Title:	Financial Assistance (Shared Hospital Policy)
Owner:	Stephanie Jackson (Director Access)
Co-Owner:	Ashley Kulpa (ACNW Director Access)
Recommending Group:	Patient Financial Services
Oversight Group:	Shared Hospital Policy Committee
Oversight Review Date:	09/12/2025
Approval By:	Jamie Wiggins (Executive VP/COO)
Effective Date:	09/12/2025
Covered Entities:	Arkansas Children's Hospital (ACH) Arkansas Children's Northwest (ACNW)

POLICY

Arkansas Children's (ACH and ACNW) provides Financial Assistance to patients or guarantors determined by Arkansas Children's to be eligible because their income is at or below 250% of the Federal Poverty Level (FPL). Financial Assistance is the specific 100% discount of the financial responsibility for eligible services pursuant to this policy. Arkansas Children's applies the following procedures to ensure notification, to determine eligibility, and to apply the discount.

PROCEDURE

I. Notice and Communications of the Financial Assistance Policy (FAP)

A. A notice informing patients and guarantors of the FAP is posted in key areas of the hospital, including Admissions, Emergency, Outpatient Clinic Registration, and Patient Accounts.

B. The FAP, a plain language summary of the FAP, the FAP application, and the translations are available on the Arkansas Children's website.

C. Spanish and Marshallese translations are available as these are the languages most often used by Limited English Proficiency patients that are most likely to encounter Arkansas Children's services.

D. Arkansas Children's billing statements include an Arkansas Children's financial assistance application and contact information.

E. Arkansas Children's Admissions and Patient Accounts team members are trained to answer Financial Assistance questions; team members unable to answer Financial Assistance questions will direct the inquirer to Arkansas

Children's Hospital Admissions at 501-364-1230 or Arkansas Children's Northwest Admissions at 479725-6966.

II. Discount and Eligibility Criteria

A. Discount - If determined eligible for Financial Assistance, Arkansas Children's will provide a 100% discount to prior financial responsibilities after all other sources of payment (such as insurance or worker's compensation) have met their payment obligation. Applicable copayments will be collected at time of service and are not eligible for refund for dates of service prior to the approved Financial Assistance decision date.

B. Income Eligibility- To be eligible for Financial Assistance, the household modified adjusted gross income must be at or below 250% of the Federal Poverty Level (FPL) determined at the time of the application for Financial Assistance.

C. Service Eligibility - Services eligible for Financial Assistance are medically necessary services. Cosmetic services are not eligible for Financial Assistance.

1 Absolute Self Pay Accounts (ASP) are not eligible for Financial Assistance.
   a ASP is used when insurance coverage does not have benefit for elective services and the guarantor still chooses to have services done at Arkansas Children's.
   b ASP is used when guarantor has insurance coverage but opts to not utilize the coverage.

2 Services and supplies that are provided by a third party vendor and billed through any ACH service providers, are not eligible for AC's Financial Assistance.

D. Additional Eligibility Characteristics
   1. Patient is a permanent resident of the United States but is NOT a current resident of Arkansas AND the services were emergent.

E. Foreign nationals without documentation or nonimmigrants and their dependents whom have been temporarily admitted to the United States with a student, business, or tourist Visa are eligible for the Financial Assistance if less than 21 years of age (unless regulated otherwise): or if greater than 21

years of age and meet exemption criteria as defined by the Adult Treatment Request Application in the Acceptance of Adult Patients Policy. Approval of financial assistance for these patients is dependent on budget constraints, is subject to change, and will be evaluated on a case by case basis. Please see Section IV for details and process for Financial Assistance for these patients.

F. Services provided to patients covered by the International Patient Patient Policy International Policy are not eligible for Financial Assistance.

G. Eligibility for Financial Assistance is determined regardless of the individual's inability to pay whether payment for those services would be made under Medicare, Medicaid or CHIP; the individual's race, color, sex, religion, age, or national origin, disability, sexual orientation, or gender identity.

III. Application Process and Eligibility Determination

A. Arkansas Children's will use the Financial Assistance and Need Based Application and required supporting documentation to determine eligibility. The application is the same for Arkansas Children's Hospital, Arkansas Children's Northwest, and all AC entities.

B. Required supporting documentation includes the following:

1. Last 30 days of income verification in the form of pay stubs, employer statement or the prior year's tax return. If the applicant provides both at the time application is submitted, the lower income level documentation will be considered.
2. Proof of 30 day income must be within 30 days of application date.
3. Persons with no income and also ineligible for Medicaid, Medicare, or Marketplace Subsidies, must supply a written signed statement describing how they are meeting their day to day basic living needs.

C. Additional information that may be accessed to determine eligibility:

1. A credit bureau report or reliable third party credit information

2. A Medicaid application or Medicaid certification

3. Information from Arkansas Children's interviews and follow up.

D. The patient or guarantor will be screened for Medicaid eligibility. Financial Counselors may assist the patient or guarantor in completing a Medicaid application. Ineligibility for other assistance programs such as Medicaid is a prerequisite for eligibility for Financial Assistance.

E. Admissions will make a determination and notify the patient or guarantor in approximately 30-45 days of receipt of the completed application.

F. If Financial Assistance is denied due to failure to provide required supporting documentation, patient/guarantors will be informed of missing required information and the application will be closed until the information is provided.

G. If Financial Assistance is denied due to failure to meet eligibility requirements, the applicant may reapply if there has been a change in household size or income.

IV. Foreign nationals without documentation or nonimmigrants and their dependents who have been temporarily admitted to the United States on a student, business, or tourist visa.

A. When all other eligibility requirements are met, these patients are eligible for Financial Assistance for routine inpatient, outpatient, intensive care and emergency care based upon the clinical team's evaluation of the nature of the illness and prognosis.

B. Certain high risk, high cost and/or chronic life-saving treatments, such as (but not limited to) ECMO as a bridge to transplant, ventricular assist devices, high risk surgical procedures, transplantation, chronic mechanical ventilation, and chronic dialysis will be considered only on rare occasions and will require approval by the applicable Chief Medical Officer (CMO) and Chief Financial Officer (CFO).

C. If the nature of the illness, prognosis, cost of care, availability of care elsewhere or availability of resources for ongoing care in their community or is a budgetary concern from the family’s perspective, then assistance from the consulate and budget constraints will be considered before a commitment is made to provide treatment.

D. If any such treatments are under consideration by the medical team, the primary attending and section/service chief are responsible for requesting a meeting with the applicable CMO and CFO to evaluate the request. If the section/service

chief is the primary attending, then a second physician from that service will be invited to participate.

E. Approval Process

To support proactive deliberate decision making for the high risk, high cost, and/or chronic life-saving treatments, the following will occur:

1. Monthly review of 100% FAP and self-pay cases will be conducted by the Patient Financial Services VP or designee with plan to escalate to the applicable CMO and CFO if a single case exceeds $100,000 in charges:
2. Financial counselors will identify patients in the high risk group who have any of the pre-determined set of diagnoses listed in number 6 of this Section which are likely to require high risk, high cost, or chronic lifesaving treatments.
3. Financial Counselors will partner with the Social Work Department to alert the attending physician and clinical team about the need for consultation with the applicable CMO and CFO if high risk, high cost or chronic lifesaving treatments are under consideration.
4. Proactive communication will occur with the medical staff regarding the need to consult with the applicable CMO and CFO if high risk, high cost or chronic lifesaving treatments are under consideration for patients with no payment source.
5. If denial is under consideration, the applicable CMO and CFO will consult with the Arkansas Children's Legal Department.
6. Diagnoses to be considered include, but are not limited to:
    a. Immunodeficiency
    b. Cancer
    c. Cardiomyopathy
    d. Catastrophic encephalopathy
    e. Catastrophic epilepsy
    f. Chronic renal failure
    g. Chronic respiratory failure
    h. End stage renal disease
    i. Failed Fontan
    j. Heart surgery
    k. Immunodeficiency
    l. Myocarditis
    m. Tracheostomy

V. Application of the Financial Assistance Discount and Record-Keeping

A. The Discount is applied to outstanding amounts due from the patient/guarantor at the time of determination. The discount will remain in effect for the amounts due from the guarantor for future dates for six months.

B. Patient Accounts will apply the Discount when all payments have been received from insurance if applicable.

C. All Financial Assistance applications and determinations will be retained for a minimum of 7 years. A random review shall be conducted by Patient Financial Services Management no less than annually to ensure compliance with eligibility policies and procedures.

VI. Limitation on Charges for Persons Eligible for Financial Assistance

D. Charges billed to Patients/Guarantors determined by Arkansas Children's to be eligible for financial assistance must be:

1. Less than the gross charges of all medically necessary services, and

2. Not more than the amounts generally billed to insured persons or those covered by federal or state health care programs.

E. Arkansas Children's calculates the amounts generally billed using the look back method. Because Arkansas Children's provides a 100% discount to all Patients/Guarantors determined to be eligible for financial assistance, Arkansas Children's ensures compliance with the above IRS regulation related to limitation on charges.

VII. Extraordinary Collection Actions

Arkansas Children's does not engage in Extraordinary Collection Actions for those eligible for Financial Assistance.

VIII. Providers

Services provided at Arkansas Children's facilities rendered by the UAMS Faculty Group Practice (FGP) or by the Arkansas Children's Medical Group (ACMG) are eligible for Financial Assistance pursuant to this policy.

Services provided by providers that are not part of FGP or ACMG are not eligible for Financial Assistance. Providers that have admitting privileges at Arkansas Children's but are not FGP or ACMG are listed in the Non-Participating Providers Addenda.

REFERENCES

IRS CODE: 26 CFR § 1.501(r)-4(d)(1): A hospital organization has established a FAP, a billing and collections policy, or an emergency medical care policy for a hospital facility only if an authorized body of the hospital facility (as defined in § 1.501(r)-1(b)(4)) has adopted the policy for the hospital facility and the hospital facility has implemented the policy.

ENDNOTES

Keywords: Financial, Payment, Assistance, Help, Discount, Charity, Free, Care, Collections, Bills, Need, Indigent

ADDENDA

https://www.archildrens.org/patients-and-visitors/billing-and-insurance/financial-assistance/financial-assistance-program