

**FOX CHASE CANCER CENTER
(THE AMERICAN ONCOLOGIC HOSPITAL)**

**EMERGENCY CARE, CHARITY CARE, FINANCIAL
ASSISTANCE AND UNINSURED DISCOUNT POLICY**

NUMBER: FCCC-HOSP-GEN E-2.00

EFFECTIVE DATE: July 1, 2014

LAST REVIEWED: January 6, 2023

LAST REVISION: October 30, 2020

ATTACHMENTS: Exhibit A, Federal Poverty Guidelines
Exhibit B, Financial Agreement

REFERENCE: Fox Chase Cancer Center Billing and Collections Policy

ISSUING AUTHORITY: BOARD OF DIRECTORS, VP TUHS Revenue Cycle

I. SCOPE

This policy shall apply to all emergency or other medically necessary care administered by any provider at Fox Chase Cancer Center – The American Oncologic Hospital (FCCC).

II. PURPOSE

This policy is intended to meet the requirements of applicable federal, state, and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder. Accordingly, this policy establishes: (1) eligibility criteria for Emergency Care, Charity Care, and Financial Assistance; (2) the basis for calculating amounts charged to patients; (3) the method for applying for Charity Care and Financial Assistance; and (4) measures to widely publicize this policy within the community. The guiding principles behind this policy are to treat all patients equally, with dignity and respect, to serve the emergency healthcare needs of everyone in the community, to assist patients who cannot afford to pay, and to balance appropriate financial assistance for patients with fiscal responsibility.

III. DEFINITIONS

A. Amounts Generally Billed – For patients eligible for Financial Assistance (defined below), the Amounts Generally Billed is equal to the total amount FCCC would receive if the patient were a Medicare fee-for-service beneficiary. This is

referred to in the IRS regulations as the “Prospective Method” of calculating amounts generally billed.

- B. Charity Care – Medical care provided by FCCC to patients who qualify for free care pursuant to this policy.
- C. Contractual Allowance – The difference between the payment established under a contractual agreement and the Gross Charge for the medical care provided by FCCC.
- D. Cosmetic Services - Procedures entirely focused on enhancing a patient’s appearance. Cosmetic surgery is elective and not medically necessary care.
- E. Emergency Care – Medical care required to be provided pursuant to the Emergency Medical Treatment and Labor Act, section 1867 of the Social Security Act (42 U.S.C. 1395dd) to individuals, regardless of their eligibility for Charity Care or Financial Assistance under this policy. More specifically, Emergency Care refers to services required to be provided under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations (or any successor regulations), to the extent such regulation are applicable to FCCC.
- F. Non-Covered Medicaid Services – Medically necessary services not covered under a patient’s PA Medicaid plan due to benefit exhaustion or other policy limitation.
- G. Extraordinary Collection Actions (ECAs) – Any actions that require a legal or judicial process that may be taken by FCCC against an individual to obtain payment of a bill for medical care.
- H. Financial Assistance – Medical care provided by FCCC to patients who qualify to pay a discounted amount for the care provided pursuant to this policy. FCCC shall apply the discount to the Uninsured Fee Schedule.
- I. Gross Charge – The full established price for medical care that is consistently and uniformly charged all patients before applying any Contractual Allowance, discount, or deduction.
- J. Hospital – Fox Chase Cancer Center – The American Oncologic Hospital
- K. Insured Patient – Any patient who has medical insurance coverage.
- L. Uninsured Fee Schedule – Equal to the Medicare Fee Schedule (or the Independence Blue Cross Fee Schedule for services a Medicare beneficiary would be personally responsible for paying). The amounts on the Uninsured Fee Schedule are less than the Gross Charges.
- M. TUHS – Temple University Health System, Inc.

N. Uninsured Patient– A patient who has no medical insurance coverage.

IV. **EMERGENCY CARE POLICY**

FCCC shall provide Emergency Care to all patients, without discrimination, and without regard to their ability to pay or to their eligibility for Charity Care or Financial Assistance under this policy. FCCC shall not engage in any actions that discourage individuals from seeking Emergency Care. FCCC shall not require Emergency Department patients to apply for Charity Care or Financial Assistance or to pay prior to receiving Emergency Care. FCCC shall not permit debt collection activities in its Emergency Department or in other Hospital venues where such activities could interfere with the provision of Emergency Care without discrimination.

V. **CHARITY CARE AND FINANCIAL ASSISTANCE POLICY**

FCCC shall provide medically necessary care to all patients, without discrimination, and without regard to their ability to pay to the extent provided in this policy.

- A. Eligibility Criteria for Charity Care – See attached Exhibit A which sets forth in tabular form the Federal Poverty Guidelines used to establish eligibility for Charity Care.
- B. Eligibility Criteria for Financial Assistance – See attached Exhibit A which sets forth in tabular form the Federal Poverty Guidelines used to establish eligibility for Financial Assistance and the amount of Financial Assistance that may be provided.
- C. **Application Criteria/Procedures for Uninsured Patients** - To qualify for inpatient or outpatient Charity Care or Financial Assistance, an Uninsured Patient must:
 - 1. Apply for Medical Assistance/Medicaid or Affordable Care Act Marketplace coverage (to the extent applicable to the relevant services) through the Office of Financial Services;
 - 2. Complete an application for Charity Care and Financial Assistance or meet with an Office of Financial Services representative for an interview to complete the application form or both;
 - 3. Submit supporting documentation such as denial of Medical Assistance/Medicaid, proof of residence, income, and resources (such as income tax returns for the most recently filed year, pay stubs for the past 60 days, W-2 statement, social security statements, bank deposits, bank statements, or other documentation);
 - 4. Legally reside within the Commonwealth of Pennsylvania; and

5. Meet the financial eligibility criteria set forth in Exhibit A.

D. **Application Criteria/Procedures for Insured Patients** – An Insured Patient may seek assistance for contractual out of pocket liabilities and balances due after insurance payment. An Insured Patient may not apply or qualify for Charity Care or Financial Assistance in place of utilizing available insurance coverage. To qualify for inpatient or outpatient Charity Care or Financial Assistance, an Insured Patient must:

1. Complete an application for Charity Care and Financial Assistance or meet with an Office of Financial Services representative for an interview to complete the application form or both;
2. Submit supporting documentation including: proof of residence, income, and resources (such as income tax returns for the most recently filed year, pay stubs for the past 60 days, W-2 statement, social security statements, bank deposits, bank statements, or other documentation);
3. Legally reside within the United States of America, including only the 50 States, the District of Columbia, and the following five Territories: American Samoa; Guam; Northern Mariana Islands; Puerto Rico; and United States Virgin Islands;
4. Meet the financial eligibility criteria set forth in Exhibit A; and
5. If a patient appears to be income eligible for Medical Assistance/Medicaid, a patient must show proof of denial to qualify for Charity Care or Financial Assistance.

E. **Charity Care Eligibility for Non-Covered Services** - If a patient is eligible for Medicaid and his/her benefits have been exhausted or a medically necessary service(s) provided is not a covered/reimbursable charge, the patient will automatically qualify for charity care for the non-covered/non-reimbursable service. The Medicaid remittance will be accepted as documentation of the charity care eligibility/approval.

F. **Contact Information** – The Financial Services staff at 333 Cottman Avenue Philadelphia, PA 19111 is available to provide assistance with an application for Charity Care and Financial Assistance or to provide more information about this policy. The office can be reached at telephone number (215) 728-2678.

G. **Determination Procedures** – The TUHS Revenue Cycle Department determines whether a patient qualifies for Charity Care or Financial Assistance with reference to the patient's ability to pay all or part of the Gross Charge for the services provided. A patient's ability to pay may be based upon insurance status, net worth, income, or other financial resources. The financial resources of a parent or

guardian may be considered in determining eligibility of a patient who is dependent on the parent or guardian for financial support.

- H. Additional Factors – In determining whether a patient qualifies for Charity Care or Financial Assistance, FCCC may also consider other extenuating circumstances, such as medical hardship based on a patient’s disposable income relative to the cost of the care. The Charity Care/Self-Pay Committee will meet as needed, but minimally quarterly, to consider any situations not covered by this policy. The members of this Committee will include the following employees of TUHS or their designees: Assistant Vice President of Revenue Cycle, who will Chair the Committee; the Chief Financial Officer; the Chief Medical Officer; and the Corporate Compliance Officer. The Charity Care/Self-Pay Committee will review all exceptions granted through the Committee on a quarterly basis to determine if revisions to this policy are needed. The Charity Care/Self-Pay Committee will have the authority to appoint a Hospital working group if needed to effectively carry out the requirements of this policy.
- I. Financial Agreement – A patient who (1) does not have insurance coverage, and (2) does not qualify for Charity Care or Financial Assistance or qualifies only for Financial Assistance, shall pay a minimum of 50% of the total fees due in advance of service and shall sign a Financial Agreement to pay the balance in monthly installments. See Financial Agreement attached as Exhibit B.
- J. Other Care Providers – This policy applies to all emergency or other medically necessary care administered by any provider at FCCC.

VI. CALCULATING AMOUNTS CHARGED TO PATIENTS

- A. FCCC shall charge an Uninsured Patient the full amount listed on the Uninsured Fee Schedule for Emergency Care and other medically necessary care.
- B. If a patient qualifies for Charity Care, FCCC shall not charge the patient for Emergency Care or other medically necessary care.
- C. If a patient qualifies for Financial Assistance, FCCC shall not charge the patient more than the Amounts Generally Billed for Emergency Care or other medically necessary care.
- D. Cosmetic Services – FCCC shall charge, and the patient is responsible for, the full amount on the cosmetic services fee schedule for all Cosmetic Services. FCCC expects payments for Cosmetic Services prior to providing services. Cosmetic Services are not eligible for Charity Care or Financial Assistance.
- E. Annual Updates – The TUHS Revenue Cycle Department will review and update the Uninsured Fee Schedule annually on or about July 1st.

VII. PATIENT NOTIFICATION

- A. Application Period – FCCC shall notify all patients about the availability of Charity Care and Financial Assistance under this policy. The application period begins on the date medical care is provided to the patient and ends on the 240th day after FCCC provides the patient with the first post-discharge billing statement for the care.
- B. Plain Language Summary – FCCC shall offer all patients a plain language summary of this policy and an application form for Charity Care and Financial Assistance as part of the intake or discharge process.
- C. Complete Application – If a patient submits a complete application for Charity Care and Financial Assistance within 240 days after FCCC’s first post-discharge billing statement for the care, FCCC shall make and document a determination as to whether the patient qualifies for Charity Care or Financial Assistance using an internal checklist in a timely manner.
 - 1. FCCC shall suspend any ECAs against the patient for a reasonable period to determine whether the patient qualifies for Charity Care or Financial Assistance.
 - 2. FCCC shall notify the individual in writing of the determination and the basis for the determination.
 - 3. If FCCC determines that the patient qualifies for Charity Care or Financial Assistance, FCCC shall:
 - a. Provide the patient with a billing statement that (i) indicates the amount the patient owes as a qualifying patient, and (ii) shows or describes the Amounts Generally Billed for the care provided and how FCCC determined the amount the patient owes as a qualifying patient;
 - b. Refund any excess payments of \$5.00 or more made by the patient;
 - c. Take all reasonably available measures to reverse any ECAs (with the exception of a sale of debt) taken against the patient to collect the debt at issue.
- D. Incomplete Application – If a patient submits an incomplete application for Charity Care and Financial Assistance within 240 days after FCCC’s first post-discharge billing statement for the care, FCCC shall provide the patient with information relevant to completing the application and providing required supporting documentation in a timely manner.
 - 1. FCCC shall provide the patient with a written notice that describes the additional information or documentation the patient must submit to complete his or her application and include a plain language summary of the policy with the written notice.

2. FCCC shall provide the patient with at least one written notice that informs the individual about the ECAs that FCCC or other authorized party intends to take if the patient does not complete the application or pay the amount due by a completion deadline specified in the notice. FCCC shall provide this written notice regarding ECAs and a copy of the plain language summary of this policy at least 30 days before the completion deadline. FCCC shall also make a reasonable effort to orally notify a patient about this policy.
3. FCCC shall suspend any ECAs against the patient until the completion deadline has passed without the patient having completed the application.

VIII. POLICY AVAILABILITY

- A. Web Site – FCCC shall make this policy, the plain language summary of this policy, and the application for Charity Care and Financial Assistance widely available through its website, <http://www.foxchase.org>. The home page of the web site will include a prominent link to a page that explains the Charity Care and Financial Assistance available under this policy, the eligibility criteria, a telephone number and room number that visitors can call or visit to obtain more information as well as the name and contact information of a few nonprofit organizations and government agencies that FCCC has identified as capable and available sources of assistance with applications. The website shall also include prominent links that allow readers to download PDF files of this policy, the plain language summary of this policy, and the application for Charity Care and Financial Assistance, free of charge. FCCC shall provide any individual who asks how to access a copy of this policy, the plain language summary of this policy, and the application for Charity Care and Financial Assistance online with the URL of this web page.
- B. Paper Copies – FCCC shall make paper copies of this policy, the plain language summary of this policy, and the application for Charity Care and Financial Assistance available upon request and without charge, both by mail and in its Patient Accounting office, Admissions and Registration areas, and FCCC shall inform and notify visitors to FCCC about this policy in these same locations using prominent signs and brochures or other measures reasonably calculated to attract visitors' attention.
- C. Community Outreach – FCCC shall take additional appropriate measures to inform and notify members of the community served by FCCC about this policy in a manner reasonably calculated to reach those members of the community who are most likely to require assistance.
- D. English and Other Languages – FCCC shall make this policy, the plain language summary of this policy, and the application for Charity Care and Financial Assistance available in English and in the primary languages of any population group with limited English proficiency (LEP). For purposes of this policy, an LEP language group constitutes the lesser of 1,000 individuals or 5 percent of the

community served by FCCC. FCCC may rely on the latest data available from the U.S. Census Bureau or use any reasonable method to determine which languages other than English apply.

IX. BILLING AND COLLECTIONS POLICY

FCCC has a separate Billing and Collections Policy. The Billing and Collections Policy sets forth the actions FCCC may take if a bill for medical care is not paid. A free copy of the Billing and Collections Policy is available in the same manner as paper copies of this policy and also at the website, <http://www.foxchase.org>.