

**SAINT PETER’S UNIVERSITY HOSPITAL
FINANCIAL ASSISTANCE POLICY (“FAP”)
Effective Date: January 1, 2016 (Rev. 1/21/2019)**

INTRODUCTION:

Saint Peter’s University Hospital (“SPUH”), and all substantially related entities, ensure that all patients receive essential emergency and other medically necessary healthcare services regardless of their ability to pay.

I. ELIGIBILITY:

A. Uninsured Patients

SPUH’s Resource Services reviews all accounts for uninsured (self-pay) patients. This process requires us to screen this patient population for potential eligibility for State or Federal assistance programs as well informing all patients, representatives, referring physicians, and SPUH employees that financial assistance may be requested.

➤ **Charity Care**

Patients that do not meet the Medicaid/New Jersey Family Care requirements will then be screened for the New Jersey Charity Care Program:

- Family income (based on family size) must be less than or equal two hundred percent of the federal poverty level (“FPL”) to be eligible for free care. For Individuals, assets must not exceed \$7,500 and, for Family, assets must not exceed \$15,000.

To complete the applications the applicant must provide the following documentation:

- Proper patient and family identification documents;
- Proof of New Jersey residence (on the date of service) (*Note: This is not required for Emergency Care*);
- Proof of gross income; and
- Proof of assets (on date of service).

A complete list of documents required will be provided at time of application.

Upon completion of the application, SPUH will make a FAP-eligibility determination within ten (10) days. If the application is deemed incomplete, SPUH will issue a written denial which details the additional documentation needed to obtain approval. SPUH allows for a twenty-four (24) month period from the date of service to allow the applicant completion of the application.

At the time of an eligibility decision we will review all account balances and make the required balance adjustments and refunds, if applicable.

Financial Assistance Program:

There is no written application required for our FAP, but we will utilize data captured (from all potential internal and external sources) in assessing eligibility for Charity Care or other Governmental programs in determining the appropriate amount to be charged based on the rate structure.

SPUH verifies eligibility for third-party coverage through Relay Health Clearance product.

All patients that remain self-pay due to ineligibility for State and Federal assistance programs, non-compliance, or inability to afford (or sign-up) for minimum essential coverage under the Affordable Care Act will be deemed presumptively eligible for Financial Assistance and have their charges reduced to the lesser of:

- the amount as calculated per the New Jersey sliding scale if they fall within 201% to 300% of the “FPL”;
- 115% of Medicare rates if they are within 301% to 500% of the FPL; or
- The Amounts Generally Billed (“AGB”) percentages as defined in **EXHIBIT I**.

FAP-eligibility may be updated at any time in the billing and collection cycle.

An individual that is presumptively determined to receive less than the most generous assistance available under the FAP will be provided with the following:

- Notification regarding the basis for the presumptive FAP-eligibility determination and explain how they can request more generous assistance;
- A reasonable period of time, generally up to 30 days, to request more generous assistance before undertaking Extraordinary Collection Actions (“ECAs”); and

- A re-determination of the individual's FAP-eligibility status if a request for more generous assistance is received.

B. Insured Patients

All FAP-eligible patients with active health care insurance will not be personally responsible for paying more than the AGB, defined below, not including all reimbursements by the health insurer have been applied to his/her account.

In the event the patient is insured and the insurance does not cover 100% of the cost, the patient may also be eligible for free or discounted care.

II. BASIS FOR FEE CALCULATION For Financial Assistance Program – Amounts Generally Billed:

The basis for calculation of the AGB is based on utilizing the "Look-Back Method" calculated based on allowed claims (including both the insurer and individual's responsibility) within a twelve-month period. The calculation and associated fees are detailed in **EXHIBIT II** for each of the entities covered under this policy.

The AGB determination and the method utilized will be defined and calculated, at a minimum, yearly.

FAP-eligible individuals will not be charged more for emergency and other medically necessary care than the AGB – ***thus SPUH will not apply gross charges to FAP-eligible individuals for any necessary medical care.***

III. COLLECTION POLICY:

The following criteria has been established to ensure that all efforts have been exhausted to ensure that the patient is not eligible for a Governmental program, they do have access or means to obtain third-party health insurance coverage, and we have exhausted all reasonable efforts to collect the outstanding payment obligation – including FAP-eligibility status (and if eligible, ensure that fees/charges have been adjusted to the applicable levels). The criteria are inclusive of the following:

- 1) The accounts receivable balance must be confirmed as a patient (or guarantor) responsibility amount. If the account has a prior history of Medicaid or Charity Care eligibility we will make all efforts to review current documentation and check for potential eligibility.
- 2) There must be documentation in account notes that at least **four (4) post-discharge billing statements** with the confirmed patient balance have been sent to the current

address on file. The messages on the statement are progressive in nature – with the last one providing a clear message that, after 30 days from the date of this notice, if the balance is not satisfied in full, or a payment plan established, the account qualifies for placement with one of our external collection agencies. Please note that this “30-day” notice must also:

- Provide the individual with written notice that states financial assistance is available for eligible individuals;
- Include a description of any other ECAs that SPUH intends on undertaking in addition to sending to an external collection agency (please refer to number 5 below); and
- Include a copy of the PLS.

In addition, SPUH must make a reasonable effort to orally notify the individual about the FAP.

- 3) There must be a minimum span of **120 days, from the date of the first post-discharge billing statement**, prior to any bad debt write-off and potential referral to one of our external collection agencies.
- 4) If at any time our external collection agency is notified that the patient/guarantor is FAP-eligible the hospital retains the option to:
 - a. Recall the account from the collection agency and re-start the collection process with the balance adjusted such that the patient/guarantor is paying no more than they are responsible for as a FAP-eligible individual and refund any payments already made in excess of the adjusted balance (if greater than \$5); or
 - b. Have the collection agency retain the account and re-start the collection process with the balance adjusted such that the patient/guarantor is paying no more than they are responsible for as a FAP-eligible individual and refund any payments already made in excess of the adjusted balance (if greater than \$5).
- 5) In addition to number four (detailed above – “4”), after determining FAP-eligibility SPUH can undertake additional ECAs including, but not limited to, :
 - a. Taking actions that require legal or judicial process – including liens, foreclosures, civil actions;
 - b. Reporting adverse information to credit agencies or bureaus; and

- c. Deferring, denying, or requiring a payment before requiring non-medically necessary or emergent care because of non-payment for previously provided care that is covered under the FAP.

IV. EMERGENCY MEDICAL CARE POLICY

Patients entering and being treated in the Emergency Department will receive appropriate care regardless of their ability to pay or eligibility for financial assistance. Examination or treatment will not be delayed in order to ascertain insurance, FAP-eligibility, or payment status in conformance with the Emergency Medical Treatment and Active Labor Act (EMTALA) regulations.

V. PROVIDERS, OTHER THAN HOSPITAL FACILITY WHO PROVIDE EMERGENCY OR OTHER MEDICALLY NECESSARY SERVICES AND WHETHER THEY ARE COVER UNDER SPUH'S FAP

See **Exhibit III** for a listing of providers, other than hospital facility, who provide emergency or other medically necessary services at the hospital facility, including whether or not they are covered under SPUH's FAP. Please note that this Exhibit will be updated, at a minimum, on a quarterly basis, if necessary.

VI. NOTIFICATION / PUBLICIZING THE FAP

The following measures have been implemented to ensure that information regarding SPUH's FAP is "widely publicized", available, and calculated to reach those members that may seek our services.

- a) SPUH's FAP and a Plain Language Summary ("PLS") of the FAP are all available via our website -- www.saintpetershcs.com.
- b) Paper copies of the FAP and PLS are available upon request without charge by mail as well as provided in various areas throughout the hospital facilities – including Admissions, Patient Registration, Emergency Room Department, Resource Services, and Patient Discharge. All written requests should be sent to:

**Saint Peter's University Hospital
Attn: Resource Services
254 Easton Avenue
New Brunswick, NJ 08901**

- c) Verbal requests for paper copies of the FAP and PLS will be available by contacting:

Saint Peter's University Hospital
Department: Resource Services
Telephone #: 732.745.8600 Extension: 5019

- d) SPUH is committed to offering financial assistance to eligible patients who do not have the ability to pay for their medical services in whole or in part. In order to accomplish this charitable goal, SPUH, and all substantially related entities, will widely publicize this FAP and the PLS in the communities that we serve.
- e) The FAP and the PLS are available in English and other languages that constitute the lesser of 5% or 1,000 individuals within SPUH's primary service area.
- f) Signage notifying patients/guarantors of our FAP will be placed in conspicuous locations, including the Admission Department, Ambulatory Services, and Emergency Room areas, and will provide a telephone number and office locations that can provide information on applying for our FAP.

VII. AMOUNTS GENERALLY BILLED (AGB) RATES / FEE SCHEDULES (as a percent of charges) –
Detailed under heading Exhibit I – Amounts Generally Billed

VIII. EXHIBIT II – BASIS FOR FEE (AGB CALCULATION)

Saint Peter's University Hospital (SPUH)

Saint Peter's University Hospital has elected to utilize the "Look-back" Method for calculating the Amounts Generally Billed ("AGB"). The AGB percentage is calculated annually based on a prior 12 month period and includes the following payer groups:

1. Medicare Fee-for-Service; and
2. Private Health Insurers (including Medicare Advantage).

A FAP-eligible patient will not be charged more than the AGB for emergency or other medically necessary care.

IX. PROVIDERS, OTHER THAN HOSPITAL FACILITY WHO PROVIDE EMERGENCY OR MEDICAL SERVICES AND WHETHER THEY ARE COVER UNDER THE SPUH FAP -- Detailed under heading Exhibit III – List of Participating Providers