

University Medical Center of Princeton at Plainsboro  
Plainsboro, New Jersey

<b>Title: Financial Assistance Policy (“FAP”)</b>		<b>Aspect of Care/Service: Patient Financial Services</b>	
<b>Submitted by:</b> Carol Burkhead, A/R Manager, Patient Financial Services	<b>Administrative Approval:</b> Executive Director, Revenue Cycle Management	<b>Effective Date:</b> 1/1/2016	
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I. Purpose

To ensure that University Medical Center of Princeton at Plainsboro (“UMCP”) and its hospital facilities are in compliance with the guidelines outlined in Internal Revenue Service Regulation 130266-11, Internal Revenue Code Section 501(r), N.J.A.C. 10:52 and New Jersey bill (S-1797/A-2609), Public Law 2008, Chapter 60 regarding financial assistance available to patients who receive essential emergency or other medically necessary healthcare services.

II. Policy

UMCP adheres to the patient notification criteria with regards to the financial assistance programs that are available, eligibility requirements, calculation of amounts charged to patients, method for applying for financial assistance and the actions taken in the event of nonpayment. UMCP adheres to all Affordable Care Act and State Charity Care guidelines. UMCP adheres to the New Jersey law in connection with uninsured reimbursement limits law (bill S-1797/A-2609).

UMCP 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 UMCP to comply with the standards of the Federal Emergency Medical Treatment and Active Labor Transport Act of 1986 (“EMTALA”).

This policy does not cover independent contractors that provide medically necessary and/or emergency services at a UMCP hospital facility. A listing of these independent contractors (“provider listing”) is attached to this FAP as Appendix A and available on the UMCP website: [www.princetonhcs.org](http://www.princetonhcs.org). The provider listing specifies which providers are covered under this FAP and which are not. The provider listing will be reviewed quarterly and updated, if necessary.

III. Procedure & Eligibility Requirements

All patients will be screened by a UMCP Financial Assistance Counselor to determine if they qualify for insurance prior to the determination of FAP-eligibility. Included below are the

financial assistance programs available under this FAP to eligible individuals.

- **Medicaid;**
- **New Jersey FamilyCare;**
- **New Jersey Hospital Care Payment Assistance Program (“Charity Care”);**
- **New Jersey Uninsured Discount;**
- **Catastrophic Illness in Children’s Relief Fund;**
- **The NJ Victims of Crime Compensation Office; and**
- **Amounts Generally Billed (“AGB”).**

*Eligibility Requirements:*

### **Medicaid**

Medicaid provides health coverage to millions of Americans, including children, pregnant women, parents, seniors and individuals with disabilities. In general for this benefit program, a patient must be a United States citizen, legal alien or permanent resident, and have low income. Additionally, patients must also be a resident of the state of New Jersey. There are several types of Medicaid available through the New Jersey Department of Health. UMCP financial counselors will help determine eligibility based upon each patient’s circumstances.

### **NJ FamilyCare**

NJ FamilyCare is New Jersey's publicly funded health insurance program which includes CHIP, Medicaid and Medicaid expansion populations. NJ FamilyCare is a federal and state funded health insurance program created to help qualified New Jersey residents of any age access to affordable health insurance. NJ FamilyCare is for people who do not have employer insurance.

Financial eligibility for individuals seeking eligibility for NJ FamilyCare will be based on their Modified Adjusted Gross Income or MAGI. NJFamilyCare eligibility guidelines are established by the State of New Jersey and can be found at [www.NJFamilyCare.org](http://www.NJFamilyCare.org). A patient can be presumed eligible for NJFamilyCare only once in a twelve month period.

### **Charity Care**

Charity Care assistance is free or reduced charge care which is available to patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey. Charity Care discounts are in compliance with regulations established in NJAC 10:52, Subchapters 11, 12, 13.

Charity Care is available to New Jersey residents who:

1. Have no health coverage or have coverage that pays only part of the bill;
2. Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and
3. Meet the income and assets criteria described below.

Charity Care is available to those that do not qualify for state or federal programs.

Income Criteria - Patients with family gross income less than or equal to 200% of the Federal Poverty Guidelines (“FPG”) are eligible for 100% charity care coverage. Patients with family gross income greater than 200% but less than or equal to 300% of FPG are eligible for discounted care under the Charity Care program. Free or discounted charges are determined by the following fee schedule:

<b>Income as a Percentage of HHS Poverty Income Guidelines</b>	<b>Percentage of Medicaid Rate Paid by Patient</b>
Less than or equal to 200%	0% of Medicaid Rate
Greater than 200% but less than or equal to 225%	20% of Medicaid Rate
Greater than 225% but less than or equal to 250%	40% of Medicaid Rate
Greater than 250% but less than or equal to 275%	60% of Medicaid Rate
Greater than 275% but less than or equal to 300%	80% of Medicaid Rate
Greater than 300%	Uninsured Discount Rate Available

Assets Criteria – A patient’s individual assets cannot exceed \$7,500 and family assets cannot exceed \$15,000 as of the date of service in order to be eligible.

Charity Care may be available to non-New Jersey residents, subject to specific provisions (such as emergency medical conditions).

Charity Care is available only for emergency or other medically necessary hospital care. Some services such as physician fees, anesthesiology fees, and radiology interpretation are separate from hospital charges and may not be eligible for reduction. Please refer to the provider listing outlined in Section II of this FAP and included as Appendix A.

**New Jersey 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. However, UMCP has elected to apply this discount to all uninsured patients irrespective of income level or residency. UMCP 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.

**Catastrophic Illness in Children’s Relief Fund**

The Catastrophic Illness in Children Relief Fund provides financial assistance to families of children with a catastrophic illness.

In order to be eligible hospital expenses must exceed 10% of the family's gross income, plus 15% of any excess income over \$100,000, the child must have been 21 years or younger when the medical expenses were incurred and the family must have lived in New Jersey for 3 months immediately prior to the date of application. Additional information can be found at the following website: [www.state.nj.us/humanservices/cicrf/home](http://www.state.nj.us/humanservices/cicrf/home).

**New Jersey Victims of Crime Compensation Office**

The State of New Jersey has established the New Jersey Victims of Crime Compensation Office to compensate victims of crime for losses and expenses, including certain medical expenses, resulting from certain criminal acts.

In order to be eligible for New Jersey Victims of Crime Compensation Office the crime must have occurred in New Jersey or must relate to a New Jersey resident victimized outside of the State, the victim must have reported the crime to police within 9 months and victim must cooperate with the investigation and prosecution of the crime. The claim must be filed within 3 years of the date of the crime and the patient must be an innocent victim of the crime. Additional information can be found at [www.nj.gov/oag/njvictims/index.html](http://www.nj.gov/oag/njvictims/index.html).

### **Amount Generally Billed (AGB)**

Pursuant to Internal Revenue Code §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.

All patients eligible for assistance under this FAP may be eligible for this discount. This includes uninsured patients and underinsured patients if their family gross income is greater than 200% but less than or equal to 300% of FPG.

#### **IV. Calculation of Amounts Charged to Patients**

UMCP has adopted the Look-Back Method to calculate its AGB percentage. This AGB percentage is calculated annually based on all claims allowed by Medicare-Fee-for-Service + Private Health Insurers over a 12 month period, divided by the gross charges associated with these claims.

Additional information pertaining to the AGB percentage and how that percentage was calculated is available upon request.

Any individual determined to be FAP-eligible will not be charged more than AGB for emergency or other medically necessary healthcare services pursuant to Internal Revenue Code §501(r)(5). The applicable AGB % will be applied to gross charge to determine the AGB.

Any FAP-eligible individual will always be charged the lesser of AGB or any discounted rate available under this FAP.

#### **V. Method of Applying for Financial Assistance**

UMCP adheres to the patient notification requirements of financial assistance programs that are available to patients who are eligible for financial assistance.

All uninsured individuals, regardless of income level or residency status, are eligible for the New Jersey Uninsured Discount.

A request for Charity Care and a determination of financial need may be done at any point in the revenue cycle. Eligibility is from the date of service and length of eligibility is based on the type of charity received. Patients who meet the eligibility criteria for Charity Care must submit a completed application. A completed Application must include documentation required as listed in UMCP's Requirement List which is a separate document that is available upon request and included on UMCP's website: [www.princetonhcs.org](http://www.princetonhcs.org).

The required documentation must be submitted with a completed New Jersey Hospital Care Assistance Program Application for Participation ("Application").

An applicant or responsible party may submit a completed Application for determination for Charity Care or reduced charge Charity Care at any time up to one year (365 days) from the date of service or 240 days from the date of the first post-discharge billing statement; whichever is greater.

Financial assistance determination shall be made as soon as possible; the applicant will be notified in writing within 10 working days from the date the complete Application is received. If the Application does not include sufficient documentation to make a FAP-eligibility determination, the Application will be considered incomplete. If an incomplete Application is received, the applicant will be notified in writing within 10 working days. This written notification will describe the additional information and/or documentation needed to make a FAP-eligibility determination, as well as include a copy of the UMCP Plain Language Summary (“PLS”) discussed in Section VI of the FAP. Patients will be given a reasonable period of time; 30 days, to provide the additional requested documentation. Additionally, UMCP or any third parties acting on their behalf, will suspend any extraordinary collection actions (“ECAs”), defined in Section VII of this FAP, to obtain payment during this time until a FAP-eligibility determination is made. Denied Charity Care applicants will be notified in writing of the reasons for the denial and will be informed of the availability of other discounts available under this FAP.

The Application and department contact information is available on the UMCP website (<http://www.princetonhcs.org>) or can be requested via mail, visiting in person or scheduling an appointment with the financial counselor.

To request an Application via mail or to schedule an appointment with a financial counselor patient may call (609) 853-7852.

Paper copies may be obtained free of charge at UMCP's Patient Access Services, located at:

University Medical Center of Princeton  
One Plainsboro Road  
Plainsboro, NJ 08536

Patient Access Services is located near the Atrium within the Centers of Care. Hours of operation are Monday – Friday 7:30 AM to 4:00 PM.

Completed Applications (including required documentation) should be mailed or delivered in person to:

University Medical Center of Princeton  
Patient Access Services, Financial Counselor  
One Plainsboro Road, Office # T1144  
Plainsboro, NJ 08536

Once a patient submits a completed Application, UMCP will:

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

If a patient is deemed FAP-eligible UMCP will:

1. 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;
2. Refund any excess payments made by the individual; and
3. Work with third parties acting on UMCP behalf to take all reasonable available measures to reverse any ECAs taken against the patient to collect the debt.

## VI. Measures to Widely Publicize the FAP, Application & PLS

UMCP has created a PLS of this FAP. A PLS is a written statement that notifies an individual that the hospital facility offers financial assistance under the FAP and provides additional information in language that is clear, concise, and easy to understand.

UMCP' FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitute the lesser of 1,000 individuals or 5% of UMCP' primary service area. Additionally, UMCP provides language interpreting and translation services, and provides information to patients with vision, speech, hearing or cognitive impairments in a manner that meets the patient's needs.

The FAP, Application and PLS are all posted on the UMCP website: <http://www.princetonhcs.org>, and are available free of charge, upon request. Paper copies are also available various areas throughout the hospital, which include the emergency department and admission/registration departments.

Signs or displays, to inform our patients about the availability of financial assistance, are posted in emergency rooms and the admitting/registration departments. These signs are posted in English and in Spanish.

All patients will be offered a copy of the PLS as part of the intake or discharge process.

The availability of all programs appears on billing statements. Each billing statement includes conspicuous written notice which informs the recipient about the availability of financial assistance. The statement also includes the website of where an individual can obtain copies of the FAP, Application and PLS. Additionally, it includes the telephone number that patients can call if they have questions regarding the availability of financial assistance and the application process.

In an effort to ensure that the community serviced by UMCP is aware of the financial assistance programs available under this FAP, UMCP disseminates information to the community through its Community Education Department.

## VII. Billing & Collection

The Patient Financial Services ("PFS") department will adhere to all Federal, State, Local and PFS deemed contractual regulations and standards to ensure proper and legal operations. This encompasses, but is not limited to, the following:

1. Billing Procedures, both insurance and inpatient;
2. Collections, both Bad Debt and Medicare Bad Debt;
3. Bad Debt Recovery, both "regular" Bad Debt and Medicare Bad Debt; and
4. Maintenance of the Confidentiality and Security of Protected Health Information

(“PHI”).

UMCP 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.

UMCP utilizes presumptive eligibility determinations for patients in its emergency department and its maternity clinics. If a patient is presumptively determined to be eligible for less than the most generous assistance available under the FAP, UMCP will notify the patient, in writing, regarding the basis for the presumptive financial assistance eligibility determination and how they may apply for more generous assistance. A copy of the PLS will also be provided in these instances.

UMCP does not engage in any ECAs as defined by Internal Revenue Code §501(r)(6) prior to the expiration of the “Notification Period”. The Notification Period is defined as a 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.

Subsequent to the Notification Period UMCP, or any third parties acting on their behalf, may initiate the following ECAs against a patient for an unpaid balance if the patient hasn’t applied for or is ineligible for financial assistance:

1. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
2. Placing a lien on an individual’s property;
3. Foreclosing on an individual’s real property;
4. Commencing a civil action against an individual; and
5. Causing an individual to be subject to a writ of body attachment.

UMCP may authorize third parties to initiate ECAs on delinquent patient accounts after the Notification Period. UMCP will ensure reasonable efforts have been taken to determine whether an individual is eligible for financial assistance under this FAP. UMCP will take the following actions at least 30 days prior to initiating any ECA:

1. The patient has been provided with written notice which:
  - a. Indicates that financial assistance is available for eligible patients;
  - b. Identifies the ECAs that UMCP 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.

## Appendix A

### PHCS Contractual Services for the Provision of Care

This provider listing identifies independent contractors that provide medically necessary and/or emergency services at a UMCP hospital facility. None of these contractors are covered under the UMCP FAP. The provider listing will be reviewed quarterly and updated, if necessary.

PHCS Contractual Services	Contracted Company
Audiology Services	Princeton Eye and Ear Center
Patient Transportation Critical Care	Exceptional Medical Transportation, Inc.
Pediatric and Neonatology Services	Children's Hospital of Philadelphia
Pediatric Clinic Physician Services	Children's Hospital of Philadelphia
Companion Services (UMCP)	Princeton CareGivers
Maternal Fetal Medicine	Clinical Health Care Associates of NJ, PC (UPenn)
ICU Moonlighters	Ritwick Agarwal, MD Jory Goldberg, MD Nirav Shah, MD
Cardiac Reading Panel	Manuel Amendo, MD James Beattie, MD Carl Hoyler, MD George Logothetis, MD Jonathan McCabe, MD Chirag Shah, DO Andrew Shanahan, MD Fredrick Weinberg, MD
Clinic Services-OB	Delaware Valley OB/GYN Services
OB Moonlighters	Melissa Ackerman, MD Mitchell Besser, MD Jeffery Chait, MD Shilpa Clott, MD Fredrick Gamburg, MD Lawrence, Lippert, MD Robert Martin, MD Christopher Naraine, MD Amay Parikh, MD Anita Saha, MD Myriam Sorrentino, MD Kenneth Ung, MD Susan Warchaizer, MD
Clinic Services – OB	Delaware Valley OB/GYN
Emergency Physician Services	Emergency Physicians Associates, PA
Emergent OB/GYN Care	Friedman Gross Associates
Hospitalist Services	Princeton Plainsboro Physician Associates, P.A.
Neuro-hospitalist Services	Lawrenceville Neurology Center, PA
Autopsy Services	Rutgers
Orthotics	Harry J. Lawall and Sons
Orthotics	John R. Coco, Inc.
Laboratory Physician Services	Pathology Associates of Princeton, PC
Anesthesia Services	Princeton Anesthesia Services
Laser Technician	For Tec Medical, Inc (surgical)
Lithotripsy	NJ Kidney Stone Center
Radiology Physician Services	Princeton Radiology Associates
Surgical Laser Services	For Tec Medical, Inc. (surgical)
Ambulatory Blood Pressure Monitoring	Vadim Finkelstein, MD
Laser	Healthtronics, Inc.