



# Moffitt Cancer Center

## Policy: *Financial Assistance*

<b>Responsible Office:</b>	Business Office	<b>Category:</b>	Finance
<b>Authorized:</b>	Vice President, Finance	<b>Policy Number:</b>	ADM-C032
<b>Review Frequency:</b>	3 Years	<b>Current Effective Date:</b>	11/01/2021

### Policy Statement

This Policy is intended to provide Financial Assistance to Center patients who are Uninsured, Underinsured, or otherwise eligible for Financial Assistance for Medically Necessary care, based on the patient's individual financial situation. The Policy applies to all Medically Necessary care provided at the Center including both the technical and Moffitt Medical Group professional costs of care.

### Purpose

The Center has established this Policy to ensure a fair and consistent method for providing Financial Assistance to qualifying patients based on the guidelines set forth.

### Scope

This Policy applies to Revenue Cycle Management who assists Uninsured, Underinsured, or otherwise eligible patients in obtaining Financial Assistance for services rendered.

**Stakeholders:** Business Office, Patient Financial Services, Moffitt Medical Group Revenue Cycle

### Procedures

- I. Financial Assistance Eligibility:**
  - a. Eligibility for Financial Assistance is determined for each patient based on an assessment of the patient's financial ability to pay.
  - b. The assessment includes:
    - i. The submission of a Financial Assistance Application requiring personal financial information and documentation as specified in Sections II. and III of this Policy; and
    - ii. The Center's use of external publicly available data sources, such as credit scoring.
  - c. The same financial guidelines apply to all persons in determining Financial Assistance. Eligibility for Financial Assistance is based on an individualized determination of financial need and does not take into consideration the patient's race, age, religion, national origin, sex, sexual orientation, gender identity or expression, disability or any other characteristic protected by federal, state or local law.
  - d. Individuals who qualify for Medicaid but have service dates prior to the effective date may qualify for Financial Assistance through the Center for services that occurred no more than six (6) months prior to being eligible for Medicaid if the patient was Uninsured, Underinsured, or otherwise would have qualified for Financial Assistance pursuant to this Policy.
  - e. In the event a patient is assessed a Medicaid co-pay or has exhausted benefits, the patient may still apply for Financial Assistance, but will presumptively qualify for Financial Assistance based on the fact their eligibility by the Florida Department of Children and Families has already proven their income falls within 100-200% of the Federal Poverty Guidelines.
  - f. Patients who are Medically Needy may still apply for Financial Assistance but will presumptively qualify for Financial Assistance if they cannot meet their share of cost as determined by the Florida



## Policy: *Financial Assistance*

Department of Children and Families. The level of assistance will be determined by which income level the patient's share of cost falls on the Federal Poverty Guidelines.

- g. The following situations and patients are NOT eligible for Financial Assistance:
  - i. Prophylactic surgeries for non-cancer patients.
  - ii. Genetic counseling performed in a screening capacity.
  - iii. Supplemental screening services (e.g. Abbreviated Breast MRI and CT Lung Screening)
  - iv. Charges related to work-up, treatment and follow-up care for bone marrow transplants or Chimeric Antigen Receptor T-cell (CAR-T) therapy or Immune Cell therapy (ICE-T).
  - v. Patients with out-of-network coverage.
  - vi. Patients who are not residents of the state of Florida.

### II. **Method by Which Patients May Apply for Financial Assistance:**

- a. Patients that request Financial Assistance or who have been identified as potentially eligible for Financial Assistance will be referred to the Center's financial counselors.
- b. Patients may contact the Moffitt Cancer Center Business Office at 12902 Magnolia Drive, MCB-BO, Tampa, Florida 33612, or call 1-800-456-3434 ext. 8422 or the direct number at 813-745-8422 for information and assistance regarding the Financial Assistance Application.
- c. Patients will be informed of the process and procedures involved for a Financial Assistance Application either before receiving services or during the billing and collection process.
- d. The patient and/or the patient's family will be advised of all documentation required to make a determination as to eligibility for Financial Assistance.
- e. A financial counselor will interview the patient or the patient's relatives who are legally responsible for the patient's support in compliance with HIPAA guidelines. During the interview, the financial counselor will gather information about the patient's circumstances and ability to pay and, if requested, may assist the patient or patient's family in completing the Financial Assistance Application. Any patient, who is financially supported by another person, as deemed by the Center, must also provide Income, assets, tax records or other documents to determine patient eligibility.
- f. A patient and/or a patient's family may also meet with the Center's Pharmacy representative to apply for available assistance programs for pharmaceutical care.
- g. A request for Financial Assistance and a determination of eligibility for Financial Assistance should occur prior to rendering non-emergent Medically Necessary services. However, the determination may be done at any point in the collection process.
- h. If the marital status of a minor cannot be determined or where there is not sufficient documentation to confirm a minor's emancipation, eligibility of Financial Assistance will be based on the Income and assets of the parent(s) or legal guardian of the minor. Documentation provided for the Financial Assistance Application must be consistent with all other documentation presented for review.

### III. **Documentation and Information used to determine eligibility for Financial Assistance.**

- a. Documentation required to complete the Financial Assistance Application may include, but is not limited to:
  - i. Third Party Coverage;
  - ii. Employment Status;
  - iii. Proof of Income;
  - iv. Family Size;



## Policy: *Financial Assistance*

- v. Proof of Dependents;
  - vi. Net Worth of Patient;
  - vii. Proof of Identity; and
  - viii. Proof of Residency.
- b. Documentation of Third-Party Coverage includes any of the following payors:
- i. Traditional Medicare;
  - ii. Florida Medicaid;
  - iii. Medicare Advantage Plus;
  - iv. HMO;
  - v. PPO;
  - vi. Indemnity Insurance;
  - vii. COBRA or COBRA-Eligible;
  - viii. Active Duty Military or Dependent;
  - ix. Veterans Administration Benefits; or
  - x. Cancer Policy
  - xi. Any Cost Sharing Policy
- c. Documentation of Employment Status, Income, and assets as that term is defined in the definition section of this Policy, may include:
- i. A tax return for prior calendar year; including all supporting schedules;
  - ii. A W-2 and/or 1099;
  - iii. The most recent payroll check stub showing year to date earnings, or the last payroll check stub from each job held during the year if there were multiple employers;
  - iv. Documentation of any liquid Asset(s). Including, but not limited to: Cash on hand, or items that can be converted to cash. These can include: Checking and Savings accounts, 401k and retirement accounts, Certificate of Deposits, Stocks, Bonds or any Securities, Money Market accounts, Mortgage equity in property other than your primary residence.
  - v. Proof of Income from retirement,
  - vi. Disability, social security, or veterans' benefits;
  - vii. Documents from unemployment compensation, for example, approval of eligibility for unemployment compensation or the most recent of unemployment check stub showing year to date payments;
  - viii. Letters from state or local agencies confirming unemployment;
  - ix. Statements from a physician, physician assistant, or nurse practitioner attesting to a physical condition precluding the patient from working; or
- d. Letters or statements intended as documentation of employment status or Income must include specific dates ("from and to") to determine date of eligibility for Financial Assistance.
- e. Documentation or proof of Family size and Dependents, as that term is defined in the definition section of this Policy, may include, but is not limited to:
- i. A court-ordered guardian/conservatorship if dependent is not included on a tax return;



## Policy: *Financial Assistance*

- ii. A copy of the patient's most recent tax return;
  - iii. Birth certificates;
  - iv. Baptismal records;
  - v. Social Security award letter;
  - vi. U.S. Immigration documentation; or
- f. Documentation for proof of identity and proof of residency: The Center will accept proof of residency in the state of Florida, with two of the following:
- Receipt of mortgage, current lease, or rental payment or letter from a landlord (Motel receipts not acceptable);
  - Proof of home ownership within Florida;
  - Homestead exemption document;
  - Public utility bill in name of applicant or spouse with Florida address;
  - Florida voter registration card;
  - Proof of enrollment of applicant's children in a school in Florida;
  - Residency documented through a social service agency or another County department's case record;
  - Cancelled mail from a federal, state, or county agency addressed to the applicant or spouse at a local address;
  - Written verification from a community agency;
  - Verification from post office of mail received at an address in Florida by applicant or spouse;
  - Vehicle registration in the name of the applicant with a residential address within Florida;
  - Homeless Shelter Identification from a location within the state of Florida.

Proof of Identity: one form of identification from the following list:

- Driver's License
- Pictured Identification Card
- Pictured Student I.D.
- Pictured Employee I.D.
- Department of Public Safety Identification Card
- Passport
- Immigration Documentation
- Original or Certified Copy of Birth Certificate
- Military I.D. or Military Dependent I.D. Card

#### **IV. Process for Evaluation and Determination of Financial Assistance:**

- a. Eligibility for Financial Assistance will be determined after all information and documentation as required in Section III. of this Policy has been evaluated.
- b. All documentation required to determine eligibility for Financial Assistance must be reviewed and



## Policy: *Financial Assistance*

approved by the Business Office Manager, the Director of Patient Financial Services or the Vice President, Finance or their designee, depending on the level of assistance needed.

- c. Patients will be notified if additional documentation as specified in Section III. of this Policy is required or if missing documentation needs to be submitted. The patient will have thirty days (30) from the date of notification, to supply the information. If documentation is not received within 30 days of notification, the application will be denied.
- d. Patients may only be approved for Financial Assistance of outstanding balances of the Center after all other financial resources available to the patient have been exhausted. During its evaluation, the Center will make reasonable efforts to explore and assist patients in identifying alternative sources of payment from public and private programs. This includes but is not limited to private or employer-sponsored health insurance, public assistance, Medicare, Medicaid, or any other guarantor or alternative resource. If a patient does not have Medicare, Medicaid, or an alternative resource, but may otherwise qualify for Medicare, Medicaid, or an alternative resource, the Center will assist the patient in applying for the applicable financial resources.
- e. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient, through contractual agreements with other providers, or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no formal written application to support a patient's eligibility for financial assistance, or the patient does not have a financial assistance form on record, the Center may use externally available information in determining estimate income amounts for the basis of determining financial assistance eligibility. The center may apply for financial assistance on behalf of the patient. The same eligibility criteria set forth in the financial assistance policy will be used to determine eligibility based on all available information obtained. In order to facilitate the application, the institution will use the information returned from an external credit reporting agency as support for approval or denial of financial assistance.
- f. The financial counselor will notify the applicant in writing of the determination by sending a Financial Assistance Outcome Notification letter to the patient. The financial counselor will also document the results of the determination in the patient's record on the Patient Financial System.
- g. If the Financial Assistance Application is denied, applicants can submit additional documentation to a financial counselor, which may be used for reconsideration.
- h. In the event the patient's Income or living situation changes significantly, supporting documentation may be submitted for re-evaluation.
- i. The need for Financial Assistance will be re-evaluated in the following situations:
  - i. A determination as to eligibility for Financial Assistance was made more than one year prior to the time of service; or
  - ii. At any time additional information relevant to the eligibility of the patient for Financial Assistance becomes available.
  - iii. In the event assets become available from other financial resources after the Financial Assistance Application has been approved.

### V. **Basis for Calculating Amounts Charged to Patients:**

- a. The amount that a patient is expected to pay, and the amount of Financial Assistance offered depends on the patient's financial resources. The Federal Income Poverty Guidelines are used to determine the amount charged for treatment and medical services to the patient, if any. The current Federal Income Poverty Guidelines are included at the end of this Policy.
- b. **The following Financial Assistance is provided by the Center:**
  - i. Patients who are Medically Indigent as that term is defined in this Policy shall be entitled to



## Policy: *Financial Assistance*

### **100% Financial Assistance on Qualifying Balances.**

- ii. Patients who have family Income at or below 200% of the Federal Poverty Guidelines for the patient's family size shall be entitled to **100% Financial Assistance on Qualifying Balances.**
- iii. Patients who have family Income between 201%-400% of the Federal Poverty Guideline for the patient's family size shall be classified as "Self-Pay Tier 1" status and are entitled to Financial Assistance of **65% on Qualifying Balances.**
- c. In addition to the Financial Assistance available in Section V.b. of this Policy, if assistance programs are not available for the patient's pharmaceutical needs, the copayment structure outlined below, based on the Financial Assistances guidelines provided in Section V.b. of this policy will be applied.
  - i. 100% discount: A patient who qualifies for 100% Financial Assistances pursuant to Procedures Section V. B. of this Policy will not be obligated to pay the cost of the prescription. This program is restricted to treatment within the scope of cancer care and excludes OTC products.
  - ii. 15% discount: A patient who qualifies for 65% Financial Assistance pursuant to Procedures Section V. B. of this Policy will be obligated to pay the cost of prescriptions less 15% discount per prescription at the point of service. This program is restricted to treatment within the scope of cancer care and excludes OTC products.
- d. Certain BMT medications such as immunosuppressants, antiviral, antibacterial, and supplemental/supportive care prescriptions will be covered as 100% Financial Assistance as long as the patient qualifies for any level of Financial Assistance.
- e. The Center will limit the amount charged for care provided to individuals eligible for Financial Assistance to the Amount Generally Billed to individuals who have insurance covering such care ("AGB"). A patient eligible for Financial Assistance will not be charged more than the AGB, as that term is defined in this Policy, for emergency or Medically Necessary care.

### **VI. Policy Exception:**

- a. Applications will be reviewed by a committee of appropriate parties where the documentation provided does not provide a clear indicator of the financial status. Recommendations will be made to the appropriate party pursuant to the following exception clause. Exceptions to the policy will be made on a case by case basis at the sole discretion of the acting Physician in Chief, Chief Financial Officer, Chief Executive Officer or Chief Operating Officer.

### **VII. Emergency Services:**

- a. The Center is a specialty hospital and does not provide emergency medical treatment within the meaning of section 1867 of the Social Security Act (42 USC 1395dd). If, however, an individual seeking emergency medical treatment enters the Center's facility, the Center will, without discrimination, stabilize the patient and assist the patient and/or the patient's family in obtaining transportation for the patient to a local hospital equipped for emergency medical care.
- b. Patients seeking emergency medical care are eligible for Financial Assistance and are subject to the same guidelines and procedures as all other Center patients.

### **VIII. Collection Activity:**

- a. Actions the Center may take in the event of nonpayment are described in Moffitt's separate Revenue Cycle, Patient and Non-Patient Cash Collections Policy (Policy # ADM-R027). The Policy may be obtained without charge by calling 1-800-456-3434 ext. 8422 or the direct number at 813-745-8422.

### **IX. Publication of the Policy:**

- a. The Center will make this Policy, the Financial Assistance Application, and the plain language summary of this Policy widely available on its website. Individuals with access to the Internet can



## Policy: *Financial Assistance*

access, download, view, and print a hard copy of this Policy, the Financial Assistance Application, and the plain language summary of this Policy from the website:

- i. Without requiring special computer hardware or software (other than software that is readily available to members of the public without payment of any fee);
  - ii. Without paying a fee to the Center; and
  - iii. Without creating an account or being otherwise required to provide personally identifiable information.
- b. The Center will provide any individuals who ask how to access a copy of this Policy, the Financial Assistance Application, and the plain language summary of this Policy online with the direct website address, or URL, of the web page where this Policy, the Financial Assistance Application, and the plain language summary of this Policy are posted.
- c. The Center will make paper copies of this Policy, the Financial Assistance Application, and the plain language summary of this Policy available upon request and without charge, both by mail and in public locations at the Center, including any admissions areas.
- d. The Center will notify and inform patients who receive care at the Center about this Policy by:
- i. Offering a paper copy of the plain language summary of the financial assistance Policy as part of the intake or discharge process; and
  - ii. Including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of Financial Assistance under this Policy and includes the telephone number of the Center office or department that can provide information about this Policy and the Financial Assistance Application process along with the direct website address (or URL) where copied of this Policy, the Financial Assistance Application, and the plain language summary of this Policy may be obtained.
- e. At any time during the patient's treatment the patient may request a copy of this Policy, the Financial Assistance Application, or the plain language summary of this Policy.
- f. If a member of the Workforce becomes aware of the patient's need for Financial Assistance during the admission process, the PSS will provide the patient with the necessary information needed to apply for Financial Assistance.
- g. The Center will also translate this Policy, the Financial Assistance Application, and the plain language summary of this Policy into the primary languages spoken by all significant populations served by the Center.

### Forms

Financial Assistance Application

### Related Information

ADM-B006 Billing Integrity

ADM-C063 COBRA Premium Payment Assistance

ADM-E028 Experiences and Center Support

ADM-P063 Patient and Family Services Patient Support Fund

ADM-R028 Revenue Cycle, Deposits and Estimates

ADM-U013 Uncompensated Patient Skilled Nursing Facility Placement



## Policy: *Financial Assistance*

### Education

N/A

### Definitions

**Amounts Generally Billed (“AGB”)** –The Center’s current Amount Generally Billed to individuals who have insurance covering such care is Thirty-five percent (35%). The Center determines the AGB annually by using the look-back method, as described at 26 CFR s. 1.501(r)-5(b)(3). Specifically, the Center divides the sum of the amounts of all of its claims for Medically Necessary care that have been allowed by health insurers, including Medicare, Medicaid, and all private health insurers, during a prior 12-month period by the sum of the associated gross charges for those claims.

**Assets** - Cash on hand, or items that can be converted to cash. These can include, but are not limited to: Checking and Savings accounts, 401k and retirement accounts, Certificate of Deposits, Stocks, Bonds or any Securities, money market accounts, Mortgage equity in property other than your primary residence.

**Center** – Collectively and individually the H. Lee Moffitt Cancer Center and Research Institute, Inc. and the not-for-profit subsidiaries.

**Dependent** – An individual who relies on the aid of another for primary financial support.

**Family** - The Center uses the Census Bureau definition of a “family,” which is a group of two or more people who reside together and who are related by birth, marriage, or adoption. Family members are further defined as the patient and, if married, his/her spouse; any natural or adopted minor of the patient, or spouse who has not had the disabilities of minority removed by a court and who is not, or has ever been married; any minor for whom the patient or spouse has been given the legal responsibility by a court; any person designated as “dependent” on the patient’s latest tax return; any student in the family over 18 years of age that is dependent on the patient’s family income for at least 50% support; or any minor child of a minor who is solely, or partially, supported by the minor who is a member of the patient’s family.

**Federal Income Poverty Guidelines** – The guidelines published annually by the U.S. Department of Health and Human Services.

**Financial Assistance** - The provision of free or discounted care to individuals who cannot afford to pay.

**Financial Assistance Application** – The application utilized by the Center in determining eligibility for Financial Assistance.

**Income** - The total cash receipts from all sources before taxes which includes but is not limited to wages and salaries before deductions, self-employment income, social security benefits, pension and retirement benefits, unemployment compensation, veterans’ benefits, public assistance payments, alimony or child support, military family allotments, dividends, interest, rents, royalties, estates and trust income, regular insurance or annuity payments, lottery winnings, and support from an absent family member or someone not living in the household. The following will not be considered income: food or rent in lieu of wages, non-cash benefits, gifts, or student loans and grants.

**Inpatients** - Patients that have been admitted to the Cancer Center for treatment, treated by one of the Cancer Center’s faculty physician at an offsite location, or referred to a Cancer Center’s faculty physician by an affiliate facility.

**Medically Indigent** – Patients with medical bills and charges that exceed 25% of the patient’s and family’s gross annual income and assets. Outstanding medical balances from facilities other than the Center are included in the total medical bills and charges for this determination.

**Medically Necessary** - Services or items that are considered reasonable and necessary for the diagnosis or treatment of illness or injury. Medically Necessary also includes care that falls within the definition of medically necessary care applicable under the laws of Florida, including the Medicaid definition, or a definition that refers to the generally accepted standards of medicine in the community or to an examining physician’s determination.

**Medically Needy** – a Medicaid coverage group that includes individuals who would qualify for Medicaid, except that their income or resources exceed Medicaid’s income or resource limits. On a month-by-month basis, the individual’s medical expenses are subtracted from his income; if the remainder falls below Medicaid’s income limits, the individual may qualify for Medicaid for the day he became eligible until the end of the month. This is also referred to as “share of



## Policy: *Financial Assistance*

cost” Medicaid.”

**Minor** – an individual who has not reached the age of majority, 18 years of age, and is not, nor has been, married.

**Qualifying Balance** – Amount owed by the patient after all standard contractual adjustments have been applied.

**Uninsured or Underinsured** refers to a patient that may not possess a level of insurance or third-party assistance to fully meet his/her financial obligations.

### References

26 CFR ss. 1.501(r)-0 through 1.501(r)-7

### Appendix

#### FINANCIAL ASSISTANCE INCOME GUIDELINES

Discount	100%	65%
Income Level	Under 200% FPL**	201-400% FPL
Family Size		

\*Gross income used.

\*\*FPL is the Federal Poverty Level established by the Department of Health and Human Services. (Effective for the current year)

### Revision History

07/2008, 03/2009, 02/2014, 07/2015, 04/2016, 06/2017, 04/2018, 04/2019, 05/2020, 10/2020, 05/2021, 11/2021