



CHILDREN'S
HOSPITAL OF RICHMOND AT VCU

OPER.17

SUBJECT: Patient Financial Assistance	ORIGINATION DATE: June 2004 REVISION DATE: Sept. 2005; MAY 2008; November 2009; March 2010, 3/11, 5/18 REVIEW DATE: June 2007
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RECOMMENDED BY: Administration	APPLICATION: Hospital-wide
	DISTRIBUTION: Hospital-wide
	APPROVED BY: Sharon Darby DNP,RN,NHA VP of Operations

PURPOSE:

Crippled Children’s Hospital, also known as Children’s Hospital of Richmond at VCU (Hospital), provides charity care in the form of financial assistance to those patients and patients’ families who qualify under the criteria established in this financial assistance policy. Hospital will follow the procedure outlined below for determining medical indigence (defined below).

POLICY:

Hospital provides healthcare services to infants, children, and adolescents up to the age of 21 years. Hospital will provide financial assistance as established under the guidelines in this policy. Services are provided regardless of race, creed, religion, national origin, sex, disability, socioeconomic status, payor source, or any other manner prohibited by law.

Hospital does not engage in financial assessment or debt collection that would interfere with the provision, without discrimination, of emergency medical care.

As a tax-exempt entity and as part of its commitment to serve the community, Hospital provides financial assistance in the form of charity care (“Financial Assistance”) to patients’ families who qualify by meeting the requirements in this policy.

To be considered for financial assistance, a patient must be a Virginia resident and either a U.S. Citizen or a documented legal alien. A family must cooperate with the Hospital to explore other financial resources that may be available to pay for the child’s health care. In order to determine eligibility for financial assistance the family/guarantor is referred to the VCU Health System Financial Counseling Call Center at VCU Health Financial Counseling, Box 980138, Richmond, VA 23286-0441 or 804-828-0966 to speak with a financial counselor.

PROCEDURE:

- I. All medically necessary services, as defined by Virginia Medical Assistance Services (DMAS), provided by the hospital and ordered by a physician are covered. In order to determine eligibility, patients must complete a financial assistance application and provide all required documentation. The financial assistance program may apply retroactively up to ninety (90) days prior to submission of a complete application. Any services provided prior to the financial assistance program approval and prior to the ninetieth (90th) day prior to submission are the family's responsibility.
- II. The following patients and families are not eligible for the financial assistance program:
 - A. Those who refuse to provide requested documentation needed to complete the application.
 - B. Patients who have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs and are denied access to Hospital by their insurance company due to insurance plan limitations.
 - C. Patients and families who are determined by DMAS to have a patient payment responsibility for services on the Transitional Care Unit.
- III. Patient and families who may require financial assistance are referred to VCU Health Financial Counseling Services to complete an application. Financial assistance to patients is based on household income, number of dependents, and assets. The VCU Health Financial Assistance Counseling Services may assist patients and families with applying for certain assistance programs including:
 - A. Discounts for self-pay patients with additional discounts for prompt payments
 - B. State- sponsored Indigent Care Program that provides free care to patients with income below the Federal Poverty Level and a slide scale discount for patients with incomes less than 200% of the Federal Poverty Level.
 - C. Virginia Coordinated Care Program for added care coordination for indigent patients in certain localities.
 - D. Medicaid and FAMIS programs to assist with payments for medical care if an individual meets certain criteria.
- IV. Based on approval of an application by VCU Health Financial Assistance Counseling Services the Hospital offers discounted rates to qualifying patients. The discounted rate is based on household income level are determined using the amount generally billed for the current fiscal year

Medicaid allowable charges. See attached for current Discount Rate schedule.

GUIDELINES

- I. Patients who have access to primary and secondary insurance coverage or a required service provider must utilize and exhaust their network benefits.
- II. Generally, the financial assistance program is not available to cover services that are denied by a patient's insurance company as not medically necessary.
- III. The financial assistance program is available to assist qualifying patients with co-insurance, deductibles, and co-payments.
- IV. Following a determination that the patient qualifies for financial assistance, the patient will not be charged more than the amount generally billed to patients who have insurance covering their care. Hospital calculates the amount generally billed using the current fiscal year Medicaid allowable charges. Additional detail regarding the amount generally billed calculation will be furnished upon request by contacting the Revenue Cycle Manager at 804-321-7474.
- V. A patient who qualifies for a financial assistance discount is expected to cooperate with Hospital to establish a reasonable payment plan for the balance due (if any) and make a good faith effort to honor the payment plan; however, a payment plan is not a requirement for approval for a financial assistance discount.
- VI. The actions Hospital may take on non-payment of balances on accounts after discounts are described in Hospital Collections policy (OPER.39) and a copy of this policy is available upon request for free of charge by calling the Revenue Cycle Manager at 804-321-7474.
- VII. Financial assistance program decisions are valid through the period approved by VCU Health Financial Counseling Services. In order to continue in the program, each patient must reapply and be re-approved for another period.
- VIII. All applicants must be screened for and apply to other programs before consideration for the Hospital's financial assistance program can begin. Patients and families who will not apply for need-based programs cannot apply for financial assistance from Hospital.
- IX. Patients and families who intentionally falsify a material portion of the financial assistance program application will not be eligible for the program and will be

required to reimburse Hospital for all assistance received while enrolled in the program.

X. Classification as Medically Indigent

- A. Definition. Medically indigent means an uninsured or underinsured person, or family which receives care without charge or at a discount for the services rendered, based on Hospital's financial assistance program criteria described below in section B.
- B. Eligibility. Patient families are eligible if their yearly household income, as documented on the Financial Assistance Application is less than or equal to 200% of the poverty guidelines updated annually in the Federal register by the U.S. Department of Health and Human Services ("Federal Poverty Guidelines"). These Federal Poverty Guidelines are available on the U.S. Department of Health and Human Services website at <https://aspe.hhs.gov/poverty-guidelines> or by calling 202-690-7858.
- C. Acceptance. If Financial Counseling Services determines the patient is financially indigent, the patient may be granted financial assistance in accordance with Hospital's Financial Assistance Eligibility Discount Rate Guidelines based on the current fiscal year Medicaid allowable charges.

XI. Providers subject to Hospital's Financial Assistance Policy

- A. The following healthcare providers participate in Hospital's Financial Assistance Policy:
 - i. 2924 Brook Rd Richmond, VA
 - ii. 206 Twinridge Lane, Richmond, VA
 - iii. 10530 Spotsylvania Ave, Fredericksburg, VA
 - iv. 10124 West Broad St, Glen Allen, VA
 - v. 321 Poplar Drive, Suite 4, Petersburg, VA
 - vi. 2781 Jefferson Davis Highway, Suite 103, Stafford, VA
- B. Except for the providers identified above, the Hospital Financial Assistance Policy does not apply to services provided by independent physicians or physicians that act as independent contractors to Hospital entities. These include, but are not limited to, MCV Associated Physicians, and other independent licensed practitioners with service agreements with Hospital.

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