



FACILITY: Shriners Hospital for Children – Boston and Springfield Hospitals	
RESPONSIBLE DEPARTMENT: Revenue Cycle - Patient Financial Services	
POLICY NAME: Financial Assistance Policy for the State of Massachusetts	
EFFECTIVE DATE: 1/18/16	PAGE: 1 of 8
REVISED DATE: November 29, 2016	POLICY NUMBER: RC-PFS-031
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PURPOSE:

Shriners Hospitals for Children® (SHC) is committed to providing care to children with neuromusculoskeletal conditions, burn injuries and certain other special healthcare needs regardless of the families’ ability to pay. This policy is intended to:

- a. implement standards and requirements which identify and qualify patients for financial assistance;
- b. ensure that all eligible patients are considered for financial assistance without prejudice or bias;
- c. assist in the identification of financially needy patients who may be eligible for public assistance or grant programs in lieu of full financial assistance;
- d. describe the types of financial assistance available to qualifying patients and their guardians; and
- e. comply with Section 501 (r) of the Internal Revenue Code.

Shriners Hospitals for Children provides non-emergent, elective, medically necessary care to individual patients without discrimination and without regard to their ability to pay, ability to qualify for financial assistance, or availability of third-party coverage. All health care professionals treating patients in SHC locations abide by this Financial Assistance Policy. A financial counselor is available to assist patients and their guardians to determine their eligibility for financial assistance. This policy applies only to SHC locations in the United States, and identifies the types of financial assistance available and how it may be accessed.

DEFINITIONS:

Charity Care: A type of financial assistance available to SHC patients and their families when the family earns less than 400% of the United States Federal Poverty Level. Charity Care is an adjustment code eliminating amounts owed for patient care, and is not a cash payment to patients or their families.

Charity Care Application: An application used by SHC financial counselors and designed to determine if patients are eligible for Charity Care.

Family: For purposes of determining Family Income, a group of two or more people who reside together and who are related by birth, marriage, or adoption.



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Family Income: Income determined using the United States Census Bureau definition, which includes earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income, determined on a before-tax basis.

Financial Assistance Application: Includes the Means Test, HEART, and/or Charity Care Application as appropriate.

HEART System: A web-based system programmed with each state’s Medicaid requirements and Shriners Hospitals for Children’s Charity Care program requirements used to determine if a patient is potentially eligible for Medicaid, Charity Care or Shrine Assistance.

Means Test: Questions designed to quickly determine if the patient may qualify for local, state, federal or SHC assistance programs. The Means Test calculates the family’s percentage of the federal poverty level, which allows SHC staff to determine the financial assistance program for which the patient and family may be eligible.

Shrine Assistance: A type of financial assistance available to SHC patients and their families instead of, or in addition to, Charity Care. Shrine Assistance is an adjustment code reducing or eliminating amounts owed for patient care, and is not a cash payment to patients or their families.

POLICY:

Types of Financial Assistance Available to Eligible Patients

Financial assistance programs available at Shriners Hospitals for Children include the Charity Care program and the Shrine Assistance program.

Charity Care is available to assist with the cost of care provided to patients for the following services, based on financial need:



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- a. Medically necessary services, evaluated on a case-by-case basis, at SHC’s discretion and includes inpatient hospital, outpatient hospital, ambulatory surgery center, clinic, physician services and other professional services;
- b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- c. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- d. Other services associated with the provision of medically necessary health care services.

Shrine Assistance is available to assist with the cost of care provided to patients for the following services:

- a. Medically necessary services, evaluated on a case-by-case basis, at Shriners Hospitals for Children’s discretion and includes inpatient hospital, outpatient hospital, ambulatory surgery center, clinic, physician services and other professional services;
- b. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- c. Elective procedures chosen by the patient or physician that is advantageous to the patient, but is not urgent;
- d. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- e. Other services associated with the provision of medically necessary healthcare services.

Shrine Assistance is available to a variety of patients, including (i) patients that do not qualify for Charity Care, public assistance or other federally funded programs; (ii) patients who are not United States citizens and do not reside in the United States, (iii) patients who do not disclose financial information due to religious, personal, moral or other reasons; and (iv) insured patients expressing financial hardship with respect to patient responsibility.

Determination of Financial Need

Patients will be considered for financial assistance based upon a determination of financial need in accordance with this policy. Qualification for financial assistance shall not be impacted by a patient’s gender identity, race, color, national origin, citizenship, alienage, sex, sexual orientation, religion, creed, disability, or age as long as the patient falls within the age and scope of care provided by SHC.



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Except as otherwise provided below, at the time of scheduling, pre-registration, registration or referral to financial counseling, all patients, parents or legal guardians declaring financial hardship will be asked to complete a Financial Assistance Application to determine their potential ability to qualify for state, federal or SHC programs. While it is preferred that a determination of financial need occur prior to rendering services, the determination of financial need may be done at any point in the insurance billing and payment cycle.

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may include:

- a. an application process, in which the patient or the patient’s guardian are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need, which may include tax returns, wage/income statements, copies of insurance or Medicaid denial notices, Social Security determination notices, and/or other documentation establishing Family Income.
- b. the use of external publicly available data sources that provide information on a patient’s or a patient’s guardian’s ability to pay; and
- c. reasonable efforts by SHC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and assisting patients or their guardian with applying for such programs.

Financial need may be reevaluated at each time of service if the last Financial Assistance Application and evaluation was completed more than one year after determination of financial need, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known, or if the patient’s or patient’s guardian’s circumstances change.

A determination of financial need shall be made by SHC within 30 days of receipt of a completed application, and application of Charity Care and Shrine Assistance will be applied in accordance with the guidelines below.

For questions concerning financial need determinations or the Financial Assistance Application, please contact SHC’s financial counselors. Contact information for financial counselors at each hospital is listed on Appendix A to this Financial Assistance Policy.

Charity Care Guidelines



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The Charity Care program provides eligible patients with services at no cost to the patient or his/her guardians. The Charity Care program is available to all Patients whose Family Income is less than 400% of the Federal Poverty Levels then in effect.

Presumptive Financial Assistance Eligibility

In limited circumstances, a patient or patient’s guardian may request financial assistance, but may elect not to submit a Financial Assistance Application. Adequate information may be provided by the patient, their guardian or through other sources, which could provide sufficient evidence to approve the patient for financial assistance in lieu of a formal application. In certain circumstances, SHC may use outside agencies to estimate income amounts for determining financial need, Charity Care approval and/or potential discount amounts in lieu of a Financial Assistance Application.

Presumptive eligibility for Charity Care may be determined upon verification of individual life circumstances that may include:

- a. Participation in State-funded prescription programs;
- b. Homeless or received care from a homeless clinic;
- c. Participation in Women, Infants and Children programs (WIC);
- d. Food stamp eligibility;
- e. Free/reduced/discounted school lunch program eligibility;
- f. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- g. Low income/subsidized housing is provided as a valid address; and
- h. Parent is deceased with no known estate.

A patient or guardian that is determined to be presumptively eligible for Charity Care will be granted a 100% Charity Care adjustment off of the account balance.

Shrine Assistance Guidelines

Shriners Hospitals for Children has implemented standards and requirements to identify and approve medically and/or financially needy patients who do not meet the Charity Care guidelines and/or are not eligible for public assistance or grant programs. Care or patient balances that cannot be classified as Charity Care will be considered under the Shrine Assistance guidelines, upholding the philanthropic mission of the Shriners Hospitals for Children. Shrine Assistance shall



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be applied to patient accounts, resulting in full discharge of any amount for eligible patient care services that would otherwise be owed by the patient, in the following circumstances:

- a. A patient is uninsured and for religious, moral, or other reasons declines or refuses to participate in financial counseling or otherwise complete the Financial Assistance Application;
- b. An uninsured patient fails to qualify for Charity Care; or
- c. A patient receives care at a SHC location in the United States, is not a United States citizen and does not reside in the United States.

Patients insured by private, non-governmental insurance plans who do not otherwise qualify for Charity Care may also be eligible for financial assistance through the Shrine Assistance program. Patients or guardians expressing financial hardship with respect to deductibles, co-payments and co-insurance, following an analysis of financial need, may discuss payment options with a financial counselor for amounts that the family is able to pay. The remaining balance exceeding the family’s ability to pay may be discharged through the Shrine Assistance program.

Communication of the Financial Assistance Programs to Patients and the Public

Notification about Charity Care and Shrine Assistance programs, which shall include a telephone number, shall be disseminated by Shriners Hospitals for Children by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in admitting and registration departments, hospital business offices, and patient financial services offices that are located on SHC campuses, and at other public places. Information shall also be included on SHC websites. Such information shall be provided in the primary languages spoken by the population served by Shriners Hospitals for Children.

All Uninsured patients will be provided the Massachusetts Health Member booklet and a hospital flyer that outlines the Patient Rights and Responsibilities under the State of Massachusetts – Health Safety Net Eligible Services program.

Referral of patients for Charity Care or Shrine Assistance may be made by any member of the Shriners Hospitals for Children staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for Charity Care or Shrine Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.



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Compliance with Laws

As part of the philanthropic mission of Shriners Hospitals for Children implemented through the Charity Care and Shrine Assistance programs, no uninsured patient receives a bill for care. Following a determination of eligibility for SHC financial assistance programs, an individual eligible under any such program may not be charged more than the “Amount Generally Billed” for emergency or other medically necessary services.

For more information about Amounts Generally Billed provided in writing and free of charge, please contact the Controller, Hospital Finance at 813-281-0300.

PROCEDURE:

This policy will be implemented as described in policy and procedures:

- First Party Payment**
- Financial Counseling/Benefit Assistance Policy**
- Primary Payor Billing**
- And other established SHC Policies and Procedures as applicable.**

REFERENCES: Section 501 (r) of the Internal Revenue Code

HELP: For questions regarding this policy, contact the Corporate Compliance Department at Shriners Hospitals for Children®, International Headquarters, in Tampa, Florida (813-281-8671).

Review Cycle

Triennial (or more frequently as needed).



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APPENDIX A

HOSPITAL CONTACT INFORMATION

Location	Financial Counselor Contact Number
BOSTON	617-371-4793
SPRINGFIELD	413-735-1227