Category:	**Financial**
Title:	**Financial Assistance Policy & Billing/Collection Policy**
Applicability:	**Jefferson Cherry Hill Hospital, Jefferson Stratford Hospital and Jefferson Washington Township Hospital**
Effective Date:	**January 1, 2016**

Financial Assistance Policy

I. PURPOSE:

Jefferson Health New Jersey (formerly, Kennedy Health) is an integrated healthcare delivery system providing a full continuum of healthcare services, ranging from acute-care hospitals to a broad spectrum of outpatient and wellness programs. As a multi-site healthcare provider, Jefferson Health New Jersey serves the residents of Camden, Burlington and Gloucester counties.

Jefferson Health New Jersey ("JHNJ"); includes three hospital facilities (1) Jefferson Cherry Hill Hospital, (2) Jefferson Stratford Hospital and (3) Jefferson Washington Township Hospital.

This Financial Assistance Policy ("FAP") will outline JHNJ's hospital financial assistance policies, practices and procedures. This policy shall include all necessary information in compliance with Internal Revenue Code ("IRC") Section §501(r), as well as applicable federal, state and local law.

II. POLICY:

This FAP will outline the financial assistance policies and practices for JHNJ. In accordance with this FAP, JHNJ is committed to providing financial assistance to individuals who have healthcare needs and are uninsured, underinsured, ineligible for other government assistance, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial situation.

JHNJ will provide, without discrimination, care for emergency medical conditions to individuals regardless of their financial assistance eligibility or ability to pay. It is the policy of JHNJ to comply with the standards of the Federal Emergency Medical Treatment and Active Labor Transport Act of 1986 ("EMTALA") and the EMTALA regulations in providing a medical screening examination and such further treatment as may be necessary to stabilize an emergency medical condition for any individual coming to the emergency department seeking treatment. JHNJ will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding the emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt

collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

Financial assistance is only available for emergency or other medically necessary healthcare services. In addition, not all services provided within JHNJ's hospital facilities are provided by JHNJ employees and therefore may not be covered under this FAP. Please refer to Appendix A for a list of providers that provide emergency or other medically necessary healthcare services within JHNJ hospital facilities. This appendix specifies which providers are covered under this FAP and which are not. The provider listing will be reviewed quarterly and updated, if necessary.

III. DEFINITIONS:

For the purpose of this FAP, the terms below are defined as follows:

Amounts Generally Billed ("AGB"): Pursuant to Internal Revenue Code Section 501(r)(5), in the case of emergency or other medically necessary care, FAP-eligible patients will not be charged more than an individual who has insurance covering such care.

AGB Percentage: A percentage of gross charges that a hospital facility uses to determine the AGB for any emergency or other medically necessary care it provides to an individual who is eligible for assistance under the FAP.

Application Period: The time period in which an individual may apply for financial assistance. To satisfy the criteria outlined in IRC §501(r)(6), JHNJ allows individuals up to one (1) year from the date the individual is provided with the first post-discharge billing statement to apply for financial assistance.

Eligibility Criteria: The criteria set forth in this FAP (and supported by procedure) used to determine whether or not a patient qualifies for financial assistance.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Extraordinary Collection Actions ("ECAs"): All legal or judicial processes, including, but not limited to, garnishing wages, placing liens on property and reporting to credit agencies. ECAs include sale of an individual's debt to another party, lawsuits, liens on residences, arrests, body attachments, or other similar collection processes.

Financial Assistance: Official help given to a person or organization in the form of money, loans, reduction in taxes, etc. In accordance with this FAP, financial assistance provides a patient with free or discounted emergency or other medically necessary healthcare if they meet the established criteria and are determined to be eligible.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes for the provision of financial assistance.

Family Gross Income: Family Gross Income is determined using the Census Bureau definition, which uses the following income when computing poverty guidelines:

- Income earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous resources;
- Noncash benefits such as food stamps and housing subsidies do not count;
- Determined on before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members.

FAP-eligible: Individuals who are eligible for full or partial financial assistance under this policy.

Federal Poverty Level ("FPL"): A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for financial assistance.

Gross Charges: The full, established price for medical care that is consistently and uniformly charged to patients before applying any contractual allowances, discounts or deductions.

Medically necessary services: Healthcare services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate; and (c) not primarily for the convenience of the patient.

Notification Period: 120-day period, which begins on the date of the 1st post-discharge billing statement, in which no ECAs may be initiated against the patient.

Plain Language Summary ("PLS"): A written statement which notifies an individual that JHNJ offers financial assistance under this FAP and provides additional information in a clear, concise and easy to understand manner.

Underinsured: The patient has some level of insurance or third party assistance but still has out- of-pocket expenses that exceed their financial abilities.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting their payment obligations.

IV. FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA:

JHNJ offers a variety of financial assistance programs to help uninsured and underinsured patients. The financial assistance programs included below provide free or discounted emergency or other medically necessary healthcare services to individuals if they meet the established criteria and are determined to be eligible.

New Jersey Hospital Care Payment Assistance Program ("Charity Care")

Charity Care is a New Jersey program in which free or discounted care is available to patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey. Hospital assistance and reduced charge care are only available for necessary emergency or other medically necessary care.

Patients may be eligible for Charity Care if they are New Jersey residents who:

1) Have no health coverage or have coverage that pays only part of the hospital bill (uninsured or underinsured);

2) Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and

3) Meet the following income and asset eligibility criteria described below.

Income Eligibility Criteria

Patients with family gross income less than or equal to 200% of Federal Poverty Level ("FPL") are eligible for 100% charity care coverage.

Patients with family gross income greater than 200% but less than or equal to 300% of FPL are eligible for discounted care.

Asset Criteria

Charity Care includes asset eligibility thresholds which states that individual assets cannot exceed $7,500 and family assets cannot exceed $15,000 as of the date of service.

Residency Criteria

Charity Care may be available to non-New Jersey residents, requiring immediate medical attention for an emergency medical condition.

Charity Care eligibility guidelines are set by the State of New Jersey and additional information can be found at the following website:

http://www.state.nj.us/health/charitycare/documents/charitycare_factsheet_en.pdf.

New Jersey Uninsured Discount Public Law 2008, C. 60 ("Uninsured Discount")

The New Jersey Uninsured Discount (NJ law - bill S-1797/A-2609) is available to uninsured patients whose family gross income is less than 500% of FPG. Eligible individuals must be New Jersey residents. However, JHNJ has elected to apply this discount to all uninsured patients irrespective of income level or residency. JHNJ offers discounted rates to all uninsured individuals. Under this program, an eligible patient will be charged an amount no greater than 115% of the Medicare fee schedule. Uninsured billing limits are in accordance with NJ P.L.2008 c60.

V. Applying for Financial Assistance

JHNJ Financial Counselors ("Financial Counselors") are available on-site at each hospital facility to assist patients that wish to apply for financial assistance or to set up payment arrangements. Financial Counselors will work with patients to ensure the patient has a complete understanding of all federal, state and hospital financial assistance programs and processes. Financial Counselors will assist with applying for different government programs and advise on how to proceed throughout the process.

If your family does not qualify for any type of government programs, our Financial Counselors will review your financial status to see if you meet the eligibility criteria for Charity Care or the Uninsured Discount.

Application Process:

Patients who believe they are eligible for financial assistance must complete a Financial Assistance Application ("Application"). Financial Counselors are available to help patients with their Applications. Applications may either be completed in-person with a Financial Counselors or completed individually and submitted to a Financial Counselor for review and processing.

If a patient would like to complete the Application with a Financial Counselor they may call to schedule an appointment. Alternatively, they can visit the Main Admission Office of each facility to inquire and receive information.

Financial Counselors will inform and educate the patient of all requirements and applicable criterion to evaluate eligibility. Thereafter, patients are required to supply personal, financial and other miscellaneous information with supporting documentation relevant to making a determination of financial need.

Where to Obtain an Application:

Patients who wish to apply for the financial assistance offered under this FAP can obtain an Application on our website:

https://www.kennedyhealth.org/patients/preparing-your-visit/financial-assistance

Applications may be requested by calling the following:

Jefferson Cherry Hill Hospital – (856) 922-5115
Jefferson Stratford Hospital – (856) 346-7810
Jefferson Washington Township Hospital – (856) 582-2638

Applications are also available on-site at all of the hospital facilities below. Additionally, completed Applications may be mailed to following:

Jefferson Cherry Hill Hospital Attn: Admissions 2211 Chapel Ave West Cherry Hill, NJ 08002	Jefferson Stratford Hospital Attn: Admissions 18 East Laurel Road Stratford, NJ 08084	fferson Washington Township Hospit Attn: Admissions 435 Hurffville-Cross Keys Road Turnersville, NJ 08012

Financial Counselors are on-site to assist you Monday - Friday from 8:00 am – 4:30 pm.

Financial assistance determinations shall be made as soon as possible, but no later than ten (10) working days from the date of the request. If sufficient paperwork is not provided, the request will be deemed to be an incomplete application.

Required Documentation:

The following information is required for you, your spouse, and any children 21 and under:

- Most recent Federal tax returns (1040);
- Personal identification i.e. current driver's license, Social Security card, birth certificate or passport;
- Proof of Address, i.e. utility bill, telephone bill or lease from the date services were rendered;
- Checking, Savings, CD, IRA, 401K, Life Insurance, Stock and/or Bond statements including the date services were rendered;
- Income documentation for three months immediately prior to the date services will be/were rendered. We can accept pay stubs for 4 weeks or a letter from your employer on letterhead stating your gross pay for each of these weeks individually;
- If you are self-employed, we must have a Profit & Loss statement prepared and signed by an accountant for the 3 months immediately prior to your date of service. Tax return and business bank account is also mandatory;
- If you have a partnership or corporation, we must have a letter from an accountant with the weekly salary draw. Tax return and business bank account is also mandatory;
- If you have been collecting unemployment, please furnish us with the eligibility letter along with unemployment stubs from three months prior to your date of service or a weekly computer printout;
- If you receive Social Security, we need your "award" letter for the year services were rendered;
- If you receive a pension, please provide stubs for 1 month prior to your date of service or a letter from the company that provides the pension, stating your gross monthly benefit;
- If you live with your parents, girlfriend, boyfriend, friend, etc., we need a signed letter from them listing their address, phone number, relation to you and how long you've been living there;
- If applicable, we need a copy of divorce papers including child support and/or alimony information; and
- If your child is within the ages of 18-21 and is a full time college student, or if you are 22 or older and a full time college student, please provide documentation of financial awards for the current and previous semesters.

VI. Procedures

Before being screened for Charity Care, applicants must be screened to determine their potential eligibility for any third party insurance benefits or medical assistance programs that may pay towards the hospital bill. Patients will not be deemed eligible for Charity Care

until they are determined to be ineligible for any other medical assistance programs (i.e. Medicaid, Social Security).

If an individual is not eligible for any other medical assistance programs, they will be screened for Charity Care. If a patient meets the criteria for 100% Charity Care, the Uninsured Discount will not apply (charges will already be fully covered).

If a patient is deemed eligible for partial Charity Care, the patient will receive their Determination letter for such (which is good for one year per state guidelines).

Process for Incomplete Applications:

In the event that an immediate determination of FAP-eligibility cannot be made, the Financial Counselors will request additional information from the applicant. JHNJ will provide the applicant with written notice which describes the additional information/documentation needed to make a FAP-eligibility determination and provide the patient with a reasonable amount of time (30 days) to provide the requested documentation. During this time JHNJ, or any third parties acting on their behalf, will suspend any ECA's previously taken to obtain payment until a FAP-eligibility determination is made.

Process for Completed Applications:

Once a completed Application is received, JHNJ will:

- Suspend any ECAs against the individual (any third parties acting on JHNJ's behalf will also suspend ECAs undertaken);
- Make and document a FAP-eligibility determination in a timely manner; and
- Notify the responsible party or individual in writing of the determination and basis for determination.

An individual deemed eligible for financial assistance will be notified in writing of a favorable determination. In accordance with IRC §501(r) JHNJ will also:

- Provide a billing statement indicating the amount the FAP-eligible individual owes, how that amount was determined and how information pertaining to AGB may be obtained, if applicable;
- Refund any excess payments made by the individual; and
- Work with third parties acting on JHNJ's behalf to take all reasonable available measures to reverse any ECAs previously taken against the patient to collect the debt.

VII. Basis for Calculating Amounts Charged

The following outlines the basis for calculating the amount charged to FAP-eligible individuals for full or partial financial assistance under this policy.

Charity Care

If a patient is eligible for Charity Care, the patient's out-of-pocket expense will be determined by use of the New Jersey Department of Health Fee Schedule (shown below).

Income as a Percentage of HHS Poverty Income Guidelines	Percentage of Charges To Be Paid by Patient
Less than or equal to 200%	0%
Greater than 200% but less than or equal to 225%	20%
Greater than 225% but less than or equal to 250%	40%
Greater than 250% but less than or equal to 275%	60%
Greater than 275% but less than or equal to 300%	80%
Greater than 300%	100%

If patients on the 20% to 80% sliding fee scale are responsible for qualified out-of-pocket paid medical expenses in excess of 30% of their gross annual income (i.e. bills unpaid by other parties), then the amount in excess of 30% is considered hospital care payment assistance.

Uninsured Discount

Pursuant to P.L. 89-97 (42.U.S.C.s.1395 et seq) eligible individuals will be charged an amount which represents the lesser of 115% of the applicable payment rate under the federal Medicare programs or AGB (as outlined below) for the healthcare services rendered to the patient.

AGB

In accordance with IRC §501(r)(5) JHNJ utilizes the Look-Back Method to calculate the AGB. The ABG % is calculated annually and is calculated by dividing the sum of the amount of all its claims for emergency or other medically necessary care that have been allowed by Medicare Fee-for-Service + all Private Health Insurers (Commercial)over a 12-month period, by the gross charges associated with those claims. The applicable AGB % is applied to gross charges to determine the AGB.

The calculated AGB percentage, as well as an accompanying description of the calculation, is available upon request and free of charge by calling JHNJ's financial assistance coordinator at (856)346-7873.

Any individual determined to be eligible for financial assistance under this FAP will not be charged more than the AGB for medically necessary healthcare services. Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under this policy.

VIII. Widely Publicizing

The FAP, Application and PLS are all available on-line at the following website: https://www.kennedyhealth.org/patients/preparing-your-visit/financial-assistance

Paper copies of the FAP, Application and the PLS are available upon request without charge by mail and are available within various areas throughout JHNJ's facilities. This includes, but is not limited to, emergency rooms and patient registration/admission areas.

All patients of JHNJ will be offered a copy of the PLS as part of the intake process. In the event of an emergent situation, the patient will be offered the PLS during the registration process, after the patient receives the required medical attention.

Signs or displays informing patient about the availability of financial assistance will be conspicuously posted in public locations including the emergency rooms and patient registration/admission areas.

JHNJ makes reasonable efforts to inform members of the community about the availability of financial assistance by speaking to community members about the availability of financial assistance at JHNJ during community events held throughout the year (i.e health fairs, screenings, education sessions, etc.)

JHNJ's FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served within JHNJ's primary service area.

Billing & Collection Policy

I. Purpose

To ensure that all billing, credit and collection practices comply with all Federal, State and Local laws, regulations guidelines and policies.

II. Policy

It is the policy of JHNJ to be compliant and accurate with billing and collection activities. The goal of meeting all the criteria in this policy can be accomplished by following the procedures set forth in this document.

III. Procedures

Once a patient's claim is processed by their insurance, patient accounts are transferred to JHNJ's "early-out" process. During this time, JHNJ will send the patient a bill indicating the patient responsibility. Additionally, if a patient has no third party coverage they will receive a bill indicating their patient responsibility. This will be the patients first post-discharge billing statement. The date on this statement will begin the Application and Notification Periods (defined above).

During this time period, third parties acting on behalf of JHNJ may contact the patients via telephone to collect payment. No ECA's will be taken against the patient while the account is in the early-out cycle.

After the patient receives their first post discharge billing statement, JHNJ will send out send out 3 additional statements (4 total billing statements, in 30 day intervals).

If payment has not been received after 3 billing statements (90 days from the date of the first post-discharge billing statement), JHNJ will send out a letter informing the patient in

writing that the account will be sent to collections if payment is not received within 30 days. Additionally, the letter will include the ECAs (defined above) that may take place after the patient account has been placed in collections. The written notice will also include a copy of the PLS.

After the expiration of the notification period, JHNJ will send the patient account to collections. Collection agency techniques to collect payment will include telephone calls, letters and certain ECA's. All of their activities will be completely documented within the billing system and will follow all guidelines of state regulations governing collection agencies.

If collection agencies are thereafter unsuccessful (for a period not to exceed 180 days) the patient account will be returned to JHNJ. At the time the account is returned, the collection agency will include complete documentation of their activities and findings when communication is made with the patient as well as the date the account is returned back to JHNJ.

IV. Compliance with IRC §501(r)(6)

In accordance with IRC §501(r)(6), JHNJ does not engage in any ECAs prior to the expiration of the Notification Period.

Subsequent to the Notification Period JHNJ, or any third parties acting on its behalf, may initiate the following ECAs against a patient for an unpaid balance if a FAP-eligibility determination has not been made or if an individual is ineligible for financial assistance.

- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
- Placing a lien on an individual's property;
- Commencing a civil action against an individual; and
- Garnishing an individual's wages.

JHNJ may authorize third parties to initiate ECAs on delinquent patient accounts after the Notification Period. They will ensure reasonable efforts have been taken to determine whether or not an individual is eligible for financial assistance under this FAP and will take the following actions at least 30 days prior to initiating any ECA:

1. The patient will be provided with written notice which:

    (a) Indicates that financial assistance is available for eligible patients;
    (b) Identifies the ECA(s) that JHNJ intends to initiate to obtain payment for the care; and
    (c) States a deadline after which such ECAs may be initiated.

2. The patient has received a copy of the PLS with this written notification; and

3. Reasonable efforts have been made to orally notify the individual about the FAP and how the individual may obtain assistance with the financial assistance Application process.

JHNJ, and third party vendors acting on their behalf, will accept and process all Applications for financial assistance available under this policy submitted during the Application Period. The Revenue Cycle Department has final authority for determining that JHNJ has made reasonable efforts to inform the patient of the availability of financial assistance prior to pursuing extraordinary collection actions.

Appendix A: Provider Listing

The JHNJ Financial Assistance Policy applies to Jefferson Cherry Hill Hospital, Jefferson Stratford Hospital and Jefferson Washington Township Hospital. Certain physicians and other healthcare providers delivering services within these hospital facilities are not otherwise required to follow this Financial Assistance Policy.

The following is list of providers, by specialty, that provide emergency or other medically necessary healthcare services within the hospital facilities that are not covered under the FAP.

- Allergy/Immunology
- Anesthesiology
- Cardiology
- Colon Rectal Surgery
- Critical Care
- Dermatology
- Emergency Medicine
- Employee Health
- Endocrinology
- Family Practice
- Gastroenterology
- General Dentistry
- General Internal Medicine
- General Surgery

- Geriatrics
- GYN/Endocrine
- GYN/Oncology
- Hematology/Oncology
- Infectious Disease
- Maternal Fetal Medicine
- Medical Imaging
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/Gynecology
- Optometry
- Ophthalmology
- Oral Surgery
- Orthopedic Surgery
- Osteopathic Sciences
- Otorhinolaryngology
- Pain Medicine
- Pathology
- Pediatric Allergy & Immunology
- Pediatric Cardiology
- Pediatric Emergency Medicine
- Pediatric Neurology
- Pediatrics
- Physical Medicine & Rehabilitation
- Plastics and Reconstruction
- Podiatry
- Psychiatry
- Pulmonary/Critical Care Medicine
- Radiation Oncology
- Rheumatology
- Sports Medicine
- Telemedicine
- Thoracic Surgery
- Urology
- Vascular Surgery

- There are currently no providers who provide emergency or other medically necessary healthcare services within the organization's hospital facilities that are covered under this FAP. Many of these providers maintain their own financial assistance policies.

  Please note that Jefferson Medical Group ("JMG")maintains their own financial assistance policy. Additionally, JMG will honor New Jersey Charity Care determinations previously made by JHNJ.