

<p>Clara Maass Medical Center Community Medical Center Jersey City Medical Center Monmouth Medical Center Monmouth Medical Center – Southern Campus Newark Beth Israel Medical Center</p>	<p>Robert Wood Johnson University Hospital - New Brunswick Robert Wood Johnson University Hospital - Somerset Robert Wood Johnson University Hospital at Hamilton Robert Wood Johnson University Hospital Rahway Saint Barnabas Medical Center Saint Barnabas Behavioral Health Center</p>
<p>Title of Policy: Financial Assistance Policy & Billing/Collection Policy</p>	<p>Department: Patient Financial Services</p>
<p>Effective Date: 1/1/2019</p>	<p>Page Number: 1 of 26</p>
<p>Approved Date: Revision Date:</p>	<p>Approved by:</p>

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 RWJBarnabas Health 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 RWJBarnabas Health 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. RWJBarnabas Health 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.

RWJBarnabas Health 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 RWJBarnabas Health may take in the event of nonpayment are described in the enclosed billing and collection policy.

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



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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 or Eligibility Representative to screen all self-pay patients who are admitted to a RWJBarnabas Health hospital facility 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 RWJBarnabas Health. 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 RWJBarnabas Health website at (www.rwjbh.org).

Signage in the RWJBarnabas Health hospital facility access areas (registration, admissions, etc....) will disclose the availability of Financial Assistance for all emergency and medically necessary healthcare.

Financial assistance is only available for emergency or other medically necessary healthcare services. In addition, not all services provided within RWJBarnabas Health’s hospital facilities are provided by RWJBarnabas Health employees and therefore may not be covered under this FAP. Please refer to Appendices B through N for a list of providers that provide emergency or other medically necessary healthcare services within RWJBarnabas Health hospital 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.

The FAP, Application and PLS are available upon request and without charge at the various RWJBarnabas Health hospital registration sites 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.

Clara Maass Medical Center
Patient Financial Service
1 Clara Maass Drive
Belleville, NJ 07109

Community Medical Center
Patient Financial Services
99 Highway 37 West
Toms River, NJ 08755

Jersey City Medical Center
Patient Financial Services
355 Grand Street
Jersey City, NJ 07302

Monmouth Medical Center
Patient Financial Services
300 Second Avenue
Long Branch, NJ 07740

Monmouth Medical Center – Southern Campus
Patient Financial Services
600 River Avenue
Lakewood, NJ 08701

Newark Beth Israel Medical Center
Patient Financial Services
201 Lyons Avenue
Newark, NJ 07112

Robert Wood Johnson University Hospital New Brunswick
Patient Financial Services
One Robert Wood Johnson Place
New Brunswick, NJ 08901

Robert Wood Johnson University Hospital Somerset
Patient Financial Services
110 Rehill Avenue
Somerville, NJ 08876

Robert Wood Johnson University Hospital at Hamilton
 Patient Financial Services
 One Hamilton Health Place
 Hamilton, NJ 08690

Robert Wood Johnson University Hospital Rahway
 Patient Financial Services
 865 Stone Street
 Rahway, NJ 07065

Saint Barnabas Medical Center
 Patient Financial Services
 94 Old Short Hills Road
 Livingston, NJ 07039

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 RWJBarnabas Health 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 a RWJBarnabas Health hospital facility 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 RWJBarnabas Health 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.
 - o Eligibility Requirements for New Jersey Family Care
 - o A resident of New Jersey
 - o 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.
 - o In addition, a patient must fall into one of the following categories

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- o Children 18 an under
- o Parents/Caretaker Relatives
- o Adults without dependent children
- o Pregnant Women up to 200% FPL
- o Aged, Blind or Disabled programs or Long Term Care
- In addition, a patient must fall into one of the following categories
 - o Families with dependent children
 - o 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.

RWJBarnabas Health 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.

Billing and Collection Policy

PURPOSE: The purpose of this policy is to ensure that the RWJBarnabas Health Centralized Business Office (CBO) establishes guidelines and controls with respect to billing and collections. This policy along with the Financial Assistance Policy is intended to meet the requirements of applicable federal, state and local laws including and without limitation section 501(r) of the Internal Revenue Code of 1986, as amended and its implementing regulations.

POLICY: It is the policy of the RWJBarnabas Health Centralized Business Office (CBO) to ensure that all billing and collection efforts follow a standard protocol from the time claims are final billed.

RESPONSIBLE PARTY: CBO Management, Vendor Partner Management

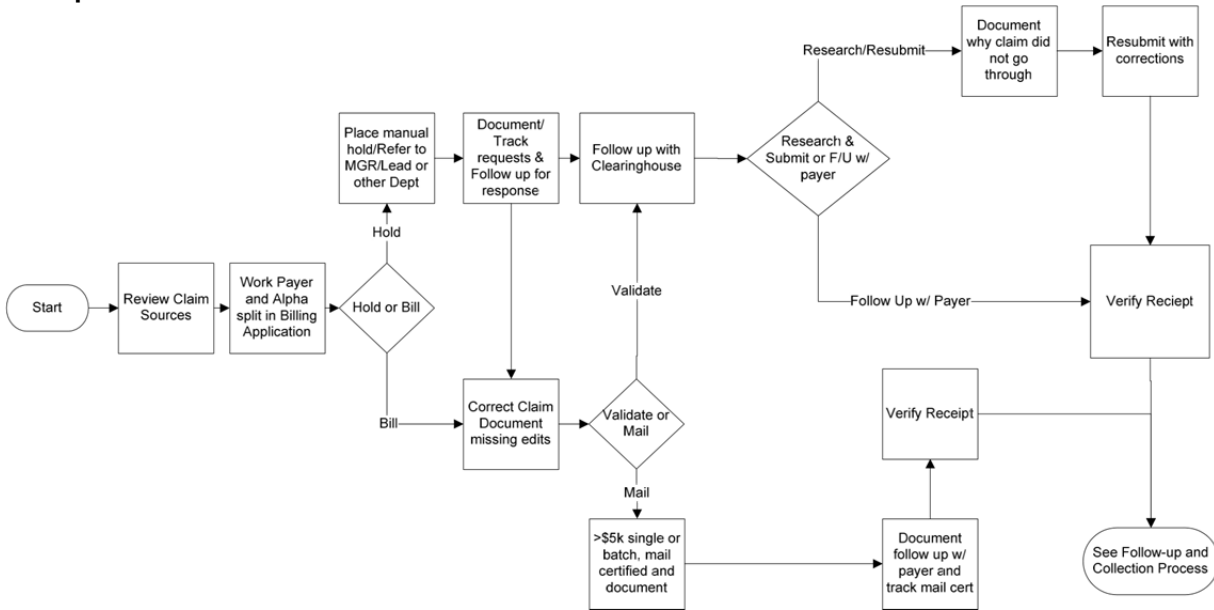
PROCEDURE NARRATIVE:

INSURANCE BILLING PROCEDURE:

The RWJBarnabas Health hospital facility shall request payment for any known patient responsibility for medical care prior to or at the time of service. With respect to emergency care, the hospital will request payment of any known patient responsibility after care is provided, patient is stabilized and as part of discharging the patient from the emergency department.

Insurance billing commences by using the electronic Claim Management tool (XClaim), claims are worked by Patient Account Representatives (PARs) based on Payer, Hospital, and/or claim type assignment. Where necessary, claims are routed accordingly for additional billing information as required prior to billing.

Example Best Practice Process Flow:



The CBO and the individual Sites maintain an up-to-date claim routing grid to ensure timely resolution of inquiries prior to claim submission.

INSURANCE REBILL PROCEDURE:

Prior to generating a rebill, the PAR will verify in XClaim to see if the original claim was submitted to the payer.

If the original claim has not been submitted to the payer, the designated PAR will delete the claim and order a rebill (XX1) in the host (Affinity or SM) using the “Rebill” steps indicated in the insurance rebill job aide.

If the original claim has been submitted to the payer the designated PAR will order a rebill (XX7) in the host (Affinity or SMS) using the “Rebill” steps indicated in the insurance rebill job aide.

INSURANCE FOLLOW-UP GUIDELINES:

Medicare and Medicaid:

Follow Up (# of days)	Less than \$10K	Over \$10K
M.R. initial request	30	14
M.R. follow up	14	14
Billing request Flag	5	5
EOB Flag	14	14
Claim in process	14	14

Reprocess	Electronic 14/DDE 14/Hardcopy 30	14
Secondary Claim	Electronic 14 /DDE 14/Hardcopy 30	14
Additional info from pt needed e.g.COB	5	5
When we send a fax	30	14
Rebill/insurance update	3	3
Left message...All Payers	3	3
Billing NDC Request	14	14
Request to Site for additional Info	14	7
Cash App Research	5	5

Non-Federal:

Follow Up (# of days)	Less than \$5K	Over \$5K but less than \$20K	Over \$20K
M.R. initial request*	30	30	14
M.R. follow up*	30	30	14
Billing request Flag*	30	30	14
EOB Flag*	30	30	14
Claim in process*	30(from claim rec'd)	30(from claim rec'd)	14
Reprocess*	30	30	14
Secondary Claim*	30	30	14
Additional info from pt needed e.g.COB*	7	7	7
When we send a fax**	3	3	3
Rebill/insurance update*	3	3	3
Left message...All Payers*	3	3	3
Check in the mail*	30	30	14
Billing NDC Request*	30	30	14

*Follow normal collection/follow-up flow

**Fax. While on the phone and try to confirm receipt

SELF PAY BILLING AND COLLECTIONS PROCEDURES:

RWJBarnabas Health treats all patients equally regardless of insurance and their ability to pay.

For accounts determined to be "self-pay" and/or accounts with balance after primary insurance, the following action will take place. RWJBarnabas Health will send the patient a bill indicating the patient responsibility. Additionally, if a patient

has no third party coverage they will receive a bill indicating their patient responsibility. This will be the patients first post-discharge billing statement. The date on this statement will begin the Application and Notification Periods.

The Application Period is the time period in which an individual may apply for financial assistance. To satisfy the criteria outlined in IRC §501(r)(6), RWJBarnabas Health allows individuals up to 240 days from the date the individual is provided with the first post-discharge billing statement to apply for financial assistance. Additionally, the Notification Period is the 120-day period, which begins on the date of the 1st post-discharge billing statement, in which no Extraordinary Collection Efforts ("ECAs") may be initiated against the patient.

If at any point during this process, if it is determined that a patient qualifies for Financial Assistance, or if other insurance information is obtained, that insurance payor or program is billed. Collection efforts include:

1. Series three (3) statements: After the patient receives their first post discharge billing statement, RWJBarnabas Health will send out 3 additional statements (4 total billing statements, in 30-day intervals).
2. A minimum of one (1) Final Notice: If payment has not been received after 3 billing statements (90 days from the date of the first post-discharge billing statement), RWJBarnabas Health will send out a letter informing the patient in writing that the account will be sent to collections if payment is not received within 30 days. The written notice will include a copy of the Plain Language Summary ("PLS") as well as advising the patient on what will take place after the patient account has been placed in collections.
3. Telephone contact on any account over \$24.99.
4. For all returned mail, attempts are made to locate a corrected address and correspondence is sent to that address. If a corrected address cannot be located, telephone contact continues to be the primary method of contact.
5. Patients are given the option to enter into a monthly payment arrangement if they are unable to pay their bill in full. Payment arrangements will not exceed a twelve-month period unless approved. Upon entering a payment arrangement, patients will receive monthly statements for agreed upon amount.

Financial Assistance:

A patient shall have a period of up to 240 days from the date that the first post discharge billing statement was sent to the patient to apply for Financial Assistance. Financial Counselors will inform and educate the patient of all requirements and applicable criterion to evaluate eligibility. Thereafter, patients are required to supply personal, financial and other miscellaneous information with supporting documentation relevant to making a determination of financial need.

If a patient's financial situation changes for any reason, they may contact customer service, the hospital or via the website obtain the Financial Assistance Policy (FAP), the FAP Application and FAP Plain Language Summary to complete the process to determine if they qualify for any discounted care. (Please see FAP for all details specific to the current policy in force).

Process for Incomplete Applications:

In the event that an immediate determination of FAP-eligibility cannot be made, the Financial Counselors will request additional information from the applicant. RWJBarnabas Health will provide the applicant with written notice which describes the additional information/documentation needed to make a FAP-eligibility determination and provide the patient with a reasonable amount of time (30 days) to provide the requested documentation.

Process for Completed Applications:

Once a complete application is received, RWJBarnabas Health will 1) make and document a FAP-eligibility determination in a timely manner and 2) notify the responsible party or individual in writing of the determination and basis for determination. Additionally, RWJBarnabas Health 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, if applicable and 2) refund any excess payments made by the individual.

Uninsured Population:

All uninsured patients are encouraged to complete the FAP application process and are encouraged to discuss their qualifications for other programs that may cover them for a portion or all of their health care. These patients will only be billed the lesser of 110% of Medicare or the Amount Generally Billed (AGB) as described in the FAP.

In the event uninsured patients do not complete the FAP process, all uninsured accounts are run through a PARO process to determine whether they would have qualified had they completed the FAP application. These accounts when qualified via PARO will be written off 100% and will not be pursued under the Bad Debt process.

BAD DEBT QUALIFICATION:

RWJBarnabas Health treats all patients equally regardless of insurance and their ability to pay. Service medically necessary emergent services are never refused a patient due to any financial criteria.

Accounts with a patient balance where debt remains unpaid for more than 120 days from the date the first bill is mailed to the beneficiary, and is deemed uncollectible, will be transferred to a bad debt status in the host system.

These accounts have exhausted the normal collection flow as stated below:

1. Four (4) statements are sent to the patient reflecting accurate balances.
2. One (1) phone contact attempt
3. Default of payment plan agreement within 1 month of the breach.

The account transfer to bad debt process may be accelerated if any of the following occur:

1. Mail is returned from the guarantor address on file and no updated address is obtainable.
2. The guarantor has refused to payor defaults on a pre-arranged payment schedule.
3. The guarantor is deceased.

Any other situation or occurrence that would reasonably eliminate the expectation of payment.

PROHIBITED COLLECTIONS ACTIVITY:

It is the policy of RWJBarnabas Health to treat all patients with dignity regardless of their ability to pay. As such, the following collection efforts are prohibited by all sources:

- Referring or Selling of Debt, or credit reporting.
- Denying or deferring care based on current past due or prior unpaid debt
- Liens, Writs of Body Attachment, Wage Garnishment
- Any other extraordinary actions without written consent of Barnabas Health



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EQUIPMENT: Host Systems, XClaim

QUALIFICATIONS/JOB AIDE REFERENCE: Federal and Non-Federal Billing Guidelines and internal department protocols

Compliance with IRC §501(r)(6)

In accordance with IRC §501(r)(6), RWJBarnabas Health does not engage in any ECAs prior to the expiration of the Notification Period. After the Notification Period RWJBarnabas Health, or any third parties acting on its behalf, may initiate collection proceedings against an individual or his/her guarantor

RWJBarnabas Health may authorize third parties to initiate collection proceedings on delinquent patient accounts after the Notification Period. RWJBarnabas Health will first ensure that reasonable efforts have been taken to determine whether or not an individual is eligible for financial assistance under this FAP and will take the following actions at least 30 days prior to initiating any: collection actions:

1. The patient will be provided with written notice which:
 - a) Indicates that financial assistance is available for eligible patients;
 - b) Identifies the ECA(s) that RWJBarnabas Health 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.

RWJBarnabas Health, and third-party vendors acting on their behalf, will accept and process all Applications for financial assistance available under this policy submitted during the Application Period. The Revenue Cycle Department has final authority for determining that RWJBarnabas has made reasonable efforts to inform the patient of the availability of financial assistance prior to pursuing extraordinary collection actions.

Appendix A

RWJBarnabas Health 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) for each of its hospitals. Using this method, RWJBarnabas Health 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. Outlined below are the AGB percentages based upon October 1, 2017 through September 30, 2018.

The AGB Percentage is as follows:

- Clara Maass Medical Center – 21.87%
- Community Medical Center – 20.32%
- Jersey City Medical Center – 20.91%
- Monmouth Medical Center – 28.00%
- Monmouth Medical Center – Southern Campus – 20.23%
- Newark Beth Israel Medical Center – 23.66%
- Robert Wood Johnson University Hospital New Brunswick – 21.14%
- Robert Wood Johnson University Hospital Somerset – 17.87%
- Robert Wood Johnson University Hospital at Hamilton – 15.22%
- Robert Wood Johnson University Hospital Rahway – 14.39%
- Saint Barnabas Medical Center – 26.84%
- Saint Barnabas Behavioral Health Center – 57.90%

RWJBarnabas Health 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 RWJBarnabas Health 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 RWJBarnabas Health’s FAP.



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**Appendix B
Clara Maass Medical Center
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



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**Appendix C
Community Medical Center
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



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**Appendix D
Jersey City Medical Center
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



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**Appendix E
Monmouth Medical Center
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



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**Appendix F
Monmouth Medical Center – Southern Campus
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



Life is better healthy.

**Appendix G
Newark Beth Israel Medical Center
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



Life is better healthy.

**Appendix H
Robert Wood Johnson University Hospital New Brunswick
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



Life is better healthy.

**Appendix I
Robert Wood Johnson University Hospital Somerset
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



Life is better healthy.

**Appendix J
Robert Wood Johnson University Hospital at Hamilton
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



Life is better healthy.

**Appendix K
Robert Wood Johnson University Hospital Rahway
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



Life is better healthy.

**Appendix L
Saint Barnabas Medical Center
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.



Life is better healthy.

**Appendix M
Saint Barnabas Behavioral Health Center
Provider Listing
January 1, 2019**

All employed physicians of Barnabas Health Medical Group, P.C. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJ Physician Enterprises, P.A. that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

All employed physicians of RWJBarnabas Health hospitals that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.

No other physicians that provide emergency or other medically necessary healthcare services at the hospital follow the RWJBarnabas Health Financial Assistance Policy.