

FINANCIAL ASSISTANCE BILLING AND COLLECTIONS POLICY

West Jefferson Medical Center is a member of Louisiana Children’s Medical Center (LCMC) Health System and is a hospital organization recognized as tax exempt under Internal Revenue Code (IRC) §501(c)(3).

West Jefferson Medical Center is committed to providing financial assistance to patients who receive eligible services, as defined in this policy, and who are uninsured, underinsured, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are otherwise unable to pay for medically necessary care and meet the criteria set forth in this policy.

This policy was developed to comply with the Louisiana Health Care Consumer Billing and Disclosure Protection Act (R.S. 22:1871) and Emergency Care (R.S. 40:2113.4, R.S. 40:2113.6), the Centers for Medicare and Medicaid Services (CMS) Medicare Bad Debt requirements (42 CFR § 413.89), and The Medicare Provider Reimbursement Manual (Part 1, Chapter 3). This policy also addresses Internal Revenue Code Section 501(r) regulations as required under the Section 9007(a) of the federal Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as promulgated on December 31, 2014.

The principal beneficiaries of the Financial Assistance Policy (the Policy) are intended to be uninsured and underinsured patients requiring emergency and medically necessary care when their Annual Family Income does not exceed 400% of the Federal Poverty Level (FPL) Guidelines as published by the U.S. Department of Health and Human Services as of the date of eligibility.

OBJECTIVE

This policy defines the income eligibility criteria, the type of financial assistance, and the services that are included and excluded under this Policy. The Policy also describes the procedure by which a patient may apply for financial assistance as well as promotes West Jefferson Medical Center’s fiduciary responsibility to bill and collect for medical services provided to patients.

Financial assistance will be provided without regard to color, national origin, disability, marital status, race, religion, gender, age, ethnicity, social or immigration status, sexual orientation or insurance status. Patients applying for financial assistance are required to cooperate with West Jefferson Medical Center’s procedures for obtaining insurance coverage, financial assistance or other forms of payment.

The financial assistance available under this policy takes into consideration each patient’s or family’s financial resources. The overall process seeks to qualify uninsured and underinsured patients for a number of programs including the facility’s own financial resources. Each part of the process depends on the full cooperation of the patient. Patients are expected to contribute to the cost of their care based on their individual ability to pay. Because some patients choose to be uninsured, individuals with the financial capacity to purchase health insurance will be encouraged to do so as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

DEFINITIONS

For the purpose of this policy, the following terms (whether capitalized or not) are defined:

“Applicant” is the person who applies for a financial assistance discount. Generally, this is the patient unless the patient is a minor child or has a legal guardian, in which case the applicant is the parent or legal guardian of the patient. If the patient is a child whose custodial parent is a Louisiana resident, or who otherwise resides in Louisiana, then the child can be considered a Louisiana resident.

“Amounts Generally Billed” describes the out-of-pocket expenses that are expected to be collected from uninsured and underinsured patients found eligible for financial assistance. These amounts are not to exceed the average rates paid by West Jefferson Medical Center’s commercial insurers and Medicare.

Patients who are eligible for Financial Assistance will not be charged more than average rates paid by commercial insurance companies and Medicare for emergency or other medically necessary services.

To determine the average rates, West Jefferson Medical Center uses the following formula based on a prior 12-month period:

$$= \frac{\text{Sum of payments received for claims paid in full}}{\text{Sum of gross charges for those claims}}$$

This calculation is updated annually and provides the basis for the self-pay discount, currently 71%, that is applied to gross charges.

“Assets” are the resources or property that is easily convertible to cash and unnecessary for the patient’s daily living. Examples include, but are not limited to:

1. Monies in a checking account,
2. Monies in a savings account,
3. Monies in a Certificate of Deposit (CD),
4. Cash in a safety deposit box, personal safe, and/or cash on hand,
5. Stocks and/or Bonds and/or other investments.

“Collection Actions” As approved by West Jefferson Medical Center’s governing body, the use of third party collection agencies as well as other legal activities identified as reasonable collection efforts in this Policy may be used by West Jefferson Medical Center when pursuing payment for medical services provided to patients.

“Days” All references to days shall mean calendar days unless otherwise specified herein.

“Dependents” A spouse, minor child, or parent whose Family member is responsible for his/her support (see definition of Family).

“Eligibility Qualification Period”: Patients determined eligible shall be granted financial assistance for a period of six (6) months from the date the application was approved. Financial assistance shall also be applied to eligible accounts incurred for services received up to 240 days prior to the date the application for financial assistance was approved.

“Eligible Services”: The following services are eligible under this financial assistance policy:

- Trauma and emergency medical services provided in an emergency room setting;
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- Treatment or services provided in response to life-threatening circumstances in a non-emergency room setting;
- Medical services and supplies that are reasonable and necessary for the diagnosis and treatment of illness or injury.

“Effective Date” The admitting date of the encounter, determined after a patient has qualified for financial assistance or discounted care.

“Effective Period” A period less than and/or equal to a six (6) month period during which the financial assistance discount is in effect.

“Emergency Medical Condition” Pursuant to 42 U.S.C. § 1395dd, an emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the 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 health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part.

“EMTALA” is the Emergency Medical Treatment and Active Labor Act (42 U.S.C. §1395dd).

“Extraordinary Collection Actions” as promulgated through the Internal Revenue Code Section 501(r), are actions that require a legal or judicial process, including without limitation, liens on residences, writs of body attachments, foreclosures on property, seizing a bank account, civil actions against an individual, wage garnishment, sales of debt and arrest.

“Family” includes all persons who are legally responsible for the financial obligations of the patient or for whom the patient is legally responsible, including individuals in Civil Unions and Same Sex Marriages. The Family may or may not live in the same home as the patient (e.g. custodial parent living away). Legal guardians, anyone who has claimed the patient as a Dependent on his/her most recent Federal Income Tax return, and/or anyone who takes the Federal Earned Income Tax Credit for the patient on his/her most recent Federal Income Tax Return are included in this designation. Spouses are included in this definition. Spouses who live apart, but are not divorced are included, unless it can be demonstrated that they have lived apart for at least two years, with separate addresses, separate financial accounts, and separate income tax returns. Common Law Marriages are included in the Family definition if the couple meets all of the following conditions:

- They agree that they are married,
- They live together in a state that recognizes Common Law Marriages, and
- They represent themselves or hold out to others that they are married to one another.

For the purposes of this policy, “Family” does not include non-custodial parents who are not legally obligated to support the applicant and/or who do not claim the applicant as a Dependent; adult (age 18 or over) children or siblings with no financial responsibility for the applicant; friends; renters; or any others not financially responsible for the applicant.

“Family Income” Family income shall include, but not be limited to, salaries, unemployment compensation, child support, any medical support obligations, alimony, social security income, disability payments, pension or retirement income, rents, royalties, income from estates and trusts, legal judgments, dividends, equity in real property and interest earnings. The following shall be excluded from family income: equity in a primary residence, retirement plan accounts, and irrevocable trusts for burial purposes, and federal or state administered college savings plans. For patients under 18 years of age, family income includes that of the parents and/or step-parents, unmarried or domestic partners, who may or may not live with the minor.

“Federal Poverty Guidelines” are updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

“Financial Assistance” is defined as free or discounted health care services provided to persons who cannot afford to pay all or a portion of their financial liability for services and who meet West Jefferson Medical Center’s financial assistance policy criteria.

“Gross Income” is the sum of all non-excluded income from salaries, Social Security benefits, pensions, rents, self-employment or any other source which is applicable to the family unit. This income shall be rounded to the nearest dollar when applied to the scale for medically indigent eligibility determination.

“Guarantor” is an individual other than the patient who is, or agrees to be, legally responsible for payment of the patient’s bill or debt if the patient fails or is unable to pay the bill or debt.

“Gross Charges” are West Jefferson Medical Center’s fully established rates and total charges for the provision of patient care services before contractual allowances, other deductions from revenue, or negotiated discounts are applied.

“Louisiana Resident” shall mean a person who is considered a resident of the state of Louisiana when they actually live in the state and can provide evidence of intent to remain. The applicant must be a United States citizen or a qualified alien.

“Medical Hardship” Medical hardship is defined as significant out-of-pocket obligations or otherwise oppressive and difficult circumstances in a person’s life that make reasonable efforts for repayment of debt a sincere life burden. These catastrophic circumstances only apply for eligible services that were provided by West Jefferson Medical Center.

“Medical Support Obligation” is the obligation of either or both parents to provide health insurance coverage for a dependent child and/or to pay a monetary sum toward the cost of health insurance provided by a public entity, parent, or other person.

“Medically Necessary Care” shall mean medically necessary services which are reasonable and necessary to diagnose and provide preventive, palliative, curative, or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided.

“Policy” shall mean this Financial Assistance Policy as in effect from time to time and as approved by West Jefferson Medical Center’s governing body.

“Presumptive Eligibility” Under certain circumstances, patients may be presumed or deemed eligible for financial assistance based on their enrollment in other programs or on information that is not provided directly by the patient.

“Primary Residence” is the address at which a person resides most of the time, considers as his/her home, and does not use on a temporary or sporadic basis (such as a vacation or second home). A document indicated on the Approved Document List must be used to provide proof of Primary Residence. If a person divides his/her time equally between two residences, one in-state, one out-of- state, and one Residence Proof and two Residence Indicators are provided that show in-state residence, that residence shall be considered primary for the purposes of this policy.

“Qualified Legal Alien” is a person authorized by the United States Citizenship and Immigration Services for legal entry and continued stay in the country according to the Immigration and Nationality Act. Proof of Qualified Alien includes work/educational Visa, Green Card (I-688), Residence Card (I-551) or Passport.

“Uninsured Patients” are individuals (i) who do not have governmental or private health insurance; (ii) whose insurance benefits have been exhausted; or (iii) who do not have governmental or private health insurance other than benefits under any Medicaid family planning-related services program.

Policy Relating to Emergency Medical Care

Consistent with EMTALA, West Jefferson Medical Center’s policy requires an appropriate medical screening be provided to any individual requesting treatment for a potential emergency medical condition – regardless of ability to pay. If, following an appropriate medical screening, facility personnel determines that the individual has an emergency medical condition, the facility will provide services, within its capability, necessary to stabilize the individual’s emergency medical condition, or will facilitate an appropriate transfer as defined by EMTALA. West Jefferson Medical Center prohibits any actions, such as demanding payment before receiving treatment for emergency medical conditions or conducting debt collection activities that may interfere with or delay the provision, without discrimination, of emergency medical care (§1.501(r) – 4(c)2, see 79FR79007).

POLICY

Consistent with West Jefferson Medical Center’s mission of providing care to needy and underserved persons in a manner that preserves the dignity of the individual, this *Financial Assistance, Billing and Collection Policy* describes the provision of financial assistance, as well as the process and requirements to bill and collect for medical services provided to patients. Financial assistance will be provided to uninsured or underinsured patients who complete the required application process and/or meet the established eligibility criteria.

Financial assistance and discounted care include services provided to the following:

- Uninsured or underinsured low-income patients who do not have the ability to pay all or part of their bills as determined by the financial guidelines in this policy;
- Insured patients whose coverage is inadequate to cover a catastrophic situation;
- Persons whose income is sufficient to pay for basic living costs but not medical care;
- Patients deemed medically indigent by virtue of their documented eligibility for Medicaid benefits.

There will be two ways that a patient may qualify for financial assistance:

1. Financial assistance based on financial information provided by patient or guarantor as part of the financial assistance application process;
2. Financial assistance based on presumptive eligibility.

Services Eligible Under This Policy

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Medically necessary services.

Services Excluded Under this Policy

- Skilled Nursing Facility and Residential Services,
- Retail pharmacy,
- Optical shop services,
- Private duty nursing,
- Corporate health services,
- Driving assessments,
- Hearing aids not considered to be medically necessary,
- Cosmetic treatment and/or procedures unrelated to severe congenital malformations or physical disfigurements caused by injury or illness determined not medically necessary by a licensed physician,
- Bariatric surgery determined not medically necessary by a licensed physician,
- Acupuncture,
- Services that are not considered medically necessary as defined above.

Eligibility Criteria for Financial Assistance

- In general, uninsured or underinsured patients whose Annual Family Income does not exceed 400% of the Federal Policy Limit (FPL), who meet the other criteria set forth in this Policy, and who apply for assistance as required below are eligible for financial assistance under this Policy. In addition, patients who qualify for health coverage under any commercially sponsored charitable funding program identified by

West Jefferson Medical Center may apply for assistance under this policy for their out-of-pocket expenses as adjudicated by the funding program's benefit plan.

- Pregnant patients covered under an insurance policy that excludes maternity benefits are eligible for assistance under this Policy, provided they make reasonable efforts to determine if maternity benefits are available under another program.
- Only patients who are residents of Louisiana are eligible for financial assistance under this Policy. For non-Louisiana residents, financial assistance may be granted under special circumstances as determined by West Jefferson Medical Center's Chief Financial Officer or the LCMC Vice President of Revenue Cycle, or designee, or the services are provided to treat an Emergency Medical Condition as defined above. Financial assistance under this policy is intended for persons residing in the service area of West Jefferson Medical Center.
- Medical Hardship: A patient whose financial resources exceed the eligibility thresholds under this policy may qualify for financial assistance under exceptional circumstances. If the patient's Annual Family Income exceeds 400% of the FPL, and the patient supplies information to support Medical Hardship, he/she will be considered for assistance if his/her total financial responsibility is greater than 25% of their Annual Family Income or 50% of total assets.

SCOPE

This policy applies to services provided by West Jefferson Medical Center. However, there are physicians who provide services at West Jefferson Medical Center who are not employed by West Jefferson Medical Center. Services provided by these physicians are not subject to this policy and these physicians may not offer financial assistance. The names of these physicians and/or the names of their practices are listed on West Jefferson Medical Center's website at www.wjmc.org/financialassistance, and on the attached exhibit which will be updated quarterly.

PROCEDURE:

Eligibility for financial assistance at West Jefferson Medical Center will be based on a number of factors including, but not limited to: Louisiana residency, income level and calculated assets (25% of asset values assessed to household income) indexed to 400% of the Federal Poverty Level, and insurance coverage. Patients designated as financially indigent may qualify for discounts from 50% up to 100%. Patients may apply for financial assistance at any time during which they have an active bill at West Jefferson Medical Center.

Identification of Possible Coverage and Third Party Eligibility

1. Financial assistance discounts are to be accessed only as a last resort, and all current or potential third party coverage is to be considered primary to a financial assistance discount. The patient is required to apply for all applicable programs for which he/she may be eligible as a condition for applying for a financial assistance discount, and failure to complete the application process and seek eligibility from any of these sources may result in a denial of financial assistance for services from West Jefferson Medical Center. West Jefferson Medical Center will assist applicants, to the extent possible, in identifying and applying for any programs or other third party coverage for which they may be eligible. If the applicant is denied coverage for the medical services needed, they can be considered for financial assistance with West Jefferson Medical Center's financial assistance program. West Jefferson Medical Center team members will use reasonable measures including, but not limited to, asking the patient, searching the internet and conducting electronic searches in an attempt to identify all coverage, COBRA, Medicare, Medicaid, VA medical benefits, Federal Employees Health Benefit Program (FEHB), Parish/State Indigent Health Care Programs, Victims of Crime and/or any other type of available coverage.

Determining Financial Eligibility

The following factors will be considered when determining the amount of financial assistance for which a patient is eligible based on resources:

1. Patient must request assistance by submitting an application for financial assistance;
2. If patient is homeless they will automatically qualify;

3. If the patient is already deemed medically indigent and receives benefits from any Medicaid program they will automatically qualify;
4. Individual or family net worth, utilizing the patient's individual or family income, employment status, family size, financial obligations including living expenses and other items of a reasonable and necessary nature;
5. Medical hardship may also be determined for patients on a case by case basis. Patient may be eligible if the patient's financial responsibility exceeds 25% of gross income or 50% of total assets, excluding Primary Residence, one (1) Vehicle, College Fund, and Retirement fund;
6. All other resources must be applied first, including, but not limited to, third-party payers, Victims of Crime (a state-level program for crime victims to recover some hospital costs), and Medicaid;
7. If a patient does not have Medicaid, but would qualify, he or she must cooperate with the Medicaid application process prior to applying for financial assistance;
8. Financial assistance may also be provided to non-Louisiana residents who experience an emergency medical condition in Louisiana and require immediate medical treatment.

Application Process

Patients may request financial assistance by contacting a Financial Counselor at (504) 702-3500 and/or by utilizing the online resources at West Jefferson Medical Center's website at www.wjmc.org/financialassistance. Patient must complete the financial assistance application form. In addition to the financial assistance application, patients must provide information regarding any resources available to them. The list of required items is found on the Approved Document List that is available on the website and attached as an Exhibit to this Policy. The following factors are to be considered in determining the eligibility of the guarantor for financial assistance:

- Proof of Louisiana residency, except for non-residents eligible for financial assistance as described in this Policy.
- Copy of denial letter from Medicaid (including Medicaid waiver programs). If the patient immigrated to the country within the past five (5) years and is ineligible for Medicaid, documentation or explanation of the situation is required.
- Complete copy of most current tax return including all schedules, if filed; or non-filing statement if tax return not filed in most recent tax year.
- A copy of three (3) most recent pay stubs from each income earner within the family. (If more than one employer within a calendar year, proof of gross income earned at each employer, with corresponding dates of employment will be required).
- If social security income: a copy of check or a copy of bank statement showing the most recent social security deposit.
- If unemployed: verification of any compensation received. Example: unemployment compensation, workers compensation.
- If no income: a notarized letter of support written by the person or persons who are providing financial support.
- Copy of the most recent bank statements (checking, savings, money market accounts) from financial institution(s).
- Copy(s) of mortgage statements and tax values of all real property with the exception of the primary residence.
- If all required documentation is not received (i.e., the application is incomplete), the applicant will be

provided with information relevant to completing the application along with a summary of this financial assistance policy.

- Eligibility for persons who are self-employed will be based on the guarantor's income as reflected in the most current year's federal income tax return. The responsible person shall be advised of his/her responsibilities to report any changes in the family unit income, employment, composition, etc.

Determining Financial Assistance Eligibility Amounts

The amount of financial assistance is determined based on current published Federal Poverty Level (FPL) Guidelines. The organization uses a sliding scale method to determine the dollar amount to be considered as financial assistance for eligible patients and will be used to determine patient's financial assistance discount percentages.

The minimum financial assistance approval begins with incomes at 400% and below of the FPL and continues to increase as the individual or family income drops to 250% or below. Any guarantor at or below 250% of the FPL, as adjusted for family size, will be entitled to financial assistance for the full amount (100%) of patient responsibility related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship.

Income as % of FPL	FA Percentage
Below 250%	100%
Between 251-300%	80%
Between 301-350%	70%
Between 351-400%	50%

Example 1: A patient has a family income of \$28,000 and the FPL for that family size is \$20,000. Divide the family income of \$28,000 by the FPL of \$20,000 which yields 140%. The patient would qualify for 100% financial assistance.

Example 2: A patient has a family income of \$58,000 and the FPL for that family size is \$20,000. Divide the family income of \$58,000 by the FPL of \$20,000 which yields 290%. The patient would qualify for 80% financial assistance.

Presumptive Eligibility

There may be instances in which a patient's qualification for financial assistance is established without completing the formal financial assistance application. West Jefferson Medical Center may utilize other information to determine that a patient's account is uncollectible and classify the account as meeting eligibility criteria. For example, presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

- Homelessness or receipt of care from a homeless clinic;
- Participating in Women, Infants and Children programs (WIC);
- Receiving SNAP (Supplemental Nutritional Assistance Program) benefits;
- Patient deceased with no known estate.

This information will enable [West Jefferson Medical Center to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

Information from a predictive model may be used by West Jefferson Medical Center to determine presumptive eligibility in cases where there is an absence of information provided directly by the patient. After efforts to confirm coverage availability are exhausted, a predictive model provides a systematic method to grant presumptive eligibility to financially needy patients. Predictive technology may be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This enables West Jefferson Medical Center to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from an electronic review will constitute adequate documentation of financial need under this policy.

Eligibility Effective Dates

Financial assistance will be granted on a six (6) month (prospective) basis from the date of the approval. Unpaid balances incurred up to 240 days (retrospective) prior to the eligibility effective date will be considered for eligibility. On a case by case basis unpaid balances incurred greater than 240 days prior to the approval date may be considered for eligibility.

West Jefferson Medical Center reserves the right to re-assess a patient's continued eligibility for financial assistance on a case by case basis.

Approval, Denials, and Appeal Process

The financial assistance application form must be completed and documentation provided in order for a request to be considered. Any applications returned requiring additional information will be held for 30 days from the date the letter was mailed to the applicant requesting additional information. If the requested information is not received within 30 days, the application will be denied. All completed applications will be processed promptly. Patients will be notified in writing of the decision via US Mail to the address listed on the application.

The notification will include the appeal process for any denied applications, if applicable. The appeal process for denied financial assistance includes the following:

- Prompt patient notification of the denial and the specific reasons for the denial. The notification will provide examples of additional information which may be used to appeal the denial.
- Patients denied financial assistance may appeal the decision in writing. An appeal letter must be received within 30 days of the date of the denial letter.
- Additional information provided by the patient will be attached to the initial application and routed to a designated manager for review.
- The denial reviewer will be a manager not involved in the initial determination process.
- If the initial denial is upheld, notification will be provided promptly to the patient. The patient will also be made aware of a final appeal opportunity.
- The Financial Assistance Appeals Committee will review all final appeals. A written determination will be issued within thirty (30) days of the receipt of the final appeal.

Measures to Publicize Facility's Financial Assistance Policy

West Jefferson Medical Center is committed to widely publicizing this Policy within the communities it serves. To that end, West Jefferson Medical Center will take the following steps to ensure that members of those communities are aware of, and have access to, this Policy:

1. West Jefferson Medical Center will make a copy of its current Policy available to the community by posting plain language summaries of the Policy for each language group that constitutes the lesser of 1,000 individuals or 5% of the community serviced by West Jefferson Medical Center on West Jefferson Medical Center's website at www.wjmc.org/financialassistance which will include a free downloadable copy of the complete Policy, appropriate forms and instructions as well as helpful FAQ's.
2. The plain language summaries will be posted in locations throughout the facility so that they are easily available to patients and their families.
3. Notification of the availability of financial assistance will be posted at patient registration areas.
4. Financial Counselors have the plain language summaries of the Policy available for all patients and are trained in the application process,
5. West Jefferson Medical Center will make information regarding its Policy available to appropriate governmental agencies and nonprofit organizations dealing with public health in its service areas.

No extraordinary collection efforts will be pursued until financial assistance eligibility has been definitively determined. At least one written notice will be provided at least 30 days prior to initiating and/or resuming collection efforts if the individual does not complete the application or pay the amount due before the specified deadline of 120 days from the date the organization provided the individual with the first billing statement for care provided.

Billing and Collection Process

West Jefferson Medical Center's billing and collection policies shall comply with federal and state regulations and laws governing healthcare billing and collections. The amounts to be collected from uninsured patients for emergency or other medically necessary care shall not exceed Amounts Generally Billed (AGB) as determined by the rates paid by an average of commercial insurers and Medicare for services. An information sheet that explains how the AGB is calculated is available free of charge on the facility's website.

No extraordinary collection actions will be pursued against any patient within 240 days of issuing the initial bill without first making reasonable efforts to determine whether that patient is eligible for financial assistance. Reasonable efforts shall include, but not be limited to:

1. Validating that the patient owes the unpaid bills and that all sources of third party payments have been identified and billed by West Jefferson Medical Center;
2. Instituting a prohibition on collection actions pursued against an uninsured patient (or one likely to be underinsured) until the patient has been made aware of West Jefferson Medical Center's financial assistance policy and has had the opportunity to apply for assistance;
3. Notifying the patient in writing of any additional information or documentation that must be submitted for a determination of financial assistance;
4. Confirming whether the patient submitted an application for health care coverage under Medicaid, or other publicly sponsored health care programs, and obtaining documentation of such submission. West Jefferson Medical Center will not pursue collection actions while an application for health care coverage is pending, but once coverage is determined, normal collection actions will commence; and/or,
5. Sending the patient written notice of the extraordinary collection efforts West Jefferson Medical Center may initiate or resume if the patient does not complete the financial assistance application or pay amount due by the later of 30 days after the written notice or 30 days from the date provided to the patient to complete the application for financial assistance.

West Jefferson Medical Center may pursue normal collection actions against patients found ineligible for financial assistance, or patients who are no longer cooperating in good faith to pay the remaining balance.

No collection agency, law firm, or individual may initiate legal action against a patient for nonpayment of a West Jefferson Medical Center bill without the written approval of an authorized West Jefferson Medical Center employee.

Right to Modify Policy

West Jefferson Medical Center reserves the right to modify or change this Policy at any time with the approval of West Jefferson Medical Center's governing body.

Policy Approved by:

LCMC Health System Board of Trustees

Date Approved

Exhibits and Related Policies

Exhibit A: Approved Document List

Exhibit B: Physicians or Physician Groups Covered and Not Covered Under Policy

West Jefferson Medical Center's EMTALA Policy