



Dayton Children's Hospital Financial Assistance Policy

POLICY:

Dayton Children's Hospital's (DCH) Financial Assistance Policy is consistent with DCH's mission and values and is reflective of the organization's commitment to the communities it serves. The purpose of this policy is to establish standard procedures for the determination of financial assistance to patients of DCH.

The services covered by this policy include all emergency and other Medically Necessary Care provided by Dayton Children's Hospital and its Substantially Related Entities.

Dayton Children's Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance. DCH shall comply with the Emergency Medical Treatment and Labor Act (EMTALA) by providing medical screening examinations and stabilizing treatment and referring or transferring an individual to another facility when appropriate. DCH prohibits any actions that would discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collections activities that interfere with the provision, without discrimination, of emergency medical care.

DEFINITIONS:

Emergency Care: Immediate care which is necessary to prevent serious jeopardy to a patient's health; serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

External Vendors: Companies hired to act as agents with respect to billing and collections.

Family Size: Shall include the patient, the patient's spouse, regardless of whether the spouse lives in the home, and all the patient's children, natural or adopted, under the age of eighteen who live in the home. If the patient is under the age of eighteen, the "family" shall include the patient, the patient's natural or adopted parent(s) (regardless of whether they live in the home).

Federal Poverty Level (FPL): A measure issued annually by the Department of Health and Human Services based on annual income and household size to indicate poverty threshold.

Financial Assistance: Healthcare services provided which are not expected to result in cash inflows; medically necessary services rendered without expected payment to individuals meeting established criteria.

Gross Income: Total income before any deductions are taken.

HCAP: The Hospital Care Assurance Program provides free basic medically necessary, care to eligible patients.

Income: Includes earnings, unemployment compensation, workers' 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 sources. Non-cash benefits (such as food stamps and housing subsidies) do not count. Income is calculated before any deductions and excludes unrealized capital gains or losses. It can include other unearned income which is countable gross cash received from sources other than employment.

Medically Necessary Care: Health-care services or supplies rendered to a patient, both inpatient and outpatient, in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

Eligible Services

Services eligible under this financial assistance policy includes:

- Trauma and emergency medical services provided in an emergency setting.
- Services for a condition that if not treated promptly would lead to an adverse change in the health status of a patient.
- Non-elective services provided in response to a medical emergency in a non-emergency room setting.
- Other medical necessary services scheduled and approved at the discretion of DCH.

Services not eligible under this financial assistance policy includes Physician Fees, Copays and certain elective procedures, such as cosmetic surgery made not be covered. Anesthesiology fees, Radiology interpretation fees are separate from hospital charges and may not be eligible for reductions.

INSTRUCTIONS:

Eligibility Criteria

Any patients receiving or seeking to receive emergency or other Medically Necessary Care at Dayton Children’s Hospital may apply for financial assistance; however, the criteria used to evaluate eligibility may differ based on where the patient resides in the event a patient is seeking non-emergent care.

Ohio residents requesting financial assistance must first apply for Ohio Medicaid (Healthy Start and Healthy Families) and the Ohio Hospital Care Assurance Program (HCAP). Ohio residents exempt from Social Security and Medicare taxes must supply a completed form 4029 “Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits” with their financial assistance application in order to waive this requirement. Parents who are an Ohio resident but are not eligible for coverage under these programs and patients who are not Ohio residents that receive emergency medical care at DCH may be eligible for financial assistance based on total Gross Income and Family Size as follows:

- Family Income at or below 100% of the Federal Poverty Level (FPL) will be written off at 100% of the patient’s responsibility.
- Family Income between 101% and 200% of the FPL will be written off at 80% of the patient’s responsibility.
- Family Income between 201% and 300% of the FPL will be written off at 60% of the patient’s responsibility.
- Family Income between 301% and 400% of the FPL will be written off at 15% of the patient’s responsibility.
- Uninsured patients with family income greater than 400% of the Federal Poverty Level may qualify for a 15% discount.

The Statement of Financial Condition, DCH Financial Assistance application is used to document the individual’s overall financial situation. Financial Assistance will be given only after applicable insurance coverage and government assistance programs have first been explored. Credit reports, may be used, when appropriate, to verify an individual’s financial situation. DCH will determine whether a patient qualifies for financial assistance under this policy based on total gross income and family size as follows in the Discount Percentage section.

When determining patient eligibility, Dayton Children’s Hospital does not take into account race, gender, age, sexual orientation, religious affiliation, and social or immigrant status.

Dayton Children's Hospital Patient Accounts Department shall have the final authority for determining eligibility for financial assistance under this policy.

Method for Applying for Financial Assistance

Determinations for Financial Assistance will require patients to submit a completed financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors. Dayton Children's Hospital reserves the right to request copies of paychecks, W-2's and Income Tax Returns.

Financial Assistance applications are available by contacting the Patient Accounts department via telephone at (937) 641-3555. The application is available for download from Dayton Children's Hospital website.

http://www.childrensdayton.org/cms/our_services/index.html

Financial Assistance Applications will be listed on the back of the guarantor patient statement.

Representatives are available to assist families with the application process. Completed applications should be returned in person to the cashier's office at the main campus or mail to: Dayton Children's Hospital, Patient Account Department, One Children's Plaza, and Dayton, Ohio 45404. Paper copies are available upon request at no charge to the patient.

If an incomplete application is submitted, a letter will be generated to the guarantor asking for additional information necessary to complete the application. Appropriate contact information will be included, if the guarantor has questions regarding their application.

Guarantor shall provide a current mailing address at the time of service or upon moving.

Approval/Denial of Financial Assistance

Dayton Children's Hospital will notify the applicant within 30 days of receipt of the completed application as to approval or denial of the application for financial assistance.

Upon approval of the completed financial assistance application, financial assistance is granted for 90 days from the date of the initial eligibility determination, unless over the course of that 90 day period the individual's household income or insurance status changes to such an extent that the individual becomes ineligible for financial assistance. Dayton Children's Hospital reserves the right to ask the individuals to re-verify their income status before discounting patient accounts. Decisions regarding Financial Assistance are documented in the billing system. A patient's eligibility will extend to the end of the month in which eligibility will expire. In cases where prior payment has been made no refund will be issued unless, approved by the Hospital Care Assurance Program.

Nonpayment of Medical Services

A guarantor is responsible for balances billed by Dayton Children's Hospital. DCH will make every attempt to collect on the debt and make reasonable efforts to determine if an individual is eligible for Financial Assistance. Collections efforts will include sending guarantor statements, making phones and using an external vendor to assist in debt collection. Dayton Children's Hospital will not initiate any extraordinary collection actions for at least 120 days (one hundred and twenty days) from the date of the first guarantor statement sent by the hospital. A payment plan (not to exceed six months) may be approved by the Patient Accounts Department. Dayton Children's Hospital may use the services of an external vendor to assist in debt collection.

Availability of the Financial Assistance Policy and Financial Assistance Application

The reasonable efforts DCH will undertake include the following:

- Paper copies are available upon request at no charge to the patient or responsible party.
- Paper copies are offered at intake in any admissions or registration areas on Dayton Children’s Hospital main campus (including the Emergency Department) and offsite locations.
- Letters and Financial Assistance Applications are mailed to the patients and/or parents upon request.
- All billing statements contain the Financial Assistance Application on the back of the statement as well as contact information for the department that can provide assistance with the application.
- DCH Web site: An application is available for download from Dayton Children’s Hospital website. http://www.childrensdayton.org/cms/our_services/index.html

Notification and Information Provided to Hospital Facility Patients:

- Signage located in any admissions or registration area on Dayton Children’s Hospital main campus (including the Emergency Department) and offsite locations to advise the patients or the responsible party of the availability of financial assistance.
- Dayton Children’s Hospital Financial Counselors visit patients with need for financial assistance in their rooms or in clinics.

When a guarantor or responsible party fails to pay their portion of the amount due the account can be referred to an agency for collections. Guarantor will receive four statements prior to account being placed with collection agency and a minimum of two telephone calls.

Translated Documents:

- The Financial Assistance Policy, Financial Assistance Application, and Plain Language Summary of the FAP are offered in English, Spanish, and Russian, Also, Spanish speaking Customer Service Representatives are available.

Contact Information:

Counselors	Location	Phone
Dayton Children’s Hospital Financial Counselors	Third Party Resources One Children’s Plaza 8:00am – 3:30pm M-F	937-641-3316 937-641-3318 1-800-228-4055
Dayton Children’s Hospital Customer Service	Patient Accounts Department Phone Calls Only	937-641-3555