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Area Administrative -
Institutional
Scope Foundation,
Medical Center

Financial Assistance Policy

I. 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 Code 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 and their families and the communities it serves with COH's unique mix of services, which integrate biomedical advancements in research, education, and clinical care.

II. POLICY

- A. Patients Who May Apply:** An individual may apply for Financial Assistance (free care) at COH if the individual meets all of the following conditions:
1. The individual meets the criteria for care at COH for a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation; and
 2. The individual meets the income eligibility criteria set forth in this policy and the *Financial Assistance Guidelines Table* (Appendix A); and
 3. The individual is a US Resident or has received care from COH within the past year regardless of residency; and the individual is not a participant of the COH International Medicine Program or have a patient status of “International Patient.” Please refer to Appendix One for the definition of an International Patient.
- B. Account Types Covered:** The following account types are covered by this policy:
1. Self pay services where a patient has no insurance that covers the services at issue, and
 2. Insured patients where the patient has limited or has fully exhausted their medical benefits, and
 3. Insured patients 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 Medi-Cal Share of Cost.
- C. Services Covered:** This policy covers all medically necessary services that COH typically provides to its patients, which are generally directly related to an eligible patient’s treatment for a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation are covered by this policy. COH does not normally provide medically necessary care in other contexts (e.g., COH does not operate an emergency department or provide emergency medical care to the population at large); however, to the extent COH did provide other medically necessary services to its patients, beyond the services covered by this policy as described above, COH would do so without regard for the individual’s ability to pay for the care.
1. This policy covers services billed by the COH National Medical Center and the COH

Medical Foundation.

2. This policy covers services billed by COH Retail Pharmacies, including specialty and non-specialty medications.
3. For purposes of this policy, questions or issues about medical necessity will be resolved by COH's Chief Medical Officer, or their designee.

D. Financial Assistance Provided: If a patient qualifies for financial assistance, the patient will receive the financial assistance necessary to ensure that services provided by COH covered under this policy and received during the eligible time period are free to the patient for medically necessary care. There is no sliding discount scale associated with the provision of financial assistance. Once a patient at COH qualifies for financial assistance, the patient receives all services with no out-of-pocket cost.

E. Amounts Generally Billed: In providing financial assistance, COH is required by law to consider and disclose the method for calculating the amounts generally billed ("Amounts Generally Billed" or "AGB") *when applicable* to individuals who have insurance covering emergency or other medically necessary care, and to guarantee that patients accepted for financial assistance will not be charged more than the AGB.

1. AGB is not applicable. COH patients who qualify for financial assistance will receive services (including emergency or other medically necessary care) at no out-of-pocket cost.
2. COH will not charge patients as care is provided at no out-of-pocket cost. Therefore, patients will not be charged more than AGB for emergency or other medically necessary services.
3. COH uses the Prospective Medicare method for calculating AGB.

F. Duration of time for which financial assistance is approved: A patient will be accepted for financial assistance for a period of one year. If a longer period of financial assistance is required and requested, the patient will be re-evaluated, using the same criteria as were initially applied and outlined within this policy.

G. Financial Assistance Income and Asset Criteria: Patients are evaluated for qualification based on income and patient assets.

1. **Financial Assistance Guidelines Table:** The *Financial Assistance Guidelines Table* (Appendix A) takes into account income and family size, and is based on the Federal Poverty Level (FPL) guidelines established and updated annually by the Department of Health and Human Services. The *Financial Assistance Guidelines Table* will be updated annually by the Vice President of Revenue Cycle based on updates to the FPL.
2. **Income Below 600% of FPL:** An individual will be considered for financial assistance if their Income (or family's Income) is less than 600% of FPL, as provided in the *Financial Assistance Guidelines Table*. An individual will also be considered for financial assistance if that individual or their estate has declared bankruptcy.
3. **Patient Assets:** Consistent with COH's mission and the proper stewardship of COH funds, all monetary assets of the patient or patient's legal guardian may be considered in reviewing a financial assistance application, with the exception of the following assets: (a) amounts in patient retirement or deferred compensation plans qualified under the Internal Revenue code; (b) the primary residence where the patient or the patient's family resides; (c) automobile needed to transport working family members to and from work; and (d) savings accounts with less than two months of annual income.

H. 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.

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.
2. A patient may apply for financial assistance at any time.
3. COH renders financial assistance on a uniform and consistent basis according to this policy.

I. Patient Application Process and COH Review of Applications:

1. **Identification of patients who may be eligible for assistance under this policy:**

- a. 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.
- b. 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 Patient Referral Services, Scheduling, Financial Counseling, inpatient and outpatient admitting, and registration. All front line administrative and clinical staff, including COH affiliated physicians, Clinical Social Work staff, Patient Advocates and Research Operations are encouraged to identify patients and refer them to Financial Clearance (FC), a division of Patient Access.
- c. If an initial determination is made that the patient has the ability to pay all or a portion of the bill, such a determination does not prevent the patient from applying for financial assistance at a later date.
- d. This policy does not change COH's existing policies allowing COH to:
 - i. Redirect patients who are out-of-network to an in-network provider, or
 - ii. Determine whether to accept patients from outside facilities who seek transfer to COH. For additional information, see *Transfer Into or Out of COHNMC* and *Patient Admissions Policies*.

2. Patient Application Process:

- a. Applicants are responsible for cooperating fully with the application process, including the provision of information requested on the *Financial Assistance Evaluation Form*.
 - i. Patients or prospective patients are required to submit various documents to substantiate financial circumstances and proof of income, including paycheck stubs, W-2 forms, income tax returns, unemployment or disability statements, and savings and bank account statements. If a patient's financial circumstances have changed since their last W-2 or previous income tax return, the last four paycheck stubs will be used to determine proof of income.
 - ii. FC counselors may assist patients in completing financial assistance applications to provide maximum consistency.
- b. If it appears that the patient might be eligible for Medi-Cal or another state health program, FC refers the patient to a vendor who can assist the patient with Medi-Cal and Medicare Part B applications. It is the responsibility of the patient or their family to apply for such coverage with assistance from COH's application vendor, and proof of a completed application must be provided to COH.
- c. Patients who do not qualify for Financial Assistance under this policy may be eligible for other assistance through the COH policies noted in the Related Policies section at the end of this policy, or through outside pharmaceutical assistance programs.
- d. COH may also gather the necessary information via an automated tool to assess whether the individual is eligible for Presumptive Financial Assistance.

3. COH Review Process:

- a. Financial assistance applications will be reviewed by FC to determine if the patient meets the eligibility criteria in this policy.
- b. The applications will then be approved or denied by the following COH designated individuals based on annual estimated patient liability:
 - i. Up to \$10,000: Financial Counselor, Financial Clearance
 - ii. \$10,001 to \$25,000: Manager, Financial Clearance
 - iii. \$25,001 to \$50,000: Sr. Manager, Patient Financial Services
 - iv. \$50,001 to \$100,000: Director, Patient Financial Services
 - v. \$100,101 to \$500,000: VP, Revenue Cycle
 - vi. \$500,001 and greater: Chief Medical Officer, Chief Financial Officer, and Chief Operating Officer or their designee(s)
- c. These estimated financial liability amounts are calculated based on the patient's proposed patient treatment plan, taking into account insurance coverage and any

discounts available under other COH policies as noted below.

- d. The annual calculation will be based on the date of service, rather than calendar year.
 - e. It may be difficult to quantify the dollar amount described above for patients whose primary residence is outside of the areas that COH generally serves. Those individuals will be connected with Supportive Care for an assessment of their access to transportation to and from COH for necessary care, a discussion of the caregiving resources available to them near their primary residence, and an analysis of their insurance plan and its coverage, if any, for services at COH. If necessary, the applications for these patients may be reviewed by the Financial Assistance Committee.
 - f. It may also be difficult to quantify the dollar amount described above for patients who are eligible to participate in a clinical trial. Those individuals will be connected with the appropriate research staff and Financial Clearance for an assessment of their potential responsibility for standard of care services, a review of the potentially applicable clinical trials, and an analysis of their insurance plan and its coverage, if any, for services at COH. If necessary, the applications for these patients may be reviewed by the Committee.
 - g. As needed, any of the reviewers above may consult with COH clinical staff, as well as COH administration, Financial Clearance, Case Management, Patient Access, Research Operations and Clinical Research Services, and the Ethics and Compliance Department.
 - h. Following receipt of completed application and financial qualifications verified by FC, a “Financial Assistance Pending” insurance plan 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.
4. **Exceptions to the Policy:** A Financial Assistance Committee (“the Committee”) may approve patients for Financial Assistance who do not meet all of the eligibility criteria specified in this Policy.
- a. The Committee is comprised of the Chief Medical Officer or his/her designee, representatives from each clinical program at COH (including the Chair or designee from Hematology/Hematopoietic Cell Transplantation, Medical Oncology, Surgery, Pediatrics), Revenue Cycle, Financial Clearance, Supportive Care Medicine, a member of the Patient Rights and Organizational Ethics Committee, and a community/patient representative. The Committee may invite other individuals to present cases to the Committee, including the patient’s treating physician.
 - b. The Committee will meet bi-weekly, or as needed, to review applications that do not meet the eligibility criteria in this policy. The Committee may be called on an ad hoc basis for time sensitive applications.
 - c. For example, an approval may be granted if it is determined that an interruption in care will likely compromise the patient’s clinical outcome. Interruptions in care include, but are not limited to the following:
 - i. Expired Breast and Cervical Cancer Treatment Program Restricted coverage
 - ii. Conditions of participation requiring the patient to have a Primary Care Physician (PCP) in the community
 - iii. Treatment/services that are restricted in the community
 - iv. Existing COH patients converting to non-contracted Managed Care Plans (including commercial, Medicare and Medi-Cal managed care plans) when a COH Physician reviews and determines that patient’s safety and survival will be comprised from interruption of ongoing treatment at COH.

5. **Annual Review:** COH may reevaluate patients designated as eligible for financial assistance at any time and will reevaluate each patient’s eligibility at least annually.

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

K. **Patient Right to Appeal:** Each patient denied financial assistance will be given the right to appeal. If a patient is denied financial assistance, all reasons for denial are included in the notice

provided and the patient is informed of their appeal rights and the appeal rights procedures.

1. Appeals will be reviewed and determined by the Vice President of Revenue Cycle and the President of COH's Medical Staff. Should the Vice President of Revenue Cycle and the President of COH's Medical Staff not agree, the matter will be referred to the Chief Executive Officer, whose decision will be final.
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.

L. 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.

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.
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.

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

1. Public Awareness:

- a. 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 explaining how to access an FC counselor. COH will also provide a paper or electronic copy of the "Financial Assistance Policy" upon request.
 - b. 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 the "Financial Assistance Policy." Printed information will be available in English, Spanish, and Traditional Chinese languages. Translators in COH's Employee Translation Service will be used to support a variety of language needs.
- 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 regarding changes. Detailed materials for training are prepared and maintained by Patient Financial Services. Materials 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. All employees are made aware of the availability of financial assistance as part of employee orientation.

N. Collections and Regulatory Compliance:

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.
2. Neither COH nor its third party collection vendors will use wage garnishment or liens on primary residences or any extraordinary collection activity (ECA) as a means of collecting unpaid hospital bills from patients who are eligible for any form of financial assistance under this policy.
 - a. ECA is not utilized in connection with this policy. Although COH does not use ECA, COH is committed to adherence with all laws governing its financial services transactions in addition to those that govern the use of ECA, meaning that if 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 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 activity will be taken; and (3) Agreements with third party collection vendors shall require compliance with Section 501(r) of the Code.
- b. For more information regarding the activities that may be taken in event of default, please refer to the *Self Pay Collection Policy* or the *Medicare Bad Debt Policy*, which COH makes widely available to the public by posting it on the COH website.
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.
 4. COH is compliant with AB1020 regarding the consumer debt collection process and debt assignment.
 5. COH is compliant with the No Surprise Billing Act and ensures that good faith estimates for self-pay and uninsured patients include appropriate percentage discounts.
- O. Oversight and Board Responsibilities:** To ensure proper oversight, COH has implemented several layers of program management and review:
1. Senior management reviews detailed reports on COH's provision of financial assistance on a quarterly basis.
 2. The Board of Directors is 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 Board will receive an annual report informing them of total financial assistance and community benefits provided to our patients.
 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 Internal Revenue Code of 1986, as amended (the "Code"). Accordingly, any interpretation of this policy should be consistent with Section 501(r) of the Code.

Related Policies

1. Center for International Medicine: Financial and Patient Payment Policy
2. Code of Conduct
3. Collections Policy
4. New Patient Application and Acceptance
5. Patient Admissions
6. Patient Discounts and Free Services
7. Patient Financial Services: COBRA Assistance
8. Prescription Assistance
9. Professional Courtesy Discounts
10. Provision of Patient Assistance Items to Patients Who Demonstrate Financial Need
11. Transfer Into and Out of COHNMC

Appendix One – Acronyms, Terms and Definitions Applicable to this Policy

1. **Charity Care Policy** – The Financial Assistance policy replaces the Charity Care policy.
2. **City of Hope (COH)** – City of Hope National Medical Center (COHNMC) and City of Hope Medical Foundation (COHMF or Foundation)
3. **[Extraordinary Collection Actions ECA](#)** – are defined as actions taken by a hospital facility against an individual related to obtaining care covered under the hospital facility's FAP (Financial Assistance Policy).
4. **Financial Assistance** – Free or partially subsidized health care services, including retail pharmacy services, provided by COHNMC and COHMF to eligible individuals who meet the criteria set forth in Section II.A of this Policy.
5. **Income** – Gross income from all sources.
6. **International Patient** – Pursuant to the Center for International Medicine: Financial and Patient Payment Policy, an international patient may include but is not limited to the patient circumstances described below: A patient:
 - a. Who is a foreign national and resides outside of the USA; or
 - b. Who resides in a USA territory (Puerto Rico, Guam, St. Thomas, St. John, Water Island, North Mariana Islands, American Samoa); or
 - c. Who is a foreign national currently inside of the USA temporarily and is not using U.S. federal or state governmental program funds or benefits to pay for medical services. These patients
 - May be receiving care at another hospital and looking to transfer care to COH;
 - May have been diagnosed and/or have begun/completed treatment in another country; or
 - May be staying with family, or on vacation
 - d. Who has a home in the USA but primarily resides in their country of citizenship (For Example: a Canadian patient with a winter home in Phoenix, AZ); or
 - e. Who is a USA citizen living outside of the USA or is permanently residing in another country; or
 - f. Who is a USA citizen in another country on a work or student visa, or who is a missionary; or
 - g. Who is a USA military service member stationed outside of the USA and looking to come back to the USA for care.
7. **Medically Necessary Services** – Inpatient or outpatient services deemed medically necessary by a COH medical staff member.
8. **Presumptive Financial Assistance** – COH recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance (FA) application process. If the required information is not provided by the patient, COH may utilize an automated, predictive scoring tool to qualify patients for Financial Assistance; the tool predicts the likelihood of a patient to qualify for Financial Assistance based on publicly available data sources. The tool will provide estimates of the patient's likely socio-economic standing, as well as the patient's household income and size.
9. **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.)
10. **Standard of Care Services** – Treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals. Also called best practice, standard medical care, and standard therapy. (see [NIH Dictionary of Cancer Terms](#))
11. **US Resident** – Individual who has lived in the United States for more than 6 months within the last 12 months.

Appendix A: City of Hope Financial Assistance FPL Guidelines

The following Financial Assistance Eligibility Guidelines are based on the Federal Poverty Guidelines effective **January 1, 2023**. This schedule delineates the household income thresholds according to the FPL.

2023 FPL GUIDELINES

Number in household	Annual 100%	Annual 600%	600% Monthly
1	\$ 14,580.00	\$ 87,480.00	\$ 7,290.00
2	\$ 19,720.00	\$ 118,320.00	\$ 9,860.00
3	\$ 24,860.00	\$ 149,160.00	\$ 12,430.00
4	\$ 30,000.00	\$ 180,000.00	\$ 15,000.00
5	\$ 35,140.00	\$ 210,840.00	\$ 17,570.00
6	\$ 40,280.00	\$ 241,680.00	\$ 20,140.00
7	\$ 45,420.00	\$ 272,520.00	\$ 22,710.00
8	\$ 50,560.00	\$ 303,360.00	\$ 25,280.00
Each additional person, add	\$ 5,140.00		

Source: [detailed-guidelines-2023.pdf \(hhs.gov\)](#)

Appendix B: City of Hope Financial Assistance Policy: Methodology for Identifying LEP Populations

For 2018 fiscal year, City of Hope (COH) evaluated the Limited English Proficiency (LEP) populations among the patients it serves by utilizing EPIC 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:

1. Spanish: 1,720 or 8.82% of LEP persons.
2. Mandarin: 629 or 2.72% of LEP persons.

Language	Unique # of Patients	% Patients	# Clinic Visits*	% Clinic Visits
English	21,181	85.38%	101,978	83.07%
Spanish	1,720	6.93%	10,832	8.82%
Chinese - Mandarin	629	2.54%	3,345	2.72%
Armenian	264	1.06%	1,269	1.03%
Chinese - Cantonese	224	0.90%	1,323	1.08%
Korean	182	0.73%	1,200	0.98%

The FAP, FAP application, and plain language summary of the FAP were translated into the following languages:

1. Spanish
2. Traditional Chinese

*Note that COH is a specialty hospital that does not serve any specific geographic community. As a result, COH has assessed the LEP population based on actual patients served by COH rather than the population of the surrounding community.

Appendix C: City of Hope Financial Assistance Policy: List of Providers

- City of Hope Medical Group physicians (when services are provided at COH*)

* For more information, see *Financial Assistance Policy*. For questions, please contact Financial Clearance Services at (844) 936-4673.