

	<b>CCMC Corporation</b>		
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	<input checked="" type="checkbox"/> <b>Connecticut Children's Specialty Group, Inc.</b>	<input type="checkbox"/> <b>Connecticut Children's Medical Center Foundation, Inc.</b>	
	Fiscal	Date Effective:	April 09, 2020
	Policy: Patient Financial Assistance	Date of Origin:	March 01, 2002
Approved By: Finance Administration, Administrative Policy Council	Date Approved:	March 18, 2020	

## I. Purpose

The purpose of this policy is to describe Connecticut Children’s commitment to providing financial assistance to families who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergent or other medically necessary care based on their individual financial situations. This policy outlines eligibility criteria, parameters, and the process for providing fair and consistent financial assistance to our patients and families. In continuance of its mission, Connecticut Children’s has established the financial assistance programs to assist families who have healthcare needs and are uninsured, underinsured and ineligible for other government assistance.

## II. Policy

It is the policy of Connecticut Children’s to recognize and acknowledge the financial needs of patients and/or their families who are unable to afford the charges associated with their emergency or medically necessary healthcare services. Consistent with its mission, Connecticut Children’s is committed to assuring that the ability to pay will be considered carefully when setting amounts due for emergency and other medically necessary hospital services. It is the policy of Connecticut Children’s to provide, without discrimination, care for all emergency medical conditions to individuals regardless of their financial assistance eligibility or ability to pay. It is the policy of Connecticut Children’s to comply with the standards of the Federal Emergency Medical Treatment and Active Labor Transport Act of 1986 (“EMTALA”) and the EMTALA regulations in providing a medical screening examination and such further treatment as may be necessary to stabilize an emergency medical condition for any individual coming to the emergency department seeking treatment. Additionally, Connecticut Children’s prohibits any actions that would discourage patients from seeking emergency medical care.

This Financial Assistance Policy (“FAP”) will outline the financial assistance policies, practices and procedures to ensure all eligible patients receive emergency and other medically necessary healthcare services in compliance with Internal Revenue Code (“IRC”) Section §501(r), as well as all applicable federal, state and local laws.

A. Connecticut Children’s will make every effort to be flexible and responsive to individual circumstances. In return, it is expected that patients and/or their families will honor their financial obligations to the extent they have the financial ability to pay for their medical services so that Connecticut Children’s remains able to provide care for those patients and/or their families whose circumstances in life are less fortunate.

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- B. Financial assistance is only available for emergency or other medically necessary healthcare services. Not all services provided within a Connecticut Children's facility are covered under this FAP. Please refer to Appendix A for a list of providers that provide emergency or other medically necessary healthcare services within a Connecticut Children's facility. This appendix specifies which providers are covered under this FAP and which are not. The provider listing will be reviewed quarterly and updated; if necessary.
- C. Connecticut Children's is committed to providing convenient billing services, payment options and financial assistance. Connecticut Children's will make every effort to communicate Connecticut Children's patient financial assistance, billing, credit and collection processes to the patient and/or their family.
- D. Patients and their families are responsible to provide timely and accurate billing information such as, but not limited to, demographic, insurance, and income to Connecticut Children's to facilitate the patient financial assistance, billing, credit and collection processes. It is the responsibility of the patients and their families to know, understand, and comply with their insurance coverage, coinsurance, copays, deductibles, and benefit/coverage limitations. We ask our patients' families to remember that an insurance policy is a contract between them and the insurance company, and that they have the final responsibility for payment of their hospital bill.
- E. Connecticut Children's provides patient financial services to help families navigate the process of billing and medical insurance. In addition, customer service representatives are available to provide copies of itemized patient bills, explain particular bills, set up payment arrangements or review what costs insurance has paid and what payments are due.

### III. Inclusion/Exclusion Criteria/Indications/Definitions

#### Definitions

1. Amounts Generally Billed (AGB): Pursuant to Internal Revenue Code ("IRC") §501(r)(5), in the case of emergency or other medically necessary care, the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
2. Amounts Generally Billed Percentage: A percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under this FAP.
3. Application Period: The time period in which an individual may apply for financial assistance. To satisfy the criteria outlined in IRC §501(r)(6), Connecticut Children's allows individuals up to twelve (12) months from the

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date the individual is provided with the first post-discharge billing statement to apply for financial assistance. Applications outside of the 12 months window will be reviewed and considered on an individual basis with approval by management.

4. Eligibility Criteria: The criteria set forth in this FAP (and supported by procedure) used to determine whether or not a patient qualifies for financial assistance.
5. Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).
6. Extraordinary Collection Actions (“ECAs”): Includes any of the following actions taken by Connecticut Children’s against an individual related to obtaining payment of a bill for care covered under this FAP. ECAs include, but are not limited to actions that require a legal or judicial process, reporting adverse information to consumer credit reporting agencies or credit bureaus, attaching or seizing a bank account or garnishment of wages, and deferring, denying or requiring payment prior to providing nonemergency medical care due to nonpayment of debt for previously provided care covered under the Policy.
7. Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption.
8. Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing poverty guidelines:  
Income earnings, unemployment compensation, worker’s compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous resources.
9. Family Size: The total number of family members living in the same household, who meet at least one of the following characteristics:
  - a) Parent/Guardian (including step-parent regardless of guardianship status);
  - b) Each child up to the age of 18;
  - c) A family member between the ages of 18 and 25, who is enrolled as a full-time high school, college or trade-school student;
  - d) An elderly (over the age of 65) or disabled and not a minor (as defined by Medicaid or State welfare guidelines) family member, who is not collecting Social Security benefits.
10. FAP-eligible: Individuals who are eligible for full or partial financial

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assistance under this policy.

11. Federal Poverty Level Guidelines: The federal poverty level guidelines (“FPL”) are established by the United States Department of Health and Human Services on an annual basis and are used within this FAP for determining financial eligibility.
12. Financial Assistance: Free or discounted healthcare services offered to Individuals who are unable to pay for all or a portion of their medical services.
13. Free Bed Funds: Funds or assets donated to Connecticut Children’s, Hartford Hospital, or John Dempsey Hospital (the pediatric services of which have been moved to Connecticut Children’s) for pediatric patients who meet the guidelines set by the donor.
14. Gross Charges: The full established price for medical care that is consistently and uniformly charged to patients before applying any contractual allowances, discounts or deductions.
15. Medically necessary services: Health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
  - a) in accordance with the generally accepted standards of medical practice;
  - b) clinically appropriate; and
  - c) not primarily for the convenience of the patient.
16. Plain Language Summary (“PLS”): A written statement which notifies an individual that Connecticut Children’s offers financial assistance under this FAP and provides additional information in a clear, concise and easy to understand manner.
17. Underinsured: An individual who has some level of insurance or third party coverage, but still has out-of-pocket healthcare costs that exceed their financial abilities. Underinsurance includes, but is not limited to, deductibles, coinsurance, co-payments, exhausted benefits and lifetime benefit limits.
18. Uninsured: An individual who has no level of insurance or third party coverage, including Medicare, Medicaid, Champus, or any other government or commercial insurance program, to help pay for healthcare services.
19. Non-covered services: Services that are not covered under the patient’s benefits/insurance plan and therefore will not be paid by the patient’s insurance plan.

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#### IV. Key Points

##### A. Financial Assistance Eligibility Criteria

1. Eligibility for financial assistance will be considered for individuals who are uninsured, underinsured, ineligible for any government healthcare benefit program, and who are unable to pay for their care, based upon determination of financial need in accordance with this FAP. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
2. Eligibility for financial assistance is based on FPL, which is dependent upon family size and family income.
3. Please note, per Connecticut Children's internal policies, financial assistance eligibility will be determined in the following manner:
  - a) Household income (patient + family members) will determine financial assistance eligibility
  - b) if services were rendered while the patient was a minor;
  - c) if patient is an adult but a dependent on parent's insurance policy;
  - d) if the patient is disabled and over 17 years old.

The patient's income will determine financial assistance eligibility if services were rendered while the patient was over 17 years old and was not a dependent on parent's insurance policy.
4. Eligibility determination is automated through Experian. If Experian is unable to process an application or there is a discrepancy in the results of an application, further information may be needed from the guarantor in order to complete the application process. Please refer to Section IV, Section C, Applying for Financial Assistance, for additional information.
5. Full Financial Assistance (Free Care): Patients may qualify for a 100% discount of billed charges for emergency and medically necessary healthcare services or insurance cost shares (co-pays, coinsurance and deductibles) as long as they meet the following criteria:
  - a) An annual family income that is less than or equal to 250% of the federal poverty level, as determined by guidelines published annually by the U.S. Department of Health and Human Services (FPL),
  - b) Be a Connecticut, Massachusetts or New York resident,
  - c) Cooperated with efforts to exhaust all other payment options such as Medicaid, Copay Programs, Endowment Funds, Health Spending Accounts and Flexible Spending Accounts,
  - d) Completed a program application, and provided supporting documentation to verify income, and

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e) Partial Financial Assistance (Discounted Care): Uninsured patients, who do not qualify for Medicaid, with family income over 250% but less than or equal to 500% of FPL, are eligible for partial financial assistance. These patients may qualify for a 45% discount of billed charges for emergency and medically necessary healthcare services. Patients who qualify for a 45% discount will be asked to establish a payment plan at the time of the application's approval. The financial counselor is required to collect the first payment at the time of establishing the payment plan.

6. Financial Assistance will be the last resource.

**B. Basis for Calculating Amounts Charged**

1. In accordance with IRC §501(r)(5) Connecticut Children's utilizes the Look-Back Method to calculate the AGB. The AGB % is calculated annually and is calculated by dividing the sum of the amount of all its claims for emergency or other medically necessary care that have been allowed by Medicare Fee-for-Service + all Private Health Insurers (Commercial) over a 12-month period, by the gross charges associated with those claims. The applicable AGB % is applied to gross charges to determine the AGB.
2. The calculated AGB percentage, as well as an accompanying description of the calculation, is available upon request and free of charge by calling Connecticut Children's financial counseling office at (860)545-8086, opt 1.
3. Any individual determined to be eligible for financial assistance under this FAP will not be charged more than the AGB for medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under this policy.

**C. Applying for Financial Assistance**

1. Financial Counselors are available to assist families who are uninsured, underinsured, or may need financial assistance or to set up payment arrangements. Financial Counselors will assist with applying for different government programs and advise on how to proceed. Individuals are encouraged to contact Connecticut Children's Financial Counselors when the patient is scheduled for an Outpatient visit, procedure or surgery, scheduled to be admitted, is currently hospitalized or has recently visited or been discharged from any of our facilities.
2. If the family does not qualify for any type of government programs, Financial Counselors will review the patient's financial status to see if they meet guidelines for special programs, Patient Financial Assistance, or hospital Free Bed Funds.
3. Patients with FSA/HSA or any Rx Copay Programs are required to exhaust their benefits prior to being considered for FAP.

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4. Patients who meet the eligibility criteria and wish to apply for the financial assistance offered under this FAP can do so by:

a) Obtaining an online Connecticut Children's Financial Assistance

Application at:

<http://www.connecticutchildrens.org/patients-and-families/billing-and-finances>

b) Applying over the phone by calling the Financial Counseling office at (860) 545-8086, opt 1.

c) Visiting the Financial Counseling office located at

Connecticut Children's  
282 Washington Street, 2M and 2D  
Hartford, CT 06106

Counselors are on-site to assist you Monday - Friday from 8:00 am – 5:00pm

5. Application Process & Required Documentation

a) In order to be considered for financial assistance an individual must complete an application with a Financial Counselor or submit a completed Application to a financial counselor for processing. 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) All completed Applications may be submitted via:

(1) fax to (860) 545-9057

(2) email to [Fincounselors@connecticutchildrens.org](mailto:Fincounselors@connecticutchildrens.org)

(3) mailed to: Connecticut Children's, Financial Counseling/Cashiers Office, 282 Washington Street, Suite 2C, Hartford, CT 06106

c) Once a completed application is received, a Financial Counselor will process the Application. Additional information may be necessary in certain circumstances.

Below are examples of documents our Financial Counselors may request, if required:

(1) Last year's Federal Tax return

(2) Last four (4) weeks' paycheck stubs

(3) Income verification from employer: This should include how long the family member has been employed, hourly rate/annual salary. Letter should be signed by Human Resource's representative and should be on company letter head.

(4) Notice of "termination" from employer. This should include last day employed and gross income paid at time of termination. The termination reason is not required.

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- (5) Unemployment compensation: Recent award letter from Labor Department verifying gross income and benefits' time period.
- (6) Letter of financial support: a signed letter from the person financially supporting the patient/guardian, for how long and what kind of support is being offered.
- (7) Department of Social Services Medicaid Denial letter.
- d) Financial Counselors are available to work with patients to review the documentation provided and determine eligibility. They may also assist patients in completing any required Applications for financial assistance. Financial Counselors will make every effort to determine financial assistance eligibility upon submission.
- 6. Process for Incomplete Applications:
  - a) Financial assistance determinations shall be made as soon as possible, but no later than thirty (30) calendar days from the date of the Application submission. If sufficient paperwork is not provided, the request will be deemed to be an incomplete Application.
  - b) In the event that an immediate determination of FAP-eligibility cannot be made, the Financial Counselor will request additional information from the applicant. Connecticut Children's will provide the applicant with both verbal and written notice which describes the additional information/documentation needed to make a FAP-eligibility determination and provide the patient with a reasonable amount of time (30 business days) to provide the requested documentation. During this time Connecticut Children's, or any third parties acting on Connecticut Children's behalf, will suspend any ECA's previously taken to obtain payment until a FAP-eligibility determination is made.
  - c) The Application will be deemed incomplete if the information needed is not received within thirty (30) business days of the Counselor request. The Application will then be considered null and void and patients will have to reapply for financial assistance within in the Application Period in order to be considered eligible for financial assistance.
- 7. Process for Completed Applications
  - a) Once a completed Application is received, Connecticut Children's will:
    - (1) Suspend any ECAs against the individual (any third parties acting on Connecticut Children's behalf will also suspend ECAs undertaken);
    - (2) Make and document a FAP-eligibility determination in a timely manner; and
    - (3) Notify the responsible party or individual in writing of the determination and basis for determination.

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- b) An individual deemed eligible for financial assistance will be notified in writing of a favorable determination. In accordance with IRC §501(r) Connecticut Children's will also:
  - (1) Provide a billing statement indicating the amount the FAP-eligible Individual owes, how that amount was determined and how information pertaining to AGB may be obtained, if applicable;
  - (2) Adjust any open self-pay balances within twelve (12) months backwards.
  - (3) Work with third parties acting on Connecticut Children's behalf to take all reasonable available measures to reverse any ECAs previously taken against the patient to collect the debt.
- c) Approved initial Applications can cover healthcare services up to twelve (12) months looking back from the date of the Application. Although, at the discretion of Management, the retrospective period for an approved application can extend beyond the previous twelve (12) months and will be reviewed on a case by case basis. An approved Application is good for six (6) months from the date of the Application. A patient may reapply at the end of six (6) months. Despite a change of circumstances, new applications will not be accepted or reviewed during an active application period. Any consecutive applications (application submitted subsequent to your initial application) will be good for six (6) months forward from the date of the application and will not be applied retrospectively.

**D. Widely Publicizing**

1. Connecticut Children's FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served within Connecticut Children's primary service area.
2. The FAP, Application and PLS are all available on-line at the following website: <http://www.connecticutchildrens.org/patients-and-families/billing-and-finances>
3. Paper copies of the FAP, Application and the PLS are available upon request without charge by mail and are available within various areas throughout Connecticut Children's facilities. This includes, but is not limited to, emergency rooms, patient registration check-in areas and the Patient Access Department.
4. All patients of Connecticut Children's will be offered a copy of the PLS as part of the intake/discharge process. Copies of the PLS will be made available at all Connecticut Children's Specialty Group office locations.
5. Signs or displays informing patient about the availability of financial assistance will be conspicuously posted in public locations including the emergency department, patient registration check-in areas and the Patient Access

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Department.

6. Connecticut Children's will also make reasonable efforts to inform members of the community about the availability of financial assistance.

**E. Billing and Collections Procedures**

1. As a courtesy to our patients, Connecticut Children's submits bills to their insurance companies and makes every effort to advance their claim. However, it may become necessary for a policy holder to contact their insurance provider or supply additional information required for claims processing purposes or to expedite payment.
2. We request bills be paid in full within thirty (30) days. The guarantor is responsible to obtain the necessary funds from any source, such as obtaining a loan through their bank and/or credit union. If the guarantor is unable to pay by obtaining a loan or use of a credit card, payment arrangements may be made with Financial Counselors or Customer Service Representatives. Monthly payments are required.
3. As outlined in Section IV of this FAP, any individual determined to be eligible for financial assistance under this FAP will not be charged more than AGB for any emergency or other medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under this policy.

**F. Compliance with IRC §501(r)(6)**

1. Connecticut Children's does not engage in any ECAs (defined above) prior to the expiration of the "Notification Period." The Notification Period is defined as a 120-day period, which begins on the date of the 1st post-discharge billing statement, in which no ECAs may be initiated against the patient.
2. Subsequent to the Notification Period Connecticut Children's, or any third parties acting on its behalf, may initiate the following ECAs against a patient for an unpaid balance if a FAP-eligibility determination has not been made or if an individual is ineligible for financial assistance.
  - a) Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus; or
  - b) Deferring, denying or requiring payment before providing medically necessary care because of an individual's nonpayment for previously provided care.

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3. Connecticut Children's may authorize third parties to initiate ECAs on delinquent patient accounts after the Notification Period. They will ensure reasonable efforts have been taken to determine whether or not an individual is eligible for financial assistance under this FAP and will take the following actions at least 30 days prior to initiating any ECA:
  - a) The patient will be provided with written notice which:
    - (1) Indicates that financial assistance is available for eligible patients;
    - (2) Identifies the ECA(s) that Connecticut Children's intends to initiate to obtain payment for the care; and
    - (3) States a deadline after which such ECAs may be initiated.
      - (i) The patient will receive a copy of the PLS with this written notification; and
      - (ii) Reasonable efforts have been made to orally notify the individual about the FAP and how the individual may obtain assistance with the financial assistance application process.
4. Connecticut Children's will accept and process all applications for financial assistance available under this policy submitted during the application period.

## V. References

## VI. Related Documents

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## Appendix A Connecticut Children's Provider Listing

The Connecticut Children's Financial Assistance Policy applies to Connecticut Children's Medical Center and Connecticut Children's Specialty Group, Inc. Other physicians and other healthcare providers delivering services within a Connecticut Children's hospital facility are not required to follow this Financial Assistance Policy. The following is list of providers, by group, that provide emergency or other medically necessary healthcare services within a Connecticut Children's Medical Center hospital facility.

**List of Providers who are covered under this Financial Assistance Policy:**

Connecticut Children's Specialty Group, Inc.

**List of Providers who are not covered under this Financial Assistance Policy:**

Jefferson Radiology Group;  
Hartford Anesthesiology Associates;  
Hartford Pathology Associates; and  
Quest Diagnostics