Policy

CCHMC Medical Center Policy	*Policy Number*	MCP-B-103
	Effective Date	10/1/2021
Patient Financial Assistance Policy	*Page*	1 of 7

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 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.

1.4 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.

1.5 CCHMC will not take any extraordinary collection efforts on any amounts due by individuals (patients and individual guarantors) for medically necessary services.

1.6 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.

1.7 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 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 counselors 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.

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 counselor at 513-636-4427, e-mailing PFC@cchmc.org, or writing to CCHMC Patient Financial Services, 3333 Burnet Avenue, MLC 5011, Cincinnati, Ohio 45229. 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 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, 10/1/2021
Review Date

Appendix A: Financial Assistance Ineligible Providers

Last Name	First Name	MI	Degree	Primary Assignment	Primary Practice Name	Providers NPI	Primary Address Line 1	Primary Address Line 2
Khan	Khurram	Ashraf	D.M.D.	Oral Surgery & Maxillofacial Surgery	About Face Surgical Arts	1073755187	7523 State Road	
Tawadros	Adel	M.	D.D.S.	Dentistry	Adel M. Tawadros, D.D.S.	1194841403	420 Ray Norrish Drive	
Weinstein	Alan	R.	D.D.S.	Dentistry	Alan R. Weinstein, D.D.S.	1356497457	7835 Remington Road	
Bathiany	Albert	E.	D.M.D.	Dentistry	Albert E. Bathiany, IV, D.M.D.	1467528257	7400 Highway 42	
Alam	Masroor		M.D.	Obstetrics Anesthesia	Anesthesia Group Practice, dba Seven Hills	1720069388	375 Dixmyth Ave.	
Harris	William	E	M.D.	Anesthesia	Anesthesia Group Practice, dba Seven Hills	1992703359	375 Dixmyth Ave.	
Herold	John	Anthony	M.D.	Obstetrics Anesthesia	Anesthesia Group Practice, dba Seven Hills	1366481103	375 Dixmyth Ave.	
Klein	David	Samuel	M.D.	Obstetrics Anesthesia	Anesthesia Group Practice, dba Seven Hills	1104865369	375 Dixmyth Ave.	
Matvey	Shari	Ann	M.D.	Anesthesia	Anesthesia Group Practice, dba Seven Hills	1104882117	375 Dixmyth Ave.	
Militante-Hilvano	Ayesa	Tan	M.D.	Obstetrics Anesthesia	Anesthesia Group Practice, dba Seven Hills	1487668802	375 Dixmyth Ave.	
Preston	Ryan	Kelburne	M.D.	Anesthesia	Anesthesia Group Practice, dba Seven Hills	1124446604	375 Dixmyth Ave.	
Rosevear	Mary Ann		M.D.	Anesthesia	Anesthesia Group Practice, dba Seven Hills	1053312132	375 Dixmyth Ave.	
Sachar	Raj	Mohan	M.D.	Obstetrics Anesthesia	Anesthesia Group Practice, dba Seven Hills	1437104452	375 Dixmyth Ave.	
Stein	Michael	David	D.O.	Anesthesia	Anesthesia Group Practice, dba Seven Hills	1285907246	375 Dixmyth Ave.	
Weller	James	Francis	M.D.	Obstetrics Anesthesia	Anesthesia Group Practice, dba Seven Hills	1528062064	375 Dixmyth Ave.	
DeMoss	Angela	D.	D.M.D.	Dentistry	Angela D. DeMoss, D.M.D., Inc.	1265571715	120 W Wenger Road	
Murray	Robert	Leslie	M.D.	Maternal-Fetal Medicine	Associates in Ob-Gyn Inc.	1699711820	440 Ray Norrish Drive	
Carpentino-De Jesus	Yissell		D.M.D.	Dentistry	Bellbrook Pediatric Dentistry	1023339215	4354 W. Franklin Street	
Olsen	Claudia	Elizabeth	D.M.D.,	Dentistry	Bellbrook Pediatric Dentistry	1184884983	4354 W. Franklin Street	
Bernstein	Jonathan	Abram	M.D.	Clinical Translational Research Center	Bernstein Allergy Group, Inc.	1093713638	8444 Winton Rd.	
Greiwe	Justin	Constantine	M.D.	Allergy & Cl. Immuno	Bernstein Allergy Group, Inc.	1942444807	8444 Winton Rd.	
Hindman	Derek	Cory	D.P.M.	Podiatric Surgery	Better Foot Care, LLC	1447242334	11465 Springfield Pike	
Bhatti	Kashif	Mahmood	D.M.D.	Dentistry	Centerville Pediatric Dentistry	1609075126	273 Regency Ridge	
Jackson	Kyle	R.	D.D.S.	Dentistry	Centerville Pediatric Dentistry	1386073112	273 Regency Ridge	
Miriyala	Vinod		D.D.S.	Dentistry	Centerville Pediatric Dentistry	1225055940	273 Regency Ridge	
Bayoneto	Erica	Joan	D.D.S.	Dentistry	Children's Dental Care	1376749895	1239 State Road, 229	
Burchell	Patrick	O.	M.D.	Ophthalmology	Cincinnati Eye Institute	1841649357	1945 CEI Dr.	
Greff	Linda	Joy	M.D.	Ophthalmology	Cincinnati Eye Institute	1538108923	Clinical Practice CEI	1945 CEI Drive
Henson	Ginger	L.	M.D.	Ophthalmology	Cincinnati Eye Institute	1467661678	3219 Clifton Ave.	Suite 110
Nerad	Jeffrey	Andrew	M.D.	Ophthalmology	Cincinnati Eye Institute	1023019262	1945 CEI Dr.	
Pargament	Jonathan	Matthew	M.D.	Ophthalmology	Cincinnati Eye Institute	1275848160	1945 CEI Dr.	
Riemann	Christopher	D.	M.D.	Ophthalmology	Cincinnati Eye Institute	1962491571	1945 CEI Dr.	
Rivera	Roxana	Yanet	M.D.	Ophthalmology	Cincinnati Eye Institute	1780812495	1945 CEI Dr.	
Sisk	Robert	Andrew	M.D.	Ophthalmology	Cincinnati Eye Institute	1063614089	1945 CEI Dr.	
McLaurin	Wallace	Sigmon	D.M.D.	Oral Surgery & Maxillofacial Surgery	Cincinnati Oral, Maxillofacial and Dental Implant	1467846824	7140 Miami Avenue	Suite 202
Schibler	Mark	Ryan	D.D.S.	Oral Surgery & Maxillofacial Surgery	Cinti. Oral & Maxillofacial Surgery Assoc. Inc.	1427435833	7140 Miami Ave. #202	
Spencer	Nathan	James	D.D.S.	Oral Surgery & Maxillofacial Surgery	Cinti. Oral & Maxillofacial Surgery Assoc. Inc.	1982893301	7140 Miami Ave. #202	
McLaurin	Elizabeth	Kelty	D.M.D.	Dentistry	David M. Rider, D.M.D.	1255712428	1809 Alexandria Pike, #A	
Rider	David	M.	D.M.D.	Dentistry	David M. Rider, D.M.D.	1780796318	1809 Alexandria Pike, #A	
Weimer	Mary	Ellen	M.D.	Ophthalmology	Dayton Eye Associates	1205256708	Beavercreek	89 Sylvania Dr.
Hensley	Kyle	M.	DDS	Dentistry	Dayton Pediatric Dentistry	1881618619	1010 Valley Street	Suite 113
Lambert	Dennis	M.	D.D.S.	Dentistry	Dennis M. Lambert, D.D.S.	1063558260	8205 Corporate Way	
Poole	Mitchell	Andrew	D.D.S.	Dentistry	Dentistry at University Pointe	1033677851	7777 University Drive	Suite F
Harris	Jamie		M.D.	Pediatric General & Thoracic Surgery	District Medical Group, Inc.	1669734497	Pediatrics	2601 East Roosevelt Street
Lucas	Robert	Wade	DMD, MD	Oral Surgery & Maxillofacial Surgery	Drs. Lamping and Lucas	1639289424	11438 Lebanon Road, Unit F	
Murnan	Eric		D.D.S., M.D.	Oral Surgery & Maxillofacial Surgery	Drs. Lamping and Lucas	1558755348	11438 Lebanon Road	
Seghi	Garrett	Alexander	D.D.S., M.D.	Oral Surgery & Maxillofacial Surgery	Drs. Lamping and Lucas	1497044846	11438 Lebanon Road	
Lewis	Daisy		D.D.S.	Dentistry	Elizabeth S. Mueller, D.D.S. & Associates	1932542321	9200 Montgomery Road	Suite #4B
Steinbeck	Frederick	L.	D.D.S., M.D.	Oral Surgery & Maxillofacial Surgery	Frederick L. Steinbeck, D.D.S.	1255393237	627 Highland Ave.	
Alqara	Fares		M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1124271978	375 Dixmyth Avenue	

Billock	Nanci	Jo	M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1386936821	375 Dixmyth Avenue	
Buckley	William	Roy	M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1558308197	375 Dixmyth Avenue	
Goldman	Brett	Ryan	MD	Maternal-Fetal Medicine	Good Samaritan Hospital	1770015703	375 Dixmyth Avenue	
Kimble	Emily	A.	M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1073703831	375 Dixmyth Avenue	
Leques	Alzira	B.	M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1265746655	375 Dixmyth Avenue	
Mitchell	Ashley	Lyn	M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1902192172	375 Dixmyth Avenue	
Pranikoff	Joel	D.	M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1629060132	375 Dixmyth Avenue	
Shirk	Samantha		D.O.	Maternal-Fetal Medicine	Good Samaritan Hospital	1053708446	375 Dixmyth Avenue	
Steele	Sharon		M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1629097647	375 Dixmyth Avenue	
Walker	Roosevelt		M.D.	Maternal-Fetal Medicine	Good Samaritan Hospital	1346270360	375 Dixmyth Avenue	
Warshak	Carri	Rae	M.D.	Maternal-Fetal Medicine	Greater Cincinnati Perinatal Assoc., LLC	1811051824	234 Goodman Ave.	Perinatal Treatment Center, ML 0754
Goico	Brian	Daniel	M.D.	Otolaryngology - Head & Neck Surgery	Group Health Associates	1689964454	Clifton / Otolaryngology	379 Dixmyth Ave.

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Appendix B Financial Assistance Application

Please Return to:
Cincinnati Children's Hospital
3333 Burnet Avenue, MLC 11026
Cincinnati, Ohio 45229-3026
Fax: 866-300-0568

HCAP AND FINANCIAL ASSISTANCE APPLICATION

Responsible Person: _____
LAST FIRST M.I.

Patient Name: _____
(One application per patient is required) LAST FIRST M.I.

Patient Birth Date: _____ Date of Hospital Services: _____
MONTH DAY YEAR MONTH DAY YEAR

Patient Address **on date of service**: _____
STREET APT. NO

_____ _____ _____ _____
CITY STATE ZIP CODE COUNTY

Current Address _____
STREET APT. NO.

_____ _____ _____ _____
CITY STATE ZIP CODE COUNTY

Please complete the following: *If the patient is 18 years of age or older, the patient must complete this application.* Please list all household members below. Include the patient, the patient's parents (regardless if they live in the home) & children (natural or adoptive) under the age of 18 living in the home along with the patient.

NAME	RELATIONSHIP TO PATIENT	DATE OF BIRTH & PATIENT AGE (at time of service)	TOTAL GROSS INCOME IN THE 3 MONTHS PRIOR TO THE DATE OF SERVICE	TOTAL GROSS INCOME IN THE 12 MONTHS PRIOR TO THE DATE OF SERVICE	SOURCE OF INCOME EMPLOYER NAME (STATE IF YOU ARE A COLLEGE STUDENT)
	SELF/PATIENT				

***Additional family members can be added on the back of this application.**

1. If you reported zero total income, how are you being supported?
2. Did the patient have health insurance or Medicaid at the time of the hospital service? ☐Yes ☐No

Name of Insurance(s) Company and/or Medicaid Program:
Insurance Subscriber ID# (s) or Medicaid ID Number: _____

DOCUMENT VERIFICATION MUST BE PROVIDED:

☐ PROOF OF RESIDENCY AT DATE OF SERVICE = Utility bill, phone or cable bill, a rent receipt, a credit card bill, your voter registration card or a copy of your driver's license or state identification card.
☐ EMPLOYMENT = 3 or 12-month income or signed self-attestation if paid in cash.
☐ SELF EMPLOYMENT = 1040 Tax Return (page 1) including Schedule C & signed self-attestation of income.
☐ BENEFIT LETTER = Social Security, Unemployment, VA, Pension, & Disability.
☐ OTHER= Other income such as rental income, etc.

By my signature below, I certify that I have carefully read this application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge and belief. **I understand that it is unlawful to knowingly submit false information to obtain financial assistance.**

Responsible Party Signature _____ Date Completed _____