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Section:	Operations	Date Reviewed:	November 17, 2024
Title:	Financial Assistance	Date Revised:	November 17, 2024
Regulatory Agency:	U.S. Department of Treasury		

Former Title: Charity Care

I. POLICY

Children's Healthcare of Atlanta, Inc. ("Children's") understands that patients and Guarantors may not be able to pay for health care expenses due to unforeseen circumstances, a lack of health insurance coverage or self-pay balances beyond their financial means. Children's offers Financial Assistance discount options for patients and Guarantors ("Financial Assistance") and this policy outlines the process for requesting Financial Assistance and the criteria used to determine eligibility.

Children's seeks to provide medically necessary pediatric health care services regardless of a patient and Guarantor's ability to pay when those medically necessary services are most appropriately provided by Children's.

Children's acknowledges that its resources are finite and, as such, Children's seeks to prioritize the use of its resources for Georgia Residents. Patients seeking treatment at Children's who are U.S. citizens or lawful residents residing outside of Georgia and patients who are not U.S. citizens or lawful residents may also be eligible for a Financial Assistance discount based on clinical need and an administrative review of the patient's circumstances. Financial Assistance approval for out-of-state and international patients should only be considered when Children's has been determined to be:

- the single best provider of medically necessary services for the patient; and
- provision of those services will have no impact on the availability of financial and clinical resources available for Georgia Residents.

Children's Financial Counselors will work with families to identify potential funding sources from the state and federal governments, private foundations, and other health-related and social service organizations as available. In addition to those funding sources Children's offers Financial Assistance discounts.



II. DEFINITIONS:

Amount Due - A person who is eligible for Financial Assistance under this policy will not be charged more for Emergency Services or other Medically Necessary Care than the Amount Generally Billed (AGB). Children's AGB is calculated using the "look-back method" as defined by Internal Revenue Service Code 501(r)(5), using the previous year's closed patient accounts. The basis for calculating amounts charged to patients covered by the Financial Assistance Policy is included in Attachment A.

Charity Care – Children's services:

- Not paid by Medicare, Medicaid or any other means-tested government health program
- Provided to patients whose family qualifies for a Children's Financial Assistance discount, as outlined in Attachment B
- Provided to patients whose family qualifies for a Catastrophic Care Discount consistent with Revenue Cycle Policy 500.07
- Provided to patients who qualify for Emory or other hospitals' financial assistance programs when services are performed by Children's providers at those other hospital locations
- Provided to patients referred from Mercy Care or other Federally Qualified Health Center (FQHC) organizations who meet that organization's financial assistance qualification criteria
- Provided to patients who are deemed to have presumptive eligibility for a Financial Assistance discount
- Provided to scheduled patient services that have been deemed medically necessary by both the referring or receiving physician and Children's center or service line leader when the patient has qualified for a Financial Assistance discount
- With balances due from a Guarantor for a patient who is deceased
- Provided to uninsured patients where the Guarantor is a county Division of Family and Children Services (DFCS) office

Covered Providers – The following entities provide Financial Assistance discounts under this policy:

- Children's at Arthur M. Blank
- Children's at Scottish Rite
- Children's at Meridian Mark
- Children's Physician Group
- Children's Urgent Care Centers
- Marcus Autism Center



The following entities do not provide Financial Assistance discounts under this policy:

- Children's at Hughes Spalding
- Children's Healthcare of Atlanta Cardiology

Hughes Spalding hospital is owned by Grady Health System and managed by HSOC Inc., a subsidiary of Children's. Care provided at Hughes Spalding hospital is covered by the Grady Health System Financial Assistance/Charity Policy, available on the Grady Memorial Hospital website.

Children's Healthcare of Atlanta Cardiology financial assistance is covered by a separate policy available here: [Children's Healthcare of Atlanta Cardiology Financial Assistance Policy](#).

Listings of specific providers who are covered and are not covered by this policy can be found at <https://www.choa.org/patients/bills-and-insurance>. The listings are also available in writing through any of the methods listed in Attachment C.

Emergency Services – Children's provides Emergency Services at each of its hospital facilities. Emergency services are provided to all patients without discrimination and without regard to whether a patient may be eligible for assistance under this Financial Assistance Policy. Children's prohibits any actions that would discourage individuals from seeking and being provided emergency medical care. Children's complies with the Emergency Medical Treatment and Labor Act (EMTALA) per policy AO 10.09 which includes IV. A. iv., "The Hospital will not base the provision of emergency services and care upon an individual's ... economic status or ability to pay for medical services." Patients requiring Emergency Services may apply for Financial Assistance after receiving treatment to determine if they qualify for a Financial Assistance discount.

Guarantor - The person with financial responsibility for payment of a Children's account. It may be the patient, a parent or guardian or whomever has been identified as the Guarantor for a specific Children's account.

Household Income – Includes the following for all members of the patient's household, consistent with the U.S. Census Bureau's American Community Survey criteria:

- Wages, salary, commissions, bonuses, and tips;
- Self-employment income;
- Interest, dividends, net rental income, royalty income, or income from estates and trusts
- Social Security;
- Supplemental Security Income (SSI);
- Any public assistance or welfare payments;



- Retirement income, trust fund payouts, pensions, survivor or disability income; and
- Child support, alimony, unemployment compensation or Veteran's payments.

Medically Necessary Care – Service or supplies that are proper and needed for the diagnosis or treatment of a patient's medical or behavioral health condition, meet the standards of good medical practice in the area and aren't mainly for the convenience of the patient or his/her doctor. Patients who have received Medically Necessary Care may apply for Financial Assistance to qualify for a Financial Assistance discount.

Presumptive Eligibility - In cases where a patient can be reasonably presumed to qualify for Financial Assistance, and the standard application processes cannot, or are not likely to, be completed, Children's Vice President of Revenue Cycle, Director of Patient Accounting or a designee may administratively designate a patient as qualifying for a Financial Assistance discount.

Services Exempted from Financial Assistance – The following services identified by Children's are exempt from financial assistance, unless formally approved by the executive team:

- Covered services not billed to a patient's in-network health insurance plan, including Medicaid and CMO organizations, when coverage is in effect at the time services are provided.
- Services provided by physicians and other providers that are not billed by Children's;
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- Transplants, including both solid organ and bone marrow; Genetic testing that will not change the plan of care for an existing patient;
- Transport services provided by any entity other than Children's;
- Services denied due to non-compliance by the Guarantor or insured (e.g., coordination of benefit requests or unpaid premiums);
- Services which cannot be authorized by the patient's in-network health insurance plan due to medical necessity when Children's providers have not exhausted options outlined by the insurance plan; or
- Marcus Autism Center services eligible for Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) funding.

Special Consideration for High Impact/High Cost Therapies – Requests for Financial Assistance for high impact/high cost therapies are subject to review and approval by Children's Specialty Medication Review Team as well as approval by the appropriate operational Vice President.



III. PROCEDURE:

Eligibility for Financial Assistance

The Guarantor's financial status must meet needs testing, which is determined by the family's income as a percentage of current Federal Poverty Levels ("FPL") published by the U.S. Census Bureau. Financial Assistance Discount Rates and the corresponding percentage of current Federal Poverty Levels are included in Attachment B.

Service provided to the patient must be for Medically Necessary Care and the Guarantor must have a balance of at least \$500 due after all third-party payments expected have been received to apply for Children's Financial Assistance.

If the balance on the Guarantor's accounts is more than 5% of household income reported on the Financial Assistance Application, the Guarantor may be considered for a Catastrophic Care Discount. See Revenue Cycle Policy 500.07.

Patients and Guarantors meeting screening criteria are expected to complete the application process for any appropriate Federal, State, or private foundation programs, including any of the following:

- Medicaid (including Emergency Medicaid, Medically Needy and Katie Beckett programs);
- PeachCare for Kids;
- Medicare;
- Group Health Insurance Plans;
- Employer continuation of coverage (COBRA);
- Georgia Medicaid Health Insurance Premium Program (HIPP/CHIPRA); or
- Individual Health Insurance Plans, including those available on the HealthCare.gov or GeorgiaAccess.gov Health Insurance Marketplace.

A Guarantor is expected to complete the Children's Financial Assistance Application in full and provide all appropriate supporting documentation requested. Methods to complete a Financial Assistance application for a Guarantor to apply for a Financial Assistance discount are listed in Attachment C.

Children's may determine that a patient or Guarantor is eligible for a Financial Assistance discount based on family enrollment in public assistance programs, information collected related to the visit or admission, collections experience as well as information collected on the Financial Assistance Application.



Financial Assistance for Urgent or Emergency Services

Any patient who receives urgent or emergent services with a Guarantor balance exceeding \$500 may apply for Financial Assistance. If a Guarantor is approved for a Financial Assistance Discount for emergent or urgent services, subsequent related emergency, urgent, diagnostic and physician visits provided within 90 days of the initial visit will be eligible for the Financial Assistance Discount. For example, a procedure required to reset a patient's fracture first treated in the emergency room would be considered as an urgent or emergency services for the purposes of Financial Assistance. Financial Assistance for these services will be determined by a review of a family's Financial Assistance Application. Operational VPs will be consulted if there are questions as to whether a service is directly related to an urgent or emergent visit.

Patients with confirmed out-of-state Medicaid coverage are eligible for a discount once the out-of-state Medicaid or Managed Medicaid plan coverage has been confirmed.

If a Guarantor does not qualify for Children's Financial Assistance, they may still be considered for a Catastrophic Care discount (see Revenue Cycle Policy 500.07) or a prompt pay discount (see Revenue Cycle Policy 500.08) for outstanding balances. Uninsured patients can be considered for presumptive charity based on account information, collections experience or criteria other than a completed Financial Assistance Application.

Financial Assistance for Scheduled Services

Prior to scheduling any non-emergency hospital services, Children's Operations leaders will work with the physicians involved to determine if the care proposed is clinically appropriate to be provided by Children's. This can be done by the completion of a Charity Care Application. Leaders will carefully review each case to evaluate:

- Alignment with Children's service offerings;
- Availability of services elsewhere;
- Initial and ongoing care requirements for the patient's condition
- Potential for funding by another agency or organization;
- Estimated cost of care; and
- Children's ability to fund the care.

Approvals for scheduled services will be communicated by the appropriate operational leader to a Financial Resource Coordinator.

If a Guarantor or provider seeks to schedule hospital services for an uninsured or out-of-network patient, they will be referred for an estimate of the planned services, screened for in-network insurance coverage, and then screened for Financial Assistance.



Out-of-state Medicaid enrollees may be scheduled for services once it has been determined that Children's is the most appropriate provider of services using the criteria noted above. "Availability of services elsewhere" for out of state Medicaid patients would include confirmation that the services are not available in the state in which the patient has been enrolled in Medicaid.

Given the wide variety of patients seen by Children's Physician Group professional providers, services for self-pay patients are scheduled at the discretion of the practice. Patients seen may apply for Financial Assistance discounts retrospectively.

In addition to Financial Assistance screening, scheduled services for uninsured or out-of-network patients are expected to have a completed Charity Care Application form that has been reviewed and approved by the appropriate clinical/operational leader.

The following items are expected to be completed on the Charity Care Application form:

- Patient information, including current condition and expected services
- An explanation as to why Children's is the best provider of the expected services
- Confirmation that care proposed for a patient seeking out-of-network care at Children's cannot be performed by an in-network provider with the patient's insurance plan
- The expected treatment plan, including potential duration of both initial and follow up care
- The end date for services to be covered by the Charity Care Application

The patient must have both a Financial Assistance and Charity Care Application approved to be scheduled for hospital services. If time does not allow for the collection and verification of support needed for completion of the Financial Assistance Application, the appropriate clinical/operational leader will determine if care will be provided.

If care is deemed emergent or life-threatening by the referring physician, Children's attending physician or other clinical staff, the services should be scheduled, and the Charity Care Application and Financial Assistance application completed as soon as possible after service is rendered.



ATTACHMENT A

AMOUNT DUE FROM GUARANTORS ELIGIBLE FOR FINANCIAL ASSISTANCE

A person who is eligible for Financial Assistance under this policy will not be charged more for emergency or other Medically Necessary Care than the Amount Generally Billed (AGB). Children's AGB is calculated using the "look-back method" as defined by Internal Revenue Service Code 501(r)(5), using the previous year's closed patient accounts.

Children's AGB includes any fully paid hospital claims where the primary payer is Medicare fee-for-service and all private health insurers. Children's AGB is the ratio of total insurance allowable amounts for payments posted during the year to the total billed charges for those accounts.

The AGB will be based on insurance payments posted each calendar year. The percentage will be calculated by February 28 each year and, if applicable, be used to calculate Guarantor amounts due for services beginning March 1 and continuing through February 28 of the following year.

For Guarantors with insurance coverage, Financial Assistance discounts will be applied to the balance remaining after their insurance has been billed and adjudicated.

The current AGB percentages and calculations for Children's services may be obtained in writing free of charge via:

Telephone (404) 785-5589

Fax (404) 785-9236

E-mail billing@choa.org



ATTACHMENT 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

		2024 Children's Financial Assistance Criteria		
		400% FPL	500% FPL	600% FPL
Family Size	100% 2024 FPL	100% Discount	75% Discount	50% Discount
1	\$ 15,060	\$ 60,240	\$ 75,300	\$ 90,360
2	\$ 20,440	\$ 81,760	\$ 102,200	\$ 122,640
3	\$ 25,820	\$ 103,280	\$ 129,100	\$ 154,920
4	\$ 31,200	\$ 124,800	\$ 156,000	\$ 187,200
5	\$ 36,580	\$ 146,320	\$ 182,900	\$ 219,480
6	\$ 41,960	\$ 167,840	\$ 209,800	\$ 251,760
7	\$ 47,340	\$ 189,360	\$ 236,700	\$ 284,040
8	\$ 52,720	\$ 210,880	\$ 263,600	\$ 316,320

2024 guidelines:



ATTACHMENT C

METHODS FOR APPLYING FOR CHILDREN'S FINANCIAL ASSISTANCE PROGRAM

Online

The Children's Financial Assistance Application can be downloaded from Children's website at:

<https://www.choa.org/patients/bills-and-insurance>

Telephone, Fax or E-mail

The Children's Financial Assistance Application can be requested as follows

- Telephone (404) 785-5515
- Fax (404) 785-9236
- E-mail financialassistanceapplications@choa.org

In Person

- A Financial Assistance Application may be obtained at no cost from the Financial Counseling Department at 1575 Northeast Expressway, Atlanta, GA. 30329.
- A Financial Assistance Application may also be obtained at no cost at any Children's Healthcare of Atlanta location.

The completed Financial Application form should be submitted along with required supporting documentation. Supporting documentation should include:

- most recent income tax filing, including all supporting IRS schedules
- copies of W-2 forms supporting tax filing
- two most recent pay stubs, or if employer does not provide pay stubs, a letter from employer confirming employment status, start date with company and wage rate paid
- where a family indicates they have little or no income, the Guarantor should provide an explanation of how the family is covering normal household expenditures such as food, utilities and living expenses

The completed application and supporting documentation can be e-mailed to: financialassistanceapplications@choa.org. Completed application may also be mailed to:

Financial Resource Coordinator
Children's Healthcare of Atlanta
1575 Northeast Expressway
Atlanta, GA 30329



ATTACHMENT D

ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON-PAYMENT

Collection and billing practices in the event of partial approval or non-approval of Financial Assistance

The patient's Guarantor will be billed as "self-pay" if the balance of an account is patient responsibility and:

- The balance is greater than or equal to \$10.00.
- The patient's account is not being held for any reason, including a pending Financial Assistance Application.

Open self-pay account balances qualify for Children's account statements and collection letters until the account is paid in full. If an account remains outstanding once in-house collection activities have been exhausted, the account may be placed with an outside collection vendor for additional collection actions. Children's takes appropriate steps to confirm that patients and/or guardians are aware of the efforts that are taken before sending accounts to any outside collection vendor.

A summary of Children's Billing and Collection process is as follows:

1. Children's In-House Collection Activities

Guarantor receives monthly statements and then collection letters.

If an account balance is not paid in full and no payment arrangement has been made, a patient account will receive at least four account statements and two collection letters.

If the account balance is not paid in full and no payment arrangements have been made after the statements and collection letters have been sent, a final collection letter/statement is issued to the Guarantor and the account is eligible for referral to an outside collection agency.

2. Outside Collection Agency

Accounts are placed with the agency for 6 to 12 months, during which time the agency will make additional efforts to collect on balances outstanding. If the balance remains outstanding after that time, the balance may be returned to Children's and deemed uncollectible.



3. Other Collection Actions

Children's is governed by the Fair Debt Collection Practices Act. Children's does not engage in any Extraordinary Collection Actions (ECAs) as defined by IRS 501(r)(6). At no time does Children's or its collection agencies:

- Report adverse information about an individual to consumer credit reporting agencies or credit bureaus;
- Deploy legal or judicial processes to collect self-pay debt;
- Defer, deny, or require a payment before providing Medically Necessary Care because of an individual's non-payment of one or more bills or if previously provided care was discounted due to Children's Financial Assistance Policy; or
- Sell an individual's debt to another party.



ATTACHMENT E

MEASURES TO PUBLICIZE CHILDREN'S FINANCIAL ASSISTANCE PROGRAM

- Information about Children's Financial Assistance Program is provided to patients and/or Guarantors:
 - Upon a patient's registration or admission to the hospital.
 - During Children's Financial Counselors visit to a patient's room.
- The availability of Financial Assistance is posted in the patient registration areas throughout the hospital.
- Reminders regarding the availability of our Financial Assistance program are sent to all credentialed physicians and advanced practice providers at least annually via our electronic newsletter.
- Reminders regarding the availability of our Financial Assistance program provided at least annually to both hospital and Children's Physician Practice leadership meetings.
- Links to the Financial Assistance Policy, the Plain Language Summary, the Financial Assistance Application and a listing of Entities and Physician Practices covered by the Financial Assistance Policy are located on Children's external website, www.choa.org.
- Billing statements and collection letters sent to patient Guarantors include notes that Financial Assistance is available for qualifying families.
- The hold message used for calls to Children's Patient Accounting Customer Service Department states that Financial Assistance is available for qualifying families.
- The availability of free or discounted care is posted in notices published in the Atlanta Journal-Constitution and Mundo Hispanico each year.



ATTACHMENT F

CONSIDERATIONS FOR PATIENTS WITH NON-STANDARD HEALTH COVERAGE

There are instances where Children's does not participate with an entity providing health coverage for a patient, including the following:

- Major medical coverage with a commercial or managed care plan not contracted with Children's
- Health share plans/ministries
- Short-term health insurance
- Limited-liability health insurance

- Fixed-dollar indemnity insurance
- Travel medical insurance
- Practitioner-only insurance
- Ancillary-only and any other types of health plans that do not meet Affordable Care Act (ACA) standards for major medical coverage with essential health benefits

In these instances, Children's does not file a claim for charges incurred and Guarantors may be eligible for Financial Assistance discounts on the balance outstanding.

If Children's provides a standard claim form or other documentation to support a potential claim on behalf of the patient, a Financial Assistance discount will not be granted until the Guarantor has provided Children's with documentation of payment amount or denial by the entity providing health coverage.

Financial Assistance discounts will be applied to the balance outstanding following application of amounts paid by any out-of-network and non-standard health coverages.