

Cancer Treatment Centers of America			Cross Reference Policies and Procedures:	Policy Number : TBA
Department: Patient Accounts				
Subject: Financial Assistance Policy - CTCA Chicago			Last Reviewed Date:	
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PURPOSE / BACKGROUND

The purpose of this Financial Assistance Policy (the “Policy”) at Cancer Treatment Centers of America (“CTCA”) is to promote and facilitate access to high quality healthcare consistent with the CTCA mission and its Standards of Conduct. CTCA 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 CTCA. Meeting the needs of uninsured and underinsured patients is an important element in CTCA’s commitment to the community.

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

POLICY AND PROCEDURE

1. **Patients Who Are Eligible:** An individual is eligible for financial assistance (free or discounted care) at CTCA if the individual meets all the following conditions:
 - 1.1 the individual meets the criteria for care deemed medically necessary by a CTCA provider. Patient-elected services (e.g., cosmetic procedures) are not eligible for financial assistance when not deemed medically necessary by a CTCA 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 CTCA 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 CTCA and out of network coverage for services at CTCA, 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 CTCA when CTCA 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 CTCA provides to its patients that are deemed medically necessary for the patient by a CTCA provider.

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

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

3.3 For purposes of this policy, questions or issues about medical necessity will be resolved by CTCA'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 provided at no cost, or at a reduced amount, to the patient. Uninsured patients with Gross Family Income less than or equal to 200% 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 200% 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. In alignment with Illinois law, uninsured patients with Gross Family Income between 201-600% of FPL will qualify for a specific discount, which is calculated based on the cost to charge ratio received from the State of Illinois, derived from Worksheet C, Part I of the most recently filed Medicare Cost Report. The uninsured discount factor means and is calculated as 1.0 less the product of a hospital's cost to charge ratio multiplied by 1.35. The maximum amount that can be collected in a 12-month period from an eligible patient is 20% of annual Gross Family Income as provided in the Financial Assistance Income Eligibility Guidelines. The 12-month period to which the maximum amount applies shall begin on the first date an uninsured patient receives services and covered items that are determined to be eligible for financial assistance at the hospital.

5. Amounts Generally Billed: In providing financial assistance, CTCA 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. CTCA uses the prospective Medicare method for calculating AGB and, as stated in Section 4, CTCA 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.

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 200% FPL in Illinois: Patients with Gross Family Income less than or equal to 200% of the FPL as determined under the Financial Assistance Income Eligibility Guidelines meet the income eligibility criteria.

7.3 Income Between 201% and 600% FPL in Illinois: In alignment with Illinois law, uninsured patients with Illinois residency with Gross Family Income between 201-600% of 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, CTCA 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 CTCA, regardless of any prior determinations under this policy.

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

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

9. Patient Application Process and CTCA 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 CTCA 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 CTCA 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 CTCA's existing policies allowing CTCA 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 CTCA.

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 CTCA.

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

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

9.2.5 Patients demonstrating one of the following criteria will be deemed presumptively eligible for a 100% assistance and no application will be required: homelessness, deceased with no estate, mental incapacitation with no one to act on patient's behalf, Medicaid eligibility. Additional state mandated categories that qualify for presumptive eligibility for 100% assistance include enrollment in the following programs: Women, Infants and Children Nutrition Program (WIC), Supplemental Nutrition Assistance Program (SNAP), Illinois Free Lunch and Breakfast Program, Low Income Home Energy Assistance Program (LIHEAP); enrollment in an organized community based program providing access to medical care that assess and documents limited low-income financial status as criteria, and receipt of grant assistance for medical services.

10. CTCA 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 CTCA clinical staff, as well as CTCA 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 CTCA Chicago facility Chief Financial Officer (“CFO”) or CTCA Senior Vice President of Revenue Cycle Management (“SVP RCM”) may approve patients for financial assistance who experience extraordinary financial hardship or if a CTCA provider determines that an interruption in care will likely compromise the patient’s clinical outcome.

12. Eligibility Review: CTCA 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 CTCA Chicago CFO or CTCA 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 CTCA 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 CTCA 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 CTCA is committed to building awareness of the Financial Assistance Policy through a variety of mechanisms including but not limited to: (i) visible signage within CTCA (such as posters or notices in key admitting and registration areas, point of service brochures in waiting areas); (ii) CTCA's website; (iii) in routine, written notification given at the time of admission to CTCA; 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 CTCA financial representative. CTCA will also provide a paper or electronic copy of this Financial Assistance Policy upon request.

16.1.2 CTCA is committed to using the primary languages of the major ethnic and cultural communities who utilize CTCA 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 CTCA. 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 CTCA serves (see attachment B).

17. Collections and Regulatory Compliance:

17.1 CTCA will apply this policy before outstanding accounts are sent to collection. CTCA 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 CTCA 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 CTCA does not use ECAs, CTCA 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 CTCA policy in writing, and the “Financial Assistance Policy” is incorporated by reference in collection contracts with such agency(ies). CTCA receives written assurances from agency(ies) that they will adhere to CTCA financial services standards.

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

18.1. Senior management reviews detailed reports on CTCA’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 CTCA’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 CTCA's resources, the Board of Directors (the "Board") strives to preserve the financial health of CTCA. 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 CTCA hospitals, physicians and clinics, and pharmaceuticals delivered in CTCA 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 CTCA provider.

20.3. Presumptive Financial Assistance - Financial assistance awarded after CTCA 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 CTCA 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 CTCA Chicago – Midwestern Regional Medical Center d/b/a Cancer Treatment Centers of America, Chicago

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: Cancer Treatment Centers of America Financial Assistance Income Eligibility Guidelines

Attachment B: Cancer Treatment Centers of America Financial Assistance: Methodology for Identifying LEP Populations

Attachment C: Cancer Treatment Centers of America 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 Illinois 200%	Monthly Illinois
1	\$13,590.00	\$27,180.00	\$2,265.00
2	\$18,310.00	\$36,620.00	\$3,051.67
3	\$23,030.00	\$46,060.00	\$3,838.33
4	\$27,750.00	\$55,500.00	\$4,625.00
5	\$32,470.00	\$64,940.00	\$5,411.67
6	\$37,190.00	\$74,380.00	\$6,198.33
7	\$41,910.00	\$83,820.00	\$6,985.00
8	\$46,630.00	\$93,260.00	\$7,771.67
Each additional person, add	\$4,720.00		

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

Attachment B

CTCA Financial Assistance: Methodology for Identifying LEP Populations

For 2022 fiscal year, CTCA 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 CTCA’s total patients seen were:

Language	Unique # of Patient	% Patients
English*	9773	89.44%

* CTCA Chicago data only; outpatient clinics have not been included

Attachment C:

Cancer Treatment Centers of America Financial Assistance Policy: List of Providers

- **Providers Covered Under the Financial Assistance Policy:**
 1. Cancer Treatment Centers of America Medical Group physicians
(**CTCA - Physicians Group of Illinois, 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.