

Saint Barnabas Behavioral Health Center	Department: Patient Financial Services
Title of Policy: Financial Assistance Policy	
Effective Date:	Page Number: 1 of 7
Approved Date: Revision Date:	Approved by:

Purpose Statement

To ensure that all eligible patients receive emergency and other medically necessary healthcare services provided by at partially or fully discounted rates.

Policy Statement:

It is the policy of Saint Barnabas Behavioral Health Center to encourage and assist all uninsured and underinsured patients to explore and apply for third party sponsorship programs. Third party sponsorship offers the best financial outcome for both the patient and the health system.

It is the policy of Saint Barnabas Behavioral Health Center 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. Saint Barnabas Behavioral Health Center 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.

Saint Barnabas Behavioral Health Center pursues collection of patient balances from patients who have the ability to pay for these services. All collection procedures will be applied consistently and fairly for all patients regardless of insurance status. Patients who are unable to meet their financial obligation will be referred to Financial Counseling for evaluation of the individual/family’s financial status and assistance in identifying alternative sources of payment. The actions Saint Barnabas Behavioral Health Center may take in the event of nonpayment are described in a separate billing and collection policy. The billing and collection policy is available upon request and without charge at the Saint Barnabas Behavioral Health Center registration site listed below or by calling 1-877-221-7809. Additionally, the Saint Barnabas Behavioral Health Center billing and collection policy is made widely available on the organization’s website (www.rwjbh.org).

Procedure:

All patients will be informed of the availability of Financial Assistance and a copy of the Plain Language Summary (“PLS”) will be provided to all patients at the point of registration. The Financial Counselor is responsible for ensuring all accounts assigned to their worklists are screened for all applicable sponsorship programs and all processes are completed.

It is the responsibility of the Financial Counselor to screen all self-pay patients who are admitted to Saint Barnabas Behavioral Health Center with no secondary insurance as well as patients who are deemed underinsured during the Insurance Verification Process. Financial Counselors will also conduct Point of Service payment collections for all accounts that have been assigned to their worklists for insured out of pocket patient responsibility. No patient determined to be FAP-eligible will be charged more than Amounts Generally Billed (“AGB”) for emergency or other medically necessary services (AGB - see Appendix A). Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under this policy.

The Financial Assistance Policy, Application and PLS are available in English and in the primary language of any populations with limited proficiency in English that constitute the lessor of 1,000 individuals or 5 percent of the community served by Saint Barnabas Behavioral Health Center. Every effort will be made to ensure that the FAP documents are clearly communicated to patients whose primary languages are not included among the available translations. These documents are available on the Saint Barnabas Behavioral Health Center website at (www.rwjbh.org).

Signage in the Saint Barnabas Behavioral Health Center access areas (registration, admissions, etc....) will disclose the availability of Financial Assistance for all emergency and medically necessary healthcare.

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. Please refer to Appendix B for a list of providers that provide emergency or other medically necessary healthcare services within Saint Barnabas Behavioral Health Center. This list will be reviewed quarterly and updated, as appropriate.

The FAP, Application and PLS are available upon request and without charge at the Saint Barnabas Behavioral Health Center registration site listed below or by visiting the website listed above or by calling 1-877-221-7809. Patients may complete their application on site with the assistance of the financial counselors or may mail it to the below address for review and approval. Upon review the patient may be contacted for additional information to complete the application and/or notified of approval or denial and the specific reasons.

Saint Barnabas Behavioral Health Center
 Patient Financial Services
 1691 US Highway 9
 Toms River, NJ 08754

Third Party Sponsorship Program Matrix:

Program	Pre-requisites
Violent Crimes Compensation	Admission is the result of a Violent Crime in the state of New Jersey
Catastrophic Illness and Relief Fund	Eligible expenses must exceed 10% of the family’s income, plus 15% of any excess income over \$100,000.
Medicaid	Patient must meet the eligibility requirements of their state of residence.
NJ State Charity Care (NJCC)	Patient must meet the eligibility requirements of NJCC program
NJ Uninsured Discount Program	Patient is not eligible for any program. Financial Counselor to follow Saint Barnabas Behavioral Health Center guidelines in an attempt to collect payment. The account is allowed to 110% of Medicare or AGB whichever is less.

1. Patient Screening Process

The Financial Counselors will make every effort to complete the screening process on all non-scheduled patients once the patient has been admitted to Saint Barnabas Behavioral Health Center and/or once they have been stabilized and seen by a provider. Screen the patient and/or guarantor by asking all pertinent questions related to the eligibility. Requirements outlined in the Third Party Sponsorship Matrix (TPSM) and in accordance with the Saint Barnabas Behavioral Health Center FAP.

The Financial Counselors will determine the appropriate program and work with the patient to fill out the Application and collect all required documentation. It is strongly recommended to complete the patient’s application and gather all documents while they are still “in-house”. If the patient and/or guarantor are uncooperative or incapacitated the Financial Counselor should try to obtain the needed information from medical charts, hospital information systems, family members or other designated care givers to the patient.

2. Patient Follow-Up Process

Continuous follow up is needed in order to complete many of the assistance applications. The Financial Counselor will need to contact the patient, guarantor or third parties for further documentation. The patient and or guarantor should be given a list of all the required documentation needed for the application. Schedule follow up appointments as necessary to receive the information. In order to make a timely determination, the average timeline to complete the application is 60 days but may be longer. Any closed or denied application can be reopened within 1 year if missing data is provided to the financial counselor.

Third Party Sponsorship Program Details/Eligibility Criteria:

NJ Violent Crimes Compensation -

This program compensates victims of crime for losses and expenses resulting from certain criminal acts.

- Must be a resident of the State of NJ or the crime had to occur in this State.
- Patient has compensable financial losses as a result of the criminal act.
- The crime was reported to law enforcement within 9 months, and the application was submitted within 3 years from the date of the crime.
- www.njvccb.com

NJ Catastrophic and Illness Relief Fund -

The Catastrophic Illness in Children Relief Fund is a Financial Assistance program for New Jersey Families whose children have an illness or condition otherwise not covered by insurance, State or Federal programs or other source, such as fundraising. The Fund is intended to assist in helping a family's ability to cope with the responsibilities which accompany a child's significant health problems.

To be eligible for this program, applications must meet the criteria listed below:

- Any illness can be catastrophic based on uncovered eligible medical expenses and the family's income in a prior 12-month time period.
- Eligible expenses must exceed 10% of the family's income, plus 15% of any excess income over \$100,000.
- The child must be 21 years or younger when the medical expenses occur.
- The family must have lived in New Jersey for 3 months immediately prior to the date of the application. Migrant workers may be eligible, temporary residents are not.

To apply for Catastrophic Illness in Children Relief Fund Program - 1-800-355-FUND (3863)

Medical Assistance (Medicaid) -

New Jersey Medicaid provides health insurance to parents/caretakers and dependent children, pregnant women and people who are deemed aged, blind or disabled as well as adults below a certain income level. These programs pay for hospital services, doctor visits, prescriptions, nursing home care and other healthcare needs, depending on what program a person is eligible for.

- Eligibility Requirements for NJMA
- A resident of New Jersey
- A U.S. Citizen or qualified alien. (Most immigrants who arrived after August 1996 are barred from Medicaid but could be eligible for New Jersey Family Care and certain programs for pregnant women.
- NJ Family Care is New Jersey's publicly funded health insurance program which includes CHIP, Medicaid and Medicaid Expansion Populations. Qualified residents of any age may be eligible for free or low cost health insurance that covers doctor visits, prescriptions, vision, dental care, mental health and substance use services and even hospitalization. NJ Family Care covers children, pregnant women, parents/caretaker relatives, single adults and childless couples.
 - Eligibility Requirements for New Jersey Family Care
 - A resident of New Jersey
 - A U.S. Citizen or qualified alien. (Most immigrants who arrived after August 1996 are barred from Medicaid but could be eligible for New Jersey Family Care and certain programs for pregnant women.
 - In addition, a patient must fall into one of the following categories
 - Children 18 and under
 - Parents/Caretaker Relatives

- Adults without dependent children
- Pregnant Women up to 200% FPL
- Aged, Blind or Disabled programs or Long Term Care
- In addition, a patient must fall into one of the following categories
 - Families with dependent children
 - People who are 65 years of age or older, blind, or permanently disabled or Pregnant Women.

New Jersey Charity Care

The New Jersey Hospital Care Payment Assistance Program (Charity Care Assistance) is free or reduced charge care which is provided to patients who receive inpatient and outpatient services at hospitals throughout the State of New Jersey. Hospital assistance and reduced charge care are available only for necessary hospital care. Emergency care is an exception to the residency requirement. The timeline for application is within 1 year from the date of service.

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.

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%

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.

Charity Care assistance is also available to non-New Jersey residents subject to specific provisions.

In order to apply for NJ Charity Care all applicants must submit proof of:

- Income
- Assets
- Identity
- Residency

If more documentation is needed in order to complete the application and make a determination, the Financial Counselor may also ask in addition to the above but not limited to:

- Bank Statements including any retirement account(s) information
- Letter of Support
- Social Security Award letters and Pension payment letter
- Court Orders of Child Support stating income
- Court Order for Alimony stating income

PARO (Patient Account Rank Order) – Presumptive Financial Assistance

A patient that either did not comply with the Financial Assistance Application and Documentation Process or those patients that did not apply are classified as Self Pay patients and run through our Self Pay flow for the 120 day period. Prior to these accounts being referred to Bad Debt they are “Pre-Listed” and run through our vendor, PARO Decision Support, LLC to see if they would have qualified for Financial Assistance. This process helps us to more effectively, efficiently identify patients who are presumed to have qualified for Financial Assistance.

Using a scale from 1 to 1000, PARO assigns a numeric value to each account based on the evaluation of a complex set of criteria used to define that patient’s financial condition.

Once the account is identified as meeting these criteria they are “Presumed” eligible for Financial Assistance at 100% and written off the system. The account balance is zero and no further collection activity will occur.

Saint Barnabas Behavioral Health Center Payment Plan Policy

True Self Pay Patients:

Once it has been determined that the patient does not meet any of the Third Party Sponsorship Programs, the patient is considered a true self pay patient. The patient’s responsibility should be calculated after applying the self- pay rate. (See facility specific self-pay guidelines). This only applies to patient’s who do not have insurance and not to patients with deductibles and/or co-pays or large out of pocket expense.

It is the responsibility of the Financial Counselor to stress to the patient/guarantor that the total liability is expected on or before the actual date of service. Patients should be encouraged to make their liability payment during their scheduled Pre-Admission Testing times.

If the patient/responsible party insists that he/she can only satisfy a portion of their liability, the Financial Counselor must specify the payment requirement and inform the patient that they will be billed for the remainder.

- For an *INPATIENT* liability of \$250.00 or higher, at least 50% is due upon admission and all balances paid within 3 to 12 months.
- For an *OUTPATIENT* liability of \$100.00 or higher at least 50% is due upon admission and all balances paid within 3 to 12 months.

If the patient cannot satisfy the above specified amounts, the FC counselor must then request 25% of the total liability.

If a patient cannot pay an amount greater than or equal to 25% of the total liability, management must review the account for payment approval. Exceptions may occur and in these cases, it is up to the Site Director or their designee.

Appendix A

Saint Barnabas Behavioral Health Center initiated the “look back” methodology including Medicare fee for service, commercial and managed care health insurers’ claims data to calculate the AGB % (Amount Generally Billed). Using this method, Saint Barnabas Behavioral Health Center calculates AGB by multiplying the gross charged for any emergency or other medically necessary care it provides to FAP-eligible patients by the hospital facilities AGB%. The AGB percentage is calculated annually based on all claims allowed by Medicare fee for service and commercial and managed care health insurers over a 12-month period, divided by the sum of gross charges for those encounters.

The AGB Percentage is as follows:

- Saint Barnabas Behavioral Health Center – 51.94%

Saint Barnabas Behavioral Health Center calculates the maximum amount a patient owes by multiplying the AGB percentage times gross charges or 110% of the Medicare amount whichever is less. Gross charges refers to the full, established charge for medical care that Saint Barnabas Behavioral Health Center charges patients before applying any contractual allowances, discounts, or deductions.

If the calculated AGB percentage results in an amount **less than** the amount the patient owes, the patient will only be responsible for the amount calculated under AGB or 110% of Medicare whichever is less.

If the calculated AGB percentage or 110% of Medicare results in an amount **more than** the amount the patient owes, the patient will be responsible for the amount calculated under Saint Barnabas Behavioral Health Center’s FAP.

Appendix B

Saint Barnabas Behavioral Health Center Provider Listing September 26th, 2018

Barnabas Health Medical Group, P.C. physicians and individual physicians outlined below do not follow the Saint Barnabas Behavioral Health Center's Financial Assistance Policy. The following is a list of individual physicians that provide emergency or other medically necessary healthcare services within Saint Barnabas Behavioral Health Center that are not covered under the FAP.

	<u>Name</u>	<u>Specialty</u>
1	Ajanaku, Adebola, APN	Psychiatry
2	Ajanaku-Makun, Lateef, APN	Psychiatry
3	Alphonse, Miliodaire, APN	Psychiatry
4	Ballesteros, Alberto, MD	Psychiatry
5	Blakeslee, Christopher, DPM	Podiatry
6	Cruickshank, Royston, MD	Psychiatry
7	Ezealor, Obinna, APN	Psychiatry
8	Fabian, Christopher, MD	Psychiatry
9	Geller, Felix, MD	Psychiatry
10	Hershkowitz, Jon MD	Internal Medicine
11	Kowalewski, Amy, APN	Psychiatry
12	Krishnaiah, Muralidhar, MD	Psychiatry
13	Mupparaju, Jyothsna, MD	Internal Medicine
14	Pandya, Shilin, DO	Psychiatry
15	Pawa, Sakshi, MD	Internal Medicine
16	Pliver, Gavriel, APN	Psychiatry
17	Rao, Savitha, MD	Psychiatry
18	Rizvi, Waqar, MD	Psychiatry
19	Roan, Nora, APN	Psychiatry
20	Shihabuddin, Lina, MD	Psychiatry
21	Tandon, Pooja, MD	Psychiatry
22	Tirmazi, Syed MD	Psychiatry
23	Timmerman, Jessica APN	Internal Medicine
24	Tosk, Jarrett, MD	Psychiatry
25	Uppal, Jaspreet, MD	Psychiatry
26	Williams, Arnold, MD	Psychiatry