	CHILDREN'S SPECIALIZED HOSPITAL	Policy #: LD – 21
	ADMINISTRATIVE MANUAL	Page 1 of 5
CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND (CSHBF)		Effective Date: 8/95
		Revised: 12/17
		Reviewed: 11/17

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 the Hospital facility or any other substantially related entity. It is also the intent of this policy to insure 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 entirety, as provided by Patient Access Services. If the application is incomplete, the applicant will receive a letter with a message advising of the missing documentation. The applicant has the opportunity to be reconsidered by faxing or mailing the missing documentation to the PAS department immediately. However; if the information is not received within 45 days from the date on the letter, a new application with all documentation will be required for resubmission when applying prior to the date of service. If the applicant is applying post date of service then the applicant will be given 240 days from date of first statement post date of service to submit an application.

Applicants can review the entire CSHBF process on CSH’s website: www.childrens-specialized.org which also gives 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 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 CSH CSHBF Policy which is provided to all families during the in-take process. 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 provide medically necessary healthcare services within the hospital facility and are not covered under the CSHBF. Currently, there are no providers who

	CHILDREN'S SPECIALIZED HOSPITAL	Policy #: LD – 21
	ADMINISTRATIVE MANUAL	Page 2 of 5
CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND (CSHBF)		Effective Date: 8/95
		Revised: 12/17
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provide medically necessary healthcare services in the hospital facility that are covered under CSHBF. The provider listing will be reviewed quarterly and updated, if necessary.

Eligibility

Eligibility for Hospital Assistance will be determined based on the following:

- 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. 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).


Applicants without the denial from the alternate funding source will be referred to 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.

- 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 one month 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 that in/on which is the guarantor/families primary residence is considered an asset and will be considered when making an eligibility determination. Assets such as (but not limited to) checking and savings, stocks and bonds other than those in designated retirement accounts, are considered in making a determination, where investment retirement plans such as (but not limited to) 401(K) or 403(B) plans are not considered.

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 verification of information.

Children's Specialized Hospital will use the Children's Specialized Hospital Benefit Fund matrix to determine a guarantor's eligibility which encompasses all previously listed financial documentation in this section. The Children's Specialized Hospital Benefit Fund Matrix (Schedule 2 – Income Matrix of Federal Poverty Level) is based on a percentage of the current Federal Poverty Guidelines. Please refer to the current eligibility matrix maintained by Patient Access Services Insurance Verification and Authorization Department. Approvals are based on a sliding scale beginning at 10% coverage increasing at 10% intervals up to 100% coverage. The matrix can be found for CSH employees to utilize on the internal shared drive:

	CHILDREN'S SPECIALIZED HOSPITAL	Policy #: LD – 21
	ADMINISTRATIVE MANUAL	Page 3 of 5
CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND (CSHBF)		Effective Date: 8/95
		Revised: 12/17
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U:\Patient Information\Patient Access Services\CSHBF. Families may review the matrix and explanation of the program's guidelines on CSH's website: www.childrens-specialized.org.

At this time Children's Specialized Hospital does rely on Medicaid approval materials or pending Medicaid approval materials when walking through the CSHBF application process.

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 benefit have been exhausted. Services are covered for one year from date first date of service is deemed 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 CSH BF will be covered 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.

Administrative Adjustment

Individual accounts or patients may be approved for CSHBF at the discretion of Senior Leadership 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, or 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.

Reference:

Billing and Collection Policy

IRC 501(r)(5)

	CHILDREN'S SPECIALIZED HOSPITAL	Policy #: LD – 21
	ADMINISTRATIVE MANUAL	Page 4 of 5
CHILDREN'S SPECIALIZED HOSPITAL BENEFIT FUND (CSHBF)		Effective Date: 8/95
		Revised: 12/17
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SCHEDULE 1 – Provider LISTING

Vendors

- ACC Vendors (Dynavo, Protaller, Prentlle 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, Rehabco, CMC, Acclaimed Healthcare Inc.)
- RWJ Radiology

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



**CHILDREN'S SPECIALIZED HOSPITAL
ADMINISTRATIVE MANUAL**

Policy #: LD – 21

Page 5 of 5

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SCHEDULE 2 – INCOME MATRIX OF FEDERAL POVERTY LEVEL

Federal Poverty Guideline	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	\$ 35,010	\$ 35,885	\$ 36,761	\$ 37,636	\$ 38,511	\$ 39,386	\$ 40,262	\$ 41,137	\$ 42,012	\$ 42,887	\$ 43,763
2	\$ 47,190	\$ 48,370	\$ 49,550	\$ 50,729	\$ 51,909	\$ 53,089	\$ 54,269	\$ 55,448	\$ 56,628	\$ 57,808	\$ 58,988
3	\$ 59,370	\$ 60,854	\$ 62,339	\$ 63,823	\$ 65,307	\$ 66,791	\$ 68,276	\$ 69,760	\$ 71,244	\$ 72,728	\$ 74,213
4	\$ 71,550	\$ 73,339	\$ 75,128	\$ 76,916	\$ 78,705	\$ 80,494	\$ 82,283	\$ 84,071	\$ 85,860	\$ 87,649	\$ 89,438
5	\$ 83,730	\$ 85,823	\$ 87,917	\$ 90,010	\$ 92,103	\$ 94,196	\$ 96,290	\$ 98,383	\$ 100,476	\$ 102,569	\$ 104,663
6	\$ 95,910	\$ 98,308	\$ 100,706	\$ 103,103	\$ 105,501	\$ 107,899	\$ 110,297	\$ 112,694	\$ 115,092	\$ 117,490	\$ 119,888
7	\$ 104,790	\$ 107,410	\$ 110,030	\$ 112,649	\$ 115,269	\$ 117,889	\$ 120,509	\$ 123,128	\$ 125,748	\$ 128,368	\$ 130,988
8	\$ 116,490	\$ 119,402	\$ 122,315	\$ 125,227	\$ 128,139	\$ 131,051	\$ 133,964	\$ 136,876	\$ 139,788	\$ 142,700	\$ 145,613

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