

FINANCIAL ASSISTANCE POLICY

SUMMARY

It is the policy of The HSC Pediatric Center to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The Hospital will offer financial assistance to eligible patients based on an income threshold consistent with federal poverty guidelines. Based on specific income qualifications as determined on a completed financial assistance application, patients may receive up to a 100% reduction in billed charges. The Hospital will limit amounts charged for medical care provided to patients and/or guarantors eligible for financial assistance in this policy to not more than amounts generally billed (AGB) to insured patients.

The HSC Pediatric Center will publish the availability of charity care on a yearly basis in their local newspaper. This financial assistance policy information will also be posted in plain sight within the Patient Accounting department and other Patient Registration areas. It will also be communicated in person during all financial counseling opportunities (including discharge planning and pre-admission) and in writing (including self-pay billing and follow-up communications).

The HSC Pediatric Center will exhaust all reasonable efforts to determine financial need and apply applicable discounts prior to initiating any action that involves reporting of delinquent self-pay accounts to credit bureaus or collection agencies. The Hospital will not place personal liens of any kind prior to exhausting all efforts to determine qualification for financial assistance.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing (including any accounts having gone to bad debt within three months of application date) and any projected medical expenses.

A determination of Financial Assistance will be re-evaluated every six (6) months if necessary. This policy was developed to comply with all federal and state rules and regulations, including Internal Revenue Code 501(r).

DEFINITIONS

1. Amounts Generally Billed (AGB): Limits amounts charged for medical care provided to individuals eligible for financial assistance to be not more than amounts generally billed to insured patients.
2. Bad Debt: Hospital charges that a patient is able but unwilling to pay or refuses to pay.
3. Charges: Hospital charges that are generally billed to individuals who have insurance coverage covering such care.
4. Federal Poverty Guidelines (FPG): Guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services.
5. Financial Assistance: Hospital care provided at a discount. A patient who is uninsured for the relevant service and who is not eligible for coverage through a Government Healthcare Program or other insurance, and who has family income in excess of 200% but less than 500% of FPG, will be eligible to receive Financial Assistance in the form of a discount off charges.
6. Household Size: Household size is based on children supported by the family; any child support received must be included in income. Household can also include parents children through age 20 (consistent with Medicaid guidelines), Grandparents are not included.
7. Plain Language Summary: A brief description of the eligibility requirement, application

- process and assistance available under the financial assistance policy.
8. Under-insured Patient: A patient who has some insurance or third-party coverage but has out of pocket expenses (self-pay balances) that exceed the patient's ability to pay.
 9. Uninsured Self-Pay Patient: A patient who has insurance or third-party coverage to assist with meeting the patient's payment obligations.

PROCEDURE

A. Eligibility Criteria:

1. A patient is eligible for financial assistance if his or her income is less than 500% of the federal poverty guidelines. Table's I and II, see below, which include The HSC Pediatric Center's guidelines for financial assistance.

B. Basis for Calculating Financial Assistance:

1. Financial Assistance, for those without insurance, is in the form of a discount off the amounts generally billed for insured patients. Balances after insurance will qualify for a discount. The discount is a sliding scale, depending on income. The discount percent available to various income categories is available in Tables I and II. Any patient who is determined to be eligible for financial assistance may not be charged more than the amount generally billed to DC Medicaid.
2. No person who is found eligible for financial assistance will be charged more for medically necessary care than the amounts generally billed to individuals who have insurance coverage.

C. Method for Applying for Financial Assistance:

1. Applications and/or confidential assistance with completion of the application is available from the Business Office by calling 202-832-4400.
2. Applicants may be asked to provide the following information in connection with their application for financial assistance:
 - Complete application
 - Most recent Federal Tax Return
 - Copies of last 4 pay stubs
 - Copies of last two bank statements
 - Application to Medicaid and provide copy of denial
3. "Household income," as used in the application, refers to income before deductions (taxes, social security insurance premiums, payroll deductions, etc.). Total Household Income is income from all members of a household (defined below) from the following sources: wages, unemployment income, Workers Compensation, Veterans benefits, Social Security Income, Disability Insurance, public assistance, alimony child support and other cash income.
 - a) Household includes the following people living in the same home:
 1. Guarantor
 2. Guarantor's spouse
 3. Guarantor's children/minor dependents and step-children
 4. Guarantor's unmarried partner, if they have children from previous relationships also qualify if living in the home.
4. Prior to or when appropriate, subsequent to approval for financial assistance, patients may be asked to apply for Medicaid or other publicly sponsored programs. Resources will be available to assist patients in that process. Medicaid may require the patient to make payment to the hospital as a condition for Medicaid approval. This is known as a spend-down amount. Any payments the patient is required to

make to the hospital including, but not limited to, the “spend-down” amount and co-pay and/or deductible amounts are eligible for consideration in our financial assistance program. Failure to apply or comply with the Medicaid application requirements may result in denial of Financial Assistance.

5. For efficient processing, The HSC Pediatric Center requests application submission within 30 days of the first billing statement, however a financial assistance application may be submitted at any time within 240 days after the first billing statement. Extraordinary collection efforts may be commenced after 120 days from the first billing statement, if no application has been submitted. Applications deemed to be incomplete will be returned to the applicant with notification that failure to provide all required data within 30 days of receipt of the returned application will result in a denial for financial assistance. Determination of need for financial assistance will be made based upon the information provided on the Financial Assistance application along with data obtained by The HSC Pediatric Center or such other firm retained to assist the Hospital in processing such applications. The Hospital may also utilize internal criteria which may include review of previous account history and a credit check(s). The Hospital reserves the right to request additional information to support the application process.
6. Upon filing a completed application, you may disregard and HSC Pediatric Center hospital bills until you receive notification of determination of your application. A determination of whether a patient is qualified will be made within 30 days of receipt of a completed application. Recommendation for final approval will be made by the Manager Patient Accounts.
7. A Patient Accounts Representative will be available to arrange affordable monthly payment plans. For those balances after the Financial Assistance award the Hospital will request no more than 10% of the household gross monthly income as the monthly payment.
8. In the event of non-payment, all commercial, governmental and self-pay accounts completing the 120 day dunning cycle will be referred to an outside collection agency for further dunning and review and for possible legal action. These extraordinary collection efforts could include the following:
 - Liens
 - Attaching or seizing bank accounts or personal property
 - Garnishing wages
9. Services covered:
 - All medically necessary services
 - See attached listing of physicians and other healthcare providers that render care at The HSC Pediatric Center whose services may or may not be covered under the financial assistance program.

D. Informing and Notifying Patients about the Financial Assistance Policy:

1. The Hospital will inform and notify patients about this policy by:
 - a) Reviewing upon admission.
 - b) Maintaining a conspicuous link to the FAP Summary on the hospital’s website.
 - c) Including, with every hospital bill, information about the availability of the Financial Assistance Program, and about accessing the FAP Summary.
 - d) Making paper copies of the FAP Summary and the application form available upon request and without charge, both in public locations in the

hospital facility and by mail, in English and in the primary language of any population with limited proficiency in English that constitute more than 10% of the residents of the community serviced by the hospital.

- e) Placing signs and notices about the FAP in areas in the hospital that are likely to be noticed by patients and visitors.

E. Appeals:

- 1. Patients have the right to a written appeal of decision within 45 days of denial. Appeals must be submitted in writing with any additional information to

The HSC Pediatric Center
 Attention: Business Office Department
 1731 Bunker Hill Road, NE
 Washington, DC 20017

Family Size	100% FPL	200% FPL	300% FPL	400% FPL	500% FPL
1 Person	\$11,880	\$23,760	\$35,640	\$47,520	\$59,400
2 Person	\$16,020	\$32,040	\$48,060	\$64,080	\$80,100
3 Person	\$20,160	\$40,320	\$60,480	\$80,640	\$100,800
4 Person	\$24,300	\$48,600	\$72,900	\$97,200	\$121,500
5 Person	\$28,440	\$56,880	\$85,320	\$113,760	\$142,200
6 Person	\$32,580	\$65,160	\$97,740	\$130,320	\$162,900
7 Person	\$36,730	\$73,460	\$110,190	\$146,920	\$183,650
8 Person	\$40,890	\$81,780	\$122,670	\$163,560	\$204,450

Family Size: for each additional family member over 8 members, add \$4,160 to income. Patients with family income over \$204,450 will not be eligible for financial assistance, regardless of family size.

FPL: "Federal Poverty Level" is determined yearly by the US Department of Health and Human Services.

	XXX	Less than 200% FPL	201-300% FPL	301-400% FPL	401-500% FPL
Patient Discount	XXX	100%	65%	20%	10%
Patient Pays	XXX	0%	35%	80%	90%

THE HSC PEDIATRIC CENTER MEDICAL STAFF ROSTER

<i>Name</i>	<i>Status</i>	<i>Specialty</i>
1. Anspacher, Melanie	MD-Active	Pediatrics
2. Blaber, Mary	CPNP-Active	Pediatric Nurse Pract.
3. Casey, Denise	MD-Rotating	Pediatrics
4. Chu, Jeffrey	MD-Rotating	Pediatrics
5. Conley, Sandra	CPNP-Active	Pediatric Nurse Pract.
6. Evans, Sarah	MD-Active	Pediatrics/Physiatry
7. Gupta, Charu	MD-Active	Pediatrics
8. Hussein, Samar	MD-Active	Pediatrics
9. Kandil, Aser	MD--Rotating	Pediatrics
10. Mendez, Ingrid	MD-Rotating	Pediatrics
11. Metinko, Andrew	MD-Rotating	Pediatrics
12. Noel, Lisa	CPNP-Active	Pediatrics
13. Patel, Vishal	MD-Active	Pediatrics
14. Scoulios, Berthlyn	CPNP-Active	Pediatrics
15. Shariat, Habiballah	MD-Rotating	Pediatrics
16. Smith, Karen	MD-Active	Pediatrics
17. Wright, Vaughan	DDS-Active	Dentist
<i>Consultants</i>	<i>Status</i>	<i>Specialty</i>
18. Bader, Ali	MD-Consult	Gastroenterology
19. Barham, LaToya	DDS-Consult	Dentist
20. Bostelman, Shiela	CPNP-Consult	Cardiology
21. Burns, Julie	CFNP-Consult	Physical Medicine
22. Burton, Justin	MD-Consult	Physiatry
23. Chang, Thomas	MD-Consult	Physiatry
24. Fleming, Melissa	MD-Consult	Physiatry
25. Gebus, Virginia	APN-Consult	Gastroenterology
26. Gersh, Elliot	MD-Consult	Pediatric Dev.
27. Jaafar, Mohammad	MD-Consult	Ophthalmology
28. Jantausch, Barbara	MD-Consult	Infectious Disease
29. Kaufman, Stuart	MD-Consult	Gastroenterology-GU
30. Kelly, Shannon	MD-Consult	Orthopaedics
31. Khan, Muhammad	MD-Consult	Gastroenterology
32. Khan, Seema	MD-Consult	Gastroenterology
33. Morozova, Olga	MD-Consult	Physical Medicine
34. Nadler, Evan	MD-Consult	Pediatric Surgery
35. Petrosyan, Mikael	MD-Consult	Pediatric Surgery
36. Phillips, Leslie	CPNP-Consultant	Physical Medicine
37. Rabin, Jeffrey	DO-Consult	Physiatry
38. Sehgal, Sona	MD-Consult	Gastroenterology
39. Singh, Nalini	MD-Consult	Infectious Disease
40. Snyder, John	MD-Consult	Gastroenterology
41. Solages, Martine	MD-Consult	Psychiatry
42. Taylormoore, Jonathan	MD-Consult	Ophthalmology
43. Thomas, George	DDS-Consult	Dentist
44. Thwaites, Melanie	DDS-Consult	Dentist
45. Tiernan, Linda	MD-Consult	Cardiology
46. Tosi, Laura	MD-Consult	Orthopaedics
47. Wiedermann, Bernhard	MD-Consult	Infectious Disease
48. Wolfe, Jaime	MD-Consult	GI
<i>Courtesy</i>		
49. Luban, Naomi	MD-Courtesy	Laboratory Medicine