



## ADMINISTRATIVE POLICY & PROCEDURE

**TITLE:** FINANCIAL ASSISTANCE POLICY  
**POLICY NUMBER:** ADMIN 0119  
**EFFECTIVE DATE:** 7/2010  
**DATE REVISED:** 4/7/2025

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### 1.0 POLICY

1.01 St. Tammany Health System (STHS), St. Tammany Parish Hospital (STPH) has developed a financial assistance policy to establish a standardize procedures identifying, evaluating and administering financial assistance to patients who are unable to pay their medical bills, while allowing St. Tammany Health System to fulfill its Community Service Commitment.

1.02 In connection with our Mission Statement St. Tammany Health System may provide free or discounted services to uninsured or underinsured patients who are unable to meet their financial responsibility. Financial Assistance is provided to patients with a demonstrated inability to pay as contrasted by unwillingness to pay, which is considered bad debt. Elective, non-medically necessary services are not eligible for financial assistance. Financial assistance is the last resource to all other financial options available to the patient.

1.03 Financial Assistance refers to only the provisions of health care medically necessary items and services provided by St. Tammany Health System (STHS), St. Tammany Parish Hospital (STPH). St. Tammany Health System will not refund any payments received before a Financial Assistance application has been approved.

### 2.0 SCOPE

The statement of this policy applies to all emergency services, inpatient and out-patient departments of St. Tammany Health Systems.

### 3.0 DEFINITIONS

3.01 **Account Generally Billed (AGB):** The maximum amount a hospital will charge a patient based on services rendered.

3.02 **Discounted Services:** The percentage approved discount for eligible patients.

3.03 **Elective Services:** Planned medical treatments that are not urgent or emergency care.

3.04 **Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C 1395dd), the term “**emergency medical condition**” is a medical condition with severe symptoms that could seriously harm a person’s health without immediate medical care. This includes conditions that require emergency labor and delivery.

3.05 **Hardship:** When an individual has trouble meeting their financial obligations due to unforeseen circumstances.

3.05 **Family Income:** As defined by the Census Bureau to include earning, 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 support, assistance from outside the household, and other miscellaneous sources on a pre-tax basis.

**3.06 Federal Poverty Level (FPL):** The set minimum amount of gross income based off family size. It is updated annually by the Department of Health and Human Services. Current FPL guidelines are available for reference in relation to this policy below.

**3.07 Financial Assistance:** Healthcare services offered at a reduced rate or at no cost to people who are unable to pay.

**3.08 Good Faith Estimate (GFE):** The cost of items and services that are reasonably expected for your healthcare needs. The estimate is based on scheduled services at the time the estimate was created.

**3.09 Government Payors:** A health insurance plan that is funded by the federal or State government. Government payors include Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

**3.10 Guarantor:** Is the party responsible for paying the patient's bill.

**3.11 Gross Charges:** Total charges at the full established rate for the provision of patient care services.

**3.12 Gross Income:** The sum of all wages, salaries, profits, interest payments, rents, and other forms of earnings, before any deductions or taxes.

**3.13 Hardship Committee:** is responsible for reviewing and evaluating hardship applications for patients and/or guarantor with income that may not meet the FPL guidelines, expressing a life event, an extenuating circumstance, or personal difficulties that prevent them from fulfilling their medical bill responsibilities. The committee consists of patient financial services and patient access leadership (CFO, AVP, Directors and managers).

**3.14 Medically Necessary:** Medically appropriate services necessary for the diagnosis and treatment of an illness or injury.

**3.15 Nongovernmental Payor:** Third party payors that reimburse providers for medical services, such as private and managed care insurance plans.

**3.16 Payment Plan:** An agreement between St Tammany Health System and patient, or patient's guarantor for remaining balances.

**3.17 Self-Pay Discount:** Discount applied to amounts due from uninsured patients.

**3.18 Underinsured:** Patient with healthcare coverage but has out of pocket responsibility that exceed their ability to pay.

**3.19 Uninsured:** Patient has no third-party coverage to assist with payment obligations.

3.20 **Urgent Admissions:** Services that if not performed timely could endanger life, significantly worsen the patient's condition.

#### **4.0 PROCEDURE**

##### **ADMINISTERING FINANCIAL ASSISTANCE**

4.01 A guarantor who has expressed their inability to pay or has requested financial assistance either verbally or in writing due to hardship, shall be given an opportunity to apply for Medicaid. If ineligible for Medicaid Benefits, a financial assistance application will be given to complete.

4.02 The Financial Assistance application will follow the predefined approval process. This could occur during the pre-admission, admission, post services, or billing/collection process. All required documents must be completed within thirty (30) days.

4.03 All Medicaid Screening and Medical Financial Assistance Application forms related to the guarantor's application for discount assistance will be stored into the electronic health record under the document imaging system (Media Manager under Admit Document noted as Financial Assistance).

4.04 The Financial Assistance Committee oversees communication, monitoring, and compliance with this policy. The Committee must inform Corporate Compliance and the Chief Financial Officer (CFO) of St. Tammany Health System about any changes or updates to the policy for proper approval.

4.05 When the review of the guarantor's Financial Assistance application is complete and a decision is made, the approval or denial document will be scanned into the electronic document imaging system (Media Manager under Admit Document noted as Financial Assistance). This notation will include the decision date, results of application, and the reason for the determination.

4.06 Approved applications are good for 6 months after the date of the decision. Accounts with open balances incurred during a 12-month period prior of the approved date are to be included in the decision.

4.07 A letter will be sent to the guarantor to confirm whether the Financial Assistance application whether approved or denied. To appeal a denied decision, it must be within 30 days of the denial date.

#### **5.0 GUIDELINES TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY**

5.01 **Patients may qualify for full charity care or sliding scale discount based on the federal poverty income level guidelines- see exhibit A attached, and requirements below:**

- A. Financial assistance would be considered upon request, on a case-by-case basis when all other financial options have been exhausted, including but not limited to Medicaid. All third-party benefits must have been assigned, billed, and finalized in the hospital account System.
- B. Financial analysis of gross monthly income is performed based on total number of dependents. Applicants receiving Social Security Income, the Medicare Part B premiums will be excluded in the gross income calculation. Current Social Security Income (SSI) guidelines are available for reference in relation to this policy below.

- C. A financial screening, listing income and expenses of the guarantor must be completed in the application. Documentation will be required to accompany the application for submission to STHS.
- D. Indigence will be assessed based on a patient's capacity to furnish the required information that accurately reflects their ability to pay at the time of admission or within 240 days from first statement date to the patient.
- E. Guarantor accounts can be consolidated to include accounts placed by STHS with an outside agency but only including accounts for services incurred during the previous 12 months.
- F. Patients with out of state Medicaid coverage after the claim has been billed, denied and all collections efforts are exhausted would potentially be adjusted as Financial Assistance since their state has already deemed them below the poverty level. EOB denial to be attached.
- G. Guarantor with income above the Federal Poverty Line indicated on the Federal Poverty Income Guidelines- Exhibit A, applying for a financial hardship must submit a document explaining the situation for the case to be reviewed by the Hardship Committee and/or considered for hardship discount.
- H. Contracted physician groups where St. Tammany Health System manage the collection process; outstanding balances managed by these groups may be evaluated for charity care approval in accordance with St. Tammany Health System's established guidelines.
- I. The financial assistance application process is conducted in a non-discriminatory manner and is open to all eligible individuals regardless of race, gender, age, religion, national origin, disability or any other protected status.
- J. A charity care letter approved by St. Health System partner "Ochsner Health" will be recognized as valid documentation of approved charity care.

## **6.0 GUARANTOR ACCOUNT BALANCES OUTLINED BELOW MAY QUALIFY FOR FINANCIAL ASSISTANCE**

6.01 Charges for patients that have exceeded the length of stay for Medicaid or other indigent care programs.

6.02 Charges for patients with coverage from an entity that does not have a contractual relationship with St. Tammany Health System.

6.03 Charges for insured patients that have exhausted their benefits and are liable for remaining balance including but not limited to coinsurance, deductible, and copayment amounts related to medically necessary services.

## **7.0 CRITERIA DISQUALIFYING PATIENTS FROM FINANCIAL ASSISTANCE**

7.01 Failure to provide the necessary documentation and/or meeting the above guidelines, could result in a denial of the application.

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7.02 Patient accounts with total balances under \$500 do not qualify for financial assistance. This excludes Medicaid patients who have surpassed their annual emergency room visit limits, those with spend down amounts, and out-of-state Medicaid patients.

7.03 Any exception to this policy requires the approval of the St. Tammany Health System Chief Financial Officer.

**8.0 REFERENCES & RELATED STATEMENTS OF POLICY**

- Medicare Provider Reimbursement Manual, department of Health and Human Services (DHHS) Center for Medicare and Medicaid Services [R11p240](#)
- 42 CFR 413.89 <https://www.ecfr.gov/current/title-42/section-413.89>
- ASPE, Office of the Assistant Secretary for Planning and Evaluation.  
Retrieved from: <http://aspe.hhs.gov/POVERTY/>
- Bureau of Health Services Financing (Medicaid) LA. Dept of Health.  
Retrieved from: <https://ldh.la.gov/assets/medicaid/MedicaidEligibilityPolicy/I-300.PDF>

**9.0 ATTACHMENTS**

- Financial Assistance Policy Standard Operating Procedure (SOP)
- [FPL Exhibit A](#)

**Federal Poverty Income Guidelines (FPL)  
Effective 04/07/2025  
Exhibit A**

| Monthly Salary Amount |         |          |          |
|-----------------------|---------|----------|----------|
| Family                | 200%    | 250%     | 300%     |
| 1                     | \$2,610 | \$3,263  | \$3,915  |
| 2                     | \$3,526 | \$4,408  | \$5,289  |
| 3                     | \$4,442 | \$5,553  | \$6,663  |
| 4                     | \$5,360 | \$6,700  | \$8,040  |
| 5                     | \$6,276 | \$7,845  | \$9,414  |
| 6                     | \$7,192 | \$8,990  | \$10,788 |
| 7                     | \$8,110 | \$10,138 | \$12,165 |
| 8                     | \$9,026 | \$11,283 | \$13,539 |

- 100% charity care discount for household income at or below 200%
- 80% Sliding Scale discount for household income at or below 250%
- 60% Sliding Scale discount for household income at or below 300%