



Category: Financial

Title: Financial Assistance Policy and Billing and Collection Policy

Applicability: Abington Hospital, Abington-Lansdale Hospital, Jefferson Bucks Hospital, Jefferson Cherry Hill Hospital, Jefferson Frankford Hospital, Jefferson Hospital for Neuroscience, Jefferson Methodist Hospital, Jefferson Stratford Hospital, Jefferson Torresdale Hospital, Jefferson Washington Township Hospital, Magee Rehabilitation Hospital, Thomas Jefferson University Hospitals, Inc.

Policy Number: 127.54

Adoption Date: July 1, 2019
Implementation Date: October 1, 2019

Financial Assistance Policy

I. PURPOSE:

Jefferson Health is an integrated healthcare delivery system that offers excellent clinical and compassionate care by providing a full continuum of healthcare services for our patients.

Jefferson Health is committed to providing healthcare services in a caring and compassionate manner to all individuals, including those with healthcare needs, who are uninsured, underinsured, ineligible for other government assistance, medically indigent, or are otherwise unable to pay for emergency or other medically necessary healthcare services based on their individual financial circumstances.

II. POLICY:

This Financial Assistance Policy (“FAP”) will outline the financial assistance policies, practices and procedures to ensure all eligible patients receive emergency and other medically necessary healthcare services in compliance with Internal Revenue Code (“IRC”) Section §501(r), as well as all applicable federal, state and local laws.

In accordance with Federal Emergency Medical Treatment and Labor Act of 1986 (“EMTALA”) and the EMTALA regulations, Jefferson Health shall provide, without discrimination, care for emergency medical conditions regardless of financial assistance eligibility or ability to pay. Patients seeking emergency care are not subject to financial screening prior to receiving care. Additionally, Jefferson Health will not engage in any actions that discourage individuals from seeking emergency medical care, such as requiring the emergency department patients pay before receiving treatment for emergency medical conditions or permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis. The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation or religious affiliation. Jefferson Health shall operate in accordance with all federal, state, and local requirements for the provision of health services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Labor Act (EMTALA).

III. SCOPE:

This FAP applies to patients residing in Jefferson Health’s primary service area. As multi-site healthcare provider, Jefferson Health predominantly serves the residents of Pennsylvania, New Jersey and Delaware.

Financial assistance is only available for emergency or other medically necessary healthcare services. Certain services provided by Jefferson Health not deemed medically necessary (such as elective cosmetic surgery) are priced at packaged rates with no additional discounts and all payments associated with such services are expected prior to or at the time of service.

In addition, emergency and other medically necessary services provided within Jefferson Health hospital facilities may be provided by the hospital facility itself, its employed physicians or independent providers. Services provided by non-employed physicians and independent providers may not be covered under this FAP. Jefferson Health maintains its provider listing in a document separate from this FAP. Please refer to Appendices A through L for the organization’s providers listing which includes providers that provide emergency or other medically necessary healthcare services within Jefferson Health hospital facilities. The provider listing specifies which providers are covered under this FAP and which are not. The listing is available on each hospital facilities website. Additionally, the provider listing is available free of charge, upon request, at the patient registration locations within each Jefferson Health hospital facility. The provider listing will be reviewed quarterly and updated, if necessary.

It is not the intent of this FAP to provide free or discounted care to patients who have health insurance with balances due to copays, deductibles or coinsurance unless a financial hardship is demonstrated.

IV. **DEFINITIONS:**

For the purpose of this FAP, the terms below are defined as follows:

Amounts Generally Billed (“AGB”): Pursuant to Internal Revenue Code Section 501(r)(5), in the case of emergency or other medically necessary care, FAP-eligible patients will not be charged more than an individual who has insurance covering such care.

Application Period: The time period in which an individual may apply for financial assistance. To satisfy the criteria outlined in the New Jersey Regulations as well as IRC §501(r)(6), Jefferson Health allows patients, two years from the date of service or 240 days from the date the individual is provided with the first post-discharge billing statement, whichever is greater, to apply for financial assistance.

Eligibility Criteria: The criteria set forth in this FAP (and supported by procedure) used to determine whether or not a patient qualifies for financial assistance.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Extraordinary Collection Actions (“ECAs”): All legal or judicial processes, including, but not limited to, garnishing wages, placing liens on property and reporting to credit agencies. ECAs include sale of an individual’s debt to another party, lawsuits, liens on residences, arrests, body attachments, or other similar collection processes.

Financial Assistance: Official aid provided to a person or organization in the form of money, loans, reduction in taxes, etc. In accordance with this FAP, financial assistance provides a patient with free or discounted emergency or other medically necessary healthcare if they meet the established criteria and are determined to be eligible.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes for the provision of financial assistance.

Family Gross Income: Family Gross Income is determined using the Census Bureau definition, which uses the following income when computing poverty guidelines:

- Income earnings, unemployment compensation, worker’s compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous resources;
- Noncash benefits such as food stamps and housing subsidies do not count;
- Determined on before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members.

FAP-eligible: Individuals who are eligible for full or partial financial assistance under this policy.

Federal Poverty Level (“FPL”): A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for financial assistance.

Gross Charges: The full, established price for medical care that is consistently and uniformly charged to patients before applying any contractual allowances, discounts or deductions.

Medically necessary services: Healthcare services that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is: in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site and duration; and not primarily for the convenience of the patient, treating physician or other healthcare provider.

Notification Period: 120-day period, which begins on the date of the first post-discharge billing statement, in which no ECAs may be initiated against the patient.

Plain Language Summary (“PLS”): A written statement which notifies an individual that Jefferson Health offers financial assistance under this FAP and provides additional information in a clear, concise and easy to understand manner.

Underinsured: A patient who has medical insurance coverage or third party assistance, but still has out- of-pocket expenses that exceed their financial abilities.

Uninsured: A patient without health insurance or third party assistance to meet their payment obligations. Patients who have exhausted their insurance benefits are considered uninsured.

V. FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA:

Jefferson Health offers a variety of financial assistance programs to its patients. The financial assistance programs included below provide free or discounted emergency or other medically necessary healthcare services to individuals if they meet the established criteria and are determined to be eligible.

1) New Jersey Hospital Care Payment Assistance Program (“NJ Charity Care”)

Please note, in accordance with New Jersey Department of Health guidelines, NJ Charity Care is only available to Jefferson Health New Jersey (formerly known as Kennedy Health) patients who receive services at the following Jefferson Health acute care hospital facilities (1) Jefferson Cherry Hill Hospital, (2) Jefferson Stratford Hospital and (3) Jefferson Washington Township Hospital.

NJ Charity Care is a New Jersey program in which free or discounted care is available to patients who receive inpatient and outpatient services at acute care hospitals throughout the

State of New Jersey. Hospital assistance and reduced charge care are only available for necessary emergency or other medically necessary care.

Jefferson Health New Jersey patients may be eligible for NJ Charity Care if they are New Jersey residents who:

- Have no health coverage or have coverage that pays only part of the hospital bill (uninsured or underinsured);
- Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and
- Meet the income, asset and residency eligibility criteria, as of the date of service, as further described below.

Income Eligibility Criteria

Patients with family gross income less than or equal to 200% of Federal Poverty Level (“FPL”) are eligible for 100% NJ Charity Care (free care).

Patients with family gross income greater than 200% but less than or equal to 300% of FPL are eligible for partial NJ Charity Care (discounted care).

Asset Criteria

NJ Charity Care includes asset eligibility thresholds which states that individual assets cannot exceed \$7,500 and family assets cannot exceed \$15,000 as of the date of service. For these purposes, Jefferson Health New Jersey adheres to the definition of assets as defined within *N.J.A.C. 10:52 Subchapter 11*. Please refer to the *Jefferson Health New Jersey Financial Assistance Application* (otherwise known as the New Jersey Hospital Care Payment Assistance Program Application for Participation).

Residency Criteria

NJ Charity Care is available to residents of New Jersey. Non-New Jersey residents may be considered eligible for NJ Charity Care for emergent medical conditions requiring immediate medical attention.

NJ Charity Care eligibility guidelines are set by the State of New Jersey and additional information can be found at the following website:

http://www.state.nj.us/health/charitycare/documents/charitycare_factsheet_en.pdf.

2) Jefferson Health Compassionate Care Program (“Compassionate Care”)

The Compassionate Care Program is a Jefferson Health financial assistance program in which free or discounted care is available to patients for emergency or other medically necessary healthcare services.

Patients may be eligible for the Compassionate Care Program if they meet the following criteria:

- Have no health coverage or have coverage that pays only part of the hospital bill (uninsured or underinsured);
- Are ineligible for any private or governmental sponsored coverage (such as Medicare, Medicaid, HealthChoices, CHIP, AdultBasic, TRICARE etc.); and
- Meet the income, asset and residency eligibility criteria, as of the application date, as further described below.

Income Eligibility Criteria

Patients with family gross income less than or equal to 200% of Federal Poverty Level (“FPL”) are eligible for 100% Compassionate Care (free care).

Patients with family gross income greater than 200% but less than or equal to 500% of FPL are eligible for partial Compassionate Care (discounted care).

Asset Criteria

For these purposes, a patient’s individual liquid assets cannot exceed \$7,500 and family liquid assets cannot exceed \$15,000 as of the application date. For these purposes, Jefferson Health adheres to the definition of liquid assets as defined within Pennsylvania Department of Human Resources’ *MA Bulletin 01-17-03*. Please refer to the *Jefferson Health Compassionate Care Application* for additional information.

Residency Criteria

The Compassionate Care program is available to all residents of Delaware, New Jersey and Pennsylvania. Residents of other states within the US as well as foreign patients may be considered eligible for Compassionate Care for emergent medical conditions requiring immediate medical attention.

Medical Indigence

Medically indigent patients who do not meet the eligibility criteria included above, may be eligible for financial assistance under the Compassionate Care program, if their patient responsibility meets or exceeds twice the value of their liquid assets. For purposes of this FAP, medically indigent patients are patients who, despite their income, have a low level of liquid assets and thus payment of their medical bills would be seriously detrimental to their basic financial well-being and survival. A patient may request to be considered for financial assistance under these circumstances and Jefferson Health Financial Counselors will request additional documentation that supports the medical indigence of the patient.

Presumptive Eligibility

In accordance with IRC §501(r)(4), Jefferson Health may presumptively determine that an individual is eligible for assistance under the FAP based on information other than that provided by the individual or based on a prior FAP-eligibility determination.

Therefore, Jefferson Health may review the patient's account for Compassionate Care Presumptive Eligibility. This may entail review of credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts. These data elements may be paired with other scoring attributes to develop a predictive financial assistance model so that time and costs are not allocated to pursuing payment from those who truly can't pay.

Patients may also be presumed presumptively eligible for Compassionate Care if they are (1) homeless or receiving care from a homeless clinic or (2) eligible for out-of-state Medicaid programs.

The discounts applied will be the same as those under the full financial assistance application process; however, these accounts will be adjusted using specific presumptive financial assistance transaction codes.

In the event a patient does not qualify for 100% Compassionate Care financial assistance, Jefferson Health will:

- Notify the patient regarding the basis for their presumptive eligibility determination and provide information as to how they may apply for more generous assistance;
- Provide the patient with a reasonable period of time to apply for more generous assistance before initiating ECAs to obtain the discounted amount owed for the care, and
- Process any completed financial assistance applications submitted by the patient, by the end of the reasonable time period given to apply for more generous assistance.

Approval for presumptive eligibility will only apply to the date(s) of service on the accounts being evaluated. Eligibility will not apply to accounts for future service dates.

VI. UNINSURED/SELF-PAY DISCOUNT:

Jefferson Health offers an Uninsured/Self-Pay Discount for its uninsured and self-pay patients that do not meet the eligibility criteria for financial assistance or do not successfully complete an application for financial assistance. In accordance with New Jersey regulations, this discount meets the criteria outlined in *NJ law - bill S-1797/A-2609*.

Please refer to the Jefferson Health Uninsured/Self-Pay Discount Policy for additional information.

VII. APPLYING FOR FINANCIAL ASSISTANCE:

Jefferson Health Financial Counselors (“Financial Counselors”) are available to assist patients that wish to apply for financial assistance or to set up payment arrangements. Financial Counselors will work with patients to ensure the patient has a complete understanding of all federal, state and hospital financial assistance programs and processes. Financial Counselors will assist with applying for different government programs and advise on how to proceed throughout the process.

Application Process:

Jefferson Health New Jersey patients receiving services in New Jersey who believe they are eligible for financial assistance must initially complete a *Jefferson Health New Jersey Financial Assistance Application* (otherwise known as the New Jersey Hospital Care Payment Assistance Program Application for Participation).

All other Jefferson Health patients must complete a *Jefferson Health Compassionate Care Application*. Applications may either be completed in-person with a Financial Counselor or completed individually and submitted to a Financial Counselor for review and processing.

If a patient would like to complete the Application with a Financial Counselor they may call to schedule an appointment. Alternatively, they can visit the Admissions Office within any of the Jefferson Health hospital facilities to inquire and receive information.

Financial Counselors will inform and educate the patient of all requirements and applicable criterion to evaluate eligibility. Thereafter, patients are required to supply personal, financial and other miscellaneous information with supporting documentation relevant to making a determination of financial need.

Please refer to the *Jefferson Health New Jersey Financial Assistance Application* and/or *Jefferson Health Compassionate Care Application* (and accompanying instructions) for a comprehensive list of the information and documentation required in order to be considered for financial assistance eligibility.

Where to Obtain an Application:

Patients who wish to apply for the financial assistance offered under this FAP can obtain an Application from the following websites:

Abington - Jefferson Health: <https://www.abingtonhealth.org/patients-guests/payment-information/financial-assistance-program>

Jefferson Health New Jersey: <https://www.kennedyhealth.org/patients/preparing-your-visit/financial-assistance>

Jefferson Health Northeast: <https://www.ariahealth.org/about-aria/financial-assistance-program>

Magee Rehabilitation: <https://mageerehab.org/about-us/our-standards/insurance-financial-assistance/>

Thomas Jefferson University Hospitals: <https://hospitals.jefferson.edu/patients-and-visitors/patient-policies/financial-assistance.html>

Paper applications are available on-site at the following hospital patient registration locations. Applications may also be requested by calling the telephone numbers included below.

| | | |
|--|--|---|
| Abington Hospital – Jefferson Health 1200 Old York Road Abington, PA 19001 (215) 481 -2185 | Abington – Lansdale Hospital 100 Medical Campus Drive Lansdale, PA 19446 (215) 361 - 4692 | Jefferson Bucks Hospital 380 North Oxford Valley Road Langhorne, PA 19047 (215) 949-5117 |
| Jefferson Cherry Hill Hospital 2211 Chapel Ave West Cherry Hill, NJ 08002 (856) 922-5115 | Jefferson Frankford Hospital 4900 Frankford Avenue Philadelphia, PA 19124 (215) 831-2036 | Jefferson Hospital for Neuroscience 900 Walnut Street Philadelphia, PA 19107 (215) 955-3815 |
| Jefferson Methodist Hospital 2301 South Broad Street Philadelphia, PA 19148 (215) 955-3815 | Jefferson Stratford Hospital 18 East Laurel Road Stratford, NJ 08084 (856) 346-7810 | Jefferson Torresdale Hospital 10800 Knights Road Philadelphia, PA 19114 (215) 612-3393 |
| Jefferson Washington Township Hospital 435 Hurffville-Cross Keys Road Turnersville, NJ 08012 (856) 582-2638 | Magee Rehabilitation Hospital 1513 Race Street Philadelphia, PA 19102 (215) 587-3342 | Thomas Jefferson University Hospital 111 South 11 th Street Philadelphia, PA 19107 (215) 955-3815 |

Financial Counselors are available for assistance. Please call the telephone numbers included above to schedule an appointment.

Completed FAP Applications should be mailed to the address included within the Application and/or associated cover letter.

VIII. PROCEDURES:

Before being screened for financial assistance, applicants must be screened to determine their potential eligibility for any third-party insurance benefits or medical assistance programs that may pay towards their hospital bill.

If a patient is uninsured, Jefferson Health shall first assist the patient in determining whether they are eligible for government-sponsored programs or other insurance coverage. An outside agency may be employed to assist in the formal state medical assistance program application process, including visiting the patient at home in order to obtain all necessary supporting documentation. The patient will be asked to provide Jefferson Health with all financial and other information needed to assist in enrollment in a publicly sponsored insurance program. Patients who do not cooperate in applying for such programs may be denied financial assistance.

If an uninsured individual is not eligible for any government sponsored programs, they will be provided the Uninsured/Self-Pay Discount. If the patient (uninsured or underinsured) may be eligible and wishes to apply for financial assistance, they may apply for the Compassion Care program. If a patient meets the criteria for Compassionate Care, the Uninsured Discount will not apply and should be reversed from the patients account.

Determinations:

1) New Jersey Hospital Care Payment Assistance Program (“NJ Charity Care”):

In accordance with New Jersey regulations, NJ Charity Care determinations shall be made within ten (10) working days from the date a completed Application is received.

Uninsured New Jersey patients who receive services at any Jefferson Health New Jersey hospital facility included within this FAP will be screened for NJ Charity Care eligibility. If a patient meets the criteria for 100% Charity Care, the Uninsured Discount will not apply (charges will already be fully covered). If a patient is deemed eligible for partial Charity Care, the remaining patient balance will be evaluated for the Compassionate Care program.

Per state guidelines, this determination is valid for one year from the date of service.

2) Jefferson Health Compassionate Care Program (“Compassionate Care”):

Compassionate Care determinations shall be made as soon as possible, but no later than thirty (30) working days from the date a completed Application is received.

Determinations for Compassionate Care coverage for patients who have submitted completed applications are deemed eligible for one year from the determination date. Determinations for Presumptive Compassionate Care will only apply to the date(s) of service on the accounts being evaluated. These determinations will not apply to accounts for future service dates. If sufficient paperwork is not provided, the submission will be deemed an incomplete application.

Process for Incomplete Applications:

In the event that an immediate determination of FAP-eligibility cannot be made, the Financial Counselors will request additional information from the applicant. Jefferson Health will provide the applicant with written notice which describes the additional information and/or documentation needed to make a FAP-eligibility determination and provide the patient with a reasonable amount of time (30 days) to provide the requested documentation. During this time Jefferson Health, or any third parties acting on their behalf, will suspend any ECA’s previously taken to obtain payment until a FAP-eligibility determination is made.

Process for Completed Applications:

Once a completed Application is received, Jefferson Health will:

- Suspend any ECAs against the individual (any third parties acting on Jefferson Health’s behalf will also suspend ECAs undertaken);
- Make and document a FAP-eligibility determination in a timely manner; and
- Notify the responsible party or individual in writing of the determination and basis for determination.

An individual deemed eligible for financial assistance will be notified in writing of a favorable determination. In accordance with IRC §501(r), Jefferson Health will also:

- Provide a billing statement indicating the amount the FAP-eligible individual owes, how that amount was determined and how information pertaining to AGB may be obtained, if applicable;
- Refund any excess payments made by the individual; and
- Work with third parties acting on Jefferson Health’s behalf to take all reasonable available measures to reverse any ECAs previously taken against the patient to collect the debt.

Appeals:

In the event that Jefferson Health determines that a patient is ineligible for financial assistance, a determination letter will be mailed to the patient which includes information as to how an appeal may be filed.

IX. BASIS FOR CALCULATING AMOUNTS GENERALLY BILLED:

The following outlines the basis for calculating the amount charged to FAP-eligible individuals for full or partial financial assistance under this policy.

1) New Jersey Hospital Care Payment Assistance Program (“NJ Charity Care”)

For Jefferson Health New Jersey patients only: If a patient is eligible for NJ Charity Care, the patient’s responsibility will be determined by use of the New Jersey Department of Health Fee Schedule (shown below).

The applicable discount will be calculated and submitted to the State of New Jersey in accordance with State rules and regulations.

| Income as a % of HHS Poverty Income Guidelines | Patient Responsibility |
|---|-------------------------------|
| Less than or equal to 200% | 0% of charges |
| Greater than 200% but less than or equal to 225% | 20% of charges |
| Greater than 225% but less than or equal to 250% | 40% of charges |
| Greater than 250% but less than or equal to 275% | 60% of charges |
| Greater than 275% but less than or equal to 300% | 80% of charges |
| Greater than 300% | 100% of charges |

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.

Thereafter, the patient’s account will be referred for the Jefferson Health Compassionate Care Program which will determine the patient’s out-of- pocket expenses (see below).

2) Jefferson Health Compassionate Care Program (“Compassionate Care”):

If a patient is eligible for Compassionate Care, the patient’s out-of-pocket expense will be determined by the use of the Jefferson Health Compassionate Care Program Fee Schedule (shown below).

| Income as a % of FPL | Patient Responsibility |
|--|---|
| Less than or equal to 200% | 0% |
| Greater than 200% but less than or equal to 300% | 10% of Expected Medicare Reimbursement |
| Greater than 300% but less than or equal to 400% | 20% of Expected Medicare Reimbursement |
| Greater than 400% but less than or equal to 500% | 100% of Expected Medicare Reimbursement |

Amounts Generally Billed (AGB)

Jefferson Health utilizes the Prospective Medicare Method to calculate the AGB. AGB is calculated annually and is calculated by using the same billing and coding process the hospital facility would use if the individual were a Medicare fee-for-service beneficiary. In accordance with IRC §501(r)(5), AGB is set at the amount that the hospital facility determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles.)

Any individual determined to be eligible for financial assistance under this FAP will not be charged more than the AGB for emergency or other medically necessary healthcare services.

Any FAP-eligible individual will always be charged the lesser of AGB or any discount available under this policy.

X. METHOD FOR WIDELY PUBLICIZING FINANCIAL ASSISTANCE:

The following measures are used to publicize this policy to our community and patients. Communication will be written in consumer-friendly terminology and in languages that patients can understand. Jefferson Health provides training to appropriate administrative and clinical staff that interact with patients about financial assistance availability, how to communicate that availability to patients, and how to direct patients to appropriate financial assistance staff.

The FAP, Application and PLS are all available on-line at the following websites:

- [Abington - Jefferson Health](#)
- [Jefferson Health New Jersey](#)
- [Jefferson Health Northeast](#)
- [Magee Rehabilitation](#)
- [Thomas Jefferson University Hospitals](#)

Paper copies of the FAP, Application and the PLS are available upon request without charge by mail and are available within various areas throughout the Jefferson Health hospital facilities. This includes, but is not limited to, emergency rooms and patient registration/admission areas.

All patients of Jefferson Health will be offered a copy of the PLS as part of the intake process. In the event of an emergent situation, the patient will be offered the PLS during the registration process, after the patient receives the required medical attention.

Signs or displays informing patient about the availability of financial assistance will be conspicuously posted in public locations including the emergency rooms and patient registration/admission areas.

Jefferson Health makes reasonable efforts to inform members of the community about the availability of financial assistance by speaking to community members about the availability of financial assistance during community events held throughout the year (i.e. health fairs, screenings, education sessions, etc.)

Jefferson Health's FAP, Application and PLS are available in English and in the primary language of populations with limited proficiency in English ("LEP") that constitutes the lesser of 1,000 individuals or 5% of the community served within its primary service area.

Billing & Collection Policy

I. PURPOSE:

To ensure that all billing, credit and collection practices comply with all Federal, State and Local laws, regulations guidelines and policies.

II. POLICY:

It is the policy of Jefferson Health to be compliant and accurate with billing and collection activities. The goal of meeting all the criteria in this policy can be accomplished by following the procedures set forth in this document.

III. PROCEDURES:

While qualification for Financial Assistance is ideally determined prior to, or at the time of service, Jefferson Health will continue to review such determinations as other financial resources are discovered during the billing and collection process.

Once a patient's liability has been determined, Jefferson Health will send the patient a bill indicating the patient responsibility. This will be the patient's first post-discharge billing statement. The date on this statement will begin the Application and Notification Periods (defined above).

During this time period, Jefferson Health will begin mailing statements and/or letters or may contact patients via telephone in order to collect payments on open balances. Jefferson Health will send out at least 3 billing statements over a 120-day period.

After the expiration of the notification period, Jefferson Health may send the patient account to collections. Collection agency techniques to collect payment will include telephone calls and letters. If collection agencies are thereafter unsuccessful, the patient account will be returned to Jefferson Health and written off to bad debt.

IV. COMPLIANCE WITH IRC §501(r)(6):

In accordance with IRC §501(r)(6), Jefferson Health does not engage in any *Extraordinary Collection Actions* (ECAs) prior to the expiration of the Notification Period.

Subsequent to the Notification Period Jefferson Health, in rare instances may initiate the following ECA against a patient for an unpaid balance if a FAP-eligibility determination has not been made or if an individual is ineligible for financial assistance.

- Placing a lien on an individual's property

Prior to initiating this ECA, Jefferson Health will ensure reasonable efforts have been taken to determine whether or not an individual is eligible for financial assistance under this FAP and will take the following actions at least 30 days prior to initiating the ECA:

1. Provide the patient with written notice that:
 - (a) Indicates that financial assistance is available for eligible patients;
 - (b) Identifies the ECA(s) that Jefferson Health intends to initiate to obtain payment for the care; and
 - (c) States a deadline after which such ECAs may be initiated.
2. Provide the patient with copy of the PLS; and
3. Make reasonable efforts to orally notify the individual about the FAP and how the individual may obtain assistance with the financial assistance application process.

Jefferson Health, and third-party vendors acting on their behalf, will accept and process all Applications for financial assistance available under this policy submitted during the Application Period. The Jefferson Health Revenue Cycle Department in conjunction with the Jefferson Health Legal Department have final authority for determining that reasonable efforts have been made to inform the patient of the availability of financial assistance prior to pursuing extraordinary collection actions.