



**FINANCIAL ASSISTANCE POLICY:** Akron Children's Hospital (Children's) and its Affiliates are committed to providing quality medical care to the patients we serve.

This Financial Assistance Policy applies to patients or families who are uninsured, underinsured and insured and meet certain financial criteria as outlined in this policy. The purpose of this policy is to define the process by which Patient Financial Services can identify those families and patients who are eligible for free or discounted care at Children's. This policy will define the Hospital Care Assurance Program (HCAP/Free Care), and Children's charity care program, and will set forth eligibility criteria and provide a framework for administering the programs.

Children's complies with the Emergency Medical Treatment and Labor Act (EMTALA), and the Joint Commission requirements relative to the provision of emergency medical treatment regardless of financial circumstances or their qualification under this Financial Assistance Policy. Furthermore, Children's will not discourage individuals seeking emergency medical treatment and medically necessary care by requiring payment prior to treatment or permitting debt collection activities that interfere with the provision of emergency medical care.

At anytime estimates can be obtained through Financial Counseling at 330-543-2455, [MyChart](#), or ACH's external [website](#).

#### **DEFINITIONS:**

**Affiliates:** Affiliated companies owned by Children's Hospital Medical Center of Akron that provide medically necessary care. Children's Home Care Group (CHCG) is a wholly-owned subsidiary and offers financial assistance in accordance with this policy.

**Amounts Generally Billed (AGB):** The AGB is the average discount rate given to Children's commercial and Medicare patients. The AGB is calculated using the look-back method at the previous year's discounts given for this population. Self Pay patients will not be charged more for emergency or other medically necessary care than amounts generally billed to those patients who have insurance.

**Family Size:** For HCAP/Free Care, family size includes the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children, natural or adoptive, under the age of 18 who live in the home. If the patient is under the age of 18 a "family" includes the patient, the patient's natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)' children, natural or adoptive under the age of 18 who live in the home. If the patient is the child of a minor parent wherein the minor parent still resides in the home of the patient's grandparents, a "family" includes only the parent(s) and any of the parents' children, natural or adoptive, who reside in the home. Regardless of the living arrangements, any patient aged 18 or over is considered the basis of his/her own family and including his/her spouse, if applicable, and any of his/her natural or adopted children will be included.

For the purposes of Children's Charity Care, family size will include children, parents, step-parents, and (step) brothers/sisters who reside in the patient's home.

**Financial Assistance Committee:** A Committee responsible for reviewing and approving financial assistance for any exceptions to this policy. The Committee is co-chaired by the Chief Financial Officer and the Chief Medical Officer.

**Guarantor:** The individual(s) who is financially responsible for any personal balances related to the services.

**Income:** Includes total salaries, wages, and cash receipts before taxes. Receipts that reflect reasonable deductions for business expenses will be counted for both farm and non-farm self-employment. Business expenses include payroll expense (payroll paid to individuals other than the self-employed individual), payroll taxes, fringe benefits, office supplies, cost of goods sold, and purchased services. No personal living expenses are included as business expenses.

Child support may be counted as income for a family only when the patient is the intended recipient of the child support payment.

For the purposes of the HCAP income will be calculated by:

- Multiplying by four the patient's or family's income, as applicable, for the 3 months preceding the date hospital services were provided **or**
- Using the patient's or family's income, as applicable, for the 12 months preceding the date hospital services were provided.

For the purposes of the Children's Charity Program, including presumptive charity, income will be calculated by the same methodology as HCAP but may also be calculated by:

- Multiplying by four the patient's or family's income, as applicable, for the 3 months preceding the application date or
- Using the patient's or family's income, as applicable, for the 12 months preceding the application date.

**Self Pay:** Patients/guarantors who have no third-party coverage, i.e. uninsured.

#### **PATIENT RESPONSIBILITY, BILLING CYCLE, PATIENT STATEMENTS, REASONABLE EFFORTS TO COLLECT, AND EXTRAORDINARY COLLECTION ACTIONS (ECAs):**

Children's will pursue reimbursement from all third-party payers where available. Patients/guarantors shall cooperate in providing third party information including motor vehicle or other accident information, coordination of benefits, or any other information necessary to complete the billing process. Akron Children's financial assistance may be denied if patient/guarantor does not cooperate. After third-party payments have been received, the patient responsibility (co-payments, co-insurance, and/or deductibles) will be billed to the guarantor.

Generally, an initial statement of charges will be released to a self-pay guarantor within 5 days after discharge or after all third-party payments have been received, requesting payment in full. The guarantor will have the ability to discuss the charges, request financial assistance and/or make a payment in full. Statements will be sent on 30-day cycles and the guarantor will receive four statements. The second, third and fourth statements sent will include a copy of the Plain Language Summary and the location of where the guarantor may obtain financial assistance.

If payment arrangements are not made and there is no success with securing financial assistance or a payment plan, upon approval of Management in Patient Financial Services, Children's may send the account to a third-party collection agency to pursue outstanding balances. While Children's makes significant attempts to avoid escalated collection efforts, placement with a collection agency could result in the following ECAs:

- credit reporting as an unpaid debt
- legal judgment
- wage garnishments
- bank account garnishments
- a lien placed against personal property

*Before any ECAs are conducted:*

1. Children's agents will wait at least 120 days after the first post-discharge statement, and
2. Children's or its agents will make a reasonable effort, both orally and in writing, to notify the guarantor of Children's financial assistance policy, how the guarantor may obtain assistance in completing a financial assistance application, and Children's intent to initiate ECAs, and
3. Management of Patient Financial Services must determine that all reasonable efforts to determine financial assistance eligibility have been made.

#### **FINANCIAL ASSISTANCE:**

Children's is sensitive to the needs of families, and to the many financial pressures that they may face in life. Our financial counselors are available to help families navigate the medical billing and payment process.

Eligibility for financial assistance requires that all third-party benefits have been exhausted (including healthcare savings accounts and flexible spending accounts) or that the patient is ineligible for third-party benefits. Financial assistance will only be offered on a patient's personal balance. All applicants will be screened for governmental programs (e.g. Medicaid) coverage and must complete the governmental application process to be considered for HCAP. Those that do not qualify for HCAP may be screened for Medicaid or other governmental programs if requested by Akron Children's to be considered for Children's Charity Care. Financial assistance includes free or discounted services furnished by Children's to patients and their families deemed unable to pay for all or a portion of these services. Financial Assistance is available for all emergency and basic medically-necessary services furnished by Children's and its employed physicians and other employed professional providers at any of Children's locations. Excluded from financial assistance are those services that are provided by other individuals who are approved to see patients at Children's locations, but who are not employed by Akron Children's. A roster of excluded providers may be found on ACH's external [Financial Assistance | Akron Children's Hospital \(akronchildrens.org\)](http://akronchildrens.org) or will be made available by request.

#### **SELF PAY PATIENTS**

Uninsured patients will not be charged more for emergency or other medically necessary care than amounts generally billed to those patients who have insurance. All Self Pay balances will be adjusted to the AGB.

#### **HOSPITAL CARE ASSURANCE PROGRAM (HCAP)/FREE CARE**

As a disproportionate share hospital participating in the Ohio Medicaid program, Children's receives funds from the Hospital Care Assurance Program, also referred to as the HCAP or the Free Care Program. As a recipient of these funds, Children's must provide basic, medically necessary, hospital-level services without charge to qualifying individuals. To qualify for HCAP the patient/family must meet the following requirements:

- Resident of Ohio;
- Have gross income at or below the federal poverty level guidelines;
- Not be a Medicaid recipient; and
- Have applied for Medicaid and have not been denied for the following reasons:
  - Did not follow through with the application process
  - Did not provide requested documentation

To be considered for HCAP a patient or his/her legal representative must complete the Financial Assistance Application that documents gross income and family size, among other items. Children's will submit claims for hospital services to patients and third-party payers in accordance with its customary procedures. If a patient is

found to qualify for HCAP, Children's will refund any amounts paid by the patient or family for HCAP-covered services.

HCAP does not cover transplant services, physician charges, ambulance, and patient convenience items, such as telephone, parking, television, and personal items. For an HCAP eligible individual, Children's will provide Children's 100% charity care adjustment to any other services that have been billed by Children's. A patient may apply for HCAP up to three years after the second billing statement date for services furnished.

#### CHILDREN'S CHARITY CARE PROGRAM

Akron Children's Charity Care Program offers assistance to families who do not qualify for HCAP, but whose gross income is between 101% and 400% of the federal poverty level. To qualify for Children's Charity Care Program, an applicant must:

- Have applied for Medicaid (if requested by Akron Children's) and have not been denied for the following reasons:
  - Did not follow through with the application process
  - Did not provide requested documentation
- Not currently eligible for HCAP
- Uninsured
- Insured with an Akron Children's in network health plan (for scheduled elective services)

Those who qualify for Children's Charity Care Program will receive the following discount on billed charges based on income and family size:

OHIO RESIDENTS		OUT OF STATE RESIDENTS	
Household Income as a % of the federal poverty level	Discount	Household Income as a % of the federal poverty level	Discount
101% to 200% FPL	100% discount off of billed charges	101% to 200% FPL	100% discount off of billed charges
201% to 225% FPL	80% discount off of AGB	201% to 225% FPL	70% discount off of AGB
226% to 250% FPL	60% discount off of AGB	226% to 250% FPL	50% discount off of AGB
251% to 275% FPL	40% discount off of AGB	251% to 275% FPL	30% discount off of AGB
276% to 300% FPL	20% discount off of AGB	276% to 300% FPL	10% discount off of AGB
301% to 400% FPL	10% discount off of AGB	301% to 400% FPL	5% discount off of AGB

Those whose family income is between 401% and 500% of FPL and whose bill exceeds 30% of household income will be considered medically indigent for purposes of this policy and may appeal to the Financial Assistance Committee for a discount. This appeal will be reviewed, and any discount will be determined by the Financial Assistance Committee.

## **FINANCIAL COUNSELING**

Financial counseling services are provided to assist families with obtaining third-party coverage including commercial insurance, Medicaid, HCAP, BCMH and other state and local programs including grants and other assistance programs to meet their healthcare needs. Where there is no coverage available, and/or personal balances are due that are greater than the ability to pay, the Financial Counseling staff will assist with pursuing eligibility for Children's financial assistance. Individuals who wish to apply for assistance may do so over the phone, by calling 330-543-2455, or by emailing [FinCounsel@akronchildrens.org](mailto:FinCounsel@akronchildrens.org), or through their MyChart account. Additionally, families and patients may visit the Admitting Office on the third floor of the main hospital at One Perkins Square, Akron, OH 44308 and speak with a financial counselor.

## **APPLYING FOR FINANCIAL ASSISTANCE**

Individuals may apply for financial assistance at any point in the billing and collections cycle. When feasible a preliminary assessment is conducted as part of the pre-admission process and potentially eligible families are referred to a financial counselor for assistance in identifying potential third-party coverage opportunities. After admission and throughout the billing and collection process, financial counselors, patient financial services representatives and authorized vendors may screen accounts and financial information to identify families who may be eligible for financial assistance and contact all such families to offer assistance in the application process.

Applicants must provide documentation to verify information relevant to a determination of eligibility, including information regarding citizenship, residence and income. Children's reserves the right to request the following documentation to validate assets:

- Personal financial statements
- Payroll statements
- Most recent W-2
- Most recent Federal tax form
- Bank statements
- Other forms of documentation that supports reported income

In the absence of items above, a verbal or written statement of income made by the patient or legal representative may be accepted. Verbal statements must be witnessed and documented by a financial counselor, or qualified representative.

A separate financial assistance application must be filed for each inpatient admission, unless a patient is readmitted within 45 days of discharge for the same underlying condition. Applications for outpatient financial assistance are effective for 90 days from the first date of service.

## **PRESUMPTIVE CHARITY**

Akron Children's Hospital is able to validate the patient's ability to pay and we may extend charity care to the patient family despite the family not contacting us or applying for financial assistance.

## **INCOMPLETE OR MISSING APPLICATIONS**

If a financial assistance application is incomplete, the financial counselor will notify the applicant and offer assistance in completing and resubmitting the application. Upon receipt of an incomplete application, Children's will suspend any extraordinary collection actions, if applicable, while waiting for the patient family to submit the completed application and provide the needed information. If there is no response within 30 days, ECAs will resume. Children's may not deny financial assistance under this Policy for an individual's omission of information not requested on the financial assistance application.

## **NOTIFICATION**

Applications for financial assistance will be processed on an as-received basis. Applicants will be notified of the determination of eligibility for HCAP or Children's Charity Care Program, and if applicable, the discounted amount that they are expected to pay. Any self-pay payments will be refunded if the applicant is approved for HCAP.

Applicants who are not eligible for financial assistance will be advised of other assistance options.

## **CONSIDERATION OF EXTENUATING CIRCUMSTANCES**

If the above criteria are not met, the patient/family may still be eligible for financial assistance on a case-by-case basis. There may be extenuating circumstances where a family may not be eligible for Children's Charity Care Program based solely on income or residence, but where pursuit of payment would adversely affect the well-being of the patient or his/her family or cause undue hardship for the patient and/or family (e.g. loss of employment, etc). Applications for patients who have extenuating circumstances will be directly forwarded to the Financial Assistance Committee for consideration. The Committee will consider factors including, but not limited to, the relationship of account balance to income, available assets and liabilities, projected medical expenses, living expenses, and earnings potential. If self-pay payments have been made, no refunds or transfers will be processed when extenuating circumstances have resulted in a charity care determination.

Appeals for consideration in light of extenuating circumstances may be submitted by contacting financial counseling at 330-543-2455 or email [FinCounsel@akronchildrens.org](mailto:FinCounsel@akronchildrens.org).

## **OVERSIGHT OF THIS POLICY**

Any revisions/changes made to this financial assistance policy must be approved by the Finance Committee of the Board of Directors of Akron Children's Hospital.

### **Attachments:**

- Excluded Providers List
- HCAP and Charity Sliding Fee Schedule
- HCAP and Charity Care Examples