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SUBJECT: Financial Assistance Policy - Billing and Collection Policy *IHN*	EFFECTIVE Date: 01/01/2016
DEPT: BUSINESS OFFICE FINANCIAL COUNSELING	REVIEW Date: 11/23/2026 *APPENDIX A – Review Quarterly

I. **Policy:**

Any patient with no insurance or no secondary insurance may be screened for the New Jersey State Charity Care Program and the Inspira Medical Centers Financial Assistance Program/Subsidy Program. This Financial Assistance Policy ("FAP") applies to all emergency and other medically necessary care provided in any facility wholly owned and operated by Inspira Medical Centers (collectively "Hospital"). Not all services provided in Inspira's hospital facilities are covered under this FAP and may not be eligible for financial assistance through Hospital. Please refer to Appendix A for a list of providers, by specialty, that provide emergency or other medically necessary healthcare services in Hospital's facilities. This appendix specifies which providers are covered under this FAP and which are not. The provider listing will be reviewed quarterly and updated, if necessary.

II. **Responsibility:**

A. Registration Staff
B. Financial Counseling Staff
C. Patient Financial Services

III. **Financial Assistance Programs & Eligibility Criteria:**

It is our policy to ensure that all patients receive essential emergency and other medically necessary healthcare services. Financial assistance is available through a variety of programs for uninsured and underinsured individuals who do not have the ability to pay for all, or part of hospital services provided.

Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of ability to pay or FAP-eligibility.

Financial Assistance Programs

All patients in need of financial assistance will be screened by the Medicaid eligibility vendor or Financial Counseling staff for all available programs in the following order:

1. Government programs such as Medicaid, Social Security, NJ FamilyCare, NJCEED, Catastrophic funds, or Violent Crimes Compensation Fund;
2. New Jersey Charity Care Program;
3. New Jersey Uninsured Discount; and
4. Hospital Financial Assistance Program/Subsidy Program.
5. Internal Revenue Code Section 501(r).

Eligibility Criteria

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 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. More specific eligibility criteria for NJ FamilyCare can be found at http://www.njfamilycare.org/who_eligbl.aspx.

NJ Cancer Education and Early Detection ("NJCEED")

The NJCEED program provides comprehensive outreach, education and screening services for breast, cervical, colorectal and prostate cancer.

To be eligible for these services, an individual must be uninsured or underinsured and must have a family gross income at or below 250% of the Federal Poverty Level ("FPL").

Live in New Jersey

Catastrophic Illness in Children Relief Fund

The State of New Jersey's Catastrophic Illness in Children Relief Fund Program provides financial assistance to families of children with a catastrophic illness.

In order to be eligible expenses must exceed 10% of the family's 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. Migrant workers may be eligible; temporary residents are not.

New Jersey Victims of Crime Compensation Office

The State of New Jersey has established New Jersey Victims of Crime Compensation Office to compensate victims of crime 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.

New Jersey Hospital Care Payment Assistance Program ("New Jersey Charity Care")

If patients do not meet the eligibility criteria for the government funded programs as described in Part III, Section 1, above, then they may elect to be screened by Financial Counseling for New Jersey Charity Care for any out-of-pocket expenses. Patients must meet the New Jersey Charity Care Program guidelines for income and assets to qualify and will receive free or discounted care in accordance with regulations published by the State of New Jersey pursuant to N.J.A.C. 10:52-11.

The New Jersey Charity Care program covers 100% of charges for patients with a family gross income of less than or equal to 200% of FPL. Additionally, this program discounts a portion of charges for patients with family gross income greater than 200% and less than or equal to 300% of FPL. Free care or partially covered charges will be determined by use of the New Jersey Department of Health Fee Schedule (See Appendix B).

The New Jersey Charity Care eligibility thresholds include an individual asset threshold limitation of $7,500 and family asset threshold limitation of $15,000.

Additionally, patients must be New Jersey residents as of the date of service. However, emergency care is an exception. Non-New Jersey residents requiring immediate medical attention for an emergency medical condition may apply for charity care.

Patients who qualify for New Jersey Charity Care and have family gross income greater than 225% but less than 550% of FPL are eligible for an additional discount under the Hospital Financial Assistance Program/Subsidy Program.

Please refer to Appendix B to view additional information pertaining to New Jersey Charity Care and Hospital Financial Assistance Program/Subsidy Program discounts available.

New Jersey Uninsured Discount (Public Law 2008, C. 60)

All uninsured patients that do not qualify for a Government program as described in Part III, Section 1, above will be deemed eligible for the New Jersey uninsured discount. No application is required for this program, and no income or asset criteria must be met. Please note that New Jersey limits this discount to uninsured individuals with family gross income less than 500% of FPL. The discount offered under this policy is available to all uninsured individuals.

Hospital Financial Assistance Program/Subsidy Program

Patients that do not qualify for any of the government funded programs or New Jersey Charity Care may elect to be screened by Financial Counseling for the Hospital Financial Assistance Program/Subsidy Program.

Patients may be eligible for discounts under the Hospital Financial Assistance Program/Subsidy Program if their family's gross income is between 225% and 550% of FPL. Additionally, if these patients have more than $50,000 assets, they may be required to provide proof of assets.

Please refer to Appendix B to view additional information pertaining to New Jersey Charity Care and Hospital Financial Assistance Program/Subsidy Program discounts available. Note: Income criteria will be updated yearly as the FPL is adjusted.

Internal Revenue Code Section 501(r)

Underinsured patients with family gross income between 300% and 550% of FPL may be eligible for discounted charges under Internal Revenue Code Section 501(r). Additionally, all uninsured patients will be eligible for discounts available under Internal Revenue Code Section 501(r).

IV. Method For Applying/Required Documentation:

Procedures

At the time of registration, all patients who do not have insurance or have insurance with known deductibles and co-insurance will be provided the information outlining the available assistance programs and information on how to contact Financial Counseling to receive additional information.

All inpatients that do not have insurance will be screened by a Medicaid eligibility vendor or Financial Counseling staff for available programs.

Any patients contacting Customer Service who request assistance for payment of their bills and have patient balances will be referred to Financial Counseling for screening.

Method for Applying

Patients who meet the eligibility criteria and wish to apply for free or discounted care offered under New Jersey Charity Care, Hospital Financial Assistance Program/Subsidy Program and Internal Revenue Code Section 501(r) must submit a Financial Assistance Application ("Application") and supply all required supporting documentation.

The Application may be downloaded from the following website: https://www.inspirahealthnetwork.org.

Paper copies of the Application may be requested by calling the Hospital's Patient Business Services Department at 856-575-4780 or by mailing a request to:

Attention: Financial Counseling
Inspira Health

P.O Box 6050
Bellmawr, NJ 08099

Paper copies of the Application are available at any Hospital Admissions, Outpatient or Emergency Room registration area. Additionally, it may be obtained at the following locations:

- *Inspira Medical Center Vineland Financial Counseling Department* located at 1505 West Sherman Avenue, Vineland. Office is located at the Outpatient entrance and patients will be directed by the Outpatient Greeter desk located at the entrance. Office hours are Monday – Friday from 8:30 am to 4:00 pm.

- *Inspira Health Center Bridgeton Financial Counseling Department* located at 333 Irving Avenue, Bridgeton. Office is in the lobby at the main entrance and office hours are Monday – Friday from 8:30 am to 4:00 pm.

- *Inspira Health Center Woodbury Financial Counseling Department* located at 75 West Red Bank Avenue, Woodbury. Office is in the Patient Business Services department and office hours are Monday – Friday from 8:00 am to 4:00 pm.

- *Inspira Medical Center Elmer Financial Counseling Department* located at 501 Front Street, Elmer. Office is located adjacent to the Registration department in the main lobby, and office hours are Monday – Friday from 7:30 am to 3:30 pm.

- *Inspira Medical Center Mullica Hill Financial Counseling Department* located at 700 Mullica Hill Road, Mullica Hill. Office is in the Registration department in the main lobby and office hours are Monday – Friday from 8:00 am to 4:00 pm.

- *Inspira Medical Center Mannington Financial Counseling Department* located at 310 Salem Woodstown Road, Salem. Office is in the Outpatient registration department and office hours are Monday – Friday from 8:00 am to 4:00 pm.

Completed Applications (with all required documentation specified below) should be mailed to:

Attention: Financial Counseling
Inspira Health
P.O Box 6050
Bellmawr, NJ 08099

Patients have 365 days from the date of the first post-discharge billing statement to submit a completed Application.

If an incomplete Application is received, Hospital will provide the patient with written notice that describes the additional information/documentation required to make a FAP-eligibility determination and

give the patient a reasonable amount of time to provide the requested information (30 days). Additionally, Hospital will also provide the patient with a copy of the Plain Language Summary ("PLS"). Hospitals and any third parties acting on their behalf will suspend any extraordinary collection of actions ("ECAs") to obtain payment for care until a FAP-eligibility determination is made.

All applications will be reviewed by the Financial Counseling Quality Control staff to verify accuracy and ensure appropriate processing of write-offs.

The Financial Counseling Quality Control staff will file all appropriate claims for the New Jersey Charity Care program and ensure proper write-offs for the Hospital Financial Assistance Program/Subsidy Program.

Required Documentation

Criteria and documentation required to determine eligibility for the New Jersey Charity Care Program, Hospital Financial Assistance Program/Subsidy Program and Internal Revenue Code Section 501(r) discount are as follows:

1. Patients are required to verify income with at least one current pay stub 1-3 months prior to date of service.

2. Patients with small businesses and rental properties will be required to provide the most recent tax return and/or a profit and loss statement. The profit and loss statement shall include the tax preparer's identification number where applicable and must apply to the most recent three months. Income will be based on net profit.

3. If no family's gross income is reported, information will be required as to how daily needs are met.

4. Patients must supply names and birth dates of all family members used to calculate family size.

5. The Financial Counselor has the right to request any additional information they feel necessary to verify eligibility.

V. Basis For Calculating Amounts Charged to Patients

All uninsured patients will be billed for Hospital services at the Hospital's self-pay rate, which is equal to the Hospital's current Medicare rate.

Please refer to Appendix B to determine the discounts applicable to patients eligible for New Jersey Charity Care and/or Hospital Financial Assistance Program/Subsidy Program.

Any individual determined to be FAP-eligible will not be charged more than Amounts Generally Billed ("AGB") for emergency or other medically necessary healthcare services pursuant to Internal Revenue Code 501(r)(5).

Inspira has chosen to use the look-back method to calculate the AGB percentages for each of its hospital facilities. The AGB percentage is calculated annually and is based on all claims allowed by Medicare for fee-for-service and all private health insures over a 12-month period, divided by the associated gross charges.

The AGB percentages (by hospital facility) are:

Inspira Medical Center Vineland/Bridgeton/Woodbury/Sicklerville:

- Inpatient: 22.39%
- Outpatient: 24.04%

Inspira Medical Center Elmer/Mullica Hill/Woolwich/Mannington:

- Inpatient: 22.65%
- Outpatient: 26.76%

The applicable AGB percentages will be applied to gross charges to determine the AGB amount that may be charged to individuals eligible under this policy.

AGB is the maximum amount that will be charged to any FAP-eligible individual. In accordance with this policy, the FAP-eligible individual will always be charged with the lesser of AGB or any discount available under Part III of this FAP.

VI. Widely Publicizing the FAP:

To provide our patients and the community with information pertaining to our FAP, the Hospital will do the following to widely publicize the FAP:

1. Make the FAP, Application and PLS available on Inspira Health Network's website: www.inspirahealthnetwork.org.

2. Make paper copies of the FAP, Application and PLS available upon request without charge by mail and in the following public locations: Hospital Outpatient and Emergency Room registration areas.

3. Inform and notify members of the community served by the hospital facilities about the FAP. Inspira intends to accomplish this through the Cumberland/Salem/Gloucester Health & Wellness Alliance ("Alliance") which is an Internal Revenue Code Section

501(c)(3) tax-exempt organization for which Inspira played an integral role in organizing. The Alliance has more than 40 members comprised of social service agencies scattered throughout Inspira's primary service area of Cumberland, Salem and Gloucester counties. They include, but are not limited to, Federally Qualified Health Centers, YMCAs, United Ways, school systems, Gateway Community Action Partnership, the local county colleges, FamCare, NC., County Prosecutor's Office, Scratch Coalition (addiction services), Robin's Nest, local health departments (municipal and county), Chambers of Commerce, Family Success Centers, Rutgers Cooperative Extension, NJ Family Planning, The Southwest Council, Southern NJ Perinatal Cooperative. The Alliance meets regularly and assists with drafting and implementation of our Community Health Needs Assessments for all three counties within Inspira's primary market.

Inspira will also notify and inform patients who receive care from an Inspira hospital facility about the FAP by:

1. Offering a paper copy of the PLS to patients as part of the intake process;

2. Setting up conspicuous displays that notify and inform patients about the FAP in public locations in the Hospital including all registration areas and the emergency department; and

3. Including conspicuous written notice which informs patients about the availability of financial assistance under the Hospital's FAP on all billing statements.

The 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 the community served by the hospital's primary service area.

VII. Billing & Collections:

Procedures

Until patients are deemed eligible and approved for financial assistance under this policy, the Hospital will continue its normal billing and collection activities as follows:

1. Hospitals will provide sufficient account follow-up service to ensure that insurers and patients receive accurate accounts and billing information.

2. Patients will have the opportunity to make payment and/or apply for Financial Assistance for all outstanding balances.

The billing process will be performed in accordance with the following guidelines:

1. For all insured patients, Hospital will bill all third-party payer information (as provided by or verified by the patient) on a timely basis.

2. If a claim is denied (or not processed) by a payer due to a Hospital error, Hospital will not bill the patient for any amount in excess of that for which the patient would have been liable had the payer paid the claim.

3. After claims are processed by payers, Hospital will bill patients on a timely basis for their respective liability amounts as determined by their insurers.

4. All uninsured patients will be billed directly on a timely basis.

5. Accounts may be referred for collection if there is a reasonable basis to believe that the patient owes the debt. However, accounts may be placed with a collection agency no sooner than 120 days from the date of first post-discharge billing statement ("notification period").

    1. Accounts may be referred for collection if all third-party payers have been properly billed by the Hospital, and the remaining debt is the financial responsibility of the patient. Hospital shall not bill a patient for any amount that an insurance company is obligated to pay unless the insurance company is refusing to pay the amount pending additional information or communication from the patient.

    2. Hospital will not refer accounts for collection while a claim on the account is still pending payer payment unless the payer is refusing to pay the amount pending additional information or communication from the patient.

    3. Hospitals do not take legal action against patients for late or insufficient payment of a medical bill.

Customer Service

During the billing and collection process, Hospital will provide quality customer service by complying with the following guidelines:

1. Hospitals will not tolerate abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.

2. Hospital will maintain a streamlined process for patient questions and disputes, which includes a phone number patients may call, email address, and a business office address to which they may write. This information will be listed on all patient statements.

3. After receiving a communication from the patient (by phone, email, or in writing), Hospital's staff will return calls to patients as promptly as possible (but no more than one business day after the call, email or letter was received).

4. Hospitals will maintain a daily complaint and issue log of patient's complaints. The complaint and issue log will be reviewed periodically by Department Leadership and the information provided will be used to enhance and improve the billing and collections process.

All patients may request an itemized statement for their accounts at any time.

All patients will have the opportunity to contact the Hospital regarding Financial Assistance for their accounts.

Compliance with Internal Revenue Code Section 501(r)(6)

Hospital does not engage in any Extraordinary Collection Activities ("ECAs") as defined by Internal Revenue Code Section 501(r) prior to the end of the notification period.

Once a completed FAP application is received, Hospital, or any collection agencies working on their behalf, will:

1. Suspended any ECAs against the individual;

2. Make and document an eligibility determination in a timely manner;

3. Notify the responsible party or individual in writing of the determination and basis for determination; and

4. If deemed FAP-eligible Hospital will:

    a. Provide a billing statement indicating the amount the FAP-eligible individual owes, how that amount was determined and how information pertaining to amounts generally billed may be obtained; and

    b. Refund any excess payments made by the individual.

Hospital 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.

APPENDIX A

The following is a list of providers, by specialty, that provide emergency or other medically necessary healthcare services in Hospital's facilities that are not covered under this FAP.

- Emergency Physicians
- Hospitalists and/or Intensivists
- Radiologists
- Pathologists
- Cardiologists
- Anesthesiologists
- Surgeons
- Consulting Physicians

A list of Medical Staff providers associated with each specialty above is available upon request from the Medical Staff offices at Vineland and Mullica Hill or on the Inspira Health website. Admitting or attending physicians may also request a consultation from any Inspira Medical Staff provider in a specialty other than those listed above. A complete list of Medical Staff providers who may provide medically necessary services as Consulting Physicians is also available upon request or on the Inspira Health website.

There are no providers who provide emergency or other medically necessary healthcare services in Hospital's facilities that are covered under this FAP.

APPENDIX B*

***Please see attached copy of current Charity Care Eligibility Requirements**