

# Uninsured Patient Discount Policy

## Purpose

The purpose of this document is to set forth the policy of The Children's Hospital Corporation d/b/a Boston Children's Hospital (the "Hospital") and its related Physician Foundations (the "Foundations") with respect to the discounts available to eligible patients who receive services at Hospital sites or Foundation sites where administrative support systems and personnel are provided through the Hospital, for which the patient has no Private Health Plan (defined below) coverage or coverage under any Public Health Care Assistance Program (defined below), or which are Non-Covered Services (defined below) under such coverage. This Policy does not apply to Boston Children's Health Solutions, Rx, LLC d/b/a Boston Children's Pharmacy or any items provided by Boston Children's Health Solutions, Rx, LLC d/b/a Boston Children's Pharmacy.

## Policy Statements

1. The Hospital and the Foundations are committed to being resources for children in need of care, regardless of insurance status or ability to pay.
  2. This policy applies to all Emergency Services (defined below) and other Medically Necessary Services (defined below) provided by the Hospital and the Foundations. Emergency Services and other Medically Necessary Services do not include elective cosmetic procedures.
  3. The Hospital will provide Emergency Services to all patients, without discrimination and without regard to whether a patient may be eligible for assistance under this Uninsured Patient Discount Policy. The Hospital prohibits any actions that would discourage individuals from seeking Emergency Services, such as by demanding that Emergency Department patients pay before receiving Emergency Services or permitting debt collection activities that interfere with the provision, without discrimination, of Emergency Services.
  4. The Hospital and the Foundations, through the Hospital's Financial Counseling unit, will assist patients/Guarantors (defined below) with the process for completing applications/qualifying for available Public Health Care Assistance Programs (defined below), whenever possible.
  5. For patients who meet the eligibility criteria described in this Uninsured Patient Discount Policy, the discount applicable to such patient will be applied to the patient's bill for Emergency Services and other Medically Necessary Services.
  6. The Hospital and the Foundations will (a) refrain from efforts to collect payment for Emergency Services and Medically Necessary Services from patients that are exempt from collection action under the Hospital's Credit and Collection Policy and related Health Safety Net regulations; (b) refund any collections received from such patients for Emergency Services and Medically Necessary Services; and (c) share information with one another about patients' insurance and eligibility for Public Health Care
-

Assistance Programs or other financial assistance programs offered by the Hospital and the Foundations.

7. The Hospital and the Foundations may offer uninsured case rates on specified bundled services, such as cosmetic surgery services that are not Medically Necessary Services and certain cardiac procedures. Discounts described in this policy do not apply to such special case rates.
8. The Hospital and the Foundations may, in accordance with the Credit and Collection Policy, extend discounts beyond those in this Uninsured Patient Discount Policy, on a case-by-case basis, to recognize unique cases of financial hardship.
9. The Foundations may maintain additional discount policies that pertain to patients who receive services from a Foundation at a site unaffiliated with the Hospital (e.g., patients whose services are not scheduled in Hospital information systems).
10. Failure to follow the procedures outlined in this document may result in a delay or denial by the Hospital or Foundations for any discount available under this Uninsured Patient Discount Policy.

## Definitions

**Domestic Patient:** A patient who is a Resident of the United States.

**Emergency Services:** Medically Necessary Services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to bodily function or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in 42 USC Section 1395dd(e)(1)(B).

**Guarantor:** A person or group of persons, including, without limitation, a patient's parents, legal guardians and other family members, who/that assume(s) the responsibility of payment for all or part of the Hospital's or Foundations' charges for services.

**International Patient:** A patient who is not a Resident of the United States.

**Medically Necessary Services:** Services that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity.

**Non-Covered Services:** Non-Covered Services includes Medically Necessary Services that are (a) not included as covered benefits/eligible services under the patient's Private Health Plan coverage or Public Health Care Assistance Program and for which the patient is financially responsible for payment to the provider(s) of such services; (b) included as covered benefits/eligible services, but are provided after the patient has exhausted all benefits under his/her Private Health Plan coverage or Public Health Care Assistance Program; or (c) rendered by a provider that is not included in the health plan's/program's network.

---

**Private Health Plan:** Coverage for health care services provided under health insurance, health plan or other coverage or under any other health, welfare or other plan, fund or trust established for the purpose of paying for, or otherwise addressing payment for, health care services provided to those enrolled in or under or qualified for such insurance, plan or program. Without limiting the generality of the foregoing, Private Health Plan includes any arrangement by an Embassy, foreign health authority or other foreign government or quasi-government entity that addresses payment for health care services provided to its citizens, residents and other individuals.

**Public Health Care Assistance Programs:** Programs established by a state or federal government to pay or otherwise address the cost of covered/eligible health care services provided to individuals who meet the program's eligibility criteria. Public Health Care Assistance Programs include, but are not limited to, MassHealth, Health Safety Net, ConnectorCare, other Medicaid programs and Medicare.

**Resident:** For purposes of this Uninsured Patient Discount Policy, whether or not a patient is a resident of the United States will be determined on the same basis as, and applying the same criteria used by, MassHealth with respect to the programs administered under the Executive Office of Health and Human Services for the Commonwealth of Massachusetts.

## Eligibility Criteria for Uninsured Patient Discount

To be eligible for the Uninsured Patient Discount under this Uninsured Patient Discount Policy, generally, patients must meet the following eligibility criteria:

1. The services to be provided must be Emergency Services or other Medically Necessary Services;
2. The patient is not eligible/qualified for financial assistance under the Hospital's and Foundations' Financial Assistance Policy;
3. The patient is not eligible/qualified for any coverage for the Emergency Services or other Medically Necessary Services provided to the patient by the Hospital and/or Foundation(s) under any Private Health Plan or under any Public Health Care Assistance Programs. For purposes of this Uninsured Patient Discount Policy, the patient will be considered not to have/be qualified for Private Health Plan or Public Health Care Assistance Program coverage with respect to Non-Covered Services; and
4. The patient/Guarantor has not, within the sixty (60) day period preceding the commencement of provision of the Emergency Services or other Medically Necessary Services, voluntarily discontinued coverage or qualification under any Private Health Plan coverage or under any Public Health Care Assistance Program.

## Procedures For Requesting and Applying Uninsured Patient Discount

Upon (a) determination by the Hospital's Financial Counselors that the patient is not eligible/qualified for financial assistance under the Hospital's and Foundations' Financial

---

Assistance Policy, (b) confirmation that the patient is not eligible/qualified for and is not covered under any Private Health Plan coverage or Public Health Care Assistance Program with respect to the Emergency Services and other Medically Necessary Services provided to the patient, and (c) the patient meets all of the eligibility criteria described in this Uninsured Patient Discount Policy, the following procedures will generally apply:

1. If the patient is a Domestic Patient, Patient Financial Services will provide the patient/Guarantor with an estimate of the charges for the Medically Necessary Services to be provided (the "Estimate"), and will apply the Domestic Patient Discount to the Estimate. The patient/Guarantor must pay the amount set forth in the Estimate, net of the Domestic Patient Discount, in full, prior to the provision of Medically Necessary Services included in the Estimate; provided that, with respect to Emergency Services, no Estimate will be provided, and payment will not be required, prior to the provision of Emergency Services, and the Domestic Patient Discount will be applied to the bill for Emergency Services if the patient/Guarantor pays, or enters into a payment plan with the Hospital, for the Emergency Services within forty-five (45) days of receipt of the bill for those Emergency Services; or
2. If the patient is an International Patient, Patient Financial Services will provide the patient/Guarantor with an Estimate. The patient/Guarantor must pay the amount set forth in the Estimate, in full, prior to the provision of Medically Necessary Services included in the Estimate; provided that, (a) with respect to Emergency Services, no Estimate will be provided, and payment will not be required, prior to the provision of Emergency Services, and (b) the patient/Guarantor must pay for the Emergency Services within thirty (45) days of receipt of the bill for those Emergency Services in order to be eligible for the International Patient Discount. Upon completion of the International Patient's course of treatment by the Hospital and/or Foundation(s), the International Patient Discounts will be applied to the bills for the Medically Necessary Services and Emergency Services, if any, provided to the International Patient, and if application of the International Patient Discounts results in a credit balance with respect to the International Patient's bill, the Hospital/Foundation(s), as applicable, will refund to the patient/Guarantor the full amount of such credit balance, or if application of the International Patient Discounts leaves an outstanding balance owing to the Hospital and/or Foundation(s), the patient/Guarantor must pay the outstanding balance, in full, within thirty (45) days of receipt of the bill(s) in order to receive the International Patient Discount(s) with respect all Medically Necessary Services and Emergency Services, if any, provided during the course of the patient's treatment.

## **Discounts Available**

1. The Hospital and Foundations offer to Domestic Patients who meet the eligibility criteria described in this Uninsured Patient Discount Policy a 40% discount with respect to eligible Emergency Services and eligible Medically Necessary Services.
-

2. The Hospital offers to International Patients who meet the eligibility criteria described in this Uninsured Patient Discount Policy a discount of up to 25% and the Foundations offer to International Patients who meet the eligibility criteria described in this Uninsured Patient Discount Policy a discount of up to 10%, with respect to eligible Emergency Services and eligible Medically Necessary Services.
3. These discounts do not apply to any services provided by the Hospital or Foundation(s) that are covered services or eligible services under any Private Health Plan coverage or any Public Health Care Assistance Program.

### **Publication/Availability of the Uninsured Patient Discount Policy, the Financial Assistance Policy, the Credit and Collection Policy, and Amounts Generally Billed Calculation**

1. The public may obtain a copy of this Uninsured Patient Discount Policy, the Financial Assistance Policy, the Credit and Collection Policy, and the Amounts General Billed Calculation free of charge by any of the following methods:
  - a. Internet Posting: The Hospital's and Foundations' Financial Assistance Policy, Credit and Collection Policy and Uninsured Patient Discount Policy and a Plain Language Summary of the Financial Assistance Policy, as well as the Financial Assistance Application, are available online at:  
[www.childrenshospital.org/financialassistance](http://www.childrenshospital.org/financialassistance)
  - b. In-Person: Paper copies of The Hospital's and Foundations' Financial Assistance Policy, Credit and Collection Policy and Uninsured Patient Discount Policy and a Plain Language Summary of the Financial Assistance Policy, as well as the Financial Assistance Application, are available at the Hospital facility located at 300 Longwood Avenue, Boston, MA, Farley Building room 160.
  - c. By Mail: The public may request to receive a copy by mail by calling Patient Financial Services Customer Support at (617)-355-3397 and/or Patient Financial Counseling at 617-355-7201.
2. Foreign language translations of the Financial Assistance Policy, the Financial Assistance Plain Language Summary, the Financial Assistance Application, the Credit and Collection Policy, and the Amounts Generally Billed Calculation are available in several languages to assist those with limited English proficiency.
3. On-site Communication: The Hospital will make efforts to communicate the availability of financial assistance and other discounts through several methods.
  - a. Signage will be placed in admission areas regarding the availability of financial assistance.
  - b. Public displays or other measures reasonably calculated to attract visitors' attention will be conspicuously posted at various locations throughout the hospital.
  - c. Copies of this Uninsured Patient Discount Policy will be offered to all patients either at time of admission or as part of the discharge process.

### **Additional/Related Documents, Policies and Programs**

1. Financial Assistance Policy
-

2. Plain Language Summary of Financial Assistance Policy
3. Financial Assistance Application
4. Credit and Collection Policy
5. Amounts Generally Billed Calculation
6. International Patient Financial Assistance Program

## Document Attributes

<b>Title</b>	Uninsured Patient Discount Policy		
<b>Authors</b>	Thomas Pellegriti, Director of Tax and Financial Regulatory Compliance	<b>Effective Date</b>	9/30/2016
<b>Reviewed/Revised by</b>	Stella Parry, Lead General Counsel, Boston Children's Hospital  Paul Pecoraro Vice President, Patient Financial Services, Boston Children's Hospital	<b>Dates Reviewed/Revised:</b>	12/7/2021  12/10/2021
<b>Approved</b>	12/20/2021 <hr/> Boston Children's Hospital Board of Trustees' delegates	<b>Effective Date</b>	1/1/2022