



POLICY NAME: Financial Assistance Policy & Procedure **POLICY ID:** CH:FI:36

DEPARTMENT: Financial Planning Decision

POLICY EFFECTIVE DATE: 07/01/2016

POLICY LAST UPDATED DATE:
12/17/2020

I. PURPOSE

The purpose of this Financial Assistance Policy (FAP) is to establish standard procedures for the determination of Financial Assistance to patients of Children’s National Medical Center (CNMC) and its substantially related entities that are in financial need. Throughout the remainder of the FAP, use of the term “CNMC” refers to Children’s National Medical Center and its substantially related entities.

II. POLICY STATEMENT

A. Policy Statement

As part of this FAP, CNMC will offer Financial Assistance to patients who are unable to pay their hospital and/or clinic bills due to difficult financial situations regardless of age, gender, race, creed, disability, social or immigrant status, sexual orientation, or religious affiliation. A CNMC 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 the hospital will widely publicize the FAP within the community

served by the hospital

CNMC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they are eligible for Financial Assistance. CNMC 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 provide emergency services. CNMC 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.

CNMC Entities Covered by this Policy

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

Providers Not Covered by this Policy

The physicians and medical professionals not employed by CNMC 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; and
- If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).

Financial Assistance - Reduction in the amount of gross charges for patients with demonstrated inability to pay. Gross Charges - CNMC'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 Medical Center 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 Medical Associates.

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 30% of their Family Income less housing expenses.

Providers Covered under Children’s Hospital’s Financial Assistance Policy:

Every provider under the following entities is covered under this Financial Assistance Policy:

- Children’s Hospital
- Children’s National Medical Associates

Providers not covered under this Financial Assistance Policy:

- Physicians not employed by Children’s Hospital
- Children’s Pediatricians and Associates, LLC

CNMC Primary Service Area (PSA):

Cities

- Washington, DC
- Alexandria City, Virginia

Maryland Counties

- Anne Arundel
- Calvert County
- Charles County
- Frederick County
- Howard County
- Montgomery County
- Prince Georges County
- Washington County

Virginia Counties

- Arlington County
- Fairfax County
- Fauquier County
- Loudon County
- Prince William County
- Stafford County

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. 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).
3. A valid current form of identification for the patient, parents, or guardian. This can include a passport, alien registration card, work authorization or any picture ID with the name and address printed on it.
4. Proof of address – This can include a copy of your lease, mortgage statement, rent receipt, or a notarized letter from your landlord.
5. If applicable, school verification or report card for patient.

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. CNMC shall determine whether or not patients are eligible to receive Financial Assistance for deductibles, co-insurance, or co-payment responsibilities.

CNMC 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. CNMC may make inquiries to obtain reports from third parties such as credit agencies, on certain patients to determine whether they may be presumptively eligible (presumptive eligibility) for Financial Assistance to relieve the financial burden.

CNMC 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. The grant of Financial Assistance by CNMC will expire 6 months from the approval date ("Expiration Date"). At that time, patients will need to re-apply for continued Financial Assistance by contacting the Financial Information Center.

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 CNMC 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 CNMC 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 and who are cooperating in good faith to resolve their hospital bills, CNMC will not send unpaid bills to outside collection agencies, and will cease all collection efforts. CNMC will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient.

Method for Applying for Financial Assistance

Referral of patients for Financial Assistance may be made by any member of the CNMC staff including by not limited to 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.

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

Counselors	Location	Phone
Financial Counselors	Financial Information Center	Based on guarantors name: <ul style="list-style-type: none">• A-K: 202-476-5002• L-Z: 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 CNMC 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 CNMC may select. CNMC 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 CNMC may select. Such notices and summary information will be provided in the primary languages spoken by the population serviced by CNMC.

Regulatory Requirements

In implementing this FAP, CNMC 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): Daymont, Mary

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


V. APPROVAL

Approved by:



Daymont, Mary

1/20/21
Date



Kurt Newman, M.D., President and CEO

1/27/21
Date

VI. REFERENCES