



Policy Number:	AO 1-15	Original Date Issued:	01/01/2002
Section:	Operations	Date Reviewed:	05/23/2022
Title:	Financial Assistance Policy	Date Revised:	05/23/2022
Regulatory Agency:	U.S. Department of Treasury		

**I. POLICY**

Children's Healthcare of Atlanta, Inc. ("Children's") understands that patients and Guarantors may not be able to pay for health care expenses due to unforeseen circumstances, a lack of health insurance coverage or self-pay balances beyond their financial means. Children's offers Financial Assistance discount options for patients and Guarantors ("Financial Assistance") and this policy outlines the process for requesting Financial Assistance and the criteria used to determine eligibility.

Children's seeks to provide medically necessary pediatric health care services regardless of a patient and Guarantor's ability to pay when those medically necessary medical services are most appropriately provided by Children's.

Children's acknowledges that its resources are finite and, as such, Children's seeks to prioritize the use of its resources for Georgia Residents. Patients seeking treatment at Children's who are U.S. citizens or lawful residents residing outside of Georgia and patients who are not U.S. citizens or lawful residents may also be eligible for a Financial Assistance discount based on clinical need and an administrative review of the patient's circumstances.

Children's Financial Counselors will work with families to identify potential funding sources from the state and federal governments, private foundations, and other health-related and social service organizations as available. In addition to those funding sources Children's offers Financial Assistance discounts.

**II. DEFINITIONS**

**Amount Due** - A person who is eligible for Financial Assistance under this policy will not be charged more for Emergency Services or other Medically Necessary Care than the Amount Generally Billed (AGB). Children's AGB is calculated using the "look-back method" as defined by Internal Revenue Service Code 501(r)(5), using the previous year's closed patient accounts. The basis for calculating amounts charged to patients covered by the Financial Assistance Policy is included in Attachment A.



**Charity Care** – Children's services:

- Not paid by either Medicare or Medicaid
- Provided to patients whose family qualifies for a Children's Financial Assistance discount, as outlined in Attachment B
- Provided to patients whose family qualifies for a Catastrophic Care Discount consistent with Revenue Cycle Policy 500.07.
- Provided to patients who qualify for Emory or other hospitals' financial assistance programs when services are performed by Children's providers at those other hospital locations.
- Provided to patients who are deemed to have presumptive eligibility for a Financial Assistance discount.
- Provided to scheduled patient services that have been deemed medically necessary by the referring or receiving physician and Children's center or service line leader and the patient has qualified for a Financial Assistance discount.

**Covered Providers** – The following entities provide Financial Assistance discounts under this policy:

- Children's at Egleston
- Children's at Scottish Rite
- Children's at Meridian Mark
- Children's Physician Group
- Children's Urgent Care Centers
- Marcus Autism Center

The following entities do not provide Financial Assistance discounts under this policy:

- Children's at Hughes Spalding
- Sibley Heart Center Cardiology

Hughes Spalding hospital is owned by Grady Health System and managed by HSOC Inc., a subsidiary of Children's. Care provided at Hughes Spalding hospital is covered by the Grady Health System Financial Assistance/Charity Policy, available on the Grady Memorial Hospital website.

Sibley Heart Center Cardiology financial assistance is covered by a separate policy available here: [Sibley Financial Assistance Policy](#).

Listings of specific providers who are covered and are not covered by this policy can be found at <https://www.choa.org/patients/bills-and-insurance>. The listings are also available in writing through any of the methods listed in Attachment C.



**Emergency Services** – Children's provides Emergency Services to all patients without discrimination and without regard to whether a patient may be eligible for assistance under this Financial Assistance Policy. Children's prohibits any actions that would discourage individuals from seeking emergency medical care. Children's complies with the Emergency Medical Treatment and Labor Act (EMTALA) per policy AO 10.09 which includes IV. A. iv., "The Hospital will not base the provision of emergency services and care upon an individual's ... economic status or ability to pay for medical services." Patients requiring emergency services may apply for Financial Assistance after receiving treatment to determine if they qualify for a Financial Assistance discount.

**Guarantor** - The person with financial responsibility for payment of a Children's account. It may be the patient, a parent or guardian or whomever has been identified as the Guarantor for a specific Children's account.

**Household Income** – Includes the following for all members of the patient's household, consistent with the U.S. Census Bureau's American Community Survey criteria:

- Wages, salary, commissions, bonuses, and tips;
- Self-employment income;
- Interest, dividends, net rental income, royalty income, or income from estates and trusts
- Social Security;
- Supplemental Security Income (SSI);
- Any public assistance or welfare payments;
- Retirement income, trust fund payouts, pensions, survivor or disability income; and
- Child support, alimony, unemployment compensation or Veteran's payments.

**Medically Necessary Care** – Service or supplies that are proper and needed for the diagnosis or treatment of a patient's medical or behavioral health condition, meet the standards of good medical practice in the area and aren't mainly for the convenience of the patient or his/her doctor. Patients who have received Medically Necessary Care may apply for Financial Assistance to qualify for a Financial Assistance discount.

**Presumptive Eligibility** - In cases where a patient can be reasonably presumed to qualify for Financial Assistance, and the standard application processes are not likely to be completed, Children's Vice President of Revenue Cycle, Director of Patient Accounting or a designee may administratively designate a patient as qualifying for a Financial Assistance discount.



**Services Exempted from Financial Assistance** - Services identified by Children's as follows:

- Services provided by physicians and other providers that are not billed by Children's;
- Procedures performed only to alter appearance and not covered by a patient's health insurance plan;
- Medications identified pursuant to Policy 30-04, "Process to Evaluate Providing New Costly Medications" and for which Children's is not recognized as a participating provider by the patient's health insurance plan;
- Genetic testing that will not change the plan of care for an existing patient;
- Transport services provided by any entity other than Children's;
- Services denied due to non-compliance by the member (e.g., coordination of benefit requests or unpaid premiums); or
- Marcus Autism Center services eligible for Georgia DBH grant funding.

### **III. PROCEDURE**

#### **Eligibility for Financial Assistance**

The Guarantor's financial status must meet needs testing, which is determined by the family's income as a percentage of current Federal Poverty Levels ("FPL") published by the U.S. Census Bureau. Financial Assistance Discount Rates and the corresponding percentage of current Federal Poverty Levels are included in Attachment B.

Service provided to the patient must be for Medically Necessary Care and the Guarantor must have a balance of at least \$500 due after all third-party payments expected have been received.

If the balance on the Guarantor's accounts is more than 5% of household income reported on the Financial Assistance Application, the Guarantor will be considered for a Catastrophic Care Discount. See Revenue Cycle Policy 500.07.

Patients and Guarantors meeting screening criteria must have completed the application process for any appropriate Federal, State, or private foundation programs, including any of the following:

- Medicaid (including Emergency Medicaid, Medically Needy and Katie Beckett);
- PeachCare for Kids;
- Group Health Insurance Plans;
- COBRA;
- Georgia Medicaid Health Insurance Premium Program (HIPP/CHIPRA); or



- Individual Health Insurance Plans, including those available on the HealthCare.gov Health Insurance Marketplace.

A Guarantor must complete the Children's Financial Assistance Application in full and provide all appropriate supporting documentation requested. Methods to complete a Financial Assistance application for a Guarantor to apply for a Financial Assistance discount are listed in Attachment C.

Children's may determine that a patient or Guarantor is eligible for a Financial Assistance discount based on family enrollment in public assistance programs, information collected related to the visit or admission, collections experience as well as information collected on the Financial Assistance Application.

### **Financial Assistance for Urgent or Emergency Services**

Any patient who receives urgent or emergent services may apply for Children's Financial Assistance. If a guarantor is approved for a Financial Assistance Discount for emergent or urgent services, subsequent related emergency, urgent, diagnostic and physician visits provided within 90 days of the initial visit will be eligible for the Financial Assistance Discount. For example, a procedure required to reset a patient's fracture first treated in the emergency room would be considered as an urgent or emergency services for the purposes of Financial Assistance. Financial Assistance for these services will be determined by a review of a family's Financial Assistance Application. Operational VPs will be consulted if there are questions as to whether a service is directly related to an urgent or emergent visit.

Patients with confirmed out-of-state Medicaid coverage are eligible for a discount once it has been confirmed that the services will not be considered by the out-of-state Medicaid or Managed Medicaid plan.

If a Guarantor does not qualify for Children's Financial Assistance, they may still be considered for a Catastrophic Care discount (see Revenue Cycle Policy 500.07) or a prompt pay discount (see Revenue Cycle Policy 500.08) for outstanding balances. Uninsured patients can be considered for presumptive charity based on account information, collections experience or criteria other than a completed Financial Assistance Application.

### **Financial Assistance for Scheduled Services**

Prior to scheduling any non-emergency hospital services, Children's Operations leaders will work with the physicians involved to determine if the care proposed is clinically appropriate to be provided by Children's. This can be done by the completion of a Charity Care Application. Leaders will carefully review each case to evaluate:

- Alignment with Children's service offerings;



- Availability of services elsewhere;
- Initial and ongoing care requirements for the patient's condition
- Potential for funding by another agency or organization;
- Estimated cost of care; and
- Children's ability to fund the care.

Approvals for scheduled services will be communicated by the appropriate operational leader to a Financial Resource Coordinator.

If a Guarantor or provider seeks to schedule hospital services for an uninsured or out-of-network patient, they will be referred for an estimate of the planned services and then screened for Financial Assistance. Out-of-state Medicaid enrollees are treated as out-of-network for scheduled services.

Given the wide variety of patients seen by Children's Physician Group professional providers, services for self-pay patients are scheduled at the discretion of the practice. Patients seen may apply for Financial Assistance discounts retrospectively.

In addition to Financial Assistance screening, scheduled services for uninsured or out-of-network patients must have a completed Charity Care Application form that has been reviewed and approved by the appropriate clinical/operational leader.

The following must be completed on the Charity Care Application form:

- Patient information, including current condition and expected services
- An explanation as to why Children's is the best provider of the expected services
- Confirmation that care cannot be performed by a provider in-network with the patient's insurance plan
- The expected treatment plan, including potential duration of both initial and follow up care
- The end date for services to be covered by the Charity Care Application

The patient must have both a Financial Assistance and Charity Care Application approved to be scheduled for hospital services. If time does not allow for the collection and verification of support needed for completion of the Financial Assistance Application, the appropriate clinical/operational leader will determine if care will be provided.

If care is deemed emergent or life-threatening by the referring physician, Children's attending physician or other clinical staff, the services should be scheduled, and the Charity Care Application and Financial Assistance application may be completed after service is rendered.



**ATTACHMENT A**

**AMOUNT DUE FROM GUARANTORS ELIGIBLE FOR FINANCIAL ASSISTANCE**

A person who is eligible for Financial Assistance under this policy will not be charged more for emergency or other Medically Necessary Care than the Amount Generally Billed (AGB). Children's AGB is calculated using the "look-back method" as defined by Internal Revenue Service Code 501(r)(5), using the previous year's closed patient accounts.

Children's AGB includes any fully paid hospital claims where the primary payer is Medicare fee-for-service and all private health insurers. Children's AGB is the ratio of total insurance allowable amounts for payments posted during the year to the total billed charges for those accounts.

The AGB will be based on insurance payments posted each calendar year. The percentage will be calculated by February 28 each year and, if applicable, be used to calculate Guarantor amounts due for services beginning March 1 and continuing through February 28 of the following year.

For Guarantors with insurance coverage, Financial Assistance discounts will be applied to the balance remaining after their insurance has been billed and adjudicated.

The current AGB percentages and calculations for Children's services may be obtained in writing free of charge via:

Telephone (404) 785-5060

Fax (404) 785-9236

E-mail [financialcounselingdept@choa.org](mailto:financialcounselingdept@choa.org)



**ATTACHMENT B**

**FINANCIAL ASSISTANCE DISCOUNT RATES**

<b>Household Income as a Percentage of FPL</b>	<b>Financial Assistance Discount</b>
0 to 400%	100%
401% to 500%	75%
501% to 600%	50%

**Household Income as a percentage of current FPL, based on U.S. Census Bureau 2022 guidelines:**

<b>Family Size</b>	<b>100%</b>	<b>400%</b>	<b>500%</b>	<b>600%</b>
1	\$ 13,590	\$ 54,360	\$ 67,950	\$ 81,540
2	\$ 18,310	\$ 73,240	\$ 91,550	\$ 109,860
3	\$ 23,030	\$ 92,120	\$ 115,150	\$ 138,180
4	\$ 27,750	\$ 111,000	\$ 138,750	\$ 166,500
5	\$ 32,470	\$ 129,880	\$ 162,350	\$ 194,820
6	\$ 37,190	\$ 148,760	\$ 185,950	\$ 223,140
7	\$ 41,910	\$ 167,640	\$ 209,550	\$ 251,460
8	\$ 46,630	\$ 186,520	\$ 233,150	\$ 279,780
9	\$ 51,350	\$ 205,400	\$ 256,750	\$ 308,100
10	\$ 56,070	\$ 224,280	\$ 280,350	\$ 336,420





## **ATTACHMENT C**

### **METHODS FOR APPLYING FOR CHILDREN'S FINANCIAL ASSISTANCE PROGRAM**

#### **Online**

The Children's Financial Assistance Application can be downloaded from Children's website at:

<https://www.choa.org/patients/bills-and-insurance>

#### **Telephone, Fax or E-mail**

The Children's Financial Assistance Application can be requested as follows

- Telephone (404) 785-5060
- Fax (404) 785-9236
- E-mail [financialcounselingdept@choa.org](mailto:financialcounselingdept@choa.org)

#### **In Person**

- A Financial Assistance Application may be obtained at no cost from the Financial Counseling Department at 1575 Northeast Expressway, Atlanta, GA. 30329.
- A Financial Assistance Application may also be obtained at no cost at any Children's Healthcare of Atlanta location.

The completed Financial Application form should be submitted along with required supporting documentation. Supporting documentation should include:

- most recent income tax filing, including all supporting IRS schedules
- copies of W-2 forms supporting tax filing
- two most recent pay stubs, or if employer does not provide pay stubs, a letter from employer confirming employment status, start date with company and wage rate paid
- where a family indicates they have little or no income, the Guarantor should provide an explanation of how the family is covering normal household expenditures such as food, utilities and living expenses

The completed application and supporting documentation can be e-mailed to: [financialassistanceapplications@choa.org](mailto:financialassistanceapplications@choa.org). Completed application may also be mailed to:

Financial Resource Coordinator  
Children's Healthcare of Atlanta  
1575 Northeast Expressway  
Atlanta, GA 30329



## **ATTACHMENT D**

### **ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON-PAYMENT**

#### **Collection and billing practices in the event of partial approval or non-approval of Financial Assistance**

The patient's Guarantor will be billed as "self-pay" if the balance of an account is patient responsibility and:

- The balance is greater than or equal to \$10.00.
- The patient's account is not being held for any reason, including a pending Financial Assistance Application, and

Open self-pay account balances qualify for Children's account statements and collection letters until the account is paid in full. If an account remains outstanding once in-house collection activities have been exhausted, the account may be placed with an outside collection vendor for additional collection actions. Children's takes appropriate steps to confirm that patients and/or guardians are aware of the efforts that are taken before sending accounts to any outside collection vendor.

A summary of Children's Billing and Collection process is as follows:

#### **1. Children's In-House Collection Activities**

Guarantor receives monthly statements and then collection letters.

If an account balance is not paid in full and no payment arrangement has been made, a patient account will receive at least four account statements and two collection letters.

If the account balance is not paid in full and no payment arrangements have been made after the statements and collection letters have been sent, a final collection letter/statement is issued to the Guarantor and the account is eligible for referral to an outside collection agency.

#### **2. Outside Collection Agency**

Accounts are placed with the agency for six (6) to twelve (12) months, during which time the agency will make additional efforts to collect on balances outstanding. If the balance remains outstanding after that time, the balance may be returned to Children's and deemed uncollectible.



### 3. Other Collection Actions

Children's is governed by the Fair Debt Collection Practices Act. Children's does not engage in any Extraordinary Collection Actions (ECAs) as defined by IRS 501(r)(6). At no time does Children's or its collection agencies:

- Report adverse information about an individual to consumer credit reporting agencies or credit bureaus;
- Deploy legal or judicial processes to collect self-pay debt;
- Defer, deny, or require a payment before providing Medically Necessary Care because of an individual's non-payment of one or more bills or if previously provided care was discounted due to Children's Financial Assistance Policy; or
- Sell an individual's debt to another party.



## **ATTACHMENT E**

### **MEASURES TO PUBLICIZE CHILDREN'S FINANCIAL ASSISTANCE PROGRAM**

- Information about Children's Financial Assistance Program is provided to patients and/or Guarantors:
  - Upon a patient's registration or admission to the hospital.
  - During Children's Financial Counselors visit to a patient's room.
- The availability of Financial Assistance is posted in the patient registration areas throughout the hospital.
- Reminders regarding the availability of our Financial Assistance program are sent to all credentialed physicians and APPs at least annually via our electronic MedBytes newsletter.
- Reminders regarding the availability of our Financial Assistance program provided at least annually to both hospital and Children's Physician Practice leadership meetings.
- Links to the Financial Assistance Policy, the Plain Language Summary, the Financial Assistance Application and a listing of Entities and Physician Practices covered by the Financial Assistance Policy are located on Children's external website, [www.choa.org](http://www.choa.org).
- Billing statements and collection letters sent to patient Guarantors include notes that Financial Assistance is available for qualifying families.
- The hold message used for calls to Children's Patient Accounting Customer Service Department states that Financial Assistance is available for qualifying families.
- The availability of free or discounted care is posted in notices published in the Atlanta Journal-Constitution and Mundo Hispanico each year.



## **ATTACHMENT F**

### **CONSIDERATIONS FOR PATIENTS WITH NON-STANDARD HEALTH COVERAGE**

There are instances where Children's does not participate with an entity providing health coverage for a patient, including the following:

- Major medical coverage with a commercial or managed care plan not contracted with Children's
- Health share plans/ministries
- Short-term health insurance
- Limited-liability health insurance

In these instances, Children's does not file a claim for charges incurred and guarantors may be eligible for Financial Assistance and Catastrophic discounts on the balance outstanding. If Children's provides a standard claim form or other documentation to support a potential claim on behalf of the patient, a Financial Assistance and Catastrophic discount will not be granted until the guarantor has provided Children's with documentation of payment amount or denial by the entity providing health coverage.

Financial Assistance or Catastrophic discounts will be applied to the balance outstanding following application of amounts paid by any out-of-network and non-standard health coverages.



**ATTACHMENT G**

**FINANCIAL ASSISTANCE APPLICATION**



## Revenue Cycle Policies and Procedures

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<b>Policy Number:</b>	500.07	<b>Original Date Issued:</b>	05/23/2022
<b>Section:</b>	Discounts and Rebates	<b>Date Reviewed:</b>	05/23/2022
<b>Title:</b>	Catastrophic Care Discount	<b>Date Revised:</b>	05/23/2022
<b>Regulatory Agency:</b>	U.S. Department of Treasury		

### I. POLICY:

Children's Healthcare of Atlanta, Inc. ("Children's") understands that patients and Guarantors may not be able to pay for healthcare expenses due to unforeseen circumstances. In addition to Financial Assistance Discounts, Children's offers a Catastrophic Care Discount based on the self-pay amount due from a Guarantor, and the family's income and monetary assets. A guarantor may receive both a Financial Assistance and Catastrophic Care discount.

### II. DEFINITIONS

**Catastrophic Care Maximum Amount Due** – Children's limits the amount that a Guarantor can be asked to pay for self-pay balances due for any calendar year:

- 5% of the sum of:
  - Annual Household Income from all sources; and
  - Current monetary assets

The maximum amount due relates to self-pay balances incurred for a single calendar year. A guarantor may be asked to reconfirm income and monetary assets during the year. If a guarantor's financial situation changes during that time (e.g., loss of job within the household) the guarantor may provide support for the change and the maximum amount due may be reassessed.

**Household Income** – Includes the following for all members of the patient's household:

- Wages, salary, commissions, bonuses, and tips
- Self-employment income
- Interest, dividends, net rental income, royalty income, or income from estates and trusts
- Social Security
- Supplemental Security Income (SSI)
- Any public assistance or welfare payments
- Retirement income, trust fund payouts, pensions, survivor or disability income

- Child support, alimony, unemployment compensation or Veteran's payments

**Guarantor** - The person with financial responsibility for payment of a Children's account. It may be the patient, a parent or guardian or whomever has been identified as the Guarantor for a specific Children's account.

**Monetary Assets** – Cash and assets that are readily convertible to cash, including bank accounts, marketable securities, mutual funds, and exchange-traded funds. Does not include illiquid assets such as real property. Monetary assets do not include deferred compensation or retirement accounts where a penalty would be incurred for an early withdrawal.

### **III. PROCEDURE:**

1. If the balance remaining on a guarantor's accounts after a Financial Assistance Discount is more than 5% of household income reported on the Financial Assistance Application, the guarantor will be considered for an additional Catastrophic Care Discount.
2. Request that the guarantor complete Catastrophic Care Discount Application, see Attachment A, including supporting documentation for any monetary assets from Guarantor. Guarantors who do not complete the application in full or do not provide complete supporting documentation are not eligible for a Catastrophic Care Discount.
3. Complete the Catastrophic Care Discount Worksheet with information from the Catastrophic Care Discount Application.
4. Calculate the maximum due from the Guarantor for the amounts outstanding and apply to the Guarantor's outstanding account(s) as appropriate.





# Revenue Cycle Policies and Procedures

## Attachment A Catastrophic Care Discount Application

### Guarantor Information

Guarantor Name \_\_\_\_\_  
 Guarantor Number \_\_\_\_\_  
 Guarantor Balance Due \_\_\_\_\_

### Patient Information

Patient Name \_\_\_\_\_  
 Medical Record Number \_\_\_\_\_

### Income and Assets

**A. Annual Household Income** \_\_\_\_\_

**B. Monetary Asset Balances - Please provide most recent two statements for each**

	Total	Do Not Have
Cash	_____	<input type="checkbox"/>
Checking and Savings	_____	<input type="checkbox"/>
Brokerage and Non-Retirement Investment Accounts	_____	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>

*Do not include retirement plan balances, deferred compensation or real property as monetary assets*

### Other Coverages Available for Payment

Is the family covered by any of the following plans that are a source of payment for services?

	Plan Name	Do Not Have
Health share plans/ministries	_____	<input type="checkbox"/>
Short-term health insurance	_____	<input type="checkbox"/>
Limited-liability health insurance	_____	<input type="checkbox"/>

*Please provide a copy of the plan card or enrollment information from the plan web site*

**I confirm that the information in this application is correct and complete and give Children's Healthcare of Atlanta my permission to verify information for accuracy. I understand that if Children's Healthcare of Atlanta finds any of this information to be materially false, I will not be eligible for financial assistance or catastrophic care discounts and I will be responsible for all amounts outstanding.**

**I understand that I must disclose any payments received for Children's Healthcare of Atlanta services from health insurance or other coverages to Children's Healthcare of Atlanta and those payments may reduce any discounts provided for services. Failure to provide this payment information may void eligibility for discounts for past and future services provided.**

\_\_\_\_\_  
Guarantor Name

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date

**Attachment B****CONSIDERATIONS FOR PATIENTS WITH NON-STANDARD HEALTH COVERAGE**

There are instances where Children's does not participate with an entity providing health coverage for a patient, including the following:

- Major medical coverage with a commercial or managed care plan not contracted with Children's
- Health share plans/ministries
- Short-term health insurance
- Limited-liability health insurance

In these instances, Children's does not file a claim for charges incurred and guarantors may be eligible for Financial Assistance and Catastrophic discounts on the balance outstanding. If Children's provides a standard claim form or other documentation to support a potential claim on behalf of the patient, a Financial Assistance and Catastrophic discount will not be granted until the guarantor has provided Children's with documentation of payment amount or denial by the entity providing health coverage.

Financial Assistance or Catastrophic discounts will be applied to the balance outstanding following application of amounts paid by any out-of-network and non-standard health coverages.