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Owner	Amber Bettis
Area	Revenue Cycle
References	Operational

Financial Assistance

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SCOPE

Revenue Cycle Team Members

PURPOSE:

To further the Children's Nebraska mission "to improve the life of every child." Children's recognizes many people in the community require medically necessary services, but are uninsured, under-insured, ineligible for government health programs, or otherwise without adequate financial resources to pay for health care services. This policy is not a substitute for personal responsibility. Patients and their families are expected to cooperate with Children's procedures for obtaining Financial Assistance and/or third-party payment, and to contribute to the cost of their care based on their ability to pay. Individuals with financial capacity to purchase health insurance will be encouraged to do so to assure access to health care service and for protection of their individual assets.

HOSPITAL POLICY STATES:

In accordance with its mission, Children's has an obligation to provide emergency and other medically necessary care to patients who are unable to pay or who require payment assistance. Eligibility for financial assistance is ideally determined either prior to services being provided or at the time services are rendered and is based upon family/guarantor income, family size and other special circumstances. This policy covers emergency and other medically necessary care provided at Children's facilities and by Covered Providers. A copy of the Financial Assistance Policy is available upon request at no charge. Requests for copies of this policy should be submitted to the Financial Services Advocates via email at cboadvocates@childrensnebraska.org. A digital copy of the Financial Assistance Policy is also available on Children's internet website at: https://www.childrensnebraska.org/financial-assistance

DEFINITIONS:

Amounts Generally Billed: The Amounts Generally Billed (AGB) will be no more than the amounts generally billed to individuals who have insurance. AGB is calculated based upon the look-back methodology. The AGB percentage and calculation methodology is available to the public upon request. Requests for copies of the AGB percentage and calculation methodology should be submitted to the Financial Services Advocates or a copy can be found on the Children's website.

Collections: The process used by Children's in the collection of self- pay and balance after insurance due from patient/guarantor after insurance monies. All amounts due from patients will be worked in accordance with Children's Collection Policy CBO 2015-5. The Collections policy is available to the public upon request. Requests for copies of the Collections Policy should be submitted to the Financial Services Advocates

Covered Providers: Physicians and other professional team members providing care to patients at Children's. A list of providers covered by this policy will be made available to the public in paper form upon request from the Financial Services Advocates. The provider listing will also be made available through the Children's internet website. The provider listing will be updated on a quarterly basis.

Emergency Care: A medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including but not limited to, severe pain, such that a prudent layperson possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in:

A. Placing the health of the person (or with respect to a pregnant woman, the health of the woman and her unborn child) afflicted with such condition in serious jeopardy or, in the case of behavioral condition, placing the health of such persons or others in serious jeopardy.
B. Serious impairment to such person's bodily functions.
C. Serious impairment of any bodily organ or part of such person.
D. Serious disfigurement of such person.

Emergency Medical Services Assistance (EMSA):

- Nebraska / (EMSA) 477 Neb. Admin. Code, ch. 27, § 009: https://www.law.cornell.edu/regulations/nebraska/477-Neb-Admin-Code-ch-27-SS-009
- Iowa / Three-day Emergency https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service

Guarantor: Individual who signed the Consent to Treat/Assignment of Benefits form which contains the Financial Agreement making the signee responsible for payment in full for services rendered to the patient.

Financial Assistance: Financial assistance provided to those unable to pay their personal-pay obligation arising from the provision of emergency or medically necessary health care services provided by Children's. Financial Assistance has traditionally also been referred to as "charity care", both terms are identical under this policy.

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FPL- Federal Poverty Level: Federal Poverty Guidelines as published annually by the Federal Government.

Medical Necessity: Medical Necessity or Medically Necessary shall mean healthcare services that a healthcare provider, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

A. In accordance with the generally accepted standards of medical practice.

B. Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness or disease.

C. Not primarily for the convenience of the patient or healthcare provider, a physician, or any healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease.

PROCEDURE:

Identification of Financial Assistance: The primary responsibility to identify financial need is with the Financial Service Advocates and Social Work teams. These team members will be trained to identify patient needs and answer financial assistance questions. Copies of the Financial Assistance Policy and application forms will be made available to the public upon request and will also be made available through the Children's internet website. Any questions or concerns that cannot be addressed will be referred to the Revenue Integrity Manager.

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Eligibility Criteria: To be good stewards of limited financial resources, the determination for financial assistance will be based on the following criteria:

1. To be eligible for financial assistance the patient or responsible party must reside in Children's primary service area (Iowa, Nebraska, or South Dakota). Consideration will be given to those residing outside the primary service area on a case-by-case basis.
2. Financial assistance is available for emergency and medically necessary procedures and services. Services not eligible for financial assistance are cosmetic and other elective procedures, out-of-network insurance, outpatient (retail) pharmacy, optical shop, transplant related care, eating disorders program, mental health partial hospitalization program, and weight & wellness program.
3. All applicants must apply for Medicaid. Certification or proof of Medicaid denial is a requirement for financial assistance consideration. In extenuating circumstances as deemed necessary, the requirement for proof of Medicaid may be waived and adjustments approved by the Financial Advocate team in accordance with Authorization levels.
4. The Guarantor must exhaust all other funding source options for which they may be eligible, including Medicaid, Marketplace, Cobra, and any other third-party funding source. Those individuals who participate in a health care cost sharing ministry must apply for funding of the entire balance due prior to any Financial Assistance adjustment.
5. Financial assistance application must be completed. Applicants must include the following documentation.

1. Gross household income.
2. Most recent W-2 and income tax return for all household wage earners.
3. Most recent month of income verification. (pay stubs, bank deposits, Personal Financial Statement, Self-Employment Form etc.,).
4. Medicaid determination letter.
5. Completed and signed financial statement for household claiming no income.

6. Completed applications must be returned to the hospital within thirty days.

Evaluation and Determination of Application: Financial Services Advocates will process all financial assistance applications, within thirty days of receipt of completed documentation.

1. Eligibility will be based on a percentage of household income compared to the current year's FPL. See Appendix A for the current FPL scale and financial assistance adjustment.
2. Families that do not qualify for income based financial assistance and that have verifiable out of pocket medical debt of greater than 20% of their gross income may qualify for catastrophic assistance. Those families considered under catastrophic medical circumstances with an income less than $60,000 will qualify for 100% financial assistance, those families with an income equal to or greater than $60,000 will be expected to pay 3% of their annual gross income, any additional balance will be written off as financial assistance.
3. Letters informing the guarantor of eligibility will be mailed to the address provided on the application once the determination is completed. Failure to provide the required documentation will result in a denial or delay in processing the application.
4. After the account has received a financial assistance adjustment any remaining balance will be subject to standard payments terms under Children's collections policy.
5. Families that qualify for Financial Assistance will not be billed more than Amounts Generally Billed. All financial assistance discounts will be adjustments from gross charges.
6. Authorization levels for approval are as follows:
    a. Financial Service Advocates Supervisor accounts from $ 0.00 - $ 2,999.99.
    b. Revenue Integrity Manager accounts from $3,000 to $24,999.99.
    c. Revenue Integrity Director $ 25,000 - $49,999.99
    d. VP/CRO accounts from $50,000.00 - $99,999.99
    e. EVP/CFO accounts from $100,000 and greater

Presumptive Eligibility: Children's recognizes that some patients will be unresponsive to the Financial Assistance application process due to a variety of reasons including but not limited to:

1. Lack of documentation required to comply with the financial assistance application requirements.
2. Lack of the educational level to understand and complete the financial assistance application.
3. Fear that information gathered during the application process will be used in the collection process in the event that the application is denied.
4. Out of state patients that do not respond to completion of a Medicaid application or financial

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assistance application.

In the absence of information provided by the patient or in cases where the information provided by the patient is incomplete, an assessment process utilizing a predictive model will be deployed to determine Financial Assistance eligibility. The predictive model incorporates income and household size estimates, a socio-economic need factor (WIC, Supplemental Nutrition Assistance Program, HUD Programs), census block data, as well as information on homeownership.

The application of the predictive scoring process and presumptive financial assistance will be deployed prior to primary bad debt assignment for all patients/guarantors that have not applied for financial assistance and have not made a payment on their account. Children's will notify the guarantor if the patient's account(s) has been reduced by a presumptive financial assistance adjustment which is less than 100% to allow for appeal or further consideration. Children's is not obligated to notify the parent/guarantor if the presumptive financial assistance adjustment is at 100% of the account balance.

Community Health Programs: To better meet the needs of children in our community, Children's will implement community health programs to address those identified needs. The financial assistance review and approval procedure for patients served by any of the Children's community health programs listed below will be processed by the following Community Health financial assistance procedure:

Children's - Community Health Program approved for Financial Assistance exception procedure:

1. Visionmobile.

Financial Assistance Procedure:

1. Patient and/or guarantor is not required to apply for Medicaid. Application and proof of Medicaid denial requirement is waived for all services provided by a Community Health Program.
2. Completion of a Financial Assistance application is waived.
3. Presumptive Eligibility for financial assistance will be verified prior to FA adjustment. FA adjustment will be applied based upon Presumptive Eligibility scoring.
4. If patient is covered by a commercial insurance vision policy, Children's will bill the policy for covered services. Any patient responsibility after insurance will be billed to the policy holder/guarantor.

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Attachments

FPL 2026.pdf

Approval Signatures

Step Description	Approver	Date

Audit & Finance Committee represented by EVP, CFO	Amy Hatcher: EVP & CFO	6/29/2026
VP, Chief Revenue Officer	Sarah Stevens: VP Revenue Cycle	6/22/2026
Director, Revenue Cycle	Teri Hoppe	5/4/2026
Owner/SME	Amber Bettis	4/16/2026

Standards

No standards are associated with this document

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