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## HOSPITAL POLICIES & PROCEDURES

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Category: Financial  
Title: **Financial Assistance Policy**  
Applicability: Thomas Jefferson University Hospitals, Inc.  
Contributors/Contributing Departments: Business Services, Compliance, General Counsel

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### PURPOSE

Thomas Jefferson University Hospitals, Inc. (“TJUH”) is committed to treating patients with dignity and consideration regardless of their financial circumstances in compliance with IRC Section 501(r).

### POLICY

It is the policy of TJUH to provide financial assistance in the form of Charity Care and Partial Charity Care to patients residing in its Local Service Area who require Emergency and Medically Necessary Care and who are ineligible for Medicaid; have exhausted or limited insurance benefits; and meet household income and asset criteria or Medical Indigence standards as set forth in this policy.

TJUH considers each patient’s ability to pay for his or her Emergency or Medically Necessary medical Care, and extends Charity Care or Partial Charity Care to eligible patients residing in its Local Service Areas who are unable to pay for their care in accordance with this policy. This policy sets forth the eligibility procedures for Charity Care and Partial Charity Care in compliance with applicable federal, state, and local law.

In accordance with Federal Emergency Medical Treatment and Labor Act (EMTALA) regulations, patients seeking emergency care at TJUH are not subject to financial screening prior to receiving care in emergency care. Additionally, patients will not be subject to debt collection activities that would interfere with emergency medical care. The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation, or religious affiliation. TJUH shall operate in accordance with all federal, state, and local requirements for the provision of health services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). See Policy #113.36.

## DEFINITIONS

**Amounts Generally Billed (AGB):** TJUH will use the look back Medicare method to determine AGB. TJUH will determine AGB by dividing the sum of the amounts of all its claims for emergency and medically necessary care that have been allowed by Medicare during a 12 month period by the sum of the associated gross charges of those claims. [See Appendix B for description of AGB percentage](#)

**Application Period:** The period during which TJUH will accept and process FAP Applications. This period begins to run on the date medical care is provided and ends on the 240th day after TJUH provides the patient with the first billing statement for the care provided.

**Charity Care:** 100% free medical care for Medically Necessary services provided by TJUH. Patients who are Uninsured or Underinsured for a medically necessary service, who are ineligible for governmental or other insurance coverage, and who have family incomes not in excess of 200% of the Federal Poverty Guidelines are eligible to receive Charity Care.

**Emergency Medical Care:** — (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part; or (B) with respect to a pregnant woman who is having contractions— (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

**Local Service Area:** Pennsylvania, New Jersey, and Delaware

**Medically Indigent:** Patients who, despite their income, have a low level of liquid assets such that payment of their medical bills would be seriously detrimental to their basic financial well-being and survival.

**Medical Necessary Care:** Any diagnostic study, procedure or treatment needed to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

**Partial Charity Care:** Care at a discounted rate for medically necessary services provided by TJUH. Patients who are Uninsured or Underinsured for a medically necessary service, and who have family incomes in excess of 200%, but not exceeding 400%, of the Federal Poverty Guidelines, are eligible to receive Partial Charity Care. However, patients who would otherwise qualify for Partial Charity Care but who have sufficient liquid assets available to pay for care without becoming Medically Indigent are not eligible for Partial Charity Care.

**Presumptive Charity Care Eligibility:** A determination that a patient is presumed eligible for Charity Care when adequate information is provided by the patient or through other sources which allow TJUH to determine that the patient qualifies for Charity Care.

**Thomas Jefferson University Hospital (“TJUH”):** See Appendix A which covers all TJUH locations that are covered by this policy. Physician providers are not included in this definition and are not covered under this policy.

**Uninsured Patient:** An individual who does not have any third-party health care coverage from either: (a) a third party insurer, (b) an ERISA plan, (c) a Federal Health Care Program (including without limitation Medicare, Medicaid, HealthChoices, CHIP, adult Basic and TRICARE), (d) Workers’ Compensation, (e) Healthcare Reinsurance or Savings Accounts, or (f) other coverage, for any part of the bill, including claims against third parties covered by insurance to which TJUH is subrogated, but only if payment is actually made by such insurance company.

**Underinsured Patient:** An individual who has medical insurance coverage that is limited in the scope of covered services or policy maximums such that his or her medical bills are not fully covered.

## **PROCEDURE**

### **I. Identifying Patients Eligible for Charity Care or Partial Charity Care**

- A. Patients who qualify for Charity Care or Partial Charity Care shall be identified as soon as possible, either before or after care is provided.
- B. TJUH shall publish and post signage and internet notices to advise patients of the availability of Charity Care and Partial Charity Care in the English, Spanish, Mandarin, and Vietnamese languages.

### **II. Dissemination of Eligibility Information**

- A. Patients identified through the registration process, who appear to be Uninsured or Underinsured, and, those who indicate their inability to pay for Medically Necessary services shall receive:
  - 1. A packet of information that describes this Charity Care policy and relevant procedures, including an application for financial assistance and/or,
  - 2. Financial counseling, including an application for financial assistance.
- B. Translation assistance to complete necessary forms is available for those patients who are not proficient in reading, writing, or speaking English.
- C. In order to allow TJUH to properly determine Charity Care or Partial Charity Care eligibility, documents provided to patients by TJUH shall be translated into numerous languages, and translation assistance will be provided as needed.
- D. This Policy, a Plan Language Summary (“PLS”) of the policy and an application can be found on our website at <http://hospitals.jefferson.edu/patients-and-visitors/patient-policies/financial-assistance/>
- E. Paper copies of the FAP, FAP application form, and FAP PLS available upon request and without charge, by mail and in public locations of the facility.
- F. Paper copies of the FAP PLS will be distributed as part of the intake or discharge process with respect to individuals who are provided care by the facility.

### III. Eligibility Methodology

- A. TJUH shall adhere to an established methodology to determine eligibility for Charity Care and Partial Charity Care. The methodology shall consider whether health care services meet Medical Necessity criteria, as well as income, family size, and resources available to pay for care.
- B. All available financial resources shall be evaluated before a determination regarding Charity Care or Partial Charity Care is made. TJUH shall consider the financial resources of the patient, as well as other persons having legal responsibility to provide for the patient (e.g. parent of a minor, spouse).
- C. Copies of documents to substantiate income levels and assets shall be provided by the patient/guarantor. Documents to be provided to substantiate income levels & assets include:
  - If Patient (household) has income:
    - Copy of most recent IRS Form 1040. (If individual did not file federal income tax return, patient must state so in writing and provide statement that individual is not required to file and reason why)
    - Copy of the most recent federal income tax return(s) for any individual who has claimed patient as a dependent
    - Social Security 1099 Forms (if applicable)
    - Unemployment or workers' compensation award letters (if applicable)
    - Pay stubs for the past thirty days.
    - If self-employed, Schedule C and/or profit and loss statement
  - If Patient (household) does not have income:
    - Letter of (financial) support. The individual providing that support must sign the letter and have the document notarized.
  - All Patients must provide copies of the most recent statements for the following (if applicable):
    - Checking and/or Savings Accounts
    - Stocks, bonds, certificates of deposit (CDs), high yielding interest accounts, or annuities
    - Any other investments (including real estates)
    - Health Savings Accounts (HAS), Medical Savings Accounts (MSA), Flexible Spending Arrangements (FSA), or Health Reimbursement Arrangements (HRA)
- D. The patient/guarantor shall be required to provide information sufficient for TJUH to determine whether he or she is eligible for benefits available from insurance, Medicare, Medicaid, Workers' Compensation, third party liability, and other federal, state, or local programs.
  1. If in the course of evaluating the patient's financial circumstances it is determined by TJUH that the patient may qualify for federal, state, or local programs or insurance coverage, financial counseling will be provided to assist patients in applying for available coverage. Charity Care and Partial Charity Care will be denied to patients/guarantors who do not cooperate fully in applying for available coverage.

2. Patients with Healthcare Reinsurance or Medical Savings Accounts are insured for purposes of this policy, and the amount on deposit will be considered as an available resource toward payment for Medically Necessary services.
  3. If a patient has a claim (or potential claim) against a third party from which the hospital's bill may be paid, the hospital will defer its Charity Care determination pending disposition of the third party claim.
- E. Eligibility for Partial Charity Care shall be determined based on 200-400% of the Federal Poverty Level Guidelines as published annually in the Federal Register, as well as consideration of available assets and any extenuating circumstances.
  - F. Eligibility for Charity Care and Partial Charity Care will extend for up to 240 days from the date eligibility is determined.
  - G. This policy covers hospital services only. Services provided by physicians and other non-hospital services are not covered by this policy. Patients seeking a discount for such services should contact the physician or other provider directly.
  - H. All information obtained from patients and guarantors shall be treated as confidential to the extent required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**IV. Amounts Charged to a Patient Eligible for Financial Assistance**

Patients who are eligible for financial assistance will receive a discount on gross charges. The amount of the discount will depend on the patient’s household income as noted below. At no time will TJUH charge an eligible individual for emergency or other medically necessary services more than the amount generally billed (AGB) to individuals who have insurance covering such care. See Appendix B for description of AGB percentage.

Size of Family	100% Discount	90% Discount	80% Discount
1	\$24,120	\$36,180	\$48,240
2	\$32,480	\$48,720	\$64,960
3	\$40,840	\$61,260	\$81,680
4	\$49,200	\$73,800	\$98,400
5	\$57,560	\$86,340	\$115,120
6	\$65,920	\$98,880	\$131,840
7	\$74,280	\$111,420	\$148,560
8	\$82,640	\$123,960	\$165,280

\*Chart updated annually

**V. Determinations and Appeals**

- A. Patients/guarantors shall be notified in writing when TJUH makes a determination concerning Charity Care or Partial Charity Care. Determinations of Charity Care Eligibility shall be made within 30 days from receipt of completed Financial Assistance Application unless incomplete.
- B. If an incomplete application is received by TJUH the patient is sent correspondence which confirms the application was received and additional documentation is required in order to

determine if the patient is eligible. If the information is not supplied by the patient within 30 days, the patient may be denied charity care.

- C. In the event that TJUH determines that a patient is ineligible for Charity Care or Partial Charity Care, the patient may appeal that decision in writing to the Vice President, Revenue Cycle within thirty (30) days following receipt of the bill for which financial assistance has been requested. The written appeal can be sent to Jefferson Business Services Department,, The Curtis Center, 601 Walnut Street, Suite 930E, Philadelphia, PA 19106. Failure to so appeal will result in the decision becoming final. The determination of the Vice President, Revenue Cycle shall not be subject to further appeal.

## **VI. Billing and Collection**

- A. **Amount Billed:** TJUH will not charge an eligible individual for emergency or other medically necessary services more than the amount generally billed (AGB) to individuals who have insurance covering such care. TJUH will use the look back Medicare method to determine AGB.
- B. **Actions in the event of non-payment:** If a bill is outstanding 120 days or more, TJUH may send the account to a collections agency to be collected on. While in collections, an application for financial assistance will be accepted at any time. Once an application is received, collections will be placed on hold and the procedures regarding incomplete applications and denials as set forth above will apply.

If a bill is still outstanding after 240 days, TJUH may 1) commence a civil action against the patient or 2) place a lien on an individual's property. Prior to either of these actions being initiated, TJUH will engage in reasonable efforts to determine whether the individual is eligible for assistance under the FAP. TJUH will 30 days prior to the commencement of an ECA:

1. Provide a notice to the patient which
  - a. Indicates that financial assistance is available to those who are eligible.
  - b. Identifies the action TJUH intends to take and the date TJUH will take such action
2. Provide a copy of the PLS and the FAP application
3. Attempt to contact the patient and orally notify them of the outstanding debt and the existence of the financial assistance policy.

Prior to commencing a civil action or placing a lien on an individual's property, the Business Services Department will certify that reasonable efforts have been made to notify the individual of the financial assistance policy.

## **VII. Presumptive Charity Care Eligibility**

- A. If TJUH, using third party data, can determine that a patient is 200% or less than the FPG, TJUH will determine the patient is eligible for Charity Care. No further action on behalf of the patient will be necessary.
- B. If third party data cannot be found on the patient, a patient may be presumed eligible if any of the criteria below are met.
  1. Homeless or receiving care from a homeless clinic
  2. No income
  3. Participation in Women's Infants, and Children's Program (WIC)

4. Food Stamp eligibility
  5. Subsidized school lunch program eligibility
  6. Eligibility for other state or local assistance programs that are unfunded (E.g., Medicaid spend-down)
  7. Family or friends of the patient provided information establishing the patient's inability to pay
  8. Low income/subsidized housing is provided as a valid patient address
  9. Patient is deceased with no known estate
  10. Patient eligibility for state funded prescription program
- C. Presumptive eligibility only applies to Charity Care eligibility determinations, and may not be used for Partial Charity Care eligibility determinations.
- D. Eligibility for Presumptive Charity Care will extend for up to 240 days from the date eligibility is determined.

### **VIII. Medical Indigence**

- A. TJUH shall make a decision about a patient/guarantor's medical indigence by reviewing relevant documentation concerning any circumstance which would demonstrate that a patient should be considered eligible for a Charity Care or Partial Charity Care on the basis of Medical Indigence.
- B. The patient shall apply for Charity Care or Partial Charity Care in accordance with the Charity Care policy.
- C. TJUH shall obtain or generate documentation that supports the Medical Indigence of the patient. The following are examples of such documentation:
1. Copies of all patient/guarantor medical bills.
  2. Information related to patient/guarantor drug costs.
  3. Information demonstrating multiple instances of high-dollar patient medical liabilities.
  4. Other evidence of high-dollar amounts related to healthcare costs, such as documentation that an HSA that has been fully expended.

### **IX. Charity Care Exception Review**

The TJUH Vice President, Revenue Cycle and Senior Vice President for Finance and Chief Financial Officer shall meet as needed to evaluate information related to patient accounts that do not clearly qualify under Charity Care or Partial Charity Care eligibility criteria to determine whether Charity Care or Partial Charity Care is appropriate under the circumstances. The types of patient accounts to be reviewed shall include, but not be limited to:

- A. Medically Indigent patients;
- B. Patients who do not reside in the Local Service Areas; and
- C. Patients who have substantial non-liquid assets.

### **X. Compliance Monitoring**

The Chief Compliance Officer (CCO) shall periodically conduct audits to ensure compliance with this Policy.

### **XI. Amendments/Interpretation**

- A. This Policy is subject to change without prior notice, is subject to interpretation by TJUH at its sole discretion, and is not intended to create any contractual relationship or obligation.
- B. The Vice President, Revenue Cycle and Senior Vice President for Finance and Chief Financial Officer shall determine the need for revisions to this Charity Care Policy and shall submit revisions for review to the CCO and General Counsel.

**Please see attachment:**

- 1) Appendix A – Charity Care 501r Site Locations
- 2) Appendix B – Calculation of AGB

**Original Issue Date:** 12/30/1998

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**Responsibility for maintenance of policy:** 1. Senior Director Patient Financial Services  
2. Vice President Revenue Cycle



## **Thomas Jefferson University Hospitals**

### **Financial Assistance Policy Attachment**

#### **Appendix A –**

#### **Provider List**

Physician services are not covered under this policy. Jefferson University Physicians (“JUP”) and Jefferson Community Physicians provide services at TJUH. If you are eligible for charity care under this policy, you may be eligible under their separate charity care policy. Please contact them for more details.

**FAMILY MEDICINE** 833 CHESTNUT STREET, SUITE 301 PHILADELPHIA, PA 19107

**GASTROENTEROLOGY/HEPATOLOGY** 132 S. 10<sup>TH</sup> STREET, 4<sup>TH</sup> & 5<sup>TH</sup> FLOOR  
PHILADELPHIA PA 19147; 1300 WOLF STREET, 1<sup>ST</sup> FLOOR PHILADELPHIA, PA 19147

**HYPERBARIC AT METHODIST** 1301 WOLF STREET, 1ST FL. PHILADELPHIA, PA 19147

**INFUSION CENTER** 925 CHESTNUT STREET, 2ND FL. PHILADELPHIA, PA 19107

**INFUSION CENTER AT JHN** 900 WALNUT STREET, 2ND FL. PHILADELPHIA, PA 19107

**INFUSION CENTER AT METHODIST** 1301 WOLF STREET PHILADELPHIA, PA 19147

**INFUSION CENTER FOR RHEUMATOLOGY (WALNUT TOWERS)** 211 S. 9TH STREET,  
6TH FL. PHILADELPHIA, PA 19107

**JEFF FIT AT THE NAVY YARD (REHAB)** 4050 S. 26TH STREET, SUITE 140  
PHILADELPHIA, PA 19112

**JEFFERSON CARDIAC IMAGING** 925 CHESTNUT STREET (MEZZANINE)  
PHILADELPHIA, PA 19107

**JEFFERSON HEARING AND BALANCING CENTER** 925 WALNUT STREET, 6TH FL.  
PHILADELPHIA, PA 19107

**JEFFERSON HOSPITAL AMBULATORY PRACTICE** 833 CHESTNUT STREET, SUITE 220  
PHILADELPHIA, PA 19107

**JEFFERSON HOSPITAL OF NEUROSCIENCE** 900 WALNUT STREET PHILADELPHIA,  
PA 19107

**JEFFERSON IMAGING CENTER** 909 WALNUT STREET, 1ST FL. PHILADELPHIA, PA  
19107

**JEFFERSON METHODIST CARDIAC REHAB** PHILADELPHIA 2422-24 S. BROAD  
STREET PHILADELPHIA, PA 19145

**JEFFERSON OUTPATIENT PEDIATRIC REHAB CENTER** 25 S. 9TH STREET, 2ND FL.  
PHILADELPHIA, PA 19107

**JEFFERSON OUTPATIENT REHABILITATION MEDICINE** 25 S. 9TH STREET  
PHILADELPHIA, PA 19107

**JEFFERSON RADIATION THERAPY AT RIDDLE MEMORIAL HOSPITAL** 1078 WEST  
BALTIMORE PIKE, SUITE 2, MEDIA, PA 19063

**JEFFERSON SURGICAL CENTER** 1100 WALNUT STREET, 2ND FL. PHILADELPHIA, PA  
19107

**JEFFERSON WEINBERG ALS CLINIC** 909 WALNUT STREET, 2ND FL. PHILADELPHIA,  
PA 19107

**JEFFERSON-HONICKMAN BREAST IMAGING CENTER** 1100 WALNUT STREET, 3RD &  
4TH FL. PHILADELPHIA, PA 19107

**MEDICAL ONCOLOGY** 925 CHESTNUT STREET, 3<sup>RD</sup> & 4<sup>TH</sup> FLOOR PHILADELPHIA, PA  
19107; 1300 WOLF STREET PHILADELPHIA, PA 19147

**MEDICINE/ENDOCRINOLOGY** 211 SOUTH 9<sup>TH</sup> STREET, SUITE 600 PHILADELPHIA, PA  
19107

**MEDICINE/INTERNAL MEDICINE** 833 CHESTNUT STREET, SUITE 701 PHILADELPHIA,  
PA 19107

**MEDICINE/RHEUMATOLOGY** 211 SOUTH 9<sup>TH</sup> STREET, SUITE 600 PHILADELPHIA, PA  
19107

**METHODIST HOSPITAL DIVISION** 2301 S. BROAD STREET PHILADELPHIA, PA 19148

**MYRNA BRIND CENTER INTERGRATIVE MEDICINE (WELLNESS DIVISION)** 1033  
CHESTNUT STREET PHILADELPHIA, PA 19107

**MYRNA BRIND CENTER OF INTEGRATIVE MEDICINE (CLINICAL)** 925 CHESTNUT  
STREET, 1ST FL. PHILADELPHIA, PA 19107

**NEUROSCIENCE** 909 WALNUT STREET, 2<sup>ND</sup> FLOOR PHILADELPHIA, PA 19107; 900  
WALNUT STREET, SUITE 200 PHILADELPHIA PA 19107

**PATIENT TESTING CENTER** 925 CHESTNUT STREET, 2ND FL. PHILADELPHIA, PA  
19107

**PHLEBOTOMY OP STATION** 833 CHESTNUT STREET, 2ND FL. PHILADELPHIA, PA  
19107

**PHOTOPHORESIS** 925 CHESTNUT STREET PHILADELPHIA, PA 19107

**PULMONARY FUNCTION LABORATORY** 834 WALNUT STREET, SUITE 650  
PHILADELPHIA, PA 19107

**SICKLE CELL DAY UNIT** 833 CHESTNUT STREET, 2ND FL. PHILADELPHIA, PA 19107

**SLEEP DISORDER CENTER** 211 S. 9TH STREET, 5TH FL. PHILADELPHIA, PA 19107

**THOMAS JEFFERSON UNIVERSITY HOSPITAL MAIN SITE** 111 SOUTH 11TH STREET  
PHILADELPHIA, PA 19107

**ULTRASOUND** 909 WALNUT STREET (BASEMENT) PHILADELPHIA, PA 19107

**URODYNAMICS TESTING** 833 CHESTNUT STREET, SUITE 703 PHILADELPHIA, PA 19107

**VILLANOVA PET-MR** 789 EAST LANCASTER AVE, VILLANOVA, PA

**STEPHEN KLEIN WELLNESS CENTER** 2108 CECIL B. MOORE AVE, PHILADELPHIA, PA

## **Thomas Jefferson University Hospitals**

### **Appendix B**

#### **Basis for Calculating Amounts Generally Billed – (AGB)**

TJUH utilizes the “look-back” method to determine the “amounts generally billed” (AGB) to patients eligible for partial charity care under the policy. The AGB percentage applicable as of 7/1/2016 at is 20.1% resulting in a discount of 79.9% applied to gross charges.

The percentage was calculated using all claims allowed by Medicare fee-for-service for both inpatient and outpatient services having discharge dates from April 1, 2015 to March 31, 2016. Total expected payment from allowed claims was divided by total billed charges for such claims.