



Policy: Financial Assistance Policy

Manual: Internal

Review responsibility: Organizational/Leadership

Formulated: 9/2015

Revised: 11/2015; 2/2016; 1/2020; 3/2020, 4/9/2020

Policy applies to: All

Committee Endorsement:

(If applicable) NA

Approval: Director(s) Gary Horan, President and CEO

Signature/Date

[Handwritten Signature] 4/21/2020

Policy: Financial Assistance Policy (FAP)

Purpose: To offer assistance to the uninsured/underinsured patients at TRMC who demonstrate an inability to pay for services provided to them or their dependents. This policy addresses access to discount programs made available to decrease the financial burden essential to the community serviced by TRMC. TRMC grants financial assistance to patient for emergency and medically necessary services based solely on need.

This Policy and TRMC's Financial Assistance program is intended for use by those patients who can demonstrate that they are truly unable to pay for emergency and medically necessary care and who qualify under eligible guidelines and evaluation processes defined in this Policy. This Policy shall not be utilized to circumvent the payment of any required deductible, co-payments and other charges arising from services that TRMC provides to its patients who it would otherwise be permitted to bill a patient. Nor shall this Policy be utilized as a means for patients to circumvent their obligations to pay, in full for services rendered by TRMC to patients in connection with a duly executed "Patient Request Not to Disclose Policy". In such case, and the extent a patient is deemed ineligible for financial assistance, the patient shall continue to remain liable for any charges owed by patient until such time as all charges are

paid in full. It should be noted that under federal law Medicare, Medicaid and other federally funded programs, prohibits TRMC from discounting co-insurance and deductible. Participating insurance companies may prohibit TRMC from discounting co-insurance and deductible per contract.

PROCEDURE:

1. General procedures, Patients who are uninsured or underinsured are eligible to apply for financial assistance (NJ Charity Care or NJ Medicaid) or other governmental programs, provided they comply with the following requirements consisting of:
 - Application screening which will address the eligibility and special financial needs of patient
 - Provision of required documentation including; proof of income for all household members to include identification, Residency, Income and Assets (some examples of proof of documentation include most current tax return, W-2, pay stubs for the last six months, or other documentation explaining income, support and/or current financial information if pay stubs are not available, social security/pension award letter, letter of support, driver's license, or other governmental issued photo ID, current bank statements or other financial records, social security card, permanent resident card if not US citizen, US Naturalization Certificate)
 - TRMC follows the regulations set forth by the department of Health and Human Services regarding the granting of financial assistance and federal poverty level (FPL) income guidelines. These guidelines may accessed on the NJ Department of Health website at <https://www.nj.gov/helath/charitycare/>. Patients may also receive this information by contacting the department of health at 1/866-558-5696. You can also download a copy of the income guidelines off our website at our pricing and information page https://www.trinitasrhc.org/misc/Charity_Care_Eligibility_Criteria.pdf
 - To apply for Financial Assistance an appointment can be made by contacting the Financial Assistance Office located at 643 Pearl Street or 655 East Jersey Street, Elizabeth NJ or by calling 908-994-8681 or 908-994-8680
 - Financial Assistance and allowance will be determined on a case by case basis; under no circumstances should the submission of an application be viewed as a commitment or guarantee by TRMC to provide any assistance to the applicant
 - Eligibility will be determined in accordance with the published federal poverty level (FPL) income guidelines adjusted for family size
 - TRMC shall verify the current income prior to approving any request for financial assistance, and all applications for assistance shall be subject to final approval by the Director of Patient Financial Services or their designee
 - TRMC will exhaust all payment options, including but not limited to local, state and federal assistance (i.e. completing Medicaid and Charity Care applications)
 - TRMC will only accept a completed application for consideration for financial screening. Incomplete applicants are returned to the applicant for completion. In certain cases as approved by staff in conjunction with State guidelines presumptive patients financial discount may be granted for patients with incomplete applications (homeless patients) Authorization of presumptive patient financial discount will be noted in the patient financial record

2. Eligible patients and Determination of Charges. Our facility will provide discount for hospital patients who are uninsured/indigent and do not qualify for Medicare/Medicaid/Charity Care
 - A discount of total charge for outpatient and inpatient services will be at the Medicare expected Payment rate, consistent with Federal 501 (r) internal revenue code policies. The discount will be applied to the gross billed and patients will not be charged more for emergency or medically necessary care. TRMC will however charge any such amounts as may be allowed under applicable laws and in accordance with the patients demonstrated ability to pay
 - Emergency admission treatment, screening and or stabilization services will not be delayed due to coverage or payment ability, consistent with EMTALA regulations. All emergency room and or medically necessary care shall be charged consistent with 501 (r) internal revenue code policies; and patients will not be billed higher than amounts billed to insured patients. It is the policy of TRMC to bill all patient at the same charge for services regardless of insurance
3. Collections. Patients are responsible for the payment of their own accounts and notwithstanding the grant of any financial assistance; patients shall remain responsible for making payment arrangements on any outstanding, non-qualifying accounts balance within the applicable statement period. Failure to make the required payment will qualify for the account to be transferred to the collection agency. Accounts transferred to a collection agency will be subject to additional collection efforts and potential fees. Charity Care may be discovered during the collection process.
4. Non-Covered and denied charges. Non-Covered and denied Charges provided to Medicaid eligible beneficiaries are considered a form of charity care. Medicaid beneficiaries are not responsible for any forms of patient financial liability and all charges related to services not covered including all denials are charity care. Examples may include but are not limited to:
 - a. Services provided to Medicaid beneficiaries with restricted Medicaid (i.e. patients that may only have pregnancy or emergency benefits, but receive other hospital care)
 - b. Medicaid Pending Accounts
 - c. Medicaid and other indigent care program denials
 - d. Charges relate to days exceeding a length of stay limit
 - e. Out of State Medicaid Claims with no payment
5. Length of Approval. Financial assistance approvals will be valid for a period of one (1) year from the date of the approval, subject to subsequent reviews and/ or re-application based on changes in the applicant's circumstances.
6. Single Case Agreements: In some cases TRMC may provide care for insured patients whereby the insurance carrier is not under contract with TRMC. Although TRMC may agree to terms of the negotiations with the insurance carriers, single case agreement is not representative of a patient "under contract" with TRMC. All unreimbursed amounts are a form of patient financial assistance and determined as the difference between gross hospital charges and hospital reimbursement

A copy of the policy and forms can be obtained on the hospital website under the Pricing and Information page <https://trinitasrhc.org/priceandinformation.htm> should you need any assistance or require an application be mailed to you please contact our Financial Assistance Office located at 643 Pearl Street or 655 Jefferson Avenue, Elizabeth NJ or by calling 908-994-8681 or 908-994-8680. This policy is also available in Spanish but accommodations can be made to assist with translation for other languages thru our Financial Assistance Office at the location and numbers listed above

AMMENDMENT TO POLICY TO ADDRESS TEMPORARY CHARITY CARE ELIGIBILITY AND ACCESS TO HEALTH CARE DURING A CRISIS

During the Nationally Declared Emergency (retroactively effective March 1, 2020) patients that are diagnosis as COVID-19 that are or become uninsured and retroactively meet the hospital charity care guidelines, and where the hospital received no other special COVID-19 funding, will be considered charity are eligible and all policy conditions will apply. The end of the emergency period will be determined by the Department of Health and Human Services. Additionally, patients that qualify for charity care under the Temporary Charity Eligibility will not be subject to geographic residency restrictions during the Nationally Declared Emergency Period.

Accordingly, for all care for a possible or actual case of COVID-19, Recipient certifies that it will not seek to collect from the patient out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network Recipient