



## 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:

**Application Period** means the period during which DCH must accept and process an application for financial assistance, submitted by an individual, under its Financial Assistance Policy (FAP) in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the FAP. The hospital will accept applications for services without charge until three (3) years from the date of the follow up notice. The hospital will develop an application that, at a minimum, documents income, family size and eligibility for the Medicaid program. Applicants will cooperate in supplying information about health insurance or medical benefits available so a hospital may determine any potential third-party resources that may be available. The patient or a legal representative will need to sign the application. An unsigned application can be deemed acceptable if the patient is physically unable to sign the application or does not live in the vicinity of the hospital and is unable to return a signed application by mail. The application allows for the completion and signature of an application electronically provided there is reasonable assurance that it is the patient or the patient's legal representative who signs the application.

**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.

**Extraordinary Collection Actions (ECAs)** mean a list of collection actions, as defined by the Department of Treasury, Internal Revenue Service (IRS) that DCH may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. ECAs against the patient include obtaining payment for care against any other individual who has accepted or is required to accept responsibility for an individual's hospital bill for the care (also known as a guarantor). ECAs include, but are not limited to:

- a. In some circumstances, selling a patient's debt to another party;

Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;

- b. Deferring, denying, or requiring payment before providing, medically necessary (but non-emergent) care because of an individual's nonpayment of one or more bills for previously provided care covered under DCH's FAP (collectively referred to as "Deferred Care");
- c. Actions requiring legal or judicial process, including commencing a civil action against an individual and placing a lien on an individual's property (although exceptions include filing a proof of claim in bankruptcy and hospital liens on personal injury judgments/settlements); garnishing an individual's wages; attaching or seizing an individual's bank account or any other personal property; causing an individual to be subject to a writ-of-body attachment; and causing an individual's arrest.

The act of placing a patient's account with a collection agency is not an ECA.

**Third-party payer:** means any private or public entity or program that may be liable by law or contract to make payment to or on behalf of an individual for health care services. Third-party payer does not include a hospital

**Family Size:** Shall include the patient, the patient's spouse (regardless of whether they live in the home), and all of the patient's children, natural or adoptive, under the age of eighteen who live in the home. If the patient is under the age of eighteen, the "family" will include the patient, the patient's natural or adoptive parent(s) (regardless of whether they live in the home), and the parent(s)' children, natural or adoptive, under the age of eighteen who live in the home. If the patient is the child of a minor parent who still resides in the home of the patient's grandparents, the "family" includes only the parent(s) and any of the parent(s)' children, natural or adoptive, who reside 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.

**Financial Assistance Application Form (FAA or Application)** means a document that must be completed by the patient/guarantor and accompanied by proof of residency (residency required only for the HCAP Program) and income, in order to qualify a patient for financial assistance under the Charity Program or HCAP Program.

**Gross Income:** Total income before any deductions are taken.

**Hospital Care Assurance Program (HCAP):** A State and Federal program administered by the Ohio Department of Medicaid which provides funding to hospitals that have a disproportionately high share of uncompensated care costs for services to indigent and uninsured Ohioans. HCAP offers Ohioans, with family incomes at or below 100% of the current Federal Poverty Guidelines and ineligible for Ohio Medicaid, help with unpaid hospital bills.

**Residency** - Residence is established by a person who is living in Ohio voluntarily and who is not receiving public assistance in another state. ODM allows hospitals to include temporary residents, such as students or migrant workers, and patients who are temporarily residing with instate relatives. What is not permitted is the inclusion of out-of-state patients who are on vacation in Ohio, or any patient who has come to Ohio solely to receive medical care.

**Income:** is defined as total salaries, wages, and cash receipts before taxes; cash receipts that reflect reasonable deductions for business expenses will be counted for both farm and non-farm self-employment. If the income of a spouse or parent who does not live in the home cannot be obtained, or the absent spouse or parent does not contribute income to the family, determination of eligibility will proceed with the available income information. Income will be calculated by:

- (a) Multiplying the person's or family's income by four, as applicable, for the three months preceding the date hospital services were provided;

(b) Using the person's or family's income, as applicable, for the twelve months preceding the date hospital services were provided.

**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.

**Notification Period** means the period of 120 days after the date of the first post-discharge billing statement for the applicable medically necessary or emergency medical care.

**Prompt Pay** means paying an expected financial liability prior to or at the time of service.

#### **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.

Other services not covered under this policy would include:

- Any service provided by a provider or provider group listed on our non-applicable providers.
- Services related to research studies.
- Any other non-medically necessary service.
- Pre-planned services considered experimental prior to the service being rendered.

A listing of providers that are covered under this FAP is maintained separately. Members of the public can readily obtain it free of charge at the DCH website.

## **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). 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 40% of the patient's responsibility.

- Uninsured patients with family income greater than 400% of the Federal Poverty Level may qualify for a 30% 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. 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 Revenue Cycle Department shall have the final authority for determining eligibility for financial assistance under this policy.

For Discounted care of less than 100% Assistance, no patients determined to be FAP-eligible will be charged more for emergency or medically necessary care than the Amounts Generally Billed (AGB) for emergency or medically necessary care. AGB means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. To calculate the AGB, DCH uses the "look-back" method. Under this method, DCH uses "allowed" data based on claims sent to Medicare, Medicaid fee-for-service, and private health insurers for emergency and medically necessary care over the most recent 12-month, divided by the associated gross charges for those claims, to determine the percentage of gross charges typically allowed by these insurers. This is called the AGB Percentage. Associated portions for these claims paid by insured individuals in the form of co-payments, co-insurance or deductibles are included in AGB Percentage calculation. The AGB Percentage is then multiplied by gross charges for emergency or/and medically necessary care to determine AGB. DCH re-calculates the AGB Percentage annually and updates this Policy annually to reflect the same. Currently, for calendar year 2025, DCH uses the following AGB Percentages as determined above at 52%.

For uninsured patients a flat 30% discount would apply. However, if that patient is determined to be FAP eligible they would qualify for the larger of the FAP or flat 30% discount.

### **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 advocates. Dayton Children's Hospital reserves the right to request copies of paychecks, W-2's, Income Tax Returns and cash receipts before taxes; cash receipts that reflect reasonable deductions for business expenses will be counted for both farm and non-farm self-employment.

Financial Assistance applications are available by contacting the Patient Family Financial Advocate department via telephone at (937) 641-5727. The application is available for download from Dayton Children's Hospital website. [http://www.childrensdayton.org/cms/our\\_services/index.html](http://www.childrensdayton.org/cms/our_services/index.html)

A link for a Financial Assistance Applications is listed on the back of the guarantor patient statement.

Representatives are available to assist families with the application process. Paper copies are available upon request at no charge to the patient.

*Completed applications can be returned the following ways:*

*Mail to: Dayton Children's Hospital  
Patient Family Financial Advocate  
Department 1A  
One Children's Plaza  
Dayton, Ohio 45404-1815*

*Fax to: 937-641-6601  
Attn: Financial Advocate*

*Email to: FinancialAdvocates@childrensdayton.org*

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 for 90 days from date of service 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 phone calls/texts on guarantor balances 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.

### **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.
- Letters and Financial Assistance Applications are mailed or emailed to the patients and/or parents upon request.
- All billing statements contain a link to our DCH 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](http://www.childrensdayton.org/cms/our_services/index.html)
- A plain language summary of this document is available online at the Dayton Children's Website, and available upon request and without charge.

**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 Advocates 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.

**Prompt Pay** – Dayton Children's Hospital may also offer discounts for payment of medical services if they are paid in prompt and timely manner.

**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:**

<b>Advocates</b>	<b>Location</b>	<b>Phone</b>
Dayton Children's Hospital Financial Advocates	One Children's Plaza 8:00am – 4:30pm M-F	937-641-5727 937-641-6601 (fax) financialadvocates@childrensdayton.org
Dayton Children's Hospital Customer Service	Patient Accounts Department Phone Calls Only	937-641-3555

Revised Date (s): 12/00, 4/1/05, 5/2/11, 5/16, 12/16, 2/19, 02/22, 11/24, 07/25