Understanding Our Charity Care Policy

St. Joseph's Healthcare System (SJHS) is committed to providing medically necessary care to people who have healthcare needs, regardless of whether they are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Delivering compassionate, high quality, affordable healthcare services and advocating for those who are poor and underserved, is St. Joseph's Mission. We want to ensure that people who need health care services, receive those services, regardless of their financial situation.

What is Charity Care?

Healthcare services that have or will be provided under New Jersey Hospital Care Payment Assistance Program (Charity Care Assistance) program, discounted or free, based on the following:

- The New Jersey Hospital Care (NJHC) Payment Assistance Program (Charity Care Assistance) is free or reduced charge care provided to eligible patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey.
- Discounted Care – Uninsured/ underinsured patients who are not eligible for NJHC Payment Assistance Program with Family Income between 300% and 500% of the Federal Poverty Limits (FPL).
- Free or Presumptive Eligibility Financial Assistance – In certain circumstances a patient may have a need for urgent medical services and appear eligible for Charity Care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Due to the nature of the presumed circumstances, healthcare services may be provided and the patient balance is discounted to 100%.

St. Joseph's Charity Care services shall be based on each individual's financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

What is the Procedure for Determining Financial Need?

1. Financial need will be determined in accordance with N.J. A. C. 10:52, Subchapters 11, 12, 13 Charity Care and comply with St. Joseph's Healthcare System's Application, Approval, Billing and Processing of NJHC Assistance Program Policy or Uninsured Patient Policy, as appropriate.
2. Ordinarily, a request for Charity Care and a determination of financial need occurs prior to rendering of services. However, this determination may be done at any point in the collection cycle. The need for payment assistance will be re-evaluated at each subsequent time of service

if the last financial evaluation was completed more than one year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

3. Upon receipt of all required documentation, requests for Charity Care shall be processed promptly and the applicant informed of approval status, when possible on the same day as application, but no later than 10 days from application date.
4. The hospital shall provide each applicant who requests Charity Care and is denied, in whole or in part, with a written and dated statement of the reasons for the denial. In addition, this notice shall state that the applicant may reapply if the applicant believes his or her financial circumstances have changed so as to make him or her eligible for Charity Care for future services. Where a denial is based on a presumption that the applicant is eligible for, but not enrolled in Medicaid or NJ FamilyCare, the information upon which the denial is based must be documented. Where a denial is based on income which exceeds 300% of the Federal Poverty Limit but is less than 500% of the Federal Poverty Limit, the applicant will be informed of the discounted self pay policy and offered a discounted rate, as described below.

What are the Patient Charity Guidelines?

Consistent with New Jersey Hospital Care Assistance Program guidelines, patients whose family income is at or below 300% of the Federal Poverty Limit are eligible to receive NJ Hospital Care Assistance Program. Hospital care payment assistance is available to New Jersey residents who:

1. Have no health coverage or have coverage that pays only for part of the bill: **and**
2. Are ineligible for any private or governmental sponsored coverage (such as Medicaid); **and**
3. Meet **both** the income and assets eligibility criteria listed below.

Hospital assistance is also available to non-New Jersey residents, subject to specific provisions.

Income Criteria	
Income as a Percentage of Health and Human Services Poverty Income Guidelines	Percentage Medicaid Paid Patient
Less than or equal to 200% of the Federal Poverty Limits	0%
Greater than 200% of the Federal Poverty Limits but less than or equal to 225% of the Federal Poverty Limits	20%
Greater than 225% of the Federal Poverty Limits but less than or equal to 250% of the Federal Poverty Limits	40%
Greater than 250% of the Federal Poverty Limits but less than or equal to 275% of the Federal Poverty Limits	60%
Greater than 275% of the Federal Poverty Limits but less than or equal to 300% of the Federal Poverty Limits	80%
Greater than 300% of the Federal Poverty Limits	100%

What Determines Discounted Care?

Consistent with NJ P.L. 2008 c. 60 Billing Limitation Regarding Uninsured Patients, patients whose family is a) uninsured, b) a resident of New Jersey , and c) have a family gross income of less than 500% of the FPL are eligible to receive services at no more than 115% of Medicare rate for inpatient and outpatient health care services. A discounted rate table will be calculated on an annual basis.

What Determines Free or Presumptive Eligibility Assistance?

Free or Presumptive eligibility may be determined on a case-by-case basis based on individual life circumstances that may include, but are not limited to:

- Homeless or received care from a homeless clinic;
- Participation in Women, Infants and Children programs (WIC);

- Food stamp or subsidized school lunch eligibility;
- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
- Low income/subsidized housing is provided as a valid address; and
- Patient is deceased with no known estate
- Certain circumstances related to catastrophic illness

How does St. Joseph's Communicate the Charity Program to Patients and the Public?

Notification about Charity Care available from St. Joseph's Healthcare System shall be disseminated by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as St. Joseph's may elect. Such information shall be provided in the primary languages spoken by the population serviced by St. Joseph's. Referral of patients for Charity Care may be made by any member of the St. Joseph's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for Charity Care may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

What are St. Joseph's Collection Policies?

St. Joseph's Healthcare System has developed policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for Charity Care, a patient's good faith effort to apply for a governmental program or for Charity Care from St. Joseph's, and a patient's good faith effort to comply with his or her payment agreements with St. Joseph's Healthcare System. For patients who are cooperating in good faith to resolve their hospital bills, St. Joseph's may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies, and will cease all collection efforts.

Persons determined to be eligible for Charity Care shall not receive a bill for services or be subject to collection procedures. Persons determined to be eligible for reduced charge Charity Care shall not be billed or subject to collection procedures for the portion of the bill that is reduced charge Charity Care.

Compliance with Regulatory Requirements

St. Joseph's Healthcare System complies with all other federal, state, and local laws, rules, and

regulations that may apply to activities conducted pursuant to its Charity Care Policy.