

# SAINT PETER'S UNIVERSITY HOSPITAL

New Brunswick, New Jersey

## NOTICE OF NEW JERSEY HOSPITAL CARE & REDUCED CHARGE HOSPITAL CARE

### WHAT IS HOSPITAL CARE PAYMENT ASSISTANCE?

Hospital assistance is free or reduced charge care which is provided 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 available only for medically necessary care. Some services such as physician fees, anesthesiology fees, radiology interpretation, and outpatient prescriptions are separate from hospital charges and may not be eligible for reduction.

### WHERE DOES FUNDING FOR HOSPITAL ASSISTANCE COME FROM?

The source of funding for hospital assistance is through the Health Care Subsidy Fund administered under Public Law 1992, Chapter 160.

### WHO IS ELIGIBLE FOR HOSPITAL ASSISTANCE?

Saint Peter's University Hospital will provide services 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.

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### INCOME CRITERIA

#### Income as a Percentage of HHS Poverty Income Guidelines

less than or equal to 200%  
 greater than 200% but less than or equal to 225%  
 greater than 225% but less than or equal to 250%  
 greater than 250% but less than or equal to 275%  
 greater than 275% but less than or equal to 300%  
 greater than 300%

#### Percentage of Charge Paid by Patient

0%  
 20%  
 40%  
 60%  
 80%  
 100%

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

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### ASSETS CRITERIA

Individual liquid assets cannot exceed \$7,500 & family liquid assets cannot exceed \$15,000. Should an applicant's assets exceed these limits, he/she 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.

Hospital assistance is also available to non-New Jersey residents, but only when a patient requires immediate medical attention.

### HOW ARE INDIVIDUALS MADE AWARE OF THE AVAILABILITY OF HOSPITAL ASSISTANCE?

Hospitals are required to post signs in English, Spanish and any language which is spoken by 10% or more of the population in the hospital's service area. These signs are posted in appropriate areas of the facility such as the admissions area, the business office, outpatient clinic areas, and the emergency room. The sign informs patients of the availability of hospital assistance and reduced charge care, gives a brief description of the eligibility criteria, and directs the patient to the business office/ admissions area of the hospital. The facility must make reasonable efforts to communicate the contents of the written notice to persons unable to read the notice. Anyone seeking a determination of eligibility for NJ Hospital Care or reduced charge hospital care should contact Financial Registrars on Ground Floor of Saint Peter's University Hospital.

### HOW DOES SOMEONE APPLY FOR HOSPITAL ASSISTANCE?

The patient or prospective patient must apply for hospital assistance at the hospital from which he/she plans to obtain or has obtained services. The patient or responsible party must answer questions related to his/her income and assets, as well as provide documentation of the income and assets. When determining eligibility, a spouse's income and assets must be used for an adult, and parent's(s') income and assets must be used for a minor child. Saint Peter's University Hospital will make a written determination of whether the applicant is eligible as soon as possible, but no more than ten working days from the time a completed application is submitted. If the request does not include adequate documentation to make a determination, the request shall be denied. The applicant will then be allowed to present additional documentation. **The applicant has up to one year from the date of service to apply for hospital assistance and provide the hospital with a completed application.** Applicants found ineligible may reapply at a future time when they present themselves for services and believe their financial circumstances have changed.

The Department of Health has a toll-free number to assist with any questions or concerns. Please call during business hours and request the Health Care for the Uninsured Program: 1-866-588-5696.