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<b>Section:</b>	Finance	<b>Last Reviewed:</b>	May 2022
<b>Title:</b>	Financial Assistance Policy	<b>Date Revised:</b>	June 2022
<b>CHOA Policy Title &amp; Policy Number (if applicable)</b>		Financial Assistance Policy AO 1-15 (Rev. 04/2022)	

**I. POLICY:**

Children’s Healthcare of Atlanta Cardiology, Inc. ("Children’s Cardiology") understands that patients and/or guarantors may not be able to pay for medical expenses due to unforeseen circumstances, a lack of health insurance coverage or self pay amounts due beyond their means. Children’s Cardiology offers financial assistance options for patients and/or guarantors and this policy outlines the process for requesting financial assistance and the criteria used to determine eligibility.

This policy covers all Children’s Cardiology physician professional charges. This policy does not cover hospital-based services including emergency services provided by Children’s Healthcare of Atlanta.

For the purposes of this policy the phrase "patients and/or guarantors" reflects the person(s) with financial responsibility for a Children’s Cardiology account--the patient, a parent or guardian or anyone else identified as a guarantor on a Children’s Cardiology account.

**II. PROCEDURE:**

Children’s Cardiology takes appropriate steps to ensure that patients and/or guarantors are aware of its Financial Assistance Program and the associated application process.

**A. Eligibility Criteria for Children’s Cardiology Financial Assistance Program**

Eligibility for Children’s Cardiology’s Financial Assistance Program requires the following criteria:

The patient and/or guarantor's financial status meets a needs testing. Children’s Cardiology uses a sliding scale consistent with the current poverty guidelines published in the Federal Register. Patients and/or guarantors are eligible for full or partial financial assistance where household income is at or below 400% of the published Federal Poverty Guidelines.

- The service provided to the patient was medically necessary but not covered or fully covered by any insurance where the patient/guarantor had a remaining financial obligation after insurance payment.
- Patient was not approved for any federal, state agency or private foundation funding program.
- Patient/guarantor fully complied with the application process seeking funding from a federal, state or private foundation program.
- Patient and/or guarantor exhausted all other sources of financial assistance from private foundations and or other health-related and social service organizations.
- Patient and/or guarantors meeting the above criteria may apply for assistance at any point before, during or after care is provided.

**B. Method for applying for Children’s Cardiology Financial Assistance Program**

1. Children’s Cardiology routinely screens all patients with limited financial resources for eligibility in the following programs:
  - Group Health Insurance Plans
  - Individual Health Insurance Plans

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- COBRA
  - Health Coverage Tax Credits
  - Peachcare for Kids
  - Medicaid (including Emergency Medicaid, Medically Needy, Katie Beckett, etc.)
2. Patients who qualify under any of the above programs must enroll in the program or fully comply with the application process, submitting all required documents, or such patients may not be eligible for Children's Cardiology's Financial Assistance Program. Specific program requirements can be found at <http://dfcs.dhs.georgia.gov/medicaid>.
  3. If it is determined that the patient and/or guarantor is not eligible for State or Federal assistance or from private foundations and/or other health-related and social service organizations; the patient and/or guarantor may complete a Children's Cardiology financial assistance application form for financial assistance.

Financial assistance application Forms can be obtained freely at any of Children's Cardiology's facilities or requested via telephone, fax, mail, by e-mail at [financialcounseling@kidsheart.com](mailto:financialcounseling@kidsheart.com), or walk-in during normal business hours at the Children's Cardiology Business Office: Tel: (770) 824-9995, Fax: (800) 301-9913, Address: 2835 Brandywine Road, Suite 300, Atlanta GA 30341.

4. The completed financial assistance application form should be submitted along with required documents to the attention of Children's Cardiology's Financial Coordinator for consideration for Children's Cardiology financial assistance.

*Refer to Appendix A for documentation required by Children's Cardiology's financial assistance application form.*

5. Any incomplete application will not be considered and a letter requesting missing documents will be mailed to applicant.
6. Once the completed application and all supporting documents have been received, the Financial Coordinator will flag the account in Children's Cardiology's billing system to stop all collections efforts while the application is being reviewed.
7. The review process may take up to ninety (90) days from date of receipt of the completed application and all supporting documents.
8. If the financial assistance application is not complete and all supporting documentation being provided within thirty (30) days of a follow up request from a financial counselor, the application will be closed, and the patient and/or guarantor will receive a bill for the outstanding balance.
9. Once a completed application is received, the Financial Coordinator will review the fully completed application and all supporting documentation under the following guidelines:
  - If the patient and/or guarantor is **uninsured**, the eligibility screening shall be based on family size and income using the then-current federal poverty level guidelines. (refer to Appendix B). Financial assistance shall be awarded to eligible patient and/or guarantor on a tiered basis from zero percent (0%) to one hundred percent (100%) to be applied to the outstanding balance.
  - If the patient and/or guarantor is **insured**, eligibility is determined by a review of the financial assistance application and federal poverty level guidelines, as noted above. Patient accounts that do not meet the criteria for one hundred percent (100%) discount are reviewed by the Director, Finance for any discount available based on the specific patient and/or guarantor circumstances.
10. Following a conclusion of the review process, a letter of eligibility determination shall be sent to the patient and/or guarantor upon setting out the status of applicant's Financial Application along with Children's Cardiology's basis for the determination.
11. If approved for Children's Cardiology financial assistance, the effective date of approval, level of assistance will be communicated via letter including the percentage discount on any outstanding balance and the amount due.
12. Once approved, the adjustment of the patient's bill shall be processed.

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13. If the patient and/or guarantor is due a refund as the result of discounts applied, a refund will be issued.
14. If a partial discount is granted, the remaining balance is required to be paid in full or have an option to set up an interest-free payment plan.
15. The patient and/or guarantor may choose to appeal Children's Cardiology's financial assistance decision. The request for appeal is reviewed by the Director, Finance, who has the responsibility of determining if reasonable efforts were taken to determine the patient's and/or guarantor's eligibility and ensuring that Children's Cardiology policies were applied consistently. Should the patient and/or guardian choose not to appeal the decision, the application shall be closed and collection activities will resume as payment shall be expected on the outstanding balance.
16. A patient and/or guarantor may submit a new application if their care needs or financial circumstances change.

### **C. Collection and Billing Practices in the Event of Partial Approval or Non-approval of Financial Assistance**

1. The patient and/or guarantor will be billed in the following situations:
  - The entire balance is patient responsibility (self-pay).
  - The self-pay balance is greater than \$10.00.
  - The patient account does not have any statement holds or billing indicators on the account, which prevent these bills from being generated, including a pending financial assistance application.
  - A valid mailing address is on file with no returned mail.
2. Accounts qualifying for in-house collection activities within Children's Cardiology's internal collection area--as well as "external," when the account balance may be worked by an outside collection vendor. A summary of activities completed are as follows:
  - a. "In House" Collection:
    - Guarantor receives one (1) statement sent out every twenty-eight (28) days (for each guarantor account) and may also receive up to two (2) collection letters.
    - AR Collection staff makes outgoing phone calls to the guarantors in an attempt to secure payment.
    - Ten (10) days after the third statement is sent to guarantor, accounts are transferred in Epic to "Internal Collections." At this time, the first collection letter is mailed to the guarantor.
    - After an additional ten (10) days for any account balance not paid in full, a second collection letter is issued.
  - b. "External" Collections
    - After all internal collection efforts -including the fourth and final collection letter, the account will be outsourced to a bad debt collection agency.
    - Accounts will be placed with the agency for a period of time, during which time the collection agency will make additional efforts to collect on remaining balances.
    - While a financial assistance application is pending, Children's Cardiology, or vendors acting on Children's Cardiology's behalf, will not report to any credit bureaus (e.g., Equifax, Transunion, Experian) or use legal or judicial processes to collect self- pay debt. Children's Cardiology does not "sell" its accounts receivables to outside vendors.

### **D. How We Charge For Services**

#### **Basis for Determining Amounts Charged to Patients**

1. Amounts charged for medically necessary medical services (including physician professional fees) to patients eligible for financial assistance will not be more than the amounts billed to individuals with insurance covering such services.
2. Financial hardship and financial assistance care adjustments may be considered for those patients whose income and assets will not allow full payment within a reasonable time. The amount that a patient and/or guarantor is expected to pay, and the amount of financial assistance offered depends on
  - the patient's insurance coverage
  - the patient and/or guarantor's income and assets as presented on the financial assistance application
3. The Federal Income Poverty Guidelines will be used in determining the amount of the write off and the amount charged to uninsured patients, if any, after an adjustment.

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4. A sliding scale is used to determine the amount of discount to be offered to patients and/or guarantors. Discounts range from fifty percent (50%) to one hundred percent (100%) of the gross charges billed. Financial assistance may consist of:
  - Full adjustment of the self-pay balance
  - Partial adjustment of the self-pay balance
  - Extended payment options
5. Payment of COBRA premiums for a limited period of time may be considered if a patient is approved to receive financial assistance.
6. Children's Cardiology reserves the right to reverse financial assistance adjustments and pursue appropriate reimbursement or collections. This may occur as a result of a variety of reasons, such as newly discovered information as to insurance coverage or pursuit of a personal injury claim related to the services in question.
7. Children's Cardiology may deny a request for financial assistance for a variety of reasons including, but not limited to:
  - Sufficient income
  - Sufficient asset level
  - Lack of patient and/or guarantor cooperation or unresponsive to reasonable efforts to responsibly resolve the balance owed or to secure Medicaid eligibility or other financial coverage
  - Incomplete financial assistance application despite reasonable efforts to work with the patient
  - Pending insurance or liability claim
  - Withholding insurance information or payment and/or insurance settlement funds, including insurance payments sent to the patient to cover services provided, and personal injury and/or accident-related claims

**E. Measures to Publicize Children's Cardiology's Financial Assistance Program include:**

Information about Children's Cardiology's Assistance Program is provided to patients and/or guarantors:

- Upon a patient's registration, including a flyer placed in the clinical packet provided to patients at the time of office visit.
- Posting the availability of financial assistance in the waiting room areas.
- On Children's Cardiology's external website, [www.choa.org/cardiology](http://www.choa.org/cardiology)
- On billing statements and collection letters to patients and/or guarantors.
- During calls to Children's Cardiology's Business Office Department.

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**APPENDIX A**

**Children’s Cardiology Financial Assistance Application Form**

**Financial Statement**  
(Please print)

Account #(s): \_\_\_\_\_ MR #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_  
Last First Middle

Patient Date of Birth \_\_\_\_\_ Date of Service (s): \_\_\_\_\_

**Applicant Information**

Name: Dr. Mr. Mrs. Ms. \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No. Years at This Address: \_\_\_\_\_

Marital Status: Married \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_

Number of Children: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No of Years with This Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Spouse or Co-applicant Information**

Name: Dr. Mr. Mrs. Ms. \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No. Years at This Address: \_\_\_\_\_

Marital Status: Married \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_

Number of Children: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

For office Use Only
_____
_____
_____
Advisory Board:
_____
Comments:
_____
_____
_____

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Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No of Years with This Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Monthly Income Before Taxes**

**Please attach the following as proof of income: Most recent 1040 tax form with accompanying W-2s as well as two most recent pay stubs. Applications without proof of income will not be considered for financial assistance.**

Applicant		Spouse or Co-Applicant	
Wage per Hour	\$	Wage per Hour	\$
Hours per Week	\$	Hours per Week	\$
Social Security per month	\$	Social Security per month	\$
Disability per month	\$	Disability per month	\$
Net Rental Income	\$	Net Rental Income	\$
Unemployment per month	\$	Unemployment per month	\$
Child Support per month	\$	Child Support per month	\$
Alimony per month	\$	Alimony per month	\$
Public Assistance	\$	Public Assistance	\$
Other	\$	Other	\$
<b>Monthly Total</b>	<b>\$</b>	<b>Monthly Total</b>	<b>\$</b>

**If married, spouse information must be included on application.**

**Monthly Living Expenses**

Home Mortgage Pymt	\$	Unpaid Balance	\$
Rent Pymt	\$	Unpaid Balance	\$
Utilities	\$	Unpaid Balance	\$
Automobile	\$	Unpaid Balance	\$
Loans	\$	Unpaid Balance	\$
Credit Cards	\$	Unpaid Balance	\$
(List):		(Reason):	
Insurance	\$	Unpaid Balance	\$
Doctor	\$	Unpaid Balance	\$
Hospital	\$	Unpaid Balance	\$
Other	\$	Unpaid Balance	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

If you have not listed income, please explain how are you paying for food and housing:

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**Consent and Agreement**

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I confirm that the information in this application is correct and complete and that Children’s Cardiology Healthcare of Atlanta has my permission to double-check it for accuracy. I understand that if Children’s Cardiology Healthcare of Atlanta finds any of this information to be intentionally false, I will not be eligible for financial assistance and will be responsible for all charges.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX B**

**FINANCIAL ASSISTANCE DISCOUNT RATES**

Household Income as a Percentage of FPL	Financial Assistance Discount
0 to 400%	100%
401% to 500%	75%
501% to 600%	50%

**Household Income as a percentage of current FPL, based on U.S. Census Bureau 2022 guidelines:**

Family Size	100%	400%	500%	600%
1	\$ 13,590	\$ 54,360	\$ 67,950	\$ 81,540
2	\$ 18,310	\$ 73,240	\$ 91,550	\$ 109,860
3	\$ 23,030	\$ 92,120	\$ 115,150	\$ 138,180
4	\$ 27,750	\$ 111,000	\$ 138,750	\$ 166,500
5	\$ 32,470	\$ 129,880	\$ 162,350	\$ 194,820
6	\$ 37,190	\$ 148,760	\$ 185,950	\$ 223,140
7	\$ 41,910	\$ 167,640	\$ 209,550	\$ 251,460
8	\$ 46,630	\$ 186,520	\$ 233,150	\$ 279,780
9	\$ 51,350	\$ 205,400	\$ 256,750	\$ 308,100
10	\$ 56,070	\$ 224,280	\$ 280,350	\$ 336,420

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