

**This document applies to the following Participating Organizations:**

Johns Hopkins All Children's Hospital, Inc.

Pediatric Physician Services, Inc.

West Coast Neonatology, Inc.

**I. PURPOSE**

The purpose of this APPENDIX is to state the additional provisions which are applicable to Johns Hopkins All Children's Hospital.

**II. SCOPE**

This policy further applies to all locations operating under the license of the participating organizations outlined in Appendix B. All entities are further referred to as "Provider Healthcare System" and includes all hospital facilities and regional outpatient centers. A listing of all providers, in addition to the Hospital itself, delivering emergency or other medically necessary care at the Hospital that specifies which providers are covered by this policy and which are not covered, is updated quarterly on our website <https://www.hopkinsallchildrens.org/Patients-Families/Patient-Financial-Information/Payment-Plans-and-Financial-Assistance/Financial-Assistance-Provider-Listing>

**III. POLICY STATEMENT**

- a. Commitment to Provide Financial Assistance: Provider Healthcare System is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. A Provider Healthcare System Financial Counselor, designated business office representative, or committee with authority to offer financial assistance will review each individual case and make a determination of financial assistance that may be offered in accordance with this policy.
- b. Commitment to Provide Emergency Medical Care: Provider Healthcare System provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Provider Healthcare System will not engage in actions that 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 collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Provider Healthcare System patients in a non-discriminatory manner, pursuant to Provider Healthcare System EMTALA policy.

**IV. PROCEDURE**

**a. Eligibility for Financial Assistance:**

- i. The following healthcare services at Johns Hopkins All Children's Hospital are ineligible for financial assistance:
  1. Non-essential, not medically necessary or elective services such as cosmetic surgery, cosmetic dentistry, private rooms and convenience items;
    - a. The admitting physician and/or the physician advisor appointed by Provider Healthcare System will be consulted when questions arise as to whether a service is "elective" or "medically necessary."
  2. Services provided to patients registered as Elective Self Pay patients;
  3. Certain elective services, designated by each clinical department, for which no Financial Assistance will be given.

4. Non-emergency services that can be covered by Medicare, Medicaid or other third-party payers when these services can be provided by an in-network facility or provider as required by a patient's insurance.

**b. Financial Assistance Available at Johns Hopkins All Children's Hospital**

- i. Services eligible under this Policy will be made available to the patient in accordance with financial need as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Patients whose household family do not own Liquid Assets in excess of \$10,000 and is at:
  1. 200% or below of the FPL are eligible to receive care discounted at 100% of gross charges.
  2. 201% and 300% of the FPL are eligible to receive care discounted at 85% of gross charges.
  3. 301% and 400% of the FPL are eligible to receive care discounted at 70% of gross charges.

**c. Amounts Generally Billed at Johns Hopkins All Children's Hospital**

- i. Once a patient has been determined by Provider Healthcare System to be eligible for financial assistance, that patient shall not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that care as required by federal law.
- ii. The AGB is determined using the "look-back method" at the Provider Healthcare System.
- iii. The AGB calculation is as follows:
  1. The AGB is calculated by reviewing all past claims paid in full to Provider Healthcare System for emergency and medically necessary care by Medicare fee-for-service and all private health insurers, including co-insurance, copayments, and deductibles, during a specified twelve month period.
  2. The AGB for emergency and medically necessary care provided to a financial assistance eligible individual is determined by multiplying gross charges for that care by one or more AGB percentages.
  3. AGB percentages are calculated annually for each Provider Healthcare System entity by dividing the sum of certain claims paid by Medicare fee-for-service and private insurers by the associated gross charges for those claims.
- iv. AGB percentages are applied by the 120th day after the end of the 12-month calendar year period the hospital facility used in calculating the AGB percentages.
- v. Provider Healthcare System does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

**d. Financial Assistance Denial Recourse:**

- i. If the financial assistance application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor or designee will forward any application where reconsideration was requested to the Financial Assistance Evaluation Committee for final evaluation and decision.

**e. Communication of the Financial Assistance Plan to Patients Within the Johns Hopkins All Children's Hospital Community:**

- i. Notification about financial assistance available from Provider Healthcare System, which shall include a contact number and website address, shall be disseminated by Provider Healthcare System by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at care centers, admitting and registration departments, hospital business offices, Provider Healthcare System may elect. A summary of Provider Healthcare System's Financial Assistance Policy will be provided to patients upon intake or discharge and will be available to all patients upon

request. Provider Healthcare System also shall publish and widely publicize a summary of this financial assistance care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital/providers as Provider Healthcare System may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Provider Healthcare System.

- ii. Notification of all Provider Healthcare System providers of emergency and medically necessary care, which shall include a determination about whether or not the financial assistance policy applies to the eligible provided services, shall be disseminated by Provider Healthcare System by various means, which shall include, but are not limited to, its publication on facility websites and included within this policy.

**f. Relationship to Collection Policies:**

- i. Information regarding the actions that Provider Healthcare System may take in the event of nonpayment is in a separate Self-Pay Collection Policy (PFS046) . Members of the public may obtain a free copy of this separate policy from Provider Healthcare System
- ii. The Self-Pay Collection Policy (PFS046) sets forth policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action). The policy considers the extent to which the patient qualifies for financial assistance, a patient’s good faith effort to apply for a governmental program or for financial assistance from Provider Healthcare System, and a patient’s good faith effort to comply with his or her payment agreements with Provider Healthcare System. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their medical bills, Provider Healthcare System may offer extended payment plans which may be managed and monitored by outside collection agencies.

**V. PROVIDER HEALTHCARE SYSTEM INFORMATION**

Website:

[www.hopkinsallchildrens.org/](http://www.hopkinsallchildrens.org/)  
<https://www.hopkinsallchildrens.org/Patients-Families/Patient-Financial-Information/Payment-Plans-and-Financial-Assistance>

**VI. SUPPORTIVE INFORMATION**

**Related Documents:**

- Policy No. RC008 - Request for Hospital Service Charges
- Policy No. RC007 - Reimbursement for Patient Care
- Policy No. FIN008 - Emergency Medical Care
- Policy No. PTCRE014 - Emergency Medical Treatment and Labor Act (EMTALA) & Patient Evaluation Treatment or Transfer to Other Hospitals
- Policy No. SUPSR014 - Signage, Flyers, Banners and Works of Art (SUPSR014)

**Ownership:**

- Finance at Johns Hopkins All Children’s Hospital

**Subject Matter Expert’s Title/Position (if applicable):**

- Chief Financial Officer, JHACH
- Senior Director, Revenue Cycle, JHACH