

- a. Online at <http://www.yourlourdes.com/billing-financial-assistance/>
- b. On-site at Lourdes Financial Counselors, Lourdes Medical Center, 520 N. 4th Ave, Pasco, WA 99301 or Lourdes Financial Counselors, Lourdes Counseling Center 1175 Carondelet Dr, Richland WA 99352.
- c. Or by calling Lourdes Medical Center at (509) 546-2361, or by calling Lourdes Counseling Center at (509) 943-9104 x7297 or (509) 943-9104 x7363.

Patients applying for financial assistance will be provided with at least 14 calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation prior to receiving a final determination of sponsorship status, per WAC 246-453-020(3). Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is annualized as may be appropriate (WAC 246-453-030(2):

- a. A "W-2" withholding statement;
- b. Pay stubs;
- c. An income tax return from the most recently filed calendar year;
- d. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- e. Forms approving or denying unemployment compensation; or
- f. Written statements from employers or welfare agencies.

Total annual household income of the responsible party will be determined based on the time the appropriate hospital-based medical services were provided, or based on the time of the Financial Assistance Application if the application is made within two years of the time the appropriate hospital-based medical services were provided, the responsible party has been making good faith efforts toward payment for the services, and the responsible party demonstrates eligibility for charity care or discount / financial assistance.

The Organization will notify the applicant of the final determination of sponsorship status in writing within 14 calendar days of receiving information, per WAC 246-453-020(7). In the event of a denial, the notice will contain the reason for the denial. Such determination will include the amount for which the responsible party will be held financially accountable. In the case of denials, instructions will be provided on how to appeal the decision.

The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:

- a. Please submit an appeal letter, with any additional documentation, stating your reason for appealing the decision within 30 calendar days of the final determination letter. This letter can be sent to Lourdes Financial Counselors, Lourdes Medical Center 520 N. 4th Ave, Pasco, WA 99301.
- b. All appeals will be considered by Lourdes Health Network's 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal. In the case of a denial of the appeal, the notification will also be sent to the Washington State Department of Health, per WAC



246-453-020(9)(c).

Billing and Collections

No collection efforts will be made for responsible parties during the initial determination of sponsorship status or within 14 days of the final determination letter, per WAC 246-453-020(1) and WAC 246-453-020(9)(a).

Collection efforts will cease once an appeal of the final determination is received, per WAC 246-456-020(9)(b).

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by contacting the Lourdes Business Office at (509) 546-2359.

Emergency Medical Care

It is the policy of the Organization to provide care for emergency medical conditions to individuals, without discrimination, regardless of whether they are eligible under the Financial Assistance Policy or government assistance.

The Organization will not engage in activities that discourage individuals from seeking emergency care, such as demanding payment from patients before providing emergency care or by permitting debt collection activities in the emergency department or in other areas of the hospital facility where such activities could interfere with the provision, without discrimination, of emergency medical care.



Attachment A

LOURDES HEALTH NETWORK

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

Updated 3/21/2018

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP).

<u>Providers covered by FAP</u>	<u>Providers not covered by FAP</u>
<u>Lourdes Emergency Department</u>	<u>Fadi Akoum, MD</u>
<u>Lourdes Health and Wellness Center</u>	<u>Esteban Ambrad-Chalela, MD</u>
<u>Lourdes Medical Center</u>	<u>Charles Anderson, MD</u>
<u>Lourdes Occupational Health Center</u>	<u>Ramon Anel, MD</u>
<u>Lourdes West Pasco including:</u>	<u>Fareed Arif, MD</u>
• Family Medicine	<u>Bruce Ayres, MD</u>
• Gastroenterology	<u>Amy Backer, MD</u>
• Women’s Health	<u>Daniel Bahnmilller, DO</u>
• General Surgery	<u>Thomas Bassler, MD</u>
• Pediatrics	<u>Edward Bouchard, MD</u>
• Plastic and Reconstructive Surgery	<u>Michael Breen, MD</u>
<u>Lourdes 14th Ave Medical Group including:</u>	<u>Pamela Burg, MD</u>
• ENT	<u>James Campbell, MD</u>
• Urology	<u>Travis Carter, DPM</u>
• Internal Medicine	<u>Karyn Catt, MD</u>
• Surgical Specialists Robotics, General, Metabolic & Bariatric Surgery	<u>Miguel Cervantes, MD</u>
<u>Lourdes Urgent Care</u>	<u>Sophia Chang, MD</u>
<u>Lourdes Physician Group at the Hospital (Gastroenterology, Pulmonology, Neurology, Hematology/Oncology)</u>	<u>Wing Chau, MD</u>
<u>Premier Anesthesia</u>	<u>Naeem Chavla, MD</u>
	<u>Rangaswamy Chintapatla, MD</u>
	<u>Juno Choe, MD</u>
	<u>Jimmy Chua, MD</u>

<p><u>LOURDES Counseling Center</u></p> <p><u>LOURDES Desert Hope Service</u></p> <p><u>LOURDES Health Crisis Services</u></p>	<p><u>James Collette, DDS</u></p> <p><u>Todd Cooper, DDS</u></p> <p><u>Ayumi Corn, MD</u></p> <p><u>Mackenzie Craik, DDS</u></p> <p><u>Stephen Dechter, DO</u></p> <p><u>Michael Deitz, MD</u></p> <p><u>Donald Dicken, MD</u></p> <p><u>Ernesto Dizon, MD</u></p> <p><u>Ernesto Dizon, Jr., MD</u></p> <p><u>Anna Dolezal, MD</u></p> <p><u>Laurie Evans, MD</u></p> <p><u>Angelo Ferraro, MD</u></p> <p><u>David Fischer, MD</u></p> <p><u>Judd Fitzgerald, MD</u></p> <p><u>Randall Fong, MD</u></p> <p><u>Fred Foss, MD</u></p> <p><u>Earl Fox, MD</u></p> <p><u>Eric Gamboa, MD</u></p> <p><u>Carl Garabedian, MD</u></p> <p><u>Hrair Garabedian, MD</u></p> <p><u>David Hamilton, DDS</u></p> <p><u>Elhami Hannan, MD</u></p> <p><u>Uel Hansen, MD</u></p> <p><u>Basir Haque, MD</u></p> <p><u>Scott Harman, MD</u></p> <p><u>Devin Harrison, MD</u></p> <p><u>Owen Higgs, MD</u></p> <p><u>David Hoak, MD</u></p> <p><u>Susan Hollander, MD</u></p> <p><u>Chia Chun Hsu, MD</u></p> <p><u>David Huang, MD</u></p> <p><u>Richard Jensen, Jr., MD</u></p>
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Spencer Jilek, DDS
Guy Jones, MD
Vamsi Kanneganti, MD
Matthew Karlen, MD
Elton Kerr, MD
Kirandeep Khangura, MD
Wassim Khawandi, MD
Kathleen Kieran, MD
Tomas King, MD
W. Klein, DMD
Christopher Kontogianis, MD
Jarret Kuo, MD
Brian Lawenda, MD
Galen Le, MD
Thomas Lenart, MD
Edward Lisenbey, MD
Richard Lorenzo, DO
Larry Loveridge, DMD
Sue Mandell, MD
Thomas Maroldo, MD
Enriqueta Mayuga, MD
Derrick McKay, DPM
Mark Merrell, MD
Aman Mongia, MD
Christopher Montague, MD
Michelle Mora, DO
Joseph Morrell, MD
Kirk Morris, DDS
Alex Najera, MD
Deborah Nautsch, MD
Ankit Nayyar, MD
Bret Neiderman, MD

	<u>Jourdan Nicholls, DPM</u>
	<u>Jeremy Nicolarsen, MD</u>
	<u>Harvey Olsen, MD</u>
	<u>Obioma Onuorah, MD</u>
	<u>Kathleen Paranada, MD</u>
	<u>Arunbhai Patel, MD</u>
	<u>Johnathan Perry, MD</u>
	<u>Travis Peterson, DO</u>
	<u>Truc Pham, MD</u>
	<u>Heather Phipps, DO</u>
	<u>Georgi Pirumyan, MD</u>
	<u>Douglas Porter, MD</u>
	<u>Sujit Pradhan, MD</u>
	<u>Ariel Prager, MD</u>
	<u>Samantha Price, DPM</u>
	<u>Andre Prince, MD</u>
	<u>Aravind Rangaraj, MD</u>
	<u>Brandon Reddinger, DDS</u>
	<u>Madhusudhan Reddy, MD</u>
	<u>Sheila Rege, MD</u>
	<u>Wayne Riches, MD</u>
	<u>Jon Rittenbach, MD</u>
	<u>Paul Roesler, MD</u>
	<u>Christopher Rozelle, MD</u>
	<u>Janmeet Sahota, DO</u>
	<u>Salaam Sallaam, MD</u>
	<u>Mark Schechter, MD</u>
	<u>Ronald Schwartz, MD</u>
	<u>Michael Shannon, DMD</u>
	<u>Michael Sherfey, DO</u>
	<u>Romina Shirka, DO</u>
	<u>Allen Shoham, MD</u>

Reuben Singer, MD
Adam Smith, DO
Larry Smith, MD
Paul Smith, MD
Scott Spendlove, DO
Sarah Stack, MD
Brian Staley, MD
Lon Steinberg, MD
Faustin Stevens, MD
Terrance Stone, DO
Kellen Stromberg, DO
Puneet Tandon, MD
Tyson Teeples, DMD
Brent Thielges, DPM
Nathan Thompson, DO
Bryant Thorpe, MD
Louay Toni, MD
Ryan Toponce, DMD
Thomas Trotta, MD
Alden Webb, DO
Elena Wechsler, MD
Stanley Wells, MD
David Wheeler, MD
Dana Wolinsky, MD
Liqun Yin, MD
Brian York, DO
Jean You, MD
Andrew Young, MD
Ying Zhuo, MD
Jeffrey Zuckerman, MD