

# HMH CARRIER CLINIC

Belle Mead, NJ 08502 (908) 281-1000

<b>Title: Financial Assistance Policy</b>	<b>Chapters:</b> Fiscal
<b>Author:</b> Director Billing, Finance Site Controller, Director, Managed Care and VP Finance	<b>Stakeholders:</b> <ul style="list-style-type: none"><li>▪ All Staff</li></ul>
<b>Create Date:</b> 12 /15 <b>Revised Date:</b> 1/18, 4/19, 11/19, 6/22 <b>Reviewed Date (T):</b>	<b>5 Pages</b>
<b>References:</b> Federal and state laws, regulations, guidelines and policies	<b>Executive Signature:</b> Vice President, Finance

## **INTRODUCTION:**

In connection with its mission to promote the health of the community it serves, and subject to the availability of resources, HMH Carrier Clinic will from time to time provide Financial Assistance in the form of discounted or free care and services to uninsured or underinsured patients who are unable to pay for these healthcare services.<sup>1</sup> In order to do so, HMH Carrier Clinic has established this Financial Assistance Policy (FAP) to ensure that the decision to provide financial assistance is based upon uniform, objective criteria, and to ensure that processes and procedures exist for identifying and assisting patients who may be in need of such financial assistance.

## **PURPOSE:**

To inform patients of the availability of financial assistance, provide an opportunity for patients to apply and qualify for financial assistance, and comply with IRC Section 501(r), which includes, in part, the following requirements:

1. Maintaining a Financial Assistance Policy,
2. Communicating availability of resources to patient's subject to this policy,
3. Making available all related documentation to this policy to patients at no charge,
4. Providing emergency medical care pursuant to EMTALA,
5. Setting limits on amounts billed to individuals eligible for financial assistance, and
6. Limiting extraordinary collection activity in advance of determination of an individual's eligibility for financial assistance

## **DEFINITIONS:**

- "Financial Assistance" refers to financial assistance to uninsured or underinsured patients

---

<sup>1</sup> Insured patients who are unable to meet any co-payment and deductible requirements are to be evaluated for a waiver of these obligations under the [Corporate Policy on Direct-to-Consumer Marketing and Patient Waivers of Co-payments and Deductible.](#)

who may prove financial hardship for any deductible, co-pay, or balance not covered by their government or commercial insurance benefits, in which case they may qualify for financial assistance based on the patient's "available household resources" as compared to federal guidelines.

- "Uninsured" means the patient has no level of insurance or third party assistance to assist with meeting the patient's payment obligations.
- "Underinsured" means the patient has some level of insurance or third party assistance, but still has certain out of pocket expenses that may exceed the patient's financial obligations.
- "Available Household Resources, (AHR)" is the sum of all income and assets earned or held by the patient and all family relatives if the patient resides with an adult relative (that is, a relative by blood, marriage or adoption), such relative(s) shall be part of the patient's Household, and the income and assets of such relative(s), in addition to the patient's income and assets shall be included in the determination of total AHR, whether or not the patient is claimed as a dependent on that relative(s) income tax returns. Further details of the financial categories noted herein are described further in the Application for Financial Assistance.

***POLICY:***

1. Notice of Availability of Financial Assistance. HMH Carrier Clinic provides its patient's access to Financial Assistance subject to specific personal financial conditions and resources. All patients will be informed of the availability of Financial Assistance. This is accomplished via signs throughout the hospital campus and pertinent information on the HMH Carrier Clinic website; and during the admissions process or before discharge, the Plain Language Summary (PLS) of this policy is provided to the patient, family, and/or guarantor as practicable.

If after admission, the patient, family and/or the guarantor desires further details, they may obtain a copy of the Financial Assistance Policy and/or the Application for Financial Assistance by contacting a patient service representative, social service department representative, or after discharge, by contacting a patient services representative (908-281-1624), or may obtain such information on the HMH Carrier Clinic website:

<https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance/Carrier-Clinic-Financial-Assistance-Policy>

2. Applicability. Financial Assistance pursuant to this Policy shall refer to financial assistance in the provision of medically-necessary health care services and supplies by employed Licensed Independent Practitioner (LIP's) of HMH Carrier Clinic to qualifying patients. Financial Assistance shall not apply to services rendered by non-employed physicians or other providers and suppliers who bill patients separately for their services and supplies at HMH Carrier Clinic. See Exhibit A – Listing of eligible and non-eligible providers at: <https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance/Carrier-Clinic-Financial-Assistance-Policy>

3. Qualifying for Financial Assistance Any patient seeking Financial Assistance must fully complete the *Application for Financial Assistance* (the “Application”), which includes providing relevant personal and family financial documentation as outlined in the *Application*. Decisions to consider qualification will be based on the total Available Household Resources (AHR) as compared to the United States Department of Health and Human Services Federal Poverty Guidelines (US DHHS FPG) on a sliding scale basis. AHR includes patient and family financial resources including: all sources of income, balances in checking, savings, investments and mutual fund accounts, and certain real estate, other than primary residence, as further defined in the *Application*. The *Application* further details the resources that will be considered in the evaluation and decision to provide Financial Assistance, which is solely based on information and documentation provided by the patient, family, or guarantor.

The patient and/or the patient’s guarantor (if applicable) will receive a written communication upon the review of the *Application* and supporting documentation within 45 days from receipt of the completed *Application* indicating the decision with respect to that Application and any further balances due. Questions on the outcome may be directed to the Director of Patient Financial Services (908-281-1526). The Application is available while at the hospital or on the HMH Carrier Clinic website at:

<https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance/Carrier-Clinic-Financial-Assistance-Policy>

4. Financial Assistance Discount Percentage. The amount of approved Financial Assistance will be based on a sliding scale using the documented available household resources (AHR) and the US DHHS Federal Poverty Guidelines as follows: HMH Carrier Clinic reserves the right to modify the criteria considered in reviewing Household income and assets upon notice consistent with this Policy.

<b>Income as a Percentage of Federal Poverty Guidelines</b>	<b>Percent of Charges to be Paid by Patient</b>
Less than or equal to 120%	0%
Greater than 120% but less than 140%	10%
Greater than 140% but less than 160%	20%
Greater than 160% but less than 180%	30%
Greater than 180% but less than 200%	40%
Greater than 200% but less than 220%	50%
Greater than 220% but less than 240%	60%
Greater than 240% but less than 260%	70%
Greater than 260% but less than 280%	80%
Greater than 280% but less than 300%	90%
Greater Than 300%	100%

5. Calculation of Amounts Generally Billed (AGB) and Amount Due. Individuals eligible for Financial Assistance will not be charged more for emergency or medically necessary care than the AGB to individuals who have insurance covering such care. The Discount Percentage will be applied to the AGB. The AGB is calculated utilizing the look-back method, based on the Medicare Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) for psychiatric services and all insurances for addiction services.

The calculated AGB percentages, as well as an accompanying description of the calculations are available upon request and free of charge by calling Patient Financial Services @ 908-281-1526.

After applying the AGB adjustment, the resulting amount is then subject to the applicable Discount Percentage described in paragraph (3) above. Any remaining balance after applying the Discount Percentage will be billed to the patient and/or guarantor.

6. Effect of Non-Payment: Balances remaining after the application of the Discount Percentage are subject to timely payment consistent with standard HMH Carrier Clinic billing and collection practices. Failure to pay the outstanding bill may be subject to various collection activities including referral to an outside collection agency. For further information, see **Billing and Collection Policy**, a copy of which is available <https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance/Carrier-Clinic-Financial-Assistance-Policy>
7. Resource Limitation: A provision for Financial Assistance will be included in the annual budget as approved by the Board of Trustees .
8. Other Benefits Apply First: Patients may be eligible for Financial Assistance only after applicable insurance coverage and government assistance programs, including but not limited to Medicaid, have first been explored (and applied, to the extent available). Non-compliance with insurance policy guidelines (*i.e.*, appeals, referrals, and non-authorized services) or failure to pursue available government assistance programs may preclude Financial Assistance, as determined by HMH Carrier Clinic in its discretion.
9. Non-Discrimination. No patient will be denied Financial Assistance pursuant to this Policy on the basis of race, creed, nationality, origin, citizenship, or immigration status. Financial assistance will be provided to the patient and his or her financial guarantor who, after an individualized examination of circumstances surrounding ability to pay, is determined to be unable to pay all or a portion of billed services or out of pocket financial responsibilities.
10. All-Inclusive Policy. No Financial Assistance shall be provided by HMH Carrier Clinic to uninsured or underinsured patients outside the context of this policy.
11. EMTALA Obligations Not Affected. Notwithstanding the foregoing, HMH Carrier Clinic will provide, through its employed Licensed Independent Practitioners without discrimination, care for Emergency Medical Conditions (within the meaning of Section 1867 of the Social

Security Act (42 USC 1395dd)) to all individuals seeking such care, regardless of their ability to pay or their eligibility for financial assistance under this policy. See HMH Carrier Clinic's **EMTALA Policy**.

12. Translations. This policy and all related documents referenced herein and in the Billing and Collection policy have been translated into languages of the consumers identified in the organization's most current Community Health Needs Assessment report. These are available on request at no charge and at:  
<https://www.hackensackmeridianhealth.org/en/Pay-Bill/Financial-Assistance/Carrier-Clinic-Financial-Assistance-Policy>
13. Policy Approved by Governance. This policy and all updates are reviewed and approved by organizational leadership and Board of Trustees.