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### **POLICY**

The Children's Hospital of Philadelphia (CHOP) is committed to the advancement of healthcare for all children and to the care of children in the community it serves. As one of the many ways it seeks to fulfill those commitments and its charitable purpose, CHOP offers financial assistance for Medically Necessary Care to patients/families who meet the eligibility requirements in accordance with this policy.

### **PURPOSE**

This Policy defines who may be eligible for financial assistance, the financial assistance (discount) available, the collection actions that may be taken, and the process to be followed to obtain a financial assistance determination. It is designed to establish a fair and consistent method of review.

### **SCOPE**

This is a system-wide Policy and applies to all CHOP facilities, divisions, and practice plans that are listed in Attachment A and their employees. The term "CHOP" as used in this Policy refers to all of them. This Policy applies to Medically Necessary Care including emergency care, inpatient, outpatient, surgical, and home care. Financial assistance under this Policy is available only after all available public medical assistance and insurances (including workers compensation, automobile insurance, and liability claims payments) have been exhausted. CHOP may offer payment plans or other discounts under other CHOP policies.


Certain individuals or companies who provide healthcare services at CHOP do not follow this Policy. A list of these providers can be obtained from CHOP's Family Health Coverage Program and on CHOP's [website](#).

### **RELATED DOCUMENTS**

Administrative Policy Manual	Job Aid	<a href="#">Compliance With 501(r) Regulations</a>
	A-2-04	<a href="#">Prompt Payment</a>
	A-2-05	<a href="#">Discounts and Reductions of Patient/Family Financial Obligations</a>
	A-2-08	<a href="#">Billing and Collections</a>

### **DEFINITIONS**

**Federal Poverty Guidelines (FPG):** Income thresholds issued annually by the U.S. Department of Health and Human Services. CHOP will use the FPG in effect on the date of the application for financial assistance.

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**Household/Household Members:** Include:

1. The patient,
2. Any adults who live with the patient and who have primary responsibility for the care and control of the patient (e.g., parents, stepparents, legal guardians, kinship caregivers), and
3. The patient's siblings (including stepsiblings) who live with the patient.

**Household Income:** All income received by the patient and/or adult Household Members, other than siblings (unless a sibling has primary responsibility for the care and control of the patient), and includes but is not limited to:


1. Wages (as evidenced by pay stubs, W-2 forms, tax returns, and/or letters from employers)
2. Unemployment benefits
3. Temporary Assistance for Needy Families (TANF) benefits
4. Social Security benefits (including SSI/SSD/RSDI)
5. Retirement pensions
6. Alimony payments
7. Child support payments
8. Government stipends related to foster care or adoption
9. Inheritance
10. Trust fund payments

Income from the Supplemental Nutrition Assistance Program (SNAP) will not be considered in determining Household Income.

**Medically Necessary Care:** Healthcare services, including emergency care, which, in the opinion of a CHOP treating physician, is a service, item, procedure or level of care that is:

1. Necessary for the proper treatment or management of the patient's illness, injury or disability; or
2. Reasonably expected to, prevent the onset of an illness, condition, injury or disability, or is routine, generally accepted preventive care; or
3. Reasonably expected to reduce or ameliorate the physical, mental or developmental effects of the patient's illness, condition, injury or disability; or
4. Will assist the patient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the patient and those functional capacities that are appropriate for the patient's age.

**Primary Service Area:** The Pennsylvania counties of Berks, Bucks, Delaware, Chester, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia; the New Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem, and Somerset; and the Delaware county of New Castle.


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## **IMPLEMENTATION**

- I. Discounts.** If a patient is determined eligible for financial assistance under this Policy, 100% of the patient's financial responsibility for medically necessary and emergency care, after all applicable insurances, liability claims payments and other government assistance, is waived. Billing the patient/family for these services will be discontinued.<sup>1</sup> Financial assistance is not available for expenses associated with transportation, or for devices, pharmaceuticals or any other supplies or services that are not provided by CHOP, or for personal expenses such as meals and lodging.
- II. Eligibility Criteria.** Eligibility is determined by the Family Health Coverage Program (FHCP) staff on the basis of patient/family circumstances, including unique considerations that may be brought to their attention. Generally, to be eligible for Financial Assistance under this Policy:
- A.** The patient must reside within the Primary Service Area of CHOP. The residency requirement may be waived, however, when emergency care has been provided in accordance with the federal Emergency Medical Treatment and Active Labor Act (EMTALA) or when specialized care that is available at CHOP is approved to be provided by a CHOP treating physician.
  - B.** The patient and his/her Household must have a total Household Income of not more than 400% of the Federal Poverty Guidelines (FPG) for the Household size.
  - C.** The patient/family must have an initial consultation, either in person or by telephone, with a counselor in CHOP's FHCP.
  - D.** The patient/family must complete and sign a CHOP Financial Assistance Application and provide the Required Documentation (Section IV has the list of required documents).
  - E.** Patients/families determined by CHOP to be potentially eligible for assistance from publicly supported programs must cooperate in applying and qualifying for any assistance from the applicable state's Medical Assistance (Medicaid) Program, Children's Health Insurance Program (CHIP), and/or other available public programs. Unless CHOP determines that the patient/family is not potentially eligible for public assistance, the patient/family will be required to submit verification of an application for Medicaid, CHIP, and/or other available public assistance (e.g., an E-File or E-Form number from an online CHIP application or a receipt received from a county assistance office). Patients/families who refuse to cooperate in a timely manner in pursuing such coverage may be deemed not eligible for financial assistance.

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<sup>1</sup> NOTE: Because CHOP waives all patient responsibilities and does not pursue collection actions against eligible patients/families for emergency or Medically Necessary Care, patients eligible for financial assistance under this Policy will never be individually charged more than the amount generally billed. Therefore, CHOP does not calculate amounts generally billed (AGB).

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- F. The patient must be uninsured or insured by a health plan in which CHOP is a participating provider or has a case agreement. Financial assistance is generally not available for services when CHOP is considered out-of-network by the patient's health plan.

**III. Applying for Financial Assistance.** An application for financial assistance may be made at any time before, during, or after services are provided.


**A. Patients/families who wish to apply for financial assistance, should:**

- i. Contact the Family Health Coverage Program via phone (1-800-974-2125) or email (fhcp@email.chop.edu) for an initial consultation.
  - 1. It is best to do this before submitting an Application and Required Documentation (Section IV) because FHCP staff will assess preliminary information and help with applications to the applicable state's Medical Assistance (Medicaid) Program, Children's Health Insurance Program (CHIP), and with CHOP's Application for financial assistance.
- ii. Submit the completed and signed Application and the Required Documentation (Section IV) to the FHCP:
  - 1. In person at the FHCP's office at the Hospital (see address below),
  - 2. By email to fhcp@email.chop.edu, or
  - 3. By mail to:
    - Family Health Coverage Program
    - The Children's Hospital of Philadelphia
    - 3401 Civic Center Boulevard
    - Philadelphia, PA 19104

- B. Patients/families are required to update all information provided to CHOP as circumstances change (e.g., if health insurance or a new job is obtained, CHOP must be notified).

**IV. Required Information and Documentation.** The following information and documentation may be required:

- A. Completed and signed Financial Assistance Application.
- B. Completed public insurance applications, if applicable.
- C. Driver's license or other valid picture identification with current residence address for all adult Household Members (other than siblings).
- D. Evidence of citizenship or residency status for all Household Members, which may include birth certificates, passports, voter registration cards, visas, I-94 cards, permanent residency cards, employment authorization cards.
- E. If the patient is school age, school registration papers or letter of registration from a school

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administrator.

- F. Authorization for release of information to/from state Medicaid and/or CHIP agencies.
- G. Documentation related to Household Income (as specified in the definition of "Household Income").
- H. Signed Certification of inability to pay.

**Other Documents.** CHOP may request additional information and may waive any of the Required Documents depending on the patient/family circumstances. Additional documents may include documents about other sources of income, residence, utility bills for the past 30 days or landlord letter, lease or mortgage documents and payment stubs for the past 30 days or landlord letter, credit card and insurance bills for the past 30 days, assets and debts. For example, CHOP may request information about the Household's accounts in banks and other financial institutions, investments, retirement plans and other assets that can be liquidated and are not needed for daily living. CHOP considers a Household's primary residence and vehicles needed for regular transportation as needed for daily living.

#### V. Determinations of Eligibility

- A. **Review and Final Authority.** All Applications for financial assistance under this Policy are reviewed by the Family Health Coverage Program and determinations are made by FHCP staff or the Director of Ambulatory Services. In extraordinary circumstances the Director may refer the determination to the Vice President of Revenue Cycle and Reimbursement Strategy.
- B. **Basis for Denial.** CHOP may deny an Application for financial assistance if: (i) any Required Document or information specified in Section IV is not provided or not waived; (ii) the patient has sufficient available insurance, including automobile insurance, payments from liability claims, workers compensation or other sources; or (iii) any false, untrue or misleading statement or information is provided to CHOP in connection with the Application.
- C. **Election to Grant Financial Assistance.** CHOP may elect to grant financial assistance on the basis of other information that may be presented to or requested by CHOP that is not described in this Policy.
- D. **Reliance on Eligibility Determinations.** CHOP will rely upon final determinations for one year from the date of the eligibility determination. If the patient/family wants to request financial assistance after this one-year period ends, they will be asked to complete a new Financial Assistance Application and to submit the Required Documentation. CHOP does not use any other determinations by any other agency or facility to presume or determine eligibility.
- E. **Revocation.** CHOP reserves the right to deny financial assistance, and to revoke any financial assistance determination, based on any false, untrue or misleading statements or information


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provided by the patient/family or any person on their behalf in connection with an Financial Assistance Application, or if the patient/family circumstances change.

## VI. Collection Actions

- A. Upon submission of a Financial Assistance Application, CHOP suspends all billing to the patient/family. Billing may resume for services not covered by this Policy, and after a determination that a patient is not eligible for financial assistance. CHOP will not pursue any collection actions against any individual who is responsible for payment for anyone who is eligible for financial assistance under this Policy, and will not pursue Extraordinary Collection Actions (defined below) against any individual without first making reasonable efforts to determine if the patient is eligible for financial assistance.
- B. Collection actions that may be taken when this Policy is not applicable include sending periodic statements from CHOP or through a contracted business office, and, after the account is 120 days past due, referral of the unpaid account to a collection agency.
- C. Extraordinary Collection Actions are:
  - 1. Selling a person's debt to another party.
  - 2. Reporting adverse information to consumer credit reporting agencies or credit bureaus.
  - 3. Deferring or denying, or requiring payment before providing Medically Necessary Care because of an individual's nonpayment of one or more bills for previously provided care covered under this Policy.
  - 4. Actions that require a legal or judicial process, including but not limited to:
    - (i) Placing a lien on an individual's property.
    - (ii) Attaching or seizing an individual's bank account or any other personal property.
    - (iii) Commencing a civil action against an individual.
    - (iv) Causing an individual's arrest.
    - (v) Causing an individual to be subject to a writ of body attachment.
    - (vi) Garnishing an individual's wages.

- VII. **Seeking Information.** Patients who wish to learn more about financial assistance and other discount programs at CHOP, or who wish to obtain copies of this Policy, the Financial Assistance Application or a plain language Summary of this Policy (Attachment B), should contact CHOP's Family Health Coverage Program (FHCP) by calling 1-800-974-2125, or by email to [fhcp@email.chop.edu](mailto:fhcp@email.chop.edu) , or may go to CHOP's website address at: <http://www.chop.edu/services/financial-assistance> .


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Patients may inquire about financial assistance at any time. Inquiries, recommendations or referrals should be directed to CHOP's Family Health Coverage Program.

- VIII. Emergency Care.** In accordance with the federal Emergency Medical Treatment and Labor Act (EMTALA), neither a medical screening examination nor stabilizing treatment for an emergency medical condition will be delayed or denied to determine a patient's/family's ability to pay or insurance status.
- VIII. Notify and Inform.** CHOP will notify and inform patients of this Policy and take steps to widely publicize it in accordance with applicable regulations. At a minimum, CHOP will:
- A.** Post this Policy, the Application, and the plain language Summary on CHOP's website in a manner that is conspicuous and easily accessible to patients/families;
  - B.** Provide copies of this Policy, the Application, and the plain language Summary to patients/families upon request and without charge. This will include sending copies by mail, if requested, advising patients who inquire how to obtain copies electronically, and having copies available in public locations at CHOP, including in the emergency department and admissions areas;
  - C.** Offer the plain language Summary at patient intake;
  - D.** Inform members of the community served by CHOP about this Policy in a manner reasonably calculated to reach those members of the community served by CHOP who are most likely to require financial assistance;
  - E.** Include on all billing statements a conspicuous written notice of the availability of financial assistance that includes the telephone number to FHCP and web address to obtain additional information.
  - F.** Post conspicuous displays in public areas in all of CHOP's facilities that are reasonably calculated to attract patients' attention and notify and inform them of this Policy. This will include displays in the emergency room and admissions areas.
  - G.** Translate this Policy, the plain language Summary, and the Application into various languages in accordance with applicable regulations.

**RESPONSIBILITY FOR MAINTENANCE OF THIS POLICY**

SENIOR VICE PRESIDENT, OUTPATIENT AND CLINICAL SERVICES

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**ATTACHMENTS**

Attachment A: Providers Who Comply with this Policy

Attachment B: Plain Language Summary of Policy

<b>Supersedes</b>  10/30/2013	<b>Approved by:</b>  <hr/> <b>Douglas Hock – EVP and Chief Operating Officer</b>
<p><b>This Administrative Policy is the property of The Children's Hospital of Philadelphia and is used by employees of the Hospital, the Hospital Medical Staff and those acting on the Hospital's behalf either on the premises of the Hospital in connection with Hospital matters or in their Hospital duties involving the care of Hospital patients.</b></p> <p style="text-align: center;"><b>THE CHILDREN'S HOSPITAL OF PHILADELPHIA © 2016</b></p>	




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**ATTACHMENT A: PROVIDERS WHO COMPLY WITH THIS POLICY**

Providers at CHOP may contract with insurance companies and bill for services provided to patients through one of the entities listed below. All of these entities comply with this Financial Assistance Policy.

- The Children's Hospital of Philadelphia
- The Children's Hospital of Philadelphia Practice Association
- CHOP Clinical Associates, Inc.
- Children's Anesthesiology Associates, Ltd.
- Children's Anesthesiology Associates of NJ, Inc.
- Children's Health Care Associates, Inc.
- Children's Health Care Associates of NJ, Inc.
- Children's Radiology Associates of NJ, P.C.
- Children's Surgical Associates, Ltd.
- Children's Surgical Associates of NJ, Inc.
- Radiology Associates of Children's Hospital, Inc.

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**ATTACHMENT B: PLAIN LANGUAGE SUMMARY OF THIS POLICY (SUMMARY)**

The mission of The Children’s Hospital of Philadelphia (CHOP) is to advance healthcare for children. To help children get the care that they need, CHOP provides financial assistance for medically necessary and emergency care to patients who meet the eligibility requirements. If CHOP determines that a patient is eligible, CHOP will waive 100% of the patient’s financial responsibility (after all applicable insurances and other government assistance).

**Eligibility Requirements**

To be eligible for financial assistance from CHOP, you must meet all of the following requirements:

- Have a total Household Income that does not exceed **400% of the Federal Poverty Guidelines**.
- Be either: **uninsured** or **insured by an insurance company that participates with CHOP**.
- Reside in CHOP’s **Primary Service Area**.
- Cooperate in qualifying for assistance** from your state’s Medical Assistance (Medicaid), Children’s Health Insurance Program (CHIP), and/or other state programs, if potentially eligible for these programs.
- Complete a CHOP **Financial Assistance Application** (Application) and provide required **documentation**.


**How to Apply for Financial Assistance**

**Contact the Family Health Coverage Program.** If you think you may be eligible for assistance, please contact the Family Health Coverage Program via phone (1-800-974-2125) or email ([fhcp@email.chop.edu](mailto:fhcp@email.chop.edu)). Family Health Coverage Program staff will help you determine whether you are potentially eligible for financial assistance under CHOP’s Policy and from state assistance programs, and they will assist you with the application process.

**Submit an Application and Supporting Documents.** Applications and documents may be submitted to the Family Health Coverage Program: (1) in person at their office (Main Hospital Building, on the 8<sup>th</sup> floor in Suite 8NE10, near the Connelly Center), (2) via email to [fhcp@email.chop.edu](mailto:fhcp@email.chop.edu), or (3) via mail to Family Health Coverage Program, The Children’s Hospital of Philadelphia, 3401 Civic Center Boulevard, Philadelphia, PA 19104.

**Copies and Translations**

The Financial Assistance Policy, this Summary, and the Application, including translations in Simplified Chinese, Spanish, and Vietnamese, are available on CHOP’s website at <http://www.chop.edu/services/financial-assistance>. You can also pick up copies at any CHOP registration

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desk. If you would like to receive free copies by mail, please call (1-800-974-2125) or email ([fhcp@email.chop.edu](mailto:fhcp@email.chop.edu)).

**Note:** Because eligible patients will not be charged by CHOP for medically necessary or emergency care, they will not be charged more than the amount generally billed by CHOP.