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**POLICY NAME:** Financial Assistance Policy &  
Procedure

**POLICY ID:** CH:FI:36

**DEPARTMENT:** Financial Planning Decision

**POLICY LAST UPDATED DATE:**

**POLICY EFFECTIVE DATE:** 07/01/2016

02/01/2025

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## **I. PURPOSE**

The purpose of this Financial Assistance Policy (FAP) is to establish standard procedures for the determination of Financial Assistance to patients that are in financial need of Children's National Hospital/ Rehabilitation and Specialized Care (CNH/RSC) and its substantially related entities. Throughout the remainder of this policy, use of the term "CNH/RSC" refers to Children's National Hospital/ Rehabilitation and Specialized Care and its substantially related entities.

## **II. POLICY STATEMENT**

### **A. Policy Statement**

As part of this policy, CNH/RSC will offer Financial Assistance to patients who are unable to pay their hospital and/or physician bills due to difficult financial situations regardless of age, gender, race, creed, disability, social or immigrant status, sexual orientation, or religious affiliation. A CNH/RSC Financial Counselor, designated business office representative, or committee with authority to offer Financial Assistance will review individual cases and make a determination of Financial Assistance that may be offered.

Accordingly, this FAP:

- Includes eligibility criteria for Financial Assistance
- Describes the basis for calculating amounts charged to patients eligible for Financial Assistance under this FAP
- Describes the method by which patients may apply for Financial Assistance
- Describes how CNH/RSC will widely publicize the FAP within the community served by the hospital

CNH/RSC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether or not they are eligible for Financial Assistance. CNH shall comply with the Emergency Medical Treatment and Labor Act (EMTALA) by providing medical screening examinations and stabilizing treatment and referring or transferring an individual to another facility, when appropriate, and providing emergency services. CNH/RSC prohibits any actions that would discourage individuals from seeking emergency medical care.

This FAP is in compliance with the Patient Protection and Affordable Care Act of 2010.

### CNH/RSC Entities Covered by this Policy

The services covered by this FAP include all emergency and other medically necessary care provided by CNH/RSC and its substantially related entities, physicians and medical professionals employed by CNH/RSC and Children's National Medical Associates.

### Providers Not Covered by this Policy

The physicians and medical professionals not employed by CNH/RSC, or its subsidiaries are not covered by this policy.

### **B. Definitions**

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

Amounts Generally Billed (AGB) - Means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with Treasury Regulations §1.501(r)-5(b).

Emergency Medical Condition - 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.

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) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses;

Financial Assistance - Reduction in the amount of gross charges for patients with demonstrated inability to pay will result in a write off of charges. Children's National Hospital/Rehabilitation and Specialized Care (CNH/RSC) is not a payor source. If at any time during the financial assistance approval period coverage is granted the guarantor is required to transition billing the identified payor.

Gross Charges - CNH's/RSC's full, established price for medical care that it consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Medically Necessary Care - Medical, surgical, or other services required for the prevention, diagnosis, cure, or treatment of a health-related illness, condition or disability including services necessary to prevent a detrimental change in either medical, behavioral, mental, or dental health status.

Substantially Related Entities - Companies affiliated or owned by Children's National Hospital/ Rehabilitation and Specialized Care that provide Medically Necessary Care, including Children's National Specialists of Virginia, all hospital facilities, regional

outpatient centers, health centers, ambulatory surgery centers, mobile care centers, and offsite emergency rooms, and members of Children's National Hospital.

Uninsured - The patient has no level of insurance or is not being represented by an attorney, auto insurance, or filed a workmen's compensation claim to assist with meeting his/her payment obligations.

Underinsured - The patient has some level of insurance but still has out-of-pocket medical expenses that are greater than 7.5% of their Family Income less housing expenses.

This Policy applies to all workforce members of Children's National and its wholly owned affiliated entities, including but not limited to, Children's Hospital, Rehabilitation and Specialized Care (RSC). This Policy does not apply to Physicians not employed by Children's Hospital, Children's National Pediatricians and Associates, LLC, Children's Research Institute, Pediatric Health Network, Children's Hospital Foundation, The RSC Foundation, Physicians not employed by Rehabilitation and Specialized Care (RSC), and Health Services for Children with Special Needs (collectively known as "CN"). All workforce members are required to comply with this policy and procedure.

#### **CNH Primary Service Area (PSA):**

District of Columbia, Maryland, Virginia

### **III. PROCEDURE**

#### Eligibility for Financial Assistance

Eligibility for Financial Assistance will be considered for individuals who are uninsured, underinsured, ineligible for any government health care benefit program, or unable to pay for their care, based upon a determination of financial need in accordance with this FAP, and have resided in the PSA for at least 6 months. This policy may cover patients that do not reside in our PSA when the hospital is required to stabilize the medical condition of the patient before discharge.

Financial need will be determined in accordance with procedures that involve verifying income and residency in our PSA. The patient or the patient's guarantor will be required to cooperate and complete the FAP Application and provide the following:

1. Documentation of gross monthly Family Income. These documents will include pay stubs for the last six (6) weeks worked, or award letters for unemployment, worker's compensation, or public assistance, alimony, retirement, and/or disability income. This can include notarized support and unemployment statements. If self-employed, provide an income tax return for the past 2 years.
2. A valid current form of identification for the patient, parents, or guardian. This can include a passport, birth certificate, alien registration card, work authorization or any government picture ID with the name and address printed on it.
3. Proof of address – This can include a copy of your current lease, mortgage statement, rent receipt, or a notarized letter from your landlord.
4. If applicable, school verification or report card for patient(s).

5. Proof of ineligibility for State/Federal/Local medical assistance programs unless applicant is known not to be eligible for such coverage. (If we are unable to determine your eligibility by your income, you must provide proof of a denial).
6. Qualifying patient/parents must provide proof of submission for Department of Health programs in order to be considered for temporary Financial Assistance. These include but not limited to:
  - CHILDRENS MEDICAL SERVICE
  - CARE FOR KIDS
  - Commercial insurances paid through Department of Health programs
  - Public and private medical assistance programs
7. Other documents as needed to determine eligibility

The granting of Financial Assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, creed, disability, social or immigrant status, sexual orientation, or religious affiliation. CNH/RSC shall determine whether or not patients are eligible to receive Financial Assistance for deductibles, co-insurance, or co-payment responsibilities.

CNH/RSC will make reasonable efforts to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs. CNH/RSC may make inquiries to obtain reports from third parties such as credit agencies to determine whether they may be presumptively eligible for Financial Assistance to relieve the financial burden.

CNH/RSC will make Financial Assistance determination within two business days of receiving a completed application, including all required documentation. Financial Assistance will be denied for patient's that submit an incomplete application or submit documents that cannot be verified. Financial Assistance by CNH/RSC will normally be granted for a period of 6 months to 1 year from the Effective Date. Approval limitations may apply based on clinic's specialty, eligibility dates and timeframe of approval. Patients can re-apply for continued Financial Assistance by contacting the Financial Information Center. Provisions are established for individuals with religious objections that make them unable to apply for financial assistance.

#### Basis for Determining Financial Assistance

Services eligible under this FAP will be made available to the patient in accordance with financial need as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by CNH/RSC to be eligible for Financial Assistance, that patient shall not be responsible for any future bills until the Expiration Date. The basis for the amounts CNH/RSC will charge patients qualifying for Financial Assistance is as follows:

- a. Patients whose Family Income is at or below 400% of the FPL and who have resided in our PSA for at least 6 months are eligible for full Financial Assistance. This provision is intended to meet the definition of "sliding scale fee" as defined by the DC Health Professional Loan Repayment Regulations (D.C. Code § 7-751.01- §7-751.17, as may be amended from time to time) and applicable Guidelines.

All patients eligible for Financial Assistance are charged less than AGB as all eligible patients do not receive a bill for emergency or Medically Necessary Care. For patients who qualify for Financial Assistance, CNH/RSC will not send unpaid bills to outside collection agencies and will cease all collection efforts. CNH/RSC will not pursue garnishment of wages, liens on a primary residence, applying interest to the debt, adverse credit reporting, filing of a lawsuit or any other extraordinary collection efforts.

How to Apply for Financial Assistance:

Contact the following for information about this FAP or assistance with the FAP application process.

<b>Counselors</b>	<b>Location</b>	<b>Phone</b>
Financial Counselors	Financial Information Center	202-476-5505
Customer Service	Patient Accounts Phone Calls	301-572-3542 or 1-800-787- 0021

Communication of Financial Assistance to Patients and within the Community

Notification about Financial Assistance available from CNH/RSC shall include a contact number and be disseminated through various means, including but not limited to, the publication of notices in patient statements, and by posting notices in emergency rooms, at urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as CNH/RSC may select. CNH/RSC will publish and widely publicize a summary of this FAP on facility websites, in brochures which will be available in-patient access sites, and at other places within the community served by the hospital as CNH/RSC may select. Such notices and summary information will be provided in the primary languages spoken by the population serviced by CNH/RSC.

Regulatory Requirements

In implementing this FAP, CNH/RSC management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this FAP.

**IV. ACCOUNTABLE EXECUTIVE(S) AND REVIEWER(S)**

A. Accountable Executive(s): McMichael, Tracey Lynn

B. Committee(s) Responsible for Review: Leadership Council

**V. APPROVAL**

Approved by:

*Tracey L. McMichael*

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Tracey Lynn McMichael, VP Revenue Cycle & Care Management

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Apr 8, 2025

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Date

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Michelle Riley-Brown, President and CEO  
(OPTIONAL APPROVAL LINE)

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Date

**VI. REFERENCES**