

Willis Knighton Health

Financial Assistance Policy and Procedures

1. Policy

Willis Knighton Health is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are most in need, Willis Knighton Health strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Willis Knighton Health's procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay.

In order to manage its resources responsibly and to allow Willis Knighton Health to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Trustees establishes the following guidelines for the provision of patient financial assistance.

II. Definitions

For the purpose of this policy, the terms below are defined as follows:

Financial Assistance: Healthcare services that have or will be provided but are never expected to result in cash inflows. Financial Assistance results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' 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
- Noncash benefits such as food stamps and housing subsidies are not counted;
- Determined on a before-tax basis
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count)

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

III. Procedures

A. Services Eligible Under This Policy. For purposes of this policy, "financial assistance" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:

1. HealthCare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standard of medicine.
2. Emergency medical services provided in an emergency room setting.
3. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
4. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.

Exclusions:

While WKHS's Financial Assistance Program covers most services, there are some exclusions, such as, but not limited to:

- Cosmetic services
- Bariatric-related services
- Elective reproductive services
- Services deemed non-covered by Medicare
- Other services, at WKHS's discretion

Financial assistance is not typically available for:

- People who fail to reasonably comply with insurance requirements, such as obtaining authorizations or referrals or seeking services from a provider designated by their insurance as being in-network.

B. Amounts Generally Billed. WKHS will not charge an eligible individual for emergency or other medically necessary services more than the amounts generally billed ("AGB") to individuals who have insurance covering such care. The AGB is calculated by multiplying the gross charges for emergency or other medical necessary care by 76%. The calculated amount generally billed percentage of 76% is based on all hospital claims allowed by Medicare and private health insurers over the prior fiscal year ending on September 30th.

C. Eligibility for Financial Assistance. Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government healthcare benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Willis Knighton Health shall determine whether insured patients are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities on a case-by-case basis. To determine eligibility for financial assistance, we will need a completed Financial Assistance Application and documentation to support household income and family size. A copy of the Financial Assistance Policy and Financial Assistance Application can be obtained by visiting our website: www.wkhs.com/FA, contacting the Business office at (318) 212-4030 or (318) 212-5030 or by visiting one of our Business Office locations between the hours of 8:00 am and 4:30 pm. Our staff is always available to assist you with the application process during these hours of operation. To see if your physician participates in our program, please follow the links listed below.

Participating Physicians

www.wkhs.com/patients-and-visitors/financial-assistance/participating-physicians

Physicians Not Participating

www.wkhs.com/patients-and-visitors/financial-assistance/physicians-not-participating

Completed Applications can be mailed to:

Willis Knighton Health
P. O. Box 32600
Shreveport, LA 71130-2600

Applications may be picked up or taken to the Business Office at any of the following locations:

Willis-Knighton Medical Center
2600 Greenwood Road
Shreveport, LA 71103

Willis-Knighton South
2510 Bert Kouns Industrial Loop
Shreveport, LA 71118

WK Bossier Health Center
2400 Hospital Drive
Bossier City, LA 71111

WK Pierremont Health Center
8001 Youree Drive
Shreveport, LA 71115

D. Determination of Financial Need.

1. Financial need will be determined in accordance with procedures that involve 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 supply documentation to support household income and family size. Required documentation may include most recent filed tax return, pay stubs, written verification from employer, written verification of amounts received from Social Security/retirement income or bank statements. Failure to provide required documentation may cause the Financial Assistance Application to pend or deny. A request for missing documentation will be sent in writing and Willis Knighton Health will allow 30 days for required documentation to be returned.
 - b. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);

- c. Include reasonable efforts by Willis Knighton Health to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
3. Willis Knighton Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and Willis Knighton Health shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

E. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file. Willis Knighton Health recognizes that there are patients that may not ask for assistance because of cultural barriers, educational barriers, or lack of process understanding. Often there is adequate information provided through other sources which could provide sufficient evidence to provide the patient with financial assistance.

External Data Sources. In the event there is no written documentation to support a patient's eligibility for financial assistance, Willis Knighton Health utilizes TransUnion Financial Assessment (that specializes in estimating income and financial resources) to determine financial assistance eligibility. Willis-Knighton will rely on Transunion Financial Assessment to estimate income and financial resources only for those individuals whose income is estimated to be 200% or less of the Federal Poverty Level. Reports will be generated on a monthly basis to identify accounts that meet this criteria and a financial assistance adjustment will be applied. Patients qualifying for presumptive eligibility will be notified in writing.

Government Assistance Programs or Life Circumstances. Presumptive eligibility for 100% financial assistance adjustment may also be determined on the basis of eligibility or presence of any of the following:

1. State-funded prescription programs;

2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Patient is Medicaid eligible but Medicaid payment is not received;
7. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
8. Low income/subsidized housing is provided as a valid address; and
9. Patient is deceased with no known estate.

F. Patient Financial Assistance Guidelines. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive 100% financial assistance;
2. Patients whose family income is above 200% but not more than 400% of the FPL are eligible to receive financial assistance equal to **76%** of gross charges.
3. Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Willis Knighton Health.

G. Communication of the Financial Assistance Program to Patients and the Public. Notification about financial assistance available from Willis Knighton Health shall be disseminated by various means, which may include the following: Notices posted at all points of patient check-in, information provided to the patient at time of registration, communication received from hospital business offices, and patient financial services offices that are located on facility campuses and shall also be included on the WKHS website. Such information shall be provided in the primary languages spoken by the population serviced by Willis Knighton Health. Referral of patients for financial assistance may be made by any member of the Willis Knighton Health staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

H. **Collection Policies.** Willis Knighton Health will attempt to obtain a financial assistance application and determine eligibility for all uninsured patients at or near the time of service. Should attempts to reach the patient be unsuccessful, Willis Knighton Health will use an external database to estimate the household income and family size to aid in determining eligibility for financial assistance. Data may not be available for all patients but eligibility determinations will be applied to those patients that can be found and discounts will be applied based on data that is available. Willis Knighton Health will offer payment options for uninsured patients that do not qualify for a discount or who have a remaining balance. Uninsured patients cooperating in good faith to resolve their hospital bills will not be referred to an outside collection agency. However, patients accounts categorized to be in the early stages of delinquency, a minimum of 136 days from first statement date, will be referred to an early out agency for a period of 90 days. During the 90 day period, the early out efforts will include both phone and written communications. Account balances will not be referred to a credit reporting agency or referred for lawsuit. The early out agency will return accounts to Willis Knighton Health that remain unpaid or lack a satisfactory payment arrangement. Upon return, Willis Knighton Health will mail a copy of the Willis Knighton Health Financial Assistance Plain Language Summary and notification explaining the extraordinary collections actions that may be taken. The patient will have a minimum of 30 days for response. Applications received will be processed and notification will be sent to the patient. Extraordinary collection actions will be suspended until Financial Assistance eligibility can be determined. Accounts will not be referred to an outside collection agency unless the patient fails to respond or does not meet the financial requirements for financial assistance. The Business Office Director will have the final authority for determining that Willis Knighton Health has made reasonable efforts to determine that a patient is not financial assistance eligible and may therefore engage in extraordinary collection actions against the patient. Collection efforts may include reporting to credit agencies, lawsuits or wage garnishments. The Collection Policy may be obtained by calling the Business Office at 318-212-4030.

I. **Regulatory Requirements.** In implementing this Policy, Willis Knighton Health management and facilities shall comply with all other federal, state, and local laws, rules, and regulations and may apply to activities conducted pursuant to this Policy.

October 2025