

ENGLEWOOD HOSPITAL AND MEDICAL CENTER		NO.: 400.34
POLICY & PROCEDURE MANUAL - SECTION Administrative & Support Services	SUBJECT: New Jersey Hospital Care Payment Assistance Program (Charity Care) Policy	DATE: 1/1/2016
		Page 1 of 3
		SUPERSEDES: New
		REVIEWED: 8/10/2023

Policy

Englewood Hospital and Medical Center (EHMC) treats all patients, regardless of their ability to pay, for all emergency and medically necessary care. EHMC follows regulations for the New Jersey Hospital Care Payment Assistance Program (Charity Care) set forth by the New Jersey Department of Health and Human Services.

The New Jersey Hospital Care Payment Assistance Program (Charity Care) is free or reduced charge care which is provided to patients who receive inpatient and outpatient emergency and medically necessary care. This program includes hospital charges only and does not apply to any charges for professional services.

Procedures

- 1.) New Jersey Hospital Care Payment Assistance (Charity Care) is available to New Jersey residents who:
 - a.) Have no health coverage or have coverage that pays for only part of the bill; and
 - b.) Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and
 - c.) Meet both the income and assets eligibility criteria.
- 2.) New Jersey Hospital Care Payment Assistance (Charity Care) is also available to non-New Jersey residents, subject to specific provisions.
- 3.) Income Criteria as defined by the New Jersey Department of Health and Human Services is as follows:

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%

ENGLEWOOD HOSPITAL AND MEDICAL CENTER		NO.: 400.34
POLICY & PROCEDURE MANUAL - SECTION Administrative & Support Services	SUBJECT: New Jersey Hospital Care Payment Assistance Program (Charity Care) Policy	DATE: 1/1/2016
		Page 2 of 3
		SUPERSEDES: New
		REVIEWED: 8/10/2023

4.) If patients on the 20% to 80% sliding fee scale are responsible for qualified out-of-pocket paid medical expenses in excess of 30% of their gross annual income (i.e. bills unpaid by other parties), then the amount in excess of 30% is considered Hospital Care Payment Assistance (Charity Care).

5.) Assets Criteria as defined by the New Jersey Department of Health and Human Services is as follows:

Individual and family assets must be at or under the threshold set by the New Jersey State Department of Health and Human Services for the New Jersey Hospital Care Payment Assistance Program (Charity Care). Should a patient's assets exceed the threshold, the patient may "spend down" the assets to the eligible limits through payment of the excess toward the hospital bill and other approved out-of-pocket medical expenses.

6.) Application Process

Patients may apply for New Jersey Hospital Care Payment Assistance (Charity Care) by calling the Financial Counseling Department at (201) 894-3031 to request an application be mailed to them. They can also apply in person at the Financial Counseling Department. Patients will be asked to provide proof of income and assets with copies of pay stubs, bank statements, tax returns, etc. Patients have up to one year from the date of service to apply for New Jersey Hospital Care Payment Assistance (Charity Care). Patients are given a Charity Care determination/card indicating the result of their application.

7.) Patients who apply for New Jersey Hospital Care Payment Assistance (Charity Care) must be screened to determine the potential eligibility for any third party insurance benefits or medical assistance programs (such as Medicaid) that might pay toward the hospital bill. Patients may not be eligible for New Jersey Hospital Care Payment Assistance (Charity Care) until they are determined to be ineligible for any other medical assistance programs.

8.) EHMC has an employee of the Bergen County Board of Social Services on site at the Medical Center at least three days per week to assist with Medicaid applications for patients who are deemed eligible for Medicaid.

9.) Refer to Financial Assistance Policy for EHMC Financial Assistance guidelines.

10.) Refer to Billing and Collections Policy for EHMC billing and collection procedures.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER		NO.: 400.34
POLICY & PROCEDURE MANUAL - SECTION Administrative & Support Services	SUBJECT: New Jersey Hospital Care Payment Assistance Program (Charity Care) Policy	DATE: 1/1/2016
		Page 3 of 3
		SUPERSEDES: New
		REVIEWED:

- 11.) This policy is available in hard copy form in the Financial Counseling Department as well as in all Patient Access areas within the Medical Center and at all EHMC offsite locations. This policy is also available on the Englewood Hospital and Medical Center website at www.inglewoodhealth.org

APPROVED BY:	
Warren Geller, President & CEO	