

Policy

CCHMC Medical Center Policy	<i>Policy Number</i>	MCP-B-103
Patient Financial Assistance Policy	<i>Effective Date</i>	7/1/2021
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1.0 POLICY

- 1.1 CCHMC will provide care for emergency medical conditions to any patient without discrimination and regardless of financial assistance eligibility or ability to pay. CCHMC further prohibits any actions that would discourage individuals from seeking emergency medical care, such as demand for payment before receiving treatment for emergency medical conditions or debt collection activities that interfere with the provision, without discrimination, of emergency care.
- 1.2 CCHMC will provide financial assistance for medically necessary services to any patient who resides in Ohio or CCHMC's Primary Service Area and will work with eligible patients and families to secure government health care program assistance. Effective October 1, 2021, CCHMC will provide financial assistance for medically necessary services to any patient who resides in the United States and will work with eligible patients and families to secure government health care program assistance.
 - 1.2.1 For those patients with a family income at or below 200% of the Federal Poverty Level (FPL), as demonstrated by completion of a Financial Assistance Application, services will be provided at no charge to the patient/family.
 - 1.2.2 For those with a family income above 200% of the FPL, services will be provided at a 49% discount on Charges Billed to the patient/family.
- 1.3 Patients residing in the United States, but outside of Ohio or CCHMC's Primary Service Area, will receive a 25% discount on Charges Billed for medically necessary services. Effective October 1, 2021, patients residing in the United States will receive a discount on Charges Billed for medically necessary services as outline in 1.2 above.
- 1.4 In order for a patient to receive financial assistance under this policy, the patient must be either uninsured, or insured by a health plan in which CCHMC is a participating provider. Financial assistance is available only after all available public medical assistance and insurances (including workers compensation, automobile insurance, and liability claims payments) have been exhausted.
- 1.5 If a patient has out-of-pocket expenses that total more than 25% of the patient's/family's Gross Income in any one year, CCHMC will work with them on a payment plan such that they will not be required to pay more than 25% of their Gross Income to CCHMC in that year.
- 1.6 CCHMC will not take any extraordinary collection efforts on any amounts due by individuals (patients and individual guarantors) for medically necessary services.
- 1.7 Professional services provided by any of the entities/providers listed in Appendix A to this Policy are not CCHMC services and are NOT covered under this Policy.
- 1.8 Cincinnati Children's Hospital does not discriminate on the provision of services to an individual (i) because the individual is unable to pay or (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance

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Program (CHIP).”

2.0 DEFINITIONS

- 2.1 **Amounts Generally Billed (AGB)** means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. To determine AGB, CCHMC sums all claims for emergency and other medically necessary care allowed by insurers or government payers over a twelve-month period (i.e., April 1 of Year 1 to March 31 of Year 2), then divides that by the sum of the gross charges related to those claims for that same period. The result is the **AGB Percentage**, and it will be applied to all services provided over the next twelve-month period (i.e., from July 1 of Year 2 to June 30 of Year 3).
- 2.2 **Charges Billed** means those charges for which a patient/family is responsible. For uninsured patients, that is the price associated with services provided by CCHMC. For patients with commercial insurance, it is amounts not covered by the insurer, excluding fixed amount co-payments -- unless the patient qualifies under section 1.2.1 above, then the fixed amount co-payments are covered by the Patient Financial Assistance Policy. For patients covered by a state or federal program (for example, Medicare or Medicaid), Charges Billed does not include those charges associated with co-insurance (inclusive of deductible, co-insurance, and/or co-payment) amounts.
- 2.3 An **emergency medical condition** is one that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (if pregnant, the mother or unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part; or, with respect to a pregnant woman having contractions, that there is inadequate time to effect a safe transfer to another hospital before delivery or that transfer may pose a threat to the health or safety of the woman or unborn child.
- 2.4 **Extraordinary collection efforts** is any of the following: (1) sale of the individual's debt; (2) report of adverse credit information about the individual or responsible guarantor; (3) the deferral or denial of, or requirement of payment before, subsequent medically necessary care based on non-payment by a family eligible for financial assistance; or (4) any action that requires legal or judicial process, such as placement of a lien, foreclosure, attachment, seizure, arrest, lawsuit, claim, writ, or garnishment.
- 2.5 **Financial Assistance Application or Application (FAA)** – the document used by CCHMC financial advocates to determine a patient's/family's eligibility for a federal or state health care program or for CCHMC Financial Assistance Program.
- 2.6 **Gross income** - total family gross income from all sources as defined under the IRS Code.
- 2.7 **Medically necessary services** – Inpatient, outpatient, home health, and emergency services, as well as professional services by CCHMC-employed providers, covered by the Ohio Department of Medicaid.

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2.8 **Primary Service Area (PSA)** – All Ohio; Boone, Campbell, and Kenton Counties in Kentucky; and Dearborn County in Indiana.

3.0 IMPLEMENTATION

- 3.1 Any patient who is eligible for financial assistance under this Policy will be charged only the amount that he or she is personally responsible for paying, after all deductions and discounts (including discounts available under the FAP) have been applied and less any amounts reimbursed by insurers (including both commercial and governmental payors). Under no circumstances will the amount owed by a patient/family residing in the PSA or State of Ohio, who is eligible for financial assistance under this Policy, exceed AGB. Effective October 1, 2021, under no circumstances will the amount owed by a patient/family residing in the United States, who is eligible for financial assistance under this Policy, exceed AGB. For the period beginning July 1, 2021, the AGB Percentage is 55%.
- 3.2 Patients/families who seek financial assistance under this Policy must complete a Financial Assistance Application (attached as Appendix B) and provide proof of income, residency, and family size through documentation listed on the Application.
- 3.2.1 CCHMC will provide a patient/family with a free Application upon request or identification of uninsured status. A free copy of the Application, in English or other languages, may be requested by calling a financial advocate at 513-636-4427 option #2, e-mailing FFA@cchmc.org, or writing to CCHMC Patient Financial Services, 3333 Burnet Avenue, MLC 11026, Cincinnati, Ohio 45229-3026 or by fax at 866-300-0568. Applications are also available online at <http://www.cincinnatichildrens.org/patients/resources/financial-assistance/>.
- 3.2.2 Applications will be processed by the Financial Customer Service Department within 30 business days of receipt of all required documents.
- 3.2.3 Family Financial Advocates are available to assist patients and families and are located at 3333 Burnet Avenue, Cincinnati, OH 45229, in the main hospital.
- 3.3 Without charge, CCHMC will make this Policy, the accompanying Application, and a plain-language summary available in paper during the initial intake process for new patients and upon request for established patients, and by posting notice of the availability of financial assistance prominently at outpatient, emergency, and inpatient admissions areas and on CCHMC's website. Copies will be available in multiple languages, in a manner representative of the community that CCHMC serves. CCHMC will also include a conspicuous written notice on billing statements to notify and inform recipients of this Policy with contact information for the Financial Assistance Program and the website address of applicable materials.
- 3.4 After making reasonable efforts to determine eligibility for financial assistance and applying any available financial assistance, and after the passage of sixty days from billing, CCHMC may take the following actions in the event of non-payment of amounts due after all available financial assistance has been applied:
- 3.4.1 CCHMC will send three monthly statements notifying the guarantor of any partial payments received, any remaining balance due, and any other circumstances for non-payment. If a payment plan has not been established or the balance has not been

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resolved, these accounts may be transferred to a collection agency. Neither CCHMC nor collection agents working on its behalf will take extraordinary collection efforts to obtain payment.

4.0 OVERSIGHT

All revisions of this Policy must be approved by the Executive Committee of the CCHMC Board of Trustees. Authority for those amendments and operational authority for the execution of this Policy resides with the Chief Financial Officer.

5.0 REFERENCES

- 5.1 26 U.S.C. §501(r), 42 U.S.C. §1395dd (2016);
- 5.2 26 C.F.R. §1.501(r)-1 – 1.501(r)-7 (2016);
- 5.3 Ohio Revised Code Chapter 5168 (2016).

HISTORY
Original Date
11/12/2004
Revision Date
12/10/2007, 12/10/2010, 4/1/2014, 7/1/2016, 7/1/2017, 5/14/2018, 3/22/2019, 7/1/2021
Review Date

Appendix A:

[Financial Assistance Ineligible Providers](#)

Appendix B:

[Financial Assistance Application](#)