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CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND (CSHBF)		Effective Date: 8/95
		Revised: 12/23
		Reviewed: 12/20

Purpose

To define the Children’s Specialized Hospital Benefit Fund (CSHBF), to identify the situations in which CSHBF will be made available to guarantor of the patient(s), and to specify the procedures to be followed in qualifying a patient for assistance for all medically necessary care provided by Children’s Specialized Hospital (CSH or the Hospital) or any other substantially related entity. It is also the intent of this policy to ensure Children’s Specialized Hospital complies with the Internal Revenue Code 501R.

Departments Affected

All

Definitions

Children’s Specialized Hospital Benefit Fund is defined as a program for subsidizing payment for all medically necessary care performed at Children’s Specialized Hospital or any other substantially related entity. This program will be offered based on Children’s Specialized Hospital’s CSHBF Criteria.

Policy

It is the policy of Children’s Specialized Hospital to offer financial assistance, as defined herein to those who demonstrate an inability to pay for medically necessary services that are not covered by any other payor, private or governmental, or for those who are uninsured. Children’s Specialized Hospital reserves the right to limit or deny financial assistance to patients at the sole discretion of the Hospital.

Procedure

Children’s Specialized Hospital requires that each guarantor wishing to apply for the Children’s Specialized Hospital Benefit Fund complete a Children’s Specialized Hospital Benefit Fund Application in its entirety, as provided by the Payer Services/Insurance Verification and Authorization (IV&A) department. If the application is incomplete, the applicant will receive a phone call and letter with a message advising of the missing documentation. The applicant has the opportunity to be reconsidered by emailing, faxing or mailing the missing documentation to the IV&A department immediately. However, if the information is not received within 60 days from the date on the letter, the application may be denied and a new application with all documentation will be required for resubmission when applying prior to the date of service. If the applicant is applying for postdates of service(s) then the applicant will be given 365 days from date of first of service to submit an application.

Applicants can review the entire CSHBF process on CSH’s website: www.childrens-specialized.org, which also provides the most current contact information to address questions or concerns as well as downloadable copies of the application in both English and Spanish. The website link also provides detailed information on emailing, faxing, mailing or coming on site to return or pick-up the CSHBF application. A copy of the Plain Language Summary shared with applicants is attached hereto as part of the CSHBF policy. In addition, not all services provided within the Hospital facility are provided by CSH employees and therefore may not be covered under CSHBF. Please refer to Schedule 1 (Provider Listing) for a list of providers that

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provide medically necessary healthcare services within the Hospital facility and are not covered under the CSHBF. The provider listing will be reviewed annually and updated, if necessary.

Eligibility

Eligibility for CSHBF will be determined based on the following:

- Permanent Resident of the State of New Jersey
- Permanent U.S. citizen or a Legal Alien
- Family income 500% below the Federal Poverty Guidelines

Documentation requirements for participation in CSHBF:

- Proof of denial or acceptance into alternative funding sources, including but not limited to NJ Medicaid programs, Crime Victims Fund, Catastrophic Illness Fund. CSHBF eligibility is contingent on proof of a denial for each funding source in which patient, family and/or guarantor is eligible.

Applicants without the denial from the alternate funding source will be referred to a Medicaid eligibility vendor to assist with the Medicaid process. If CSHBF is approved, the account will be documented with “CSHBF pending” if the family meets Medicaid income guidelines. If they do not meet Medicaid income guidelines, they will still be referred to Medicaid eligibility vendor for alternate funding; however, CSHBF will be approved if qualified. CSH’s Medicaid eligibility vendor process can be found at U:\Patient Information\Patient Access Services

- Proper documentation proving New Jersey permanent residency, United States Citizenship or legal Alien Residency, and Identification for Guarantor and Patient (i.e., Birth Certificate, Social Security Card).
- Income verification for guarantor and/or any other legally responsible individual(s):
 - Two paycheck stubs. If no family members are working in the household than the two most current disability and/ or unemployment statements. If self-employed than a statement from a certified accountant showing income from the month prior to requested date of service to be covered.
 - All bank statements dated within two months prior to first date of service being rendered.
 - Most recently filed income tax returns and W-2 for each working member in the household.

Asset Documentation defined as: Property other than the guarantor/family’s primary residence is deemed an asset and will be considered when making an eligibility determination. Assets such as, but not limited to checking and savings account(s), stocks and bonds (other than those in designated retirement accounts), are considered in making a determination. In order to be considered for CSHBF, guarantor/family assets cannot exceed \$50,000.

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In instances where the guarantor is unable to provide documentation as listed above, Children’s Specialized Hospital will require that a reasonable explanation be provided of why the guarantor is unable to provide the requested information.

Children’s Specialized Hospital will use the CSHBF Matrix (the Matrix) to determine a guarantor’s eligibility which encompasses all previously listed financial documentation. The Matrix (Schedule 2 – Income Matrix of Federal Poverty Level) is based on a percentage of the current Federal Poverty Guidelines. The current eligibility Matrix is maintained by the IV&A department. Approvals are based on a sliding scale beginning at 10% coverage increasing at 10% intervals up to 100% coverage. Families may review the Matrix and explanation of the CSHBF guidelines on CSH’s website:

<https://www.rwjbh.org/childrens-specialized-hospital/patients-visitors/billing-financial-and-insurance-information/hospital-benefit-fund-and-application/>

At this time Children’s Specialized Hospital does rely on Medicaid approval materials or pending Medicaid approval materials for families with no insurance or lapse in coverage, when walking through the CSHBF application process. Applicants with active NJ Medicaid coverage will only be required to submit the two page CSHBF application with no additional documentation needed.

Coverage

Outpatient and Inpatient Rehabilitation Services:

Patients who qualify may have assistance applied to any balance deemed medically necessary by CSH (including copay, deductible and coinsurance) not covered by their insurance or other third party payer or when there is no insurance coverage for a service, including if benefits have been exhausted. Services are covered for one year from first date of service approved for CSHBF coverage. If a patient has insurance coverage, the guarantor must follow all insurance guidelines before he/she will receive assistance, even if previously approved. For example, if an insurance carrier denies payment due to lack of referral/authorization, the Children’s Specialized Hospital Benefit Fund will not be available for that service.

If a patient does not have insurance and is a documented NJ Resident, the parent will have the option to apply for our CSHBF program. If parent/guardian is denied or does not want to apply for CSHBF, they will be billed per CSH’s Self-Pay Policy. If a family’s application is approved at a percentage of, then they will be billed based on the “Amounts Generally Billed” (AGB) methodology selected by CSH. AGB is defined in IRC Section 501(r)(5) by the Internal Revenue Service. CSH has adopted the Medicaid look back method for purposes of determining the AGB. Families eligible for the CSHBF will be covered at the lesser of AGB or the discounted amount included in Schedule 2. Families may readily obtain percentage(s) and the accompanying description in writing and free of charge upon request.

CSH Sponsored Camps and Recreational Program

A family may also apply for CSHBF to cover/offset the cost of CSH sponsored camps and programs. If a family already applied and qualified for CSHBF for outpatient rehabilitation services, that same approval can be used for CSH sponsored programs. See Schedule 3 for a list of camps and recreational programs.

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NJ Family Care

Patients with NJ Family Care insurance who are approved for CSHBF must maintain an active status with NJ Family Care for the duration of the approval timeframe. CSH must be notified in any change in status.

Annual Renewal

CSHBF approvals are effective in most cases for one year unless noted. A letter from IV&A will be sent to guardian/parent prior to the expiration date requesting an updated application with required updated documentation.

Administrative Adjustment

Individual accounts or patients may be approved for CSHBF or an administrative adjustment at the discretion of Hospital Administration outside the guidelines and procedures spelled out in this policy.

Information Falsification

Children's Specialized Hospital will deny or discontinue financial assistance if the guarantor provides intentionally false information relating to, but not limited to, income verification, total household members, assets or other resources available that may indicate financial means to pay for services. In this instance, the guarantor will be responsible for payment of any incurred charges while covered under the Children's Specialized Hospital Benefit Fund.

Appeal

A guardian/parent may appeal the CSHBF determination or supply updated information if the family's financial situation has changed. The appeal must be in writing and must be received within 60 of the determination letter.

Reference:

Billing and Collection Policy
 IRC 501(r)(5)

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SCHEDULE 1 – Provider Listing
These services will not be covered by the CSH Benefit Fund

Vendors (including but not limited to):

- ACC Vendors (Dynavo, Protaller, Prentle Romiche)
- Ambulance Transport companies (based on patients' individual Payer Source)
- Orthotic Vendors (NOPCO, Hanger, LaWall)
- Laboratory Vendors (LabCorp, RWJBH, Quest)
- Rehab Tech Vendors (National Seating and Mobility, NuMotion, Boston Brace)
- RWJBH Radiology or URG@RWJUH

Physician(s) / Physician Groups (listing is available upon request from the Clinical/ Medical Staff Office located at Children's Specialized Hospital NB Campus (200 Somerset Street)

- Dentistry
- Neonatal/ Perinatal Medicine
- Neurological Surgery
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pathology and Laboratory Medicine
- Podiatry
- Pediatric Endocrinology
- Pediatric Pulmonology
- Pediatric Surgery (General)
- Plastic Surgery
- Psychology
- Radiology
- Urology



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SCHEDULE 2 - Income Matrix of Federal Poverty Level

% of Federal Poverty Level*	400%	410%	420%	430%	440%	450%	460%	470%	480%	490%	500%
Patient Pays:	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Family Size	Income Threshold										
1	\$ 58,320	\$ 59,778	\$ 61,236	\$ 62,694	\$ 64,152	\$ 65,610	\$ 67,068	\$ 68,526	\$ 69,984	\$ 71,442	\$ 72,900
2	\$ 78,880	\$ 80,852	\$ 82,824	\$ 84,796	\$ 86,768	\$ 88,740	\$ 90,712	\$ 92,684	\$ 94,656	\$ 96,628	\$ 98,600
3	\$ 99,440	\$ 101,926	\$ 104,412	\$ 106,898	\$ 109,384	\$ 111,870	\$ 114,356	\$ 116,842	\$ 119,328	\$ 121,814	\$ 124,300
4	\$ 120,000	\$ 123,000	\$ 126,000	\$ 129,000	\$ 132,000	\$ 135,000	\$ 138,000	\$ 141,000	\$ 144,000	\$ 147,000	\$ 150,000
5	\$ 140,560	\$ 144,074	\$ 147,588	\$ 151,102	\$ 154,616	\$ 158,130	\$ 161,644	\$ 165,158	\$ 168,672	\$ 172,186	\$ 175,700
6	\$ 161,120	\$ 165,148	\$ 169,176	\$ 173,204	\$ 177,232	\$ 181,260	\$ 185,288	\$ 189,316	\$ 193,344	\$ 197,372	\$ 201,400
7	\$ 181,680	\$ 186,222	\$ 190,764	\$ 195,306	\$ 199,848	\$ 204,390	\$ 208,932	\$ 213,474	\$ 218,016	\$ 222,558	\$ 227,100
8	\$ 202,240	\$ 207,296	\$ 212,352	\$ 217,408	\$ 222,464	\$ 227,520	\$ 232,576	\$ 237,632	\$ 242,688	\$ 247,744	\$ 252,800
* DMAHS Income Standards 2/22/23											

*FAMILY ASSETS CANNOT EXCEED \$50,000 (Primary house and pension assets are excluded)

**NO RESOURCE LIMIT FOR FAMILIES WITH ACTIVE NJ FAMILY CARE

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SCHEDULE 3 -CSH Sponsored Camps and Recreational/Social Programs

- Camp Pal's Paradise
- Camp Chatterbox
- BECOME
- Friday Night Fever
- Aquatics Programs
- Jiu Jitsu Programs
- Karate Programs Lightning Wheels
- Social Club
- Creative Cooking
- Cooking for Independence
- STEM and Experiments
- Parent-Child Playgroup
- Teen Night
- Creative Drama
- Fine Art Exploration
- Soccer Stars
- Taekwondo
- Panda Prep

Revised: 8/95, 7/96, 1/99, 5/00, 3/01, 1/02, 4/04, 7/06, 8/10, 12/11, 12/12, 6/13, 9/13, 6/14, 11/15, 12/17, 12/19, 12/20, 3/21, 11/21, 12/22

Reviewed: 2/07, 7/09, 9/15, 11/16, 11/17, 12/19, 12/20, 12/22, 12/23