 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS ALL CHILDREN'S HOSPITAL</p>	Johns Hopkins All Children's Hospital, Inc.	<i>Policy Number</i>	R&F003
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This document applies to the following Participating Organizations:

All Children's Health System, Inc. Johns Hopkins All Children's Hospital, Kids Home Care, Inc. Pediatric Physician Services, Inc.
 Inc.
 SurgiKid of Florida, Inc. West Coast Neonatology, Inc.

Keywords: Charity Care, Uncompensated Care

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I. SCOPE


This policy further applies to all locations operating under the license of the Hospital to include all hospital facilities, regional outpatient centers, health centers, ambulatory surgery centers, and mobile care centers.

II. PURPOSE

The purpose of the Financial Assistance Policy ("FAP") is to describe the eligibility criteria for financial assistance – from partial to fully discounted care, describe the method by which patients may apply for financial assistance, describe the basis for calculating amounts charged to patients eligible for financial assistance, and describe the publication of the policy within the community served in order to comply with Section 501(r) of the Internal Revenue Code.

III. POLICY STATEMENT


- A. Johns Hopkins All Children's is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Therefore, it is the policy of Johns Hopkins All Children's to offer financial assistance to patients who are unable to pay their hospital and/or clinic bills due to difficult financial situations, including indigence and excessive Medical Debt. A Johns Hopkins All Children's Financial Counselor, designated business office representative, or committee with authority to offer financial assistance will review each individual case and make a determination of financial assistance that may be offered.

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- B. Accordingly, this written policy:
1. Includes eligibility criteria for financial assistance – from partial to fully discounted care;
 2. Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy;
 3. Describes the method by which patients may apply for financial assistance;
 4. Describes how the hospital will widely publicize the policy within the community served by the hospital; and
 5. Describes the limited amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for commercially insured patients
- C. Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Johns Hopkins All Children's procedures for obtaining financial assistance or other forms of payment or external financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.



IV. DEFINITIONS

Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, and natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. The patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property may be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non-qualified deferred compensation plans.
Medical Debt	Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by Johns Hopkins All Children's. Medical Debt does not include those hospital bills for which the patient chose to be registered as Elective Self-Pay (opting out of insurance coverage or insurance billing).
Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.


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V. PROCEDURE

- A. Services Eligible Under This Policy:
1. For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by JHAC without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity/financial assistance:
 - a. Emergency medical services provided in an emergency room setting;
 - b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
 - c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
 - d. Medically necessary services, evaluated on a case-by-case basis at JHAC's discretion.
 2. The following healthcare services are ineligible for charity/financial assistance:
 - a. Non-essential services such as cosmetic surgery and convenience items;
 - b. Private room accommodations that are not medically necessary;
 - c. Services provided to patients registered as Elective Self Pay patients; and
 - d. Certain elective services, designated by each clinical department, for which no financial assistance/charity will be given.
 3. The admitting physician and/or the physician advisor appointed by JHAC will be consulted when questions arise as to whether a service is "elective" or "necessary."
- B. Eligibility for Financial Assistance/Charity:
1. Eligibility for financial assistance/charity will be considered for those individuals who:
 - a. Are uninsured, underinsured, ineligible for any government health care benefit program, have excessive Medical Debt and who are unable to pay for their care, based upon determination of financial need in accordance with this Policy;
 - b. Are a citizen of or permanent legal resident, residing for a minimum of one (1) year, in the United States of America;
 - c. Are a resident of the state of Florida for the past six (6) months;
 - d. Have cooperated fully with the Medical Assistance team or its designated agent in the application for Medical Assistance;
 - e. Are ineligible for other resources (i.e. endowment funds, external foundation support, etc.); and
 - f. Have exhausted all insurance benefits.
 2. The granting of financial assistance/charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social status, sexual orientation or religious affiliation. All determinations of eligibility for financial assistance shall be solely at JHAC's discretion.
 3. JHAC shall determine whether or not patients are eligible to receive financial assistance/charity for deductibles, co-insurance, or co-payment responsibilities.
 4. Deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient are not eligible for financial assistance/charity. If the patient has an estate, JHAC, upon notification, will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.
- C. Methods by Which Patients May Apply for Financial Assistance/Charity Care:
1. Referral of patients for financial assistance/charity may be made by any member of the JHAC staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors,


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- and third party collection agencies. A request for financial assistance/charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- a. Designated staff will meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
 - b. Each Clinical or Business Unit will designate a person(s) responsible for collecting Financial Assistance applications and forwarding the applications to JHAC Patient Accounts for review. These staff can be Financial Counselors, Patient Access Staff, Admissions Staff, Office Assistants and Customer Service Representatives.
 - c. If a patient account has been assigned to a collection agency and a judgment has not been granted, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify Patient Accounts and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to Patient Accounts for review and determination and shall place the account on hold for 45 days pending further instruction from Patient Accounts.
 - d. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and documentation to the Director of Patient Accounts.
 - e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Financial Assistance Evaluation Committee. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.
2. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - c. Include reasonable efforts by JHAC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - d. Take into account the patient's available assets, and all other financial resources available to the patient; and
 - e. Include a review of the patient's outstanding accounts receivable for prior services rendered, the patient's payment history, accounts placed in bad debt except those accounts on which a lawsuit has been filed and a judgment obtained, and any projected medical expenses.
 3. It is preferred, but not required, that a request for financial assistance/charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than six (6) months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
 4. JHAC's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance/charity. Requests for financial assistance/charity shall be processed promptly and JHAC shall notify the patient or applicant in writing within 60 days of receipt of a completed application. If additional documentation and information is necessary to make a determination on an application, Patient Accounts will contact the patient/applicant.


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D. Eligibility Criteria and Amounts Charged to Patients:

1. Services eligible under this Policy 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 JHAC to be eligible for financial assistance, that patient shall not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that care as required by federal law.
 - a. Patients whose family income is at 200% or below of the FPL and they do not own Liquid Assets in excess of \$10,000, which would be available to satisfy their ACH bills, are eligible to receive care discounted at 100% of gross charges
 - b. Patients whose family income is between 201% and 300% of the FPL and they do not own Liquid Assets in excess of \$10,000, which would be available to satisfy their ACH bills, are eligible to receive care discounted at 85% of gross charges.
 - c. Patients whose family income is between 301% and 400% of the FPL and they do not own Liquid Assets in excess of \$10,000, which would be available to satisfy their ACH bills, are eligible to receive care discounted at 70% of gross charges.
2. Amounts Generally Billed:
 - a. At JHAC, the AGB is determined using the "look-back method."
 - b. The AGB calculation is as follows:
 - i. The AGB is calculated by reviewing all past claims paid in full to JHAC for emergency and medically necessary care by Medicare fee-for-service and all private health insurers, including co-insurance, copayments, and deductibles, during a specified twelve month period.
 - ii. The AGB for emergency and medically necessary care provided to a financial assistance eligible individual is determined by multiplying gross charges for that care by one or more AGB percentages.
 - iii. AGB percentages are calculated annually for each JHAC entity by dividing the sum of certain claims paid by Medicare fee-for-service and private insurers by the associated gross charges for those claims.
 - c. AGB percentages are applied by the 45th day after the end of the 12-month calendar year period the hospital facility used in calculating the AGB percentages. Current applicable calculation can be found in Appendix C.
3. Presumptive Financial Assistance Eligibility:
 - a. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, ACH reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Appendix A-1 provides a list of life circumstances that may qualify a patient for Presumptive Eligibility.
4. A department operating programs under a grant or other outside governing authority may continue to use a government-sponsored application process and associated income scale.

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5. Financial assistance/charity shall be applied to all outstanding balances for eligible services owed to JHAC, including balances owed to JACH employed physicians operating under this policy.
6. Medical Financial Hardship Assistance:
 - a. Medical Financial Hardship is defined as Medical Debt for medically necessary treatment incurred by a family over a twelve (12) month period that exceeds 50% of that family's income.
 - b. Medical Financial Hardship Assistance is available for patients whom:
 - i. Medical Debt incurred over a twelve (12) month period exceeds 50% of the Family Income creating Medical Financial Hardship; and
 - ii. Meet income standards for this level of assistance.
 - c. Eligibility criteria, submission criteria, evaluation method and process, and discounted rates are contained in Appendix B
 - d. If patient is approved for a discount based upon financial hardship it is recommended that the patient make a good-faith payment at the beginning of the financial assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, ACH shall make a payment plan available to the family/patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager, a payment schedule may be extended.
- E. Patient/Family Responsibilities:
 1. The patient/family is required to:
 - a. Apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. In cases where the patient has active Medical Assistance pharmacy coverage, Medically Needy or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient/family may be awarded full Medical Assistance benefits.
 - b. Provide the following documentation:
 - i. A completed Financial Assistance Application (Attachment D) and Patient Profile Questionnaire (Attachment E).
 - ii. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations)
 - iii. A copy of paystubs for the last six (6) weeks (if employed), award letters for unemployment, workers compensation, public assistance, alimony, retirement, notarized letter of income, and/or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - iv. A Medical Assistance Notice of Determination, if applicable.
 - v. Proof of U.S. citizenship or lawful permanent residence status.
 - vi. Proof of Florida Residency.
 - vii. Proof of disability income, if applicable.
 - viii. Reasonable proof of other declared expenses.
 - ix. Reasonable proof of unemployment such as statement from the Office of Unemployment Insurance or a statement from current source of financial support, if applicable
 2. Individuals cannot be denied financial assistance/charity based on failing to provide information and documentation not required and identified in this policy.
 3. Financial Assistance Denial Recourse:

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- a. If the financial assistance application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward any application where reconsideration was requested to the Financial Assistance Evaluation Committee for final evaluation and decision.
 - b. The Financial Assistance Evaluation Committee will have decision-making authority to approve or reject applications previously denied. It is expected that any application under reconsideration is approved or denied within 60 days from date request was received. The following members shall make up the Financial Assistance Evaluation Committee: Director of Patient Access/Admissions, Director of Patient Accounts, and Director of Professional Billing. The Committee may consult with the Senior Director of Revenue Cycle and/or the CFO/ Vice President of Finance for final determination of eligibility.
- F. Communication of the Financial Assistance Plan to Patients Within the Community:
1. Notification about charity available from JHAC, which shall include a contact number, shall be disseminated by JHAC by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at 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 JHAC may elect. A summary of JHAC's Financial Assistance Policy will be provided to inpatients before discharge and will be available to all patients upon request. JHAC also shall publish and widely publicize a summary of this financial assistance/charity care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital as JHAC may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by JHAC.
 2. Notification of all JHAC providers of emergency and medically necessary care, which shall include a determination about whether or not the financial assistance policy applies to the eligible provided services, shall be disseminated by JHAC by various means, which shall include, but are not limited to, its publication on facility websites and included within this policy (Appendix D).
- G. Relationship to Collection Policies:
1. JHAC management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from JHAC, and a patient's good faith effort to comply with his or her payment agreements with JHAC. For patients who qualify for charity and who are cooperating in good faith to resolve their hospital bills, JHAC may offer extended payment plans which may be managed and monitored by outside collection agencies. JHAC will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient.

VI. RESPONSIBILITIES

- A. Admission Representatives, Office Assistants, Patient Access Staff, Financial Counselors, Customer Services and Patient Account Representatives must understand current criteria for how to apply for Financial Assistance
 1. Identify prospective candidates; initiate application process when required. As necessary, assist patient in completing application or program specific form.
 2. On the day preliminary application is received, fax to Patient Accounts Department's fax line (78521) for determination of probable eligibility.
 3. Review preliminary application, Patient Profile Questionnaire and Medical Financial Hardship Application (if submitted) to make probable eligibility determination. Within 30 business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments in Meditech B/AR.

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4. If Financial Assistance Application is not required, due to patient meeting specific criteria notate patient account comments in Meditech B/AR and forward application to Management Personnel for review.
 5. Review and ensure completion of final application.
 6. Deliver completed final application to appropriate management.
 7. Document all transactions in all applicable patient accounts comments in Meditech B/AR.
 8. Identify retroactive candidates; initiate final application process.
- B. Patient Accounts Management Personnel (Team Leader, Business Office Manager, PA Director) to Review completed final Financial Assistance Application.
1. Monitor Patient Account for which no application is required to be completed. Determine Patient eligibility; communicate final written determination to patient within 60 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.
 2. Advise ineligible patients of other alternatives available to them including; installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application (Refer to Appendix B - Medical Financial Hardship Assistance Guidelines).
 3. Notices will not be sent to Presumptive Eligibility recipients or recipients of Financial Assistance through the Department of Children and Family services or other Federal, State or County agencies.
- C. Financial Leadership (Senior Director of Revenue Cycle, CFO) to review and approve Financial Assistance Applications and Accounts which no application is required, in accordance with ACH signature authority levels.

VII. SUPPORTIVE INFORMATION

Related Documents:

- Request for Hospital Service Charges
- Reimbursement for Patient Care

Ownership:

- Finance

Subject Matter Expert's Title/Position (if applicable):

- Director, Patient Accounts

VIII. APPROVAL

Electronic signatures are available upon request.

Johns Hopkins All Children's Hospital, Inc. (JHACH) is formerly known as All Children's Hospital, Inc. (ACH) and may be used interchangeably in this document.