

**ENGLEWOOD HOSPITAL AND MEDICAL CENTER
FINANCIAL ASSISTANCE POLICY**

Plain Language Summary

In accordance with our Financial Assistance Policy (see reference below), all uninsured patients who have not been approved for Medicaid or Charity Care receive financial assistance at EHMC. These patients are billed a percentage of their actual charges at a “discounted rate” that greatly reduces the amount of the bill that the patient will have to pay. An uninsured patient will not be charged more than the discounted rate for emergency or other medically necessary care.

An uninsured patient does not need to apply for assistance because all uninsured patients automatically qualify and are billed at the discounted rate described above. There is no qualifying criteria other than the patient having no insurance and the service provided being emergent or medically necessary.

The following policies can be found on the Englewood Hospital and Medical Center website at www.inglewoodhealth.org

Financial Assistance Policy
New Jersey Hospital Care Payment Assistance Program (Charity Care)
Billing and Collections Policy

Copies of the above policies are also available in registration areas and in the Financial Counseling Department of EHMC at 350 Engle St. Englewood, NJ 07631

A free copy of any of the policies mentioned above can also be received by mail. Please call (201) 894-3031 to obtain a copy. Representatives are available Monday through Friday, between 9am and 5pm at (201) 894-3031 to answer questions related to the Financial Assistance Policy.

The above policies are available in the following languages:

English
Spanish
Korean
Chinese
Russian
Japanese
Italian
Tagalog
Arabic
Gujarati
Greek
Portuguese/Portuguese Creole
Serbio-Croatian
Armenian

ENGLEWOOD HOSPITAL AND MEDICAL CENTER		NO.: 400.35
POLICY & PROCEDURE MANUAL - SECTION Administrative & Support Services	SUBJECT: Financial Assistance Policy	DATE: 1/1/2016
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		SUPERSEDES: New
		REVIEWED:

Policy

Englewood Hospital and Medical Center (EHMC) treats all patients, regardless of their ability to pay, for all emergency and medically necessary care. EHMC has adopted and expanded upon billing guidelines set forth in N.J.S.A §26:2H-12.52 “Limitation on Charges for Certain Uninsured Patients” and offers financial assistance to all uninsured patients regardless of their income. This policy applies to all medically necessary care and emergency medical care services rendered by Englewood Hospital and Medical Center only and does not apply to any professional services associated with such care.

Procedures

- 1.) All uninsured patients that have not been approved for Medicaid or Charity Care (see New Jersey Hospital Care Payment Assistance Program/Charity Care Policy) are billed a percentage of their gross charges. As required by state law, this reduction equates to 115% of EHMC’s Medicare rates. EHMC uses a look back method by dividing the sum of all Medicare payments by the sum of all Medicare gross charges for the prior twelve month period to determine the amount to be billed. Exceptions to this are where there are pre-determined self pay rates for certain procedures that are not medically necessary such as cosmetic surgery.
- 2.) EHMC in accordance with IRS section 501(r) regulations compares the percentage defined and computed in #1 above, to the “look back” method as detailed in 501(r), utilizing all claims data, and adjusts the patient discount percentage to the greater of the two. Such calculations are done in the aggregate to determine the percentage discount to be applied to all uninsured services, and not on a service-by-service basis, in accordance with 501(r). These calculations are performed annually and put in place no later than 60 days following the calendar year-end.
- 3.) An uninsured patient does not need to apply for financial assistance because all uninsured patient bills are automatically reduced to a percentage of gross charges as described in #1 above. There are no “qualifying” criteria, other than the patient having no insurance and the service provided being emergent or medically necessary.
- 4.) If a patient’s insurance company denies their claim for reasons such as: benefits exhausted, experimental, medical necessity, pre-existing condition, non-covered charges, etc. the patient will be billed at the uninsured rate of percentage of gross charges as described in #1 above.

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- 5.) Refer to New Jersey Hospital Care Payment Assistance Program/Charity Care Policy for Procedures on applying for assistance through the New Jersey Hospital Care Payment Assistance Program/Charity Care at EHMC.
- 6.) Refer to Billing and Collections Policy for EHMC billing and collection procedures.
- 7.) This policy is available in hard copy form in the Financial Counseling Department as well as in all Patient Access areas within the Medical Center and at all EHMC offsite locations. This policy is also available on the Englewood Hospital and Medical Center website at www.engagewoodhealth.org

	APPROVED BY: Warren Geller, President & CEO
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ENGLEWOOD HOSPITAL AND MEDICAL CENTER		NO.: 400.34
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Policy

Englewood Hospital and Medical Center (EHMC) treats all patients, regardless of their ability to pay, for all emergency and medically necessary care. EHMC follows regulations for the New Jersey Hospital Care Payment Assistance Program (Charity Care) set forth by the New Jersey Department of Health and Human Services.

The New Jersey Hospital Care Payment Assistance Program (Charity Care) is free or reduced charge care which is provided to patients who receive inpatient and outpatient emergency and medically necessary care. This program includes hospital charges only and does not apply to any charges for professional services.

Procedures

- 1.) New Jersey Hospital Care Payment Assistance (Charity Care) is available to New Jersey residents who:
 - a.) Have no health coverage or have coverage that pays for only part of the bill; and
 - b.) Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and
 - c.) Meet both the income and assets eligibility criteria.

- 2.) New Jersey Hospital Care Payment Assistance (Charity Care) is also available to non-New Jersey residents, subject to specific provisions.

- 3.) Income Criteria as defined by the New Jersey Department of Health and Human Services is as follows:

Income as a Percentage of HHS Poverty Income Guidelines

Percentage of Charge 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%

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4.) 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 (Charity Care).

5.) Assets Criteria as defined by the New Jersey Department of Health and Human Services is as follows:

Individual and family assets must be at or under the threshold set by the New Jersey State Department of Health and Human Services for the New Jersey Hospital Care Payment Assistance Program (Charity Care). Should a patient's assets exceed the threshold, the patient may "spend down" the assets to the eligible limits through payment of the excess toward the hospital bill and other approved out-of-pocket medical expenses.

6.) Application Process

Patients may apply for New Jersey Hospital Care Payment Assistance (Charity Care) by calling the Financial Counseling Department at (201) 894-3031 to request an application be mailed to them. They can also apply in person at the Financial Counseling Department. Patients will be asked to provide proof of income and assets with copies of pay stubs, bank statements, tax returns, etc. Patients have up to one year from the date of service to apply for New Jersey Hospital Care Payment Assistance (Charity Care). Patients are given a Charity Care determination/card indicating the result of their application.

7.) Patients who apply for New Jersey Hospital Care Payment Assistance (Charity Care) must be screened to determine the potential eligibility for any third party insurance benefits or medical assistance programs (such as Medicaid) that might pay toward the hospital bill. Patients may not be eligible for New Jersey Hospital Care Payment Assistance (Charity Care) until they are determined to be ineligible for any other medical assistance programs.

8.) EHMC has an employee of the Bergen County Board of Social Services on site at the Medical Center at least three days per week to assist with Medicaid applications for patients who are deemed eligible for Medicaid.

9.) Refer to Financial Assistance Policy for EHMC Financial Assistance guidelines.

10.) Refer to Billing and Collections Policy for EHMC billing and collection procedures.

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11.) This policy is available in hard copy form in the Financial Counseling Department as well as in all Patient Access areas within the Medical Center and at all EHMC offsite locations. This policy is also available on the Englewood Hospital and Medical Center website at www.inglewoodhealth.org

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Policy

Englewood Hospital and Medical Center (EHMC) treats all patients, regardless of their ability to pay, for all emergency and medically necessary care. This policy applies to all billing and collection activities for Englewood Hospital and Medical Center only and does not apply to any billing and collection activities for professional services.

Procedures

- 1.) The bills for all insured patients will be sent directly from EHMC to the patient's insurance company. If the insurance company denies the claim for reasons such as: benefits exhausted, experimental, medical necessity, pre-existing condition, non-covered charges, etc. the patient will be billed at the uninsured rate of percentage of gross charges as outlined in the Financial Assistance Policy.
- 2.) If a patient's insurance pays the claim and there is a deductible, co pay, or co insurance amount due from the patient, EHMC will bill the patient the amount indicated as patient responsibility by the insurance company.
- 3.) Bills for uninsured patients are reduced to a percentage of gross charges as described in the Financial Assistance Policy.
- 4.) Patients will receive billing statements and collection letters from EHMC on all balances that are deemed patient responsibility. The billing statements and collection letters include information about financial assistance availability.
- 5.) Employees from the Financial Counseling Department will attempt to contact the patient by telephone on unpaid balances of \$5,000 or greater that are deemed patient responsibility. They will explain the availability of financial assistance when speaking with the patient. All calls are documented within the financial system.
- 6.) In addition to financial assistance, payment plans will be offered to patients. Patients can make monthly payments on outstanding balances. Payment plans will be approved for a period of one year. Payment plans beyond one year must be approved by the Financial Counseling Manager.

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- 7.) All unpaid balances that are due from patients will be referred to outside collection agencies after collection attempts by EHMC have failed. The collection agencies will attempt to obtain payment from the patient. If full payment is not received, the collection agencies will notify the patient by mail that they may proceed with extraordinary collection actions (ECAs) as defined in IRS section 501(r) which can include filing of judgments that include wage garnishments, seizing bank accounts, and placing liens on property owned in the State of New Jersey. The collection agencies must notify the patient in writing at least 30 days before initiating ECAs. The collection agencies will refrain from engaging in ECAs until at least 120 days after the date of the first post-discharge billing statement sent by EHMC.
- 8.) All referrals to outside collection agencies are approved by the Financial Counseling Manager.
- 9.) Refer to the Financial Assistance Policy for EHMC Financial Assistance guidelines.
- 10.) Refer to New Jersey Hospital Care Payment Assistance Program/Charity Care Policy for procedures on applying for assistance through the New Jersey Hospital Care Payment Assistance Program/Charity Care at EHMC.
- 11.) This policy is available upon request from the Financial Counseling Department. This policy is also available on the Englewood Hospital and Medical Center website at www.engagewoodhealth.org

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