

## Financial Assistance Policy

<b>POLICY TITLE:</b>	Financial Assistance Policy for Delaware, Pennsylvania, and New Jersey
<b>LAST REVISION/REVIEW DATE:</b>	January 1, 2025
<b>PREVIOUS UPDATE/Effective date</b>	February 1, 2023
<b>DATE OF ORIGIN:</b>	April 1, 2007

### Policy:

ChristianaCare is dedicated to improving the health of all people in the communities it serves through medical services, education, and research. ChristianaCare extends financial assistance to eligible patients who are unable to pay for their care in accordance with this policy. This policy sets forth the eligibility requirements and the procedures for obtaining financial assistance in compliance with applicable federal, state, and local laws.

### Purpose:

Uninsured discounts, underinsured discounts, payment options and financial assistance programs are offered to eligible patients. These offerings apply to all hospital inpatient, outpatient, and Emergency Department services, including dental services that require hospitalization, as well as medical services provided by any employed physician.

### Scope:

All ChristianaCare emergency and other medically necessary care provided by the hospital facility, including the services rendered by ChristianaCare employed physicians are within the scope of this policy. This includes dental services that require hospitalization. For purposes of this policy, medically necessary care includes health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine. Cosmetic procedures and bariatric services are excluded from this policy and patients are not eligible for financial assistance in connection with charges arising from these services.

This policy does not apply to other providers rendering services at ChristianaCare or its affiliates who are independent physicians that render primary or consultation services through a separate business entity. These charges are generally billed separately from hospital services.

### Eligibility:

- Patients may qualify for full financial assistance through the following application process (See Attachment 1) if they live within the ChristianaCare primary service area and have gross household income of up to 400% of the Federal Poverty Level Guidelines published annually in the Federal Register (see Attachment 2).
- All available financial resources of the patient, as well as any other persons with legal responsibility to provide for the patient, will be considered in connection with a determination of eligibility for financial assistance. Gross household income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans'

payments, survivor benefits, pension or retirement income, interest, dividends, rent, business income, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household and other miscellaneous sources of income.

- An automatic discount of 15% will be applied to charges billed for hospital and employed physician services provided to uninsured patients who are not otherwise eligible for Financial Assistance. This discount will also apply to patient accounts when services are not covered by insurance and a contractual adjustment is not posted to the account.
- For purposes of this policy, the amount generally billed will be determined annually using the lookback method set forth in Treas. Reg. 1.501(r)-5(b)(3), based on claims allowed for Medicare fee-for-service and all private health insurers that paid claims to the hospital facility in a prior 12-month period.
- An individual who meets the eligibility requirements set forth in this policy may not be charged more than the amount generally billed for emergency or other medically necessary care.

#### **Patient Application Procedure:**

- The Financial Assistance Policy applies to residents living within ChristianaCare's primary service areas in Delaware, Pennsylvania, Maryland and New Jersey (individuals within this service area will be referred to as "Residents" within this policy).
- When contacted by a patient, a ChristianaCare representative will pre-screen the patient for financial assistance eligibility and, if appropriate, send a financial assistance application.
- Patient/guarantor will be required to provide copies of documents to substantiate income level (e.g., W-2 forms, tax returns, pay stubs, bank statements). Patient/guarantor will be required to provide sufficient information for ChristianaCare to determine eligibility for available benefits, including Medicare, Medicaid, Workers' Compensation, third party liability and other federal, state, or local programs.
- Patients must assume the final responsibility to apply for assistance and to provide complete and accurate information on the application. As part of this process, patients are expected to respond to ChristianaCare's requests for information in a timely manner and otherwise cooperate with ChristianaCare to fully qualify for financial assistance.
- Patients who previously qualified for financial assistance will be required to reapply for financial assistance each year. Current eligibility will not be assumed based upon prior eligibility.
- Upon approval, eligibility for financial assistance will extend for one year from approval date and will be retroactive for one year prior to approval date. If a patient is determined to be eligible for financial assistance, payments made by the patient and applied against the patient's balance within the prior year will be refunded.
- Presumptive financial assistance may be granted to patients that appear to be eligible but lack the supporting documentation required to make an immediate decision. ChristianaCare will not use a credit report but will accept a letter from a qualifying program indicating low income and eligibility. The Patient Financial Services Director may accept alternative qualifying documentation for presumptive eligibility on a case-by-case basis, with any additional qualifying documents or criteria to be included in the annual updates to this Policy.

- Presumptive eligibility decisions will be made on a case-by-case basis. Potential circumstances for a presumptive eligibility determination include:
  - Eligibility for local or state assistance programs
  - Participation in Women's Infants and Children's (WIC) program
  - Residing in low-income housing, shelter housing or without permanent housing
- Patients facing catastrophic costs, where the medical expenses for an episode of care exceed 20% of annual income, can apply for financial assistance.
- Patients seeking financial assistance in connection with charges for services that were provided by a non-ChristianaCare physician or provider should contact the non-ChristianaCare physician or provider directly. **Attachment 4** includes a list of practices that participate in this Financial Assistance Policy and **Attachment 5** includes a list of providers that do not participate in this Financial Assistance Policy.

In the following situations, a patient who otherwise meets the qualifications for financial assistance in accordance with this Policy may qualify for financial assistance or other discounts, in which case the patient's account will be adjusted accordingly:

- A. **Bankruptcy** - ChristianaCare will comply with applicable bankruptcy law
- B. **Medicaid-eligible patients who receive medically necessary services not covered by Medicaid**
- C. **Medicaid-eligible patients who receive services before their coverage starts** may receive financial assistance for services for up to one year before their effective coverage date
- D. **Patients who were formerly eligible for Medicaid and receive services** when no longer eligible for Medicaid must complete the standard ChristianaCare financial assistance application to be considered for financial assistance
- E. **Patients who are wards of the state**, following receipt of proper documentation from the proper authority confirming the patient's status
- F. **Deceased patients where no estate is opened**, following receipt of proper documentation from the estate administrator
- G. **Patients of Federally Qualified Health Centers**
- H. **Patients eligible for the Ryan White Access Program**, identified by ChristianaCare's HIV department, will be referred to Patient Financial Services for a charitable adjustment based on federal grant guidelines

### **ChristianaCare's Commitment**

- ChristianaCare will widely publicize the availability of financial assistance through pamphlets, signage, online notices on the ChristianaCare website, and in-patient service areas. Applications are available in English, Spanish, and Mandarin (See Attachment 1).
- Translation assistance to complete necessary forms is available for anyone not proficient in reading, writing, or speaking English. This assistance is available Monday through Friday from 9 a.m. to 4 p.m. by calling 302-623-7440.

- ChristianaCare has determined that the language translations required for Limited English Proficiency (LEP) Residents are Spanish, and Mandarin. ChristianaCare has obtained this LEP data from the Department of Justice website at [www.lep.gov/maps/lma/Final](http://www.lep.gov/maps/lma/Final).
- ChristianaCare will provide a Plain Language Summary describing this Financial Assistance Policy (See Attachment 3) to patients who are uninsured or underinsured and who indicate their inability to pay for medically necessary services at time of intake or discharge.
- Questions regarding this Financial Assistance Policy may be answered by visiting with a customer service representative at the Corporate Finance Center at 200 Hygeia Drive, Newark, Delaware 19713. Patients also can reach a ChristianaCare representative at 302-623-7440 for financial assistance, Monday through Friday between 9 a.m. and 4 p.m. Inquiries can also be directed to the Patient Financial Services Department by email at [financialassistance@christianacare.org](mailto:financialassistance@christianacare.org).
- ChristianaCare will adhere to an established methodology for determining eligibility for financial assistance. The methodology shall consider whether health care services are medically necessary. Once deemed medically necessary, gross household income and family size will be evaluated for those patients who are Residents.
- If ChristianaCare determines that the patient may qualify for other coverage, financial counseling will be provided to assist patients to apply for the available coverage. Patient/guarantors who do not actively participate in this process will not receive financial assistance. Financial assistance will be only granted after all other funding sources have been utilized.
- If a patient has a claim (or potential claim) against a third party from which the hospital's bill may be paid, the hospital will defer its financial assistance adjustment pending disposition of the third-party claim.
- Exceptions to the financial assistance policy will be reviewed by the Corporate Director, Revenue Cycle.
- ChristianaCare will notify patients/guarantors in writing of the determination regarding eligibility for financial assistance.
- ChristianaCare will treat all information received from patients and guarantors as confidential to the extent required by applicable federal, state, and local privacy laws and regulations.
- ChristianaCare has a separate Billing and Collection policy <https://christianacare.org/patients/billing/> and any actions the hospital facility may take in the event of non-payment are described in that separate policy. Patients may request a copy of the Billing and Collection Policy by emailing [PFS@christianacare.org](mailto:PFS@christianacare.org) or by calling 302-623-7440.

### **Compliance Monitoring:**

ChristianaCare, as directed by the Office of Corporate Compliance and Ethics, and/or as initiated by federal/state auditors may periodically conduct audits to ensure compliance with this policy.

### **Policy Review:**

This policy will be reviewed and updated annually in accordance with IRS regulations.

### **Policy Oversight:**

The Chief Financial Officer of ChristianaCare Health Services is authorized on behalf of and in the name of this Corporation to sign and execute those documents reasonably necessary for the transaction of



business by this Corporation, including the Financial Assistance Policy. A Board resolution supporting this authority was adopted by the Board of Directors on [January 1,2025].

**Attachments:**

**Attachment 1:** The Financial Assistance Application is available to the public and used by ChristianaCare staff to determine patient eligibility following submission of the application and appropriate documents. The document is available by calling 302-623-7440 or at <https://christianacare.org/documents/Finance/20MG9-H-Financial-Assistance-Application.1.pdf>.

- English
- Spanish
- Mandarin

**Attachment 2:** The Federal Poverty Guidelines and Financial Assistance Scale is available to the public and presents the income and household thresholds that are used by ChristianaCare to determine a patient's eligibility for Financial Assistance. The document is available by calling 302-623-7440 or at <https://christianacare.org/20MG9-F-Financial-Assistance-Scale-ENG.pdf>.

- English
- Spanish
- Mandarin

**Attachment 3:** The Financial Assistance Policy Plain Language Summary is available to the public. It explains in plain language our Financial Assistance Policy. It is available by calling 302-623-7440 or online at <https://christianacare.org/20MG9-D-Financial-Assistance-Program-Summary-ENG.pdf>.

- English
- Spanish
- Mandarin

**Attachment 4:** The Financial Assistance Policy Practice List is available to the public and will be updated at least quarterly. It presents those health care practices that honor this Financial Assistance Policy. The document is available by calling 302-623-7440 or at <https://christianacare.org/20MG9-E-Financial-Assistance-Participating-Practices-ENG.pdf>.

- English
- Spanish
- Mandarin

**Attachment 5:** The Financial Assistance Policy Non-Participating Practice List is available to the public and will be updated at least quarterly. It presents those health care practices that DO NOT honor this Financial Assistance Policy. The document is available by calling 302-623-7440 or at <https://christianacare.org/documents/Finance/English/Non-Employed-Practitioners.pdf>.

- English
- Spanish
- Mandarin

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