

## **OVERVIEW OF FINANCIAL ASSISTANCE PROGRAM**

As a tax-exempt entity and as part of its commitment to serve the community, Children's Hospital provides financial assistance in the form of charity care ("**Financial Assistance**") to patients' families who qualify based upon income guidelines or who are determined to be medically indigent and satisfy certain requirements.

The **Financial Assistance** program is available to all patients whose family demonstrates and can prove an inability to pay for all or portion of their outstanding hospital bill.

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 90 days prior to application approval. Any services provided prior to the financial assistance program approval and prior to the 90<sup>th</sup> day prior to approval are the family's responsibility.

**The following families are not eligible for the financial assistance program:**

- A. Families who cannot provide requested documentation or provide incomplete information.
- B. Patients who have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that are denied access to Children's Hospital by their insurance company due to insurance plan limitations.
- C. Families who fail to keep current arrangements or failed to make appropriate arrangements on past payment obligations.
- D. Patients who are not residents of Virginia or who are undocumented aliens. Legal aliens that qualify under the current Medicaid or FAMIS eligibility criteria are eligible.
- E. Families who refuse to be screened or apply for other assistance programs prior to approval for the hospital's financial assistance program.
- F. Families who select to opt out of Early Intervention/Part C services, when that is a reasonable option for the service assistance requested.
- G. Families who are determined by DMAS to have a co-pay (patient responsibility) for services on the Transitional Care Unit.

**In order to qualify for financial assistance, a patient's family must meet the following two criteria.**

**1. Criteria for citizenship, residency and alien status:**

- A. A U.S. citizen and a resident of Virginia is a person who meets the following criteria:
  - i. Born in the United States, Puerto Rico, Guam, Virgin Islands of the United States, American Samoa, or Swain's Island. A birth certificate will prove that a person was born a U.S. citizen, or

- ii. Received citizenship through naturalization process. A certificate of citizenship will prove that a person is a U.S. citizen, and
  - iii. Can prove Virginia residency by a valid Virginia driver's license, voter registration card, or work/school identification.
- B. Documented Legal Aliens are people who can prove Virginia residency and possess one of the following Immigration and Naturalization Service (INS) documents:
- i. I-551 resident alien card.
  - ii. I-668B or I-766 employment authorization card.
  - iii. I-94 arrival/departure record.
  - iv. Immigrants granted "voluntary departure" or "indefinite stay of deportation."

*\*Please note, Children's Hospital reserves the right to verify legal immigrant status with the INS.*

## 2. Criteria for Classification as Medically Indigent (see chart on page 3)

- A. Definition. Medically Indigent means a patient or patient family whose medical or hospital bills, after payment by third-party payers, exceed a specified percentage of the patient's family yearly income, and who is unable to pay the remaining bill.
- B. Initial Assessment. To be considered for classification as a Medically Indigent patient, the amount owed by the patient's family for all health care services after payment by all third-party payers must exceed ten percent of the family's yearly income and the family must be unable to pay the remaining bill. If the patient does not meet initial assessment criteria, the patient will not be classified as Medically Indigent.
- C. Acceptance. The Hospital will accept a patient family who meets the initial assessment criteria for Medically Indigent based upon the following:
- i. The family's yearly income, as determined in accordance with the Financial Assistance application, is greater than 200% but less than 250% of the Federal Poverty Guidelines.
  - ii. The Hospital will determine the amount of financial assistance the patient may be granted in accordance with the **Medically Indigent Chart** listed below and under Children's Hospital Financial Assistance Eligibility Discount Guidelines.

## CHILDREN'S HOSPITAL

### Financial Assistance Eligibility Discount Guidelines Effective March 1, 2009

#### Yearly Income Level and Percent of Federal Poverty Level (FPL)

Number in Household	100% FPL	133% FPL	200% FPL	250% FPL
1	Less than 10,830	14,404	21,660	27,075
2	Less than 14,570	19,378	29,140	36,425
3	Less than 18,310	24,352	36,620	45,775
4	Less than 22,050	29,327	44,100	55,125
5	Less than 25,790	34,301	51,580	64,475
6	Less than 29,530	39,275	59,060	73,825
7	Less than 33,270	44,249	66,540	83,175
8	Less than 37,010	49,223	74,020	92,525
Add per	Less than 3,740	4,974	7,480	9,350
Discount Level	100% State Charity Care (SCC)	90% Family Participation Plan (FPP9)	80% Family Participation Plan (FPP8)	70% Family Participation Plan (FPP7)

*To determine if you qualify, select the row corresponding to number in the household. Next, identify the right most column where the family income is less than or equal to the listed amount. The qualifying discount is indicated at the bottom of that column.*

The initial eligibility period is **six (6) months**. Each family will have to re-apply at the end of each six-month period in order to continue in the financial assistance program. If there is a change in financial circumstances during the initial or subsequent six-month period(s), such as income, family status, or insurance coverage an updated or new application must be completed.

Children's Hospital reserves the right in its sole discretion to limit or deny financial assistance to families. Each family's situation is evaluated according to relevant circumstances such as the assets or other resources available to pay for care.

For questions regarding our financial assistance program, please call 804-321-7474 and ask for the Outpatient Case Manager or the Patient Accounts Department representative identified on your bill. We will treat your questions with confidentiality and courtesy.