

Policy & Procedure			
Subject: Financial Assistance		Category:	Patient Rights and Organizational
Facility Scope: ARMC Locations: Mainland Campus, Pomona, NJ, Atlantic City Campus, Atlantic City, NJ, Health Plex Atlantic City, NJ, Cancer Center Institute, Egg Harbor Township, NJ, Cancer Center Institute, Cape May Courthouse, NJ, Wound Care, Egg Harbor Township, NJ, Wound Care, Hammonton, NJ, Adult Partial Care, Pomona, NJ, Child Partial Care, Egg Harbor Township, NJ, Satellite Emergency Department, Hammonton, NJ.		Department:	Finance

PURPOSE: To inform patients of the availability of Financial Assistance that provides patients the opportunity to apply for Health Insurance Marketplace, Medicaid, Charity Care, New Jersey Property- Liability Insurance Guaranty Association (PLIGA), Violent Crimes Fund, AtlantiCare Regional Medical Center (ARMC) discount charges program and the uninsured discount. Also, to comply with NJ Public Law 1992, c.160 regarding Charity Care and reduced charge Charity Care for indigent patients; NJ Public Law 2008, c.60 and IRC Section 501 (r).

PROCEDURE:

1. All patients will be informed regarding the availability of Financial Assistance. Financial Assistance is available for all medically necessary care, both emergent and non-emergent.
2. ARMC's Financial Assistance policy will be available in English and in the primary language of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5 percent of the community served by ARMC.
3. ARMC's Financial Assistance Policy is available via our website, www.atlanticare.org which includes but is not limited to the Financial Assistance Policy – Plain Language Summary, Financial Assistance Policy, Billing and Collections Policy, Discounted Charges Information, Federal Poverty Level Guidelines, Charity Care application, and Charity Care checklist. Our website also includes links to NJ Family Care and Social Security Disability websites.
4. Signs will be posted in the hospital based registration areas such as central registration, admissions, emergency departments, financial services offices, and common waiting areas that will inform patients of the availability of Financial Assistance for all medically necessary care, both emergent and non-emergent.
5. The Financial Assistance Policy will be available upon request and without charge at the various hospital based registration sites listed in the heading of this policy, by calling the Business Office Customer Service office at 609-272-2500, visiting the www.atlanticare.org website or by a written request to:
ARMC Finance Offices

Effective: 1/1/16	Reviewed:12/14/20 8/22/22, 3/10/25	Revised: 05/07/2020, 6/13/23, 2/16/24	Review Cycle: Annual
Owner: AtlantiCare Board of Directors – Finance Committee	Source: NJ Public Law 1992, c.160 regarding charity care; NJ Public Law 2008, c.60; IRC Section 501 (r)	Authorized By: AtlantiCare Board of Directors – Finance Committee - 9/28/2015, 5/21/2020	
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Attn: Business Office Customer Service
65 W. Jimmie Leeds Rd
Pomona, NJ 08240

6. Patients with Payer Not Under Contract: Negotiations with insurance carriers not under contract with AtlantiCare involving single case agreements for insured patients will be conducted by leadership or authorized representatives of AtlantiCare. Although AtlantiCare may agree to negotiated terms with the payor, a single case agreement is not representative of a payer “under contract” with AtlantiCare. All unreimbursed amounts are a form of uncompensated care and determined as the difference between gross hospital charges and hospital reimbursement.
7. A Plain Language Summary of this policy will be provided to all patients as part of the intake process at all hospital based registration and financial services sites. The Plain Language Summary shall be printed in English and in the primary language of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5 percent of the community served by ARMC.
8. Patients can obtain forms free of charge and/or apply for any Financial Assistance program at any of the following locations without an appointment.
 - a. ARMC Health Plex, 1401 Atlantic Ave, Atlantic City, NJ, 08401. Monday through Friday, 7:30am to 4:00pm. Go to 1st Floor – Outpatient registration and ask for the Financial Assistance Dept.
 - b. ARMC Mainland Campus, 65 W. Jimmie Leeds Rd., Pomona, NJ, 08240. Monday through Friday, 8:00am to 5:00pm. Go to Hospital Lobby Information Desk and ask for Financial Assistance Dept.
 - c. ARMC Health Park at Hammonton, 219 N. White Horse Pike, Hammonton, NJ, 08037. Monday through Friday, 11:00am – 7:00pm. Go to Emergency Room Registration Desk and ask for Financial Assistance Dept.

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9. ARMC staff will screen patients for Health Insurance Marketplace, Medicaid, Medicaid Presumptive Eligibility, New Jersey Property- Liability Insurance Guaranty Association (PLIGA), Catastrophic Illness in Children Relief Fund and Violent Crimes Fund. If a patient does not qualify for any of these programs they can apply for the Charity Care, Discounted Charges or Uninsured Discount programs.
10. **Charity Care** (*Public Law 1992, c.160*)- A patient who wants to apply for Charity Care as defined by Public Law 1992, c.160 regarding Charity Care for indigent patients shall be interviewed by a hospital employee at the bed side or at any location listed in item #7, and provided a checklist of documentation needed to assess eligibility for charity care.
 - a. This will be done by ARMC's Financial Counseling Services personnel.
 - b. The patient will be screened for the Charity Care program which covers patients with a family income less than 300% of the federal poverty level and less than \$7,500 in assets for a single person or \$15,000 in assets for a family of 2 or more.
 - i. The Charity Care application process ensures we have all documentation required per the Charity Care section of the Hospital Service Manual N.J.A.C 10:52-11,12,13 which includes:
 1. Proper identification for patient and all family members;
 2. Proof of New Jersey Residence as of the date of service
 - a. Emergency Charity Care is an exception to the residency requirement: a patient who receives service in the emergency room and meets all other criteria, then that specific date(s) of service that started with the emergency room visit will be covered.
 3. Proof of income for at least one month prior to date of service;

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4. Proof of assets as of the date of service.
 - ii. When the patient presents all required documents, signatures will be obtained on all required forms and all documents copied.
 - iii. Upon completion and approval of the application, the patient will be given a Charity Care Approval Card or authorization to receive service.
 - iv. All charity care applications will be scanned and retained for future reference which includes audits conducted by the state.
 - v. It is the policy of ARMC to subsidize and not balance bill patients who qualify for Charity Care.
 - vi. Patients determined to be eligible for Charity Care can be approved for a period of up to twelve months from the first date of service related to the application.
 - vii. Patients will have two years from the initial service date to apply for Charity Care assistance.
 - viii. Incomplete Charity Care applications are returned to the applicant with a written denial explaining the reason for denial and details of additional documentation needed to obtain approval.
- c. In compliance with the NJ connections to care mandate effective May 1, 2020, patients that are deemed eligible for Charity Care upon discharge and require follow up care will be referred to a no cost or low cost medical office or facility for follow up. AtlantiCare's Financial Counselors, Registrars and Care Management teams will notify patients which facility best meets their needs.
- d. AtlantiCare Regional Medical Center will determine and treat patients insured by Medicaid with "non-covered service" charges and Other Indigent Care (patients) with "non-covered services" charges as Charity Care who meet the AtlantiCare Regional Medical Center charity care guidelines and protocol.

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Additionally, AtlantiCare Regional Medical Center will also include Medicaid inpatient length of stay or outpatient visit limitation charges above the Medicaid threshold as Charity Care, when applicable.

- e. AtlantiCare may use information obtained from sources other than the patient, including estimates of an individual's ability to pay based on public and proprietary information, information included in publicly available databases and information provided by third-party vendors who use information included in publicly available databases (e.g., Payment Assistance Rank Ordering, or PARO)."
- f. Charity Care can be primary coverage or secondary to insurance. If secondary it will cover amounts related to an insured patient's liability (i.e., coinsurance, co-pay, deductible amount).
- g. Discovery of financial assistance eligibility during collections: In certain cases, further investigation is required to determine eligibility for patient financial assistance. If it is discovered a patient may qualify for a financial discount, and the patient's balance is in billing/collections, the patient's account will be returned from billing/collections. If it is determined the account is eligible for financial assistance, AtlantiCare will reverse the account out of bad debt and document the associated charges as a patient financial discount.
- h. AtlantiCare defines non-covered Medicaid and Charity Care services as uncompensated care. For instance, non-covered services can include, but not be limited to:
 - i. Restricted Medicaid coverage;
 - ii. Medicaid pending;
 - iii. Services not covered by the patient's Medicaid plan;
 - iv. Medicaid denials; and
 - v. Any remaining non-paid insurance liability

11. **Discounted Charges** (*IRC Section 501 (r)*) – Discounted Charges are available to: (i) insured patients whose insurance does not pay for services at 100% of cost; and (ii) uninsured patients who are unable to satisfy the residency requirements of the Uninsured Discount; provided those patients:

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- a. To apply for this discount and the patient must provide a minimum of two pay stubs to verify their income is 400% of the federal poverty level or less to be eligible.
- b. The Discounted Charges program calculates the maximum amount a patient owes by multiplying the Amounts Generally Billed ("AGB") Percentage times Gross Charges.
 - i. **AGB** means the amounts generally billed for emergency or other medically necessary care calculated using the "Look-Back method" as set forth in Treas. Reg. § 1.501(r)-5. Using this method, ARMC determines the AGB by multiplying the Gross Charges for any emergency or other medically necessary care it provides to a Financial Assistance Policy-eligible individual by a percentage of Gross Charges called an AGB Percentage. ARMC calculates the AGB Percentage annually based on all claims allowed by Medicare fee-for-service and private health insurers over a 12-month period, divided by the sum of associated gross charges for those claims.
 - ii. **Gross Charges** means ARMC's full, established price for medical care that ARMC consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.
- c. If the result of this calculation is:
 - i. Less than the amount the patient owes, the patient will only be responsible for the amount of the discounted charges calculation
 - ii. More than the amount the patient owes, the patient will be responsible for amount indicated by their insurance company.
- d. A free copy of the Discounted Charge Calculation and AGB Percentage is available in the same manner as paper copies of this Policy and is also available on our website www.atlanticare.org.

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12. **Uninsured Discount** (NJ Public Law 2008, c.60)– An Uninsured patient is defined as a patient who has no insurance coverage for their medically necessary services or an insured patient who does not have coverage for their specific medically necessary service and is not eligible for any State, Federal and local programs will qualify for an Uninsured Discount that will adjust their patient liability to no more than 115% of Medicare reimbursement.
13. If a patient qualifies for Financial Assistance under this Policy;
- The patient will not be charged more for emergency care or other medically necessary care than the AGB for such care; and
 - In the case of all other medical care, the patient will be charged less than the Gross Charges for such care.
 - An uninsured patient will be charged the lesser of AGB or 115% of Medicare for all services received.
14. **Billing and Collections** – see the **Billing and Collections Policy** for procedures. . The Billing and Collections Policy sets forth the actions ARMC may take if a bill for medical care is not paid. A free copy of the Billing and Collections Policy is available in the same manner as paper copies of this Policy and also available on our website www.atlanticare.org
15. Any questions regarding this policy can be directed to the ARMC Business Office Customer Service department at 609-272-2500.
16. A listing of all providers associated with ARMC is in a separate Appendix Document name: FAP – Appendix A - Provider listing, indicating whether or not their services are covered under this Financial Assistance Policy. This document will be posted online at <https://www.atlanticare.org/patients-and-visitors/for-patients/billing-and-insurance/financial-assistance/>
- The provider listing will be updated by adding new or missing information, correcting erroneous information, and deleting obsolete information quarterly.

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- b. If the only change made to the FAP is to update the provider list the FAP need not be adopted by an authorized body again.

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