

Holy Name Medical Center

Financial Assistance Policy

Effective: 01/01/2016

Last Updated: 04/30/25

Policy Statement

Holy Name Medical Center (HNMC) is committed to providing emergency or other medically necessary care to people who have healthcare needs, regardless of whether they are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. HNMC's mission is to help our community achieve the highest attainable level of health through prevention, education, and treatment. We are a community of caregivers committed to a ministry of healing, embracing the tradition of Catholic principles, the pursuit of professional excellence and conscientious stewardship.

Compliance with Regulatory Requirements

HNMC complies with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to its Financial Assistance Policy ("FAP").

Policy Description

Patients who are uninsured or may think they are underinsured may request financial assistance under HNMC's FAP.

Eligibility Requirements

All patients will be provided information regarding HNMC's (FAP) in a Plain Language Summary ("PLS") upon the intake process. Any patient that requests financial assistance will be screened by a Holy Name Medical Center Financial Counselor. Financial need will be determined in accordance to each program's eligibility requirements. The methods to apply for financial assistance and the available programs are provided below.

Methods to apply for Financial Assistance

NJ residents who believe they may be eligible for Charity Care or have been prescreened for Charity Care can apply on line at: www.holyname.org/Financial/files/CharityCareApplication.pdf. Individuals who do not qualify for Charity Care and whose income is at or below 500% of the federal poverty guidelines may apply for HNMC's other financial assistance programs by completing the financial assistance application form on line at: www.holyname.org/Financial/files/FAP-Form.pdf. Requests to be pre-screened for HNMC's financial assistance programs may be made by calling

the Financial Counseling office at 201-833-3157. Office hours are Monday through Friday between 8:30am to 2:30pm. No in-person walk-ins. Please call for application assistance.

Patients who require emergency or medically necessary care may request financial assistance or Charity Care. A determination of financial need should occur prior to rendering medically necessary services, with exception to emergency care services, which will be rendered without delay to patient's care in compliance with the Emergency Medical Treatment and Active Labor Transport Act of 1986 (EMTALA) regulations. The need for payment assistance may be re-evaluated at each subsequent time of service but not less than annually, and at any time additional information relevant to the eligibility of the patient for charity or financial assistance becomes known.

For NJ residents, proof of residency is required for state specific programs, such as Charity Care. For both NJ residents and non-residents, who request financial assistance under HNMC's FAP, the following information will be required, but not be limited to:

- Verification of the number of family members (spouse and applicable dependents)
- Proof of NJ residency (for NJ state programs)
- Immigration status or proof of U.S. citizenship
- Valid identification for patient, and all immediate (spouse and minor children) family members
- Credit report
- Proof of assets including:
 - Bank statements/ investment statements
 - Explanation of unexplained bank deposits
 - Life insurance
 - 401K statements
 - Equity in real estate other than primary residence
- Calculation of annual income limits for the previous 12 month period based upon:
 - ❖ W-2 forms
 - ❖ Paychecks for the last four (4) pay periods
 - ❖ Prior year federal NJ income tax returns
 - ❖ Social security payments
 - ❖ Disability payments
 - ❖ Unemployment payments

- ❖ Pension statements
- ❖ General assistance benefit letter
- ❖ Rental income
- ❖ Child support
- ❖ Monetary support
- ❖ Written verification of income from employer
- ❖ SSI benefit statement or benefit determination letter
- ❖ Self-employment statement
- ❖ Profit and loss statement prepared by a certified tax preparer
- ❖ Business tax statement
- ❖ Unreported income
- ❖ Support letter (i.e. mother, father, friend, family member, etc.)

If a patient/guarantor is determined to be eligible for financial assistance, the hospital will notify the applicant in writing, as soon as possible, but no later than 10 working days from the day a completed initial application is submitted.

If a patient/guarantor is not eligible for financial assistance under the FAP, the patient/guarantor will be informed in writing or as soon as possible, but no later than 10 working days from the day the applicant was found not eligible or submitted an incomplete application. The notification will include a brief explanation of the reason(s) for the denial and/or a request for outstanding documents.

HNMC's Financial Assistance Programs and Policies

I. New Jersey Charity Care

NJ Charity Care is free or reduced charge care which is provided to patients who receive inpatient and outpatient services at acute care hospitals throughout the state of New Jersey. Charity Care is available only for emergent or medically necessary hospital care. Some services such as physician fees, anesthesiology fees, radiology interpretation, and outpatient prescriptions are separate from hospital charges and may not be eligible for reduction.

In accordance with Charity Care guidelines, payment assistance is available to New Jersey resident patients whose household gross income is at or below 300% of the federal poverty guidelines and who:

- Have no health coverage or have coverage that pays only for part of the bill; and
- Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and

- Meet both the income and assets eligibility criteria 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%

Individual assets cannot exceed \$7,500 and family assets cannot exceed \$15,000. Should an applicant’s assets exceed these limits, he/she 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.

The following information would be required in addition to the Charity Care application for determining eligibility under the program. This documentation includes but is not limited to:

- Valid identification for patient, and all immediate (spouse and minor children and/or applicable) dependents.
- Proof of NJ residency.
- Proof of all earned and unearned income including: employment, self-employment, pensions, disability, rental income, child support, alimony, and monetary support.
- Proof of all assets (individual, joint, immediate family) including: bank accounts statements, investment statements, 401k and other retirement accounts, life insurance with cash value and equity in real estate other than primary residence.

Patients can apply and/or obtain an application for Charity Care either on-line at www.holyname.org/financial/files/CharityCareApplication.pdf or by calling the financial counseling office at 201-833-3157. Office hours are Monday through Friday between 8:30am to 2:30pm. No in-person walk-ins. Please call for application assistance.

Requests for Charity Care will be processed promptly upon receipt of a complete application. The applicant will be informed of the determination, when possible on the same day of application, but no later than 10 working days from the day the completed initial application is submitted.

The hospital shall provide each applicant who requests Charity Care and is denied, in whole or in part, with a written and dated statement of the reason(s) for the denial. The patient/guarantor will be informed in writing or as soon as possible, but no later than 10 working days from the day the applicant was found not eligible or submitted an incomplete application. This notice shall state that the applicant may reapply if the applicant believes his or her financial circumstances has changed, making him or her eligible for Charity Care for future services. When a denial is based on income which exceeds 300% and is equal to or less than 500% of the Federal Poverty Guidelines, the applicant will qualify for other financial assistance programs under HNMC's FAP.

For incomplete charity care applications, HNMC will notify the patient in writing or as soon as possible, but no later than 10 working days from the date the applicant submits an initial application, that they have up to (1) one year from the date of service to submit a completed charity care application.

II. New Jersey Uninsured Discounted Care Rate

Uninsured New Jersey state resident patients who do not qualify for Charity Care and whose income falls less than or equal to 500% of the federal poverty guidelines will be eligible for a discount based upon Medicare rates as per the NJ state statute P.L. 2008, Chapter 60, approved on August 8, 2008, Assembly, No. 2609, as enacted by the Senate and General Assembly of the State of New Jersey. Patients who qualify for the uninsured discount will be charged the lesser of 115% of the Medicare rate or Amount Generally Billed (AGB); whichever is less.

A determination of need and/or approval of financial assistance through this program will require the completion of the *financial assistance application form*:

www.holyname.org/Financial/files/FAP-Form.pdf. The application will allow the collection of pertinent financial information as outlined on under "Methods to Apply for Financial Assistance" on page 1.

III. Limitation of Charges/AGB% Discounted Care Rate

Per Internal Revenue Code 501 (r)(5) charges for emergency or other medically necessary care for FAP-eligible individuals under HNMC's FAP will be limited to but not billed more than the amounts generally billed (AGB) to individuals who have insurance covering such care.

A determination of need and/or approval of financial assistance through this program will require the completion of the *financial assistance application form*:

www.holyname.org/Financial/files/FAP-Form.pdf. The application will allow the collection of pertinent financial information as outlined under "Methods to Apply for Financial Assistance" on page 1.

Incomplete applications will not be considered. For these applications, HNMC will notify the patient in writing describing the additional information and/or documentation required to make a FAP-eligibility decision. At this time HNMC will suspend any Extraordinary Collection

Activities (ECA's) to obtain payment for care. For 501 (r) purposes an individual has up to 240 days from the first post-discharge billing statement to apply for financial assistance.

Under hospital regulations, HNMC has chosen to provide a method known as the "Look Back Method" to determine the (AGB), which is evaluated annually. Under the Look Back Method: the amounts generally billed to FAP-eligible patients for emergency or other medically necessary care are determined by multiplying the facility's gross charges for that care by one or more AGB percentages. HNMC calculates its AGB percentages at a minimum annually using the past 12 month period of claims fully paid from Medicare fee-for-service and private health insurers and dividing the sum of the correlated gross charges for those claims during the prior 12 month period.

HNMC must begin to apply its AGB percentages by the 120th day after the end of the 12 month period that HNMC used to calculate the AGB percentage.

All calculations encompass all emergency and other medically necessary care delivered by HNMC. HNMC will use the following AGB% and apply to gross charges for these service lines:

Service Line	Amount Generally Billed Percentage (AGB %)
Emergency Room	40%
Outpatient Services	40%
Same Day Surgery Services	49%
Inpatient Services	30%
Home Health Care	80%
Hospice Care	81%

Gross charges for care x AGB% = Amounts Generally Billed (AGB) which will be the maximum billable to patient.

Compassionate Care Discount Policy

Patients who do not qualify for any healthcare related governmental sponsored coverage or programs under HNMC's FAP and do not have primary insurance coverage will be eligible for our Compassionate Care Discount Policy. This discount is applied at the time of billing. The compassionate care discount is only for uninsured patients and is not dependent on income or asset criteria, and no application is required. It is for all self pay patients that do not qualify or do not choose to apply for any hospital payment assistance programs. Discounts applied are for outpatient diagnostic testing such as radiology or laboratory services, and a flat fee rate is applied to levels of care such as an inpatient (i.e. Medical, Surgical, or ICU) or same day surgery.

The compassionate care discount does not apply to balances after insurance payments, cosmetic surgery, and other special programs. This discount will be applied at the time of billing.

Exclusions from HNMC’s Financial Assistance Programs

- Procedures or items that are neither medically necessary nor emergent.
- Convenience items such as private room, telephone, and TV services
- Specific services as identified by the hospital include but are not limited to such services listed below. Generally these services are not emergent or medically necessary. However, exceptions always exist.

Cosmetic Surgery	Incontinence Surgery
Bariatric Procedures (Banding, Bypass, Sleeve, and Revision)	Robotic Procedures
	Extracorporeal Shockwave Lithotripsy (ESWL)
Cosmetic Dental	Sebaceous Cyst Breast
Removal of Benign Cysts/Lesions	Abdominal Wall Reconstruction/Cyst
Fertility Treatments	Allograft/Orthopedic Case

Exclusions are subject to change at any time.

Emergency Medical Care Policy

Care will be provided for emergency medical condition without discrimination, and regardless of an individual’s qualification under our FAP policy. An emergency medical condition is defined by Section 1867 of the Social Security Act, as part of the Emergency Medical Treatment and Labor Act (EMTALA). Based on EMTALA, an emergency medical condition is an acute medical condition that if not given immediate medical attention could possibly result in but not limited to:

- Placing health of the individual in serious jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part

HNMC adheres to EMTALA regulations which prohibit applicable hospital facilities from engaging in actions that delay the provision of screening and treatment for an emergency medical condition to inquire about method of payment or insurance status, or from using registration processes that unduly discourage individuals from remaining for further evaluation, such as by requesting immediate payment before or while providing screening or stabilizing treatment for emergency medical conditions.

No emergency department patients will be demanded to pay before receiving treatment, nor will debt collection activities be permitted in the emergency department.

Publicizing and Availability of the Policy

To ensure the community served by HNMC is aware of the FAP, informative signs, posters, etc. in English, Spanish and Korean will be posted to advise patients of the availability of financial assistance and how to apply in public access areas; i.e. the ER and Patient Access. During the intake registration process, the PLS of HNMC's FAP will be provided to all patients.

HNMC will translate its FAP, financial assistance application form, and the PLS of its FAP in other languages where the primary language of the residents of the community served by HNMC represents 5% or 1,000; whichever is less; of the population of individuals likely to be affected or encountered by HNMC. Translated versions will be made available upon request and will also be posted on HNMC's website. In circumstances where a significant amount of patients are not proficient in reading and writing English, or whose primary language is other than what HNMC has already translated, may request assistance in order to complete required forms.

The complete FAP policy, PLS and financial assistance application form as well as the Charity Care application is available on HNMC's website at: www.holyname.org/Financial. Upon request a free copy is available by mail or in hard copy form at HNMC's Patient Access Department on the main floor.

Billing and Collection Policy

Billing and Collection policies may be found at:

www.holyname.org/Financial/billing-collection-policy.aspx

Physician groups

Holy Name Medical Center has physicians that provide emergency and other medically necessary care and/or services to our patients which are billed separate from the hospital and are not covered under HNMC's FAP. HNMC also has incorporated entities that do not follow HNMC's FAP. Please reference Exhibit "A" on HNMC's website:

www.holyname.org/Financial/files/Exhibit-A.pdf for a list of the hospital departments where physician services are provided that do not follow HNMC's FAP and the incorporated entities. This exhibit will be reviewed not less than quarterly for any necessary changes.