City of Hope **Department:** Patient Accounts			**Cross Reference Policies and Procedures:**	**Policy Number:** **TBA**
Subject: Financial Assistance Policy – City of Hope Atlanta				
Original Date: 06/13	**Previous Effective Date:** none	**Effective Date:** 09/2/2022	**Last Reviewed Date:**	

PURPOSE / BACKGROUND

The purpose of this Financial Assistance Policy (the "Policy") at City of Hope ("CoH") is to promote and facilitate access to high quality healthcare consistent with the CoH mission and its Standards of Conduct. CoH seeks to improve the quality of health care and ensure that care is accessible to the maximum number of people possible within the resources available at CoH. Meeting the needs of uninsured and underinsured patients is an important element in CoH's commitment to the community.

This policy demonstrates CoH's commitment to its patients, their families, and the communities it serves with CoH's unique mix of services.

POLICY AND PROCEDURE

1. Patients Who Are Eligible: An individual is eligible for financial assistance (free care) at CoH if the individual meets all the following conditions:

1.1 the individual meets the criteria for care deemed medically necessary by a CoH provider. Patient-elected services (e.g., cosmetic procedures) are not eligible for financial assistance when not deemed medically necessary by a CoH provider;

1.2 the individual meets the income eligibility criteria set forth in Section 7 in this policy;

1.3 the individual is a US Resident or resident of a US Territory at the present time or when services were rendered;

1.4 the individual is not a participant of the CoH International Medicine Program;

1.5 the individual has a type of account covered by this policy; and

1.6. the individual fully cooperates with the application process.

2. Account Types Covered:

2.1 The following account types are covered by this policy:

Self-pay services where the patient has no insurance that covers the services at issue.

Insured patients where the patient has limited medical benefits or has fully exhausted their medical benefits.

Insured patients who are unable to pay the patient liability due to an insurance coverage decision related to non-covered services, denied services or usual and customary reductions.

Insured patients, with in network coverage for CoH and out of network coverage for services at CoH, who are unable to pay patient liabilities (e.g., deductibles, co-insurance, or copays), as required by third party coverage, including Medicare deductible or coinsurance and Medicaid Share of Cost.

2.2 New patients who are insured and seek care at CoH when CoH is out of network, and who do not have out of network benefits, are not eligible for financial assistance under this policy. Patients with this type of account will be directed to an in-network provider. Returning patients will be evaluated clinically before being directed to an in-network provider.

3. Services and Items Covered: This policy covers all services that CoH provides to its patients that are deemed medically necessary for the patient by a CoH provider.

3.1 This policy covers services billed by CoH including hospitals, physician groups and outpatient care centers.

3.2 Financial assistance under this policy covers all pharmaceuticals (specialty, non-specialty) delivered in CoH hospitals and clinics. Financial assistance under this policy does not cover any pharmaceuticals dispensed through CoH retail pharmacy and other retail pharmacies.

3.3 For purposes of this policy, questions or issues about medical necessity will be resolved by CoH's Chief Medical Officer, or his/her designee.

4. Financial Assistance Provided: If a patient qualifies for financial assistance, the patient will receive the financial assistance necessary to ensure that services and covered items received during the time for which financial assistance has been approved are free to the patient. There is no sliding discount scale for financial assistance once a patient at CoH qualifies for financial assistance. Uninsured patients with Gross Family Income less than or equal to 225% of the Federal Poverty Level (FPL) who are approved for financial assistance qualify for a 100% discount. Insured patients with Gross Family Income less than or equal to 225% of the FPL, who have limited medical benefits or have fully exhausted their medical benefits, and who are approved for financial assistance, qualify for a 100% discount to amounts due after insurance coverage has been applied.

5. Amounts Generally Billed: In providing financial assistance, CoH is required by law to consider the amounts generally billed to individuals who have insurance covering emergency or other medically necessary care ("Amounts Generally Billed" or "AGB") and to guarantee that patients accepted for financial assistance will not be charged more than AGB for other medically necessary services. CoH uses the prospective Medicare method for calculating AGB and CoH will not charge patients more than AGB for medically necessary services because these patients will receive services at no out-of-pocket cost.

6. Duration of time for which financial assistance is approved: A patient will be approved for financial assistance for a period of 6 months beginning on the day the approval is given. If a longer period of financial assistance is required and requested, at the end of the period for which financial assistance has been approved, the patient will be re-evaluated, using the same criteria as were initially applied and outlined within this policy.

7. Income Eligibility Criteria: Patients are evaluated for qualification based on income. Assistance is available to patients who are uninsured, insured and have exhausted benefits, or are insured but are unable to pay out-of-pocket (OOP) obligations. Patients who are insured under coverage that provides no out of network benefits to cover care at CoH are not eligible for financial assistance regardless of their income.

> 7.1 Financial Assistance Income Eligibility Guidelines: The *Financial Assistance Income Eligibility Guidelines* (Attachment A) take into account income and family size, and are based on the FPL guidelines established and updated annually by the Department of Health and Human Services.
>
> 7.2 Income Below 225% FPL in Georgia: Patients with Gross Family Income less than or equal to 225% of the FPL as determined under the Financial Assistance Income Eligibility Guidelines meet the income eligibility criteria.

8. Nondiscrimination: In making decisions regarding the provision of financial assistance pursuant to this policy, CoH does not discriminate on the basis of age, sex, gender, gender identity, race, religion, creed, disability, sexual orientation, or national origin.

8.1 All determinations regarding patient financial obligation are based solely on financial need and patients may be considered for financial assistance at any time that the inability to pay becomes evident to the patient or CoH, regardless of any prior determinations under this policy.

8.2 A patient may apply for financial assistance at any time.

8.3 CoH renders financial assistance on a uniform and consistent basis according to this policy.

9. Patient Application Process and CoH Review of Applications:

9.1 Identification of patients who may be eligible for assistance under this policy:

9.1.1 Identification of patients who are eligible for financial assistance can take place at any time, including before services are scheduled, while the patient is receiving services, or during the billing and collection process.

9.1.2 Patients may apply for financial assistance or be identified as potential financial assistance applicants by CoH staff at multiple points in the continuum of care, such as Oncology Information Specialist (OIS), Patient Financial Service Advocate (PFSA), Scheduling, Financial Counseling, registration, and billing/collections. All front line administrative and clinical staff, including CoH affiliated physicians, Clinical Social Work staff, Patient Advocates and nurse navigators are encouraged to identify patients potentially eligible for financial assistance and refer them to Financial Counseling (FC), a division of Revenue Cycle Management.

9.1.3 If an initial determination is made that the patient is not eligible for financial assistance, such a determination does not prevent the patient from applying for financial assistance at a later date.

9.1.4 This policy does not change CoH's existing policies allowing CoH to:

9.1.4 (i) Redirect patients who are out-of-network to an in-network provider, or

9.1.4 (ii) Determine whether to accept patients from outside facilities who seek transfer to CoH.

9.2 Patient Application Process:

9.2.1 Applicants are responsible for cooperating fully with the application process, including the provision of information requested on the Financial

Assistance Evaluation Form.

9.2.1 (i) Patients or prospective patients are required to submit documents to substantiate financial circumstances and proof of income, including W-2 forms, and income tax returns.

9.2.1 (ii) Financial counselors may assist patients in completing financial assistance applications to provide maximum consistency.

9.2.2 If it appears that the patient might be eligible for Medicaid or another state health program, Financial Counseling (FC) will assist the patient in completing applications for Medicaid. It is the responsibility of the patient or his/her family to apply for such coverage, and proof of a completed application must be provided to CoH.

9.2.3 Patients who do not qualify for financial assistance under this policy may be eligible for other assistance under other CoH policies.

9.2.4 CoH may also gather the necessary information via an automated tool to assess whether the individual is eligible for Presumptive Financial Assistance.

10. CoH Review Process:

10.1 Financial assistance applications and results from the Presumptive Financial Assistance eligibility tool will be reviewed by FC to determine whether the patient meets the eligibility criteria in this policy.

10.2 The applications will be approved or denied by the FC or Account Follow Up Representative. Financial assistance adjustments will be submitted to Finance and CFO monthly.

10.3 As needed, any of the reviewers above may consult with CoH clinical staff, as well as CoH administration, PFSA, Registration, Financial Counseling, Quality, Social Work, and Patient Accounts.

10.4 After a FC has verified receipt of a completed application and financial qualifications, a "financial assistance" flag will be appended to the patient's demographic record. This will suppress any patient billing and collections efforts while awaiting decision on the application. Once a decision is made and communicated to the patient, the demographic record will be updated accordingly.

11. Exceptions to the Policy: The CoH Atlanta facility Chief Financial Officer ("CFO") or CoH Senior Vice President of Revenue Cycle Management ("SVP RCM") may approve patients for financial assistance who experience extraordinary financial hardship or if a CoH provider determines that an interruption in care will likely compromise the patient's clinical outcome.

12. Eligibility Review: CoH may reevaluate patients who have been declined financial assistance at any time and will reevaluate each patient's eligibility for financial assistance once current eligibility has expired and the patient submits a new application.

13. Patient Notification: Applicants for financial assistance are notified of decisions in writing.

14. Patient Right to Appeal: Each patient denied financial assistance will be given the right to appeal. If a patient is denied financial assistance, the notice will include all reasons for denial and will inform the patient of their appeal rights and the appeal rights procedures.

14.1 Appeals will be reviewed and determined by the Revenue Cycle team and escalated to the CoH Atlanta CFO or CoH SVP RCM as needed.

14.2 Within 14 days of receiving an appeal from a patient who has been denied financial assistance, the patient and FC will be notified whether the initial determination will be affirmed or reversed. Patients get written notice of determination of their appeal.

15. Respect of Confidentiality and Privacy: All patients are treated with dignity and fairness in the financial application process and CoH respects the confidentiality and privacy of those who seek financial assistance.

15.1 FC personnel receive training regarding requirements for confidentiality and privacy of all patient information, including patient financial information. No information obtained in a patient's application for financial assistance may be released except in compliance with applicable federal and state laws and CoH policy.

15.2 Conversations regarding financial assistance are conducted in private unless otherwise requested by a patient (e.g., outpatient waiting areas when patients choose not to leave the waiting area). In these cases, privacy is maximized to the extent possible.

16. Communication of Financial Assistance Process to Patients and Community:

16.1 Public Awareness:

16.1.1 CoH is committed to building awareness of the Financial Assistance Policy through a variety of mechanisms including but not limited to: (i) visible signage within CoH (such as posters or notices in key admitting and registration areas, point of service brochures in waiting areas); (ii) CoH's website; (iii) in routine, written notification given at the time of

admission to CoH; and (iv) in bill statements showing outstanding patient self-pay balances. All notices will include a toll-free number and information on how to access a CoH financial representative. CoH will also provide a paper or electronic copy of this Financial Assistance Policy upon request.

16.1.2 CoH is committed to using the primary languages of the major ethnic and cultural communities who utilize CoH in all materials used in connection with this Financial Assistance Policy. A language line is available for translations to support all language needs.

16.2 Staff Training: Clinical staff, including physicians, front-line administrative and patient financial services staff are trained to be familiar with the Financial Assistance Policy and are updated periodically. Training materials are prepared and maintained by Revenue Cycle Management and distributed in coordination with the Education Team. Materials may include information on how to access financial assistance, standards of cultural sensitivity and how to preserve confidentiality, including best practices and practices not tolerated by CoH. As part of employee orientation, all employees are made aware of the availability of financial assistance and the requirement to make information available to patients using the primary languages of the community that CoH serves (see attachment B).

17. Collections and Regulatory Compliance:

17.1 CoH will apply this policy before outstanding accounts are sent to collection. CoH does not advance outstanding accounts to collection while a patient is undergoing financial counseling, attempting to qualify for financial assistance, or attempting in good faith to settle payment.

17.2 Neither CoH nor its third-party collection vendors will use wage garnishment or liens on primary residences or any extraordinary collection action ("ECA") as a means of collecting unpaid hospital bills from patients who are eligible for any form of financial assistance under this policy.

17.2.1 Although CoH does not use ECAs, CoH is committed to adherence with all laws governing its financial services transactions in addition to those that govern the use of ECAs, meaning that if an ECA were to be used (which it will not): (1) Any third party collection vendor must make reasonable efforts within the meaning of Section 501(r) of the Internal Revenue Code of 1986, as amended (the "Code") to determine the eligibility of the individual (or another individual responsible for payment of the individual's bill) under this policy; (2) A third party collection vendor shall issue three statements and provide a final notice thirty (30) days before extraordinary collection action will be taken; and (3) Agreements with third party collection vendors shall require compliance with Section 501(r) of the Code.

17.3 All agencies used for collection are advised of CoH policy in writing, and the “Financial Assistance Policy” is incorporated by reference in collection contracts with such agency(ies). CoH receives written assurances from agency(ies) that they will adhere to CoH financial services standards.

18. Oversight Responsibilities: To ensure proper oversight, CoH has implemented several layers of program management and review:

18.1. Senior management reviews detailed reports on CoH’s provision of financial assistance on a monthly basis through routine financial reporting.

18.2. CFOs are responsible for balancing the critical need for patient financial assistance with the sustainability of CoH’s resources and its financial integrity in order to serve the broader community. To this end, the CFOs will receive an annual report informing them of total financial assistance and community benefits provided to our patients.

18.3. To be an effective steward of CoH’s resources, the Board of Directors (the “Board”) strives to preserve the financial health of CoH. To this end, the Board promotes a high quality, patient friendly and effective billing and collection system, while continuing a commitment to support and subsidize the medically necessary care of patients who require financial assistance. This policy was adopted with the intention of satisfying the requirements set forth in Section 501(r) of the Code. Accordingly, any interpretation of this policy should be consistent with Section 501(r) of the Code.

19. Owner: Vice President, Revenue Cycle Management
Sponsor: Senior Vice President, Revenue Cycle Management
Collaborator: General Counsel and Compliance Office

20. Acronyms, Terms and Definitions Applicable to this Policy

20.1 Financial Assistance – Free or partially subsidized health care services, provided by CoH hospitals, physicians and clinics, and pharmaceuticals delivered in CoH hospitals and clinics, to individuals who meet the eligibility criteria set forth in Section 1 of this Policy.

20.2. Medically Necessary Services – Inpatient or outpatient services deemed medically necessary by a CoH provider.

20.3. Presumptive Financial Assistance – Financial assistance awarded after CoH uses an automated, predictive scoring tool that predicts the likelihood of a patient qualifying for financial assistance based on publicly available data sources. The tool provides estimates of the patient's household income and size.

20.4. Self-Pay Balance – The outstanding balance of a CoH bill deemed to be a patient’s or guarantor’s personal responsibility after public or private insurance payments (if any) or denials. A patient’s self-pay balance may be further reduced

pursuant to this Financial Assistance Policy. (Guarantor refers to the individual assuming financial responsibility for services received by the patient.)

20.5. US Resident/Resident of US Territory – Individual who has lived in the United States for more than 6 months within the last 12 months.

20.6 City of Hope Atlanta -- Southeastern Regional Medical Center d/b/a City of Hope, Atlanta

20.7 Gross Family Income -- The sum of income available to the family (tax filer + spouse + tax dependents) before taxes and other deductions and includes income from all sources, such as wages, pensions, social security benefits, interests, rents, disability, and welfare.

20.8 Extraordinary Collection Action (ECA) – As defined in Section 501(r) of the Internal Revenue Code of 1986, as amended (the "Code"), 501r-6(b), is defined by actions taken against an individual to secure payment for care received under the hospital's FAP

.

Attachment A: City of Hope Financial Assistance Income Eligibility Guidelines
Attachment B: City of Hope Financial Assistance: Methodology for Identifying LEP Populations
Attachment C: City of Hope Financial Policy: List of Providers

Attachment A

Financial Assistance Income Eligibility Guidelines

The following Financial Assistance Eligibility Guidelines are based on the Federal Poverty Guidelines effective **January 12, 2022**. This schedule delineates the household income thresholds according to the FPL.

Eligibility for future years will be based on the Federal Poverty Levels established by the federal government for those future years.

Number in household	Annual 100%	Annual Georgia 225%	Monthly Georgia
1	$13,590.00	$30,577.50	$2,548.13
2	$18,310.00	$41,197.50	$3,433.13
3	$23,030.00	$51,817.50	$4,318.13
4	$27,750.00	$62,437.50	$5,203.13
5	$32,470.00	$73,057.50	$6,088.13
6	$37,190.00	$83,677.50	$6,973.13
7	$41,910.00	$94,297.50	$7,858.13
8	$46,630.00	$104,917.50	$8,743.13
Each additional person, add	$4,720.00		

Source: https://aspe.hhs.gov/poverty-guidelines

Attachment B

CoH Financial Assistance: Methodology for Identifying LEP Populations

For 2022 fiscal year, CoH evaluated the Limited English Proficiency ("LEP") populations among the patients it serves by utilizing Allscripts patient data that identified primary language spoken. The identified LEP populations that represent more than 1,000 unique visits or at least 5% of CoH's total patients seen were:

Language	Unique # of Patient	% Patients
English*	10844	89.68%

* CoH Atlanta data only

Attachment C:

City of Hope Financial Assistance Policy: List of Providers

- **<u>Providers Covered Under the Financial Assistance Policy:</u>**
  1. City of Hope, ATL Medical Group physicians (**City of Hope, ATL - Physicians Group of Georgia, LLC, Patient First, LLC)**
  2. Third-party contracted providers

For more information, see *Financial Assistance Policy*. For questions, please contact Patient Financial Services office at (800) 677-5545.