

## Financial Assistance Policy and Uninsured Patient Discount Policy

### Purpose

The purpose of this document is to set forth the policy of The Children's Hospital Corporation d/b/a Boston Children's Hospital (the "Hospital") and its related Physician Foundations (the "Foundations") with respect to financial assistance to eligible patients who receive services at Hospital sites or Foundation sites where administrative support systems and personnel are provided through the Hospital.

### Policy Statements

1. The Hospital and the Foundations are committed to being resources for children in need of care, regardless of ability to pay.
2. This policy applies to all emergency and other medically necessary care provided by the Hospital and the Foundations. Emergency and other medically necessary care excludes elective cosmetic procedures.
3. The Hospital and the Foundations, through the Hospital's Financial Counseling unit, will assist patients/guarantors in applying for available public or BCH programs, including MassHealth, Commonwealth Care and Health Safety Net coverage whenever possible.
4. The Hospital and the Foundations may provide financial assistance to patients who meet the eligibility criteria as defined in the Financial Assistance Procedures or Uninsured Patient Discount sections below.
5. The Hospital and the Foundations will refrain from efforts to collect payment for emergency and medically necessary services from patients that are exempt from collection action under the Hospital's Credit and Collection Policy and related Health Safety Net regulations, will refund any collections received from such patients for emergency and medically necessary services, and will share information with one another about patients' insurance and eligibility for public or BCH programs.
6. The Hospital and the Foundations may offer uninsured case rates on specified bundled services, such as non-medically necessary cosmetic surgery and certain cardiac procedures. Discounts described in this policy do not apply to such special case rates.
7. The Hospital may, in accordance with the Credit and Collection Policy, extend discounts beyond those in this policy on a case-by-case basis to recognize unique cases of financial hardship.
8. The Foundations may maintain additional financial policies that pertain to patients who receive services from a Foundation at a site unaffiliated with the

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Hospital (e.g., patients whose services are not scheduled in Hospital information systems).

9. Failure to follow the procedures outlined in this document may result in a delay or denial by the Hospital or Foundations for Financial Assistance.

## Procedures

### Financial Counseling

1. The Hospital, through its Financial Counselors, will assist patients/guarantors of the Hospital and Foundations with applying for BCH or public programs, such as Medicaid, MassHealth, Commonwealth Care and the Health Safety Net.
2. Any patient who is recorded in the Hospital's scheduling and registration system as uninsured will be offered Financial Counseling assistance.
  - Hospital and Foundation personnel responsible for scheduling, registration, and billing will inform uninsured patients and/or their parents how to obtain Financial Counseling Services
  - Signs announcing the availability of Financial Counseling services and how to obtain those services will be posted in patient care registration settings and other locations
  - Patient bills for the Hospital and Foundations will include notice about the availability of Financial Counseling services and how to access those services
3. Financial Counseling staff will assist patients and/or parents with:
  - Applying for Medicaid, MassHealth, Commonwealth Care, Health Safety Net coverage, or other available financial assistance programs
  - Understanding the uninsured discounting policies available on Hospital and Foundation charges and how to request those discounts
  - Contact information for Hospital and Foundation billing Departments

## Financial Assistance Programs

The following BCH discounts may be available to patients and parents/guardians:

### 1. Wraparound/Supplemental Financial Assistance

- a. Patient/Parent is unable to pay for services provided
- b. Patient/Parent has applied and been approved for a public assistance program. (MassHealth, Health Safety Net, Out of State Medicaid)

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- c. Charges or balances due for medically necessary services not covered by the public program, and/or up to 60 days prior to the eligibility dates of the program, will be written off.

## 2. Medical Hardship

- a. Limited to emergency services and medically necessary follow-up care
- b. Patient/Parent has applied for Medical Assistance programs
- c. Ineligible for HSN Medical Hardship program
- d. Discounts determined based on family income and allowable medical expenses

## 3. Individual Consideration

- a. Under special circumstances, and on a case by case basis, financial assistance may be granted to patients at the discretion of the Chief Financial Officer, Sr. Director Patient Financial Services and/or Director of Financial Clearance and Financial Counseling, after consultation with the appropriate Foundation Chief or designee.

## 4. Eligibility Requirements

- a. Boston Children's Hospital determines eligibility for financial assistance programs based on income. Discount rates are determined using the Federal Poverty Guidelines (FPG) as follows:

Gross Income	Discount
0%-200% of the FPG	100%
201-250% of the FPG	75%
251%-300% of the FPG	50%
300%-400% of the FPG	25%
>400% of the FPG	0%

# Financial Assistance Procedures

1. Patient/Parent will be referred to a Hospital Financial counselor for determination of eligibility for public assistance or Hospital financial assistance programs.
2. For patients not qualifying for public assistance, information collected will be provided to the Director, Financial Clearance and Financial Counseling, for determination of eligibility in the Hospital Financial Assistance Program.
3. Patients who potentially qualify for financial assistance will be approved by the Hospital Chief Financial Officer, Sr. Director Patient Financial Services and/or Director, Financial Clearance and Financial Counseling, with consultation and approval of the appropriate Foundation Chief or a designee as appropriate.

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4. Patients/Parents who are approved for financial assistance will be notified in writing by the Director, Financial Clearance and Financial Counseling, of the amounts approved, dates of service, and providers included.
5. Accounts will be adjusted with the applicable financial assistance adjustment codes for both Foundation and Hospital. These adjustments will be applied against gross charges.
6. The patient/parent may be required to complete a Financial Assistance Application. The application is available for download on the Boston Children's Hospital website and is available by mail or in person. Details on how to access a copy of the Financial Assistance Application are found in the section of this policy titled "Publication/Availability of the Financial Assistance Policy and Uninsured Patient Discount Policy, Credit and Collection Policy, and Amounts Generally Billed Calculation." The Financial Assistance Application includes accompanying instructions for completion.
7. Through the application process, the patient/parent may be required to provide the following documentation: employment status, verification of employment and income, proof of residency and family size, any evidence of third party coverage. Verification of income may include one or more of the following: prior year tax returns, 4 current pay stubs or written verification of wages from Employer, Social Security check, disability check or signed affidavit claiming zero income.
8. Patients/parents/applicants can receive help with understanding the Financial Assistance Policy and completing the Financial Assistance Application by calling Patient Financial Services at (617) 355-7201 and/or by asking for help in person or by mail through the Financial Counseling Division of the Patient Financial Services Department at Boston Children's Hospital, 300 Longwood Avenue, Boston, MA, 02115, Farley Building rooms 160.1 and/or 160.2.

## Limitation on Charges

1. Any patient who is eligible for financial assistance under this policy, cannot be billed greater than the amounts generally billed ("AGB") to insured patients for emergency or other medically necessary care. For all other medical care patients eligible for financial assistance will be billed at an amount less than gross charges.
2. Amounts Generally Billed: The Hospital will calculate AGB using the "Look-Back" Method. Each fiscal year the Hospital will determine a single AGB percentage based on all claims that have been paid in full to the hospital facility for emergency and other medically necessary care by Medicare fee-for-service and all private health insurers together as the primary payer(s) of these claims during the prior 12-month period.

## Domestic Uninsured Patient Discount

1. The Hospital and Foundations offer a 30% discount to uninsured domestic patients (residents of the United States) who meet the following requirements:

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- No insurance coverage for the dates of service involved. Non-covered services (i.e., those services not included in the patient's benefit for which the patient is 100% responsible; services that are in the benefit, but are provided after the patient has exhausted all benefits under his/her insurance plan; and services that are outside the insurer's network limitations) will be considered as no insurance.
  - The patient/guarantor has not voluntarily discontinued health insurance within the past 60 days.
  - Ineligible for Health Safety Net or other public programs.
  - Patient/guarantor must contact a Hospital or Foundation representative as appropriate to request the discount on their bill.
  - Patient/guarantor must make payment in full of the discounted balance and/or must make a good faith deposit in an amount agreed to by the Hospital or Foundation and enter into a payment plan with the Hospital or Foundation within thirty (30) days of the date of service.
2. Excluded from the domestic uninsured patient discount are patient co-pays, co-insurance and insurance deductibles. Discounts under this policy do not apply to non-medically necessary services (i.e those services within the patient's benefit but which have been denied by the payor because they are not medically necessary or because they fit into some other category that already receives a discount such as bundled services, motor vehicle insurance payments, etc.).
  3. Discounts offered under this policy are contingent on full payment of the agreed amount and will not be applied to account balances until the agreed amount has been paid in full.
  4. Uninsured patients/guarantors may be offered a time of service discount for an elective service either prior to or on the date of service.

## **International Uninsured Patient Discount**

1. The Hospital and Foundations offer a discount of up to 25% to uninsured international patients (not residents of the United States).
2. Excluded from the international uninsured patient discount are patient co-pays, co-insurance and insurance deductibles. Discounts under this policy do not apply to case rates for specified packaged services (e.g., non-medically necessary cosmetic surgery), third party liability claims or services denied by the patient's insurer as unauthorized or out of network.
3. Discounts offered under this policy are contingent on full payment of the agreed amount and will not be applied to account balances until the agreed amount has been paid in full.

## **Patients Exempt from Collection Action**

1. Consistent with state regulations applicable to the Health Safety Net and with the Hospital's Credit and Collection Policy, the following patients are exempt from collection actions for services covered by the applicable program
  - A patient who is enrolled in MassHealth, receiving benefits under the Emergency Aid to the Elderly, Disabled and Children program, or the Health Start program (except for required co-pays and deductibles under the program)
  - A participant in the Children's Medical Security Plan (CMSP) whose family income is equal to or less than 400% of the Federal Poverty Income Guideline
  - A patient determined to be a low income patient for purposes of the Health Safety Net, for any Health Safety Net eligible service as defined in applicable Health Safety Net regulations (except for required co-pays and deductibles under the program)
  - A patient or family eligible for Medical Hardship, with respect to the amount of any bill that exceeds the Medical Hardship contribution as calculated in accordance with Health Safety Net regulations

The actions the Hospital may take in the event of nonpayment are described in the Hospital's Credit and Collections Policy.

## **Publication/Availability of the Financial Assistance Policy and Uninsured Patient Discount Policy, Credit and Collection Policy, and Amounts Generally Billed Calculation**

1. The public may obtain a copy of this policy, the Credit and Collection Policy, and the Amounts General Billed Calculation free of charge by any of the following methods:
  - a. Internet Posting: The Boston Children's Hospital Financial Assistance Policy and Uninsured Patient Discount Policy and a Plain Language Summary are available online at:  
[www.childrenshospital.org/financialassistance](http://www.childrenshospital.org/financialassistance)
  - b. In-Person: Paper copies of The Boston Children's Hospital Financial Assistance Policy and Uninsured Patient Discount Policy and a Plain Language Summary are available at the Hospital facility located at 300 Longwood Avenue, Boston, MA, Farley Building room 160.1 and 160.2.
  - c. By Mail: The public may request to receive a copy by mail by calling Patient Financial Services Customer Support at (617)-355-3397 and/or Patient Financial Counseling at 617-355-7201.

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2. Foreign language translations of this policy, the Financial Assistance Plain Language Summary, the Financial Assistance Application, the Credit and Collection Policy, and the Amounts Generally Billed Calculation are available in several languages to assist those with limited English proficiency.
3. On-site Communication: The Hospital will make efforts to communicate the availability of financial assistance through several methods.
  - a. Signage will be placed in admission areas regarding the availability of financial assistance.
  - b. Public displays or other measures reasonably calculated to attract visitors' attention will be conspicuously posted at various locations throughout the hospital.
  - c. Copies of the Policy and/or the plain language summary will be offered to all patients either at time of admission or as part of the discharge process.

## List of Appendices to the Financial Assistance Policy

1. Appendix A: List of Providers providing Emergency or Other Medically Necessary Care

## Document Attributes

<b>Title</b>	Financial Assistance Policy and Uninsured Patient Discount Policy		
<b>Authors</b>	Thomas Pellegriti, Director of Tax and Financial Regulatory Compliance	<b>Effective Date</b>	September 30, 2016
<b>Reviewed/ Revised by</b>	Sr. Director, Patient Financial Services, Boston Children's Hospital  Sr. Vice President of Finance, Boston Children's Hospital  Sr. Vice President & General Counsel, Boston Children's Hospital	<b>Dates Reviewed/ Revised:</b>	December 7, 2017  December 7, 2017  December 7, 2017
<b>Approved</b>	_____  Boston Children's Hospital Board of Trustees		