Policy
Cooper University Health Care’s mission is to serve, to heal, and to educate by offering innovative and
effective systems of care and by bringing people and resources together, creating value for our patients and
the community. Cooper strives to benefit the region through work in these ways, while supporting the areas in
which we live and work. As part of that commitment, Cooper University Health Care appropriately serves
patients in difficult financial circumstances and offers financial assistance to those who have an established
need to receive emergency and other medically necessary services.

But offering financial assistance is one component of Cooper University Health Care’s charitable mission.
Cooper’s effort to serve every patient every day through integrated clinical practice, education and research
are vital to Cooper University Health Care’s charitable purpose.

Purpose
This policy serves to establish and ensure a fair and consistent method for the review and completion of
requests for financial assistance to our patients in need.

Scope
This policy is to be used by All Cooper University Health Care sites. Throughout the remainder of the
document, use of the term “Cooper” refers to all Cooper University Health Care affiliated tax-exempt
locations.

Policy statements
Revenue Cycle staff is responsible for the following actions:

It is the policy of Cooper University Health Care to offer financial assistance to patients who are unable to pay
their hospital and/or professional bills due to difficult financial situations. A Cooper University Health Care
Financial Counselor/Navigator, designated business office representative, or Executive Leader will review
individual cases and make a determination of financial assistance that may be offered.

Cooper University Health Care determines the need for financial assistance by reviewing the particular services
requested or received insurance coverage or other sources of payment, a person’s historical financial profile
and current financial situation. This method allows for a fair and accurate way to assist patients who are
experiencing financial hardship. Partial or full charity care may be granted based on the individual’s ability to
pay the bill. Enrollment in local and state government programs or grants may also cover the costs for health care services and may also result from this review.

Eligible individuals include patients who do not have insurance and patients who have insurance but are underinsured. Opportunities for financial assistance may be reviewed before or after a service is rendered, but patients must cooperate with any insurance claim submission and exhaust their insurance or potential insurance coverage before becoming eligible for financial assistance. Other factors affecting eligibility are as follows:

- **Income** – Assuming that other financial resources are not identified as viable funding sources, the Federal Poverty Income Guidelines will be used in determining the amount of the allowance adjustment. The Poverty Guidelines are updated annually each January, and can be found on the Web at http://aspe.hhs.gov/poverty-guidelines.
  - The New Jersey State Department of Health (NJDOH) determines the income levels qualifying for various charity care benefits in relation to the most recent Federal Poverty Income Guidelines.
  - NJDOH makes these guidelines available publicly on the Web at http://www.state.nj.us/health/charitycare/index.shtml
- **Evaluation of Assets** – the patient’s household savings, checking, investment assets, real property assets, and overall financial position will be considered.
- **Evaluation of the Patient’s Monthly Expenses** – review of living expenses including medical expenses, and other basic needs.
- **Nature of the Medical Condition or Care Required** – consideration of services unique to Cooper University Health Care versus potential of local facilities providing care.
- **Considerations**
  - Any special circumstances that the patient would like Cooper University Health Care to consider.
  - Eligibility is contingent upon patient cooperation with the application process, including Medicaid or Medical Assistance application completion where applicable, and submission of all information that Cooper University Health Care deems necessary in order to determine the level of any financial assistance that may be considered, including written permission for Cooper University Health Care to check consumer credit information.
Measures to Publicize Cooper University Health Care’s Financial Assistance Policy

Cooper University Health Care is committed to offering financial assistance to eligible patients who do not have the ability to pay for their medical services in whole or in part. In order to accomplish this charitable goal, Cooper University Health Care sites will widely publicize this Policy in the communities that the individual Cooper University Health Care affiliated sites serve.

Cooper University Health Care will make a copy of this policy available as a plain language summary (Exhibit A) and a financial assistance screening application by posting it on their Web site including the ability to download a copy of the Policy free of charge at http://www.cooperhealth.org/patient-guide/financial-matters.

The following are examples where a copy will be available for the patient:

- Pavilion Lobby Reception Desk
- Hospital Registration Desks
- Emergency Room Registration Area
- Cooper Physician Practices

These documents will be available in the languages represented in Cooper’s service area, and the availability of these languages will be reviewed annually along with this policy. Individuals will also be able to obtain a copy of the Policy in locations throughout each Cooper University Health Care affiliated sites, or upon request by contacting the Cooper Financial Counseling office at (856) 342-3140.

Limitations

Cooper University Health Care financial assistance does not include all costs that may be associated with medical services. The following is a sample list of items or services that are not included in our financial assistance program:

- Transportation and Lodging: The patient is responsible for transportation to and from Cooper University Health Care.
- Durable Medical Equipment and Pharmaceutical Supplies: Cooper does have partnerships to assist patients in need of these items, but these will not be covered under the Financial Assistance outlined in this policy.
- Prescriptions filled at a pharmacy.
- Hospice Care provided at the Cooper University Hospital location is provided by non-Cooper provider and is not covered under this policy.
• Home Health Care, Lab and Radiology services provided at a non-Cooper site, services received at other hospitals, and other services provided at a non-Cooper entity are not covered under this policy. Follow up care may be coordinated through Cooper representatives, but approval for financial assistance is limited to services provided on-site and billed by a Cooper University Health Care entity.

Procedure for Financial Assistance

Identification of Patients Who May Be Eligible
Prior to receiving services, there are a number of ways a patient can be identified and evaluated for financial assistance prior to, during, or following care.

Following is a list of examples for identification prior to receiving services:
• Patients or their representatives may request financial assistance by calling (856) 342-3140.
• Cooper University Health Care employees may refer patients to a Financial Counselor or business office representative.
• The Business Services/Patient Financial Services Department may refer patients to a Business Office Representative.
• Referring physicians may refer patients.
• Local government agencies may refer patients.

Following services, patients can be referred for financial assistance in a number of ways. Following is a list of examples:
• Patients or their representatives may request financial assistance by calling (856) 342-3140.
• Cooper University Health Care employees may refer patients to a Financial Counselor or business office representative.
• Collection agencies or attorneys may refer patients back to Cooper University Health Care.
• The Business Services/Patient Financial Services Department may refer patients to a Business Office Representative.
• The Business Services/Patient Account Services area may identify financial need through conversations with patients regarding billing and payment options.
• Referring physicians may refer patients.
• Local government agencies may refer patients.
A full listing of clinical providers currently participating with Cooper’s Financial Assistance Policy, as well as those providers working at Cooper University Hospital that are non-Cooper providers, and may not support the full Financial Assistance Policy, will be updated quarterly and available on the Web at http://www.cooperhealth.org/patient-guide/financial-matters. Individuals will also be able to obtain a hardcopy by contacting the Financial Navigation Services at (856) 356-4882.

**Method of Applying for Financial Assistance**
Patients who want to apply for financial assistance or who have been identified as a potentially eligible for financial assistance will be informed of the application process either before receiving services if the facts suggest potential eligibility or after the billing and collection process has begun. The application process may be waived or suspended due to medical necessity, including timing and urgency of care. Applications will be considered in support of services when completed within 240 days following a patient’s first billing period, or upon notification of any Extraordinary Collection Actions. Patients or their representative can obtain a financial assistance screening application by mail by contacting Financial Counseling at (856) 342-3140, or downloading and printing the financial application at no charge from our Web site at http://www.cooperhealth.org/patient-guide/financial-matters.

All patients/guarantors who receive a Financial Statement screening application must complete and return the application within ten (10) working days (unless the patient contacts Cooper to extend the deadline), along with the following documents that serve as the minimum information necessary to process an application for financial assistance. Cooper University Health Care reserves the right to request additional documentation before finalizing a request for assistance:

- Proof of completion of Medical Assistance application process, as applicable
- Proof of household income (pay stubs for the past ninety days)
- A copy of 3 most recent bank statements from all banking or credit union institutions of the household
- A copy of the 2 most recent tax returns, including all schedules of patient, spouse, or any person who claims the patient as a tax dependent
- Full disclosure of claims and/or income from personal injury and/or accident related claims

A Business Office Representative will review all returned Financial Statements for completeness. A Financial Counselor or business office representative will consult the Financial Assistance authorization guidelines for consideration. Once a patient qualifies for financial assistance, a letter is sent to the applicant advising them of the decision.
Cooper University Health Care locations may share patient Financial Assistance information across our locations for the benefit and ease of administering Financial Assistance to patients seen at multiple locations. No information will be shared outside of Cooper University Health Care unless authorized or required by law.

**Basis for Calculating the Amounts Charged to Patients**
The amount that a patient is expected to pay and the amount of financial assistance offered depends on the patient’s insurance coverage and income and assets as set forth in the eligibility section of this Policy. The Federal Income Poverty Guidelines will be used in determining the amount of the allowance adjustment and the amount charged to patients, if any, after the adjustment.

Amounts charged for emergency and medically necessary services to patients eligible for Financial Assistance will not be more than the amount generally billed to individuals with insurance covering such care. Cooper limits this amount to 115% of the Medicare allowable amount for a specific service pursuant to New Jersey State legislature P.L.1971, c.136 (C.26:2H-1 et seq.). This amount is reviewed annually to ensure it does not exceed the amounts generally billed at Cooper.

**Eligibility Criteria Considered for Financial Assistance**
The appropriate business office will review all circumstances surrounding the request. A Cooper representative will notify the patient about the decision within a reasonable time after submitting a completed financial assistance request. A patient's request will be deemed complete after Cooper receives a complete financial assistance screening application, and all required documentation, including current pay stubs, income tax statements, and bank statements, if applicable.

If a patient had previously been approved for only partial coverage of their outstanding balances under this Financial Assistance Policy, and is expected to incur additional balances, Cooper will contact the patient to review previous assistance guidelines, and discuss the opportunity to reapply for Financial Assistance as outlined in this policy.

Cooper University Health Care’s support of robust financial assistance navigation is targeted for local and regional patients, and where services are unique to Cooper. Patients from beyond the Cooper’s primary service area will be assisted and counseled to receive care in their specific residential area as part of a financial assistance screening. This is important to assist patients in receiving more continuity in their care, and support
a better follow-up network for the patient as part of their health care needs. This assistance will not preclude a patient from applying at Cooper, regardless of state/region of residency.

Qualification for charity care or enrollment in other available programs does not obligate Cooper University Health Care to provide continuing care unless the services and support are unique to our organization. Patients may be required to re-apply for charity care after a predefined number of days as documented in Cooper procedure 2.206 Charity Care Procedure. Details related to this procedure are available by contacting the Cooper Financial Counseling office at (856) 342-3140.

Cooper University Health Care requires compliance with the application process of appropriate service organizations that may provide coverage for care, such as Medicaid or Medical Assistance.

Cooper University Health Care makes every reasonable attempt to collect from insurance companies and other third-party payers. Financial hardship and charity care adjustments may be considered for those patients whose income and assets will not allow full payment within a reasonable time. Factors that are considered include the patient’s residency (local, region, national, international) and the availability of care outside the Cooper system. The actual amount of assistance available is defined by the qualifying resource for an individual patient such as partial/full charity care or state Medicaid benefits. All opportunities for discounting patient liability balances are outlined in the Cooper procedure 2.205 Self Pay discount, and details of this procedure are available by contacting Financial Navigation Services at (856) 356-4882.

Cooper University Health Care and Cooper University Health Care Health System locations reserve the right to reverse financial assistance adjustments and pursue appropriate reimbursement or collections. This may occur as a result of a variety of reasons, such as newly discovered information such as insurance coverage or pursuit of a personal injury claim related to the services in question.

Reasons for Denial
Cooper University Health Care may deny a request for financial assistance for a variety of reasons including, but not limited to:

- Sufficient income
- Sufficient asset level
- Patient is uncooperative or unresponsive to reasonable efforts to work with the patient
- Incomplete Financial Assistance application despite reasonable efforts to work with the patient
• Pending insurance or liability claim
• Withholding insurance payment and/or insurance settlement funds, including insurance payments sent to the patient to cover services provided by Cooper University Health Care, and personal injury and/or accident related claims

**Emergency Services**
Cooper University Health Care and Cooper University Health Care Health System's policy is to provide emergency care to stabilize patients, regardless of their ability to pay. Following medical evaluation, non-emergent patients requiring financial assistance consideration should be reviewed and approved before additional services are provided. Additional details concerning Cooper procedures in handling emergent care are referenced in policy 3.217 “EMTALA”.

**Equal Opportunity**
Cooper University Health Care is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

**Government Assistance**
In determining whether an individual qualifies for charity care, other county or governmental assistance programs will be considered. Many applicants are not aware that they may be eligible for public health insurance programs or have not pursued an application.

Cooper University Health Care staff will help the individual determine eligibility for governmental or other assistance, as appropriate. Persons who are eligible for programs (such as State-sponsored Medicaid) but who were not covered at the time that medical services were provided may be granted financial assistance, provided the patient completes an application for government assistance.

**Billing and Collections Policy**
Cooper University Health Care follows a specific sequence of events in pursuing balances from a patient. Only balances identified by the payer upon reconciling benefits, or when no insurance exists would be billed to the patient. Patient statements are sent following payment by the insurance provider, if one exists. A statement date is set upon creation of the first billing statement. Statements are generated monthly, and documented by an early-out self-pay collection vendor. Receipt of bankruptcy decisions will immediately terminate the
related dunning process for cited balances.

This monthly process will continue through four (4) statement cycles. For professional services only, these statement cycles will only continue until the oldest of these balances reaches the 4th statement, at which point, all professional patient liability, regardless of age, will qualify for collections. When a balance is not fully resolved in the initial four statement cycles and no less than 90 days after the first billing date, or whenever an indication of a “bad address” is found, the claim will be placed with a team that handles primary collection services.

Primary collection services will employ patient telephone calling and series of mailed communications and invoices to attempt to resolve the remaining patient balance. After 180 days of this pursuit, any remaining patient balance will be placed with a secondary collection service. The secondary service may also employ a series of calls and mailings, and will also be approved to pursue extraordinary collection actions.

Cooper University Health Care will not engage in extraordinary collection actions before it makes a reasonable effort to determine whether a patient is eligible for financial assistance under this Policy and not before 240 days have passed since the first billing cycle.

At least 30 days prior to any agency initiating an Extraordinary Collection Action against a patient, the patient will receive a written notice. Extraordinary Collection Actions will not be initiated less than 120 days from the first post discharge billing cycle for a patient’s most recent services.

Extraordinary Collection Actions are initiated by specific agency placement and approval by the Hospital and Professional Billing offices. These actions most commonly take the form of Credit Bureau Reporting, but in less common situations may include, but are not limited to, filing of Property Liens or specific Litigation to collect a debt.

If a collection agency identifies a patient as meeting Cooper University Health Care’s financial assistance eligibility criteria, the patient’s account may be considered for financial assistance. Collection activity will be suspended on these accounts for a 30 day period and Cooper University Health Care will review the financial assistance screening application.

If a partial adjustment occurs, the patient fails to cooperate with the financial assistance process, or if the
patient is not eligible for financial assistance, collection activity will resume. If the entire account balance is adjusted, the account will be closed by the agency, and returned to Cooper University Health Care. Any outstanding extraordinary collection action associated with a fully adjusted balance would be reversed and/or resolved upon closure with the agency.

Confidentiality
Cooper staff will uphold the confidentiality and individual dignity of each patient. Cooper University Health Care and Cooper University Health Care Health System will meet all HIPAA requirements for handling personal health information.

This policy will be reviewed annually by the Finance Subcommittee of the Cooper University Health Care Board of Trustees. Included with this review will be an evaluation of the languages represented in Cooper’s service area, and a financial analysis of the fully collected amount generally billed and our Limitation on Charges noted in this policy.

EXIBIT A

(The following plain language summary along with the Financial Assistance Screening application and participating provider list will be available to patients on the Cooper Website and various care locations including the Emergency Room in multiple languages.)

Financial Assistance

Cooper University Health Care’s mission is to serve, to heal, and to educate by offering innovative and effective systems of care and by bringing people and resources together, creating value for our patients and the community. Cooper strives to benefit the region through work in these ways, while supporting the areas in which we live and work. As part of that commitment, Cooper University Health Care appropriately serves patients in difficult financial circumstances and offers financial assistance to those who have an established need to receive emergency and other medically necessary services.

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Financial Assistance eligible individuals include patients who do not have insurance and patients who have insurance but are underinsured. Opportunities for financial assistance may be reviewed before or after a service is rendered, but patients must cooperate with any insurance claim submission, exhaust their insurance or potential insurance coverage, and complete the application process in full before becoming eligible for financial assistance.

Patients who want to apply for financial assistance or who have been identified as a potentially eligible for financial assistance will be informed of the application process. Applications will be considered when completed within 240 days following a patient’s first billing period, or upon notification of any Extraordinary Collection Actions.

Patients or their representative can obtain a financial assistance screening application or a full copy of Cooper’s Financial Assistance Policy in the mail by contacting Financial Counseling at (856) 342-3140. A hardcopy is available by visiting any of our over 100 hospital or practice locations, or downloading and printing the financial application at no charge from our Web site at http://www.cooperhealth.org/patient-guide/financial-matters. This information will be available in various languages, including English, Spanish, Vietnamese and Korean.

There are some important steps to complete your application for Financial Assistance. You will be asked to provide the following information:

- Proof of completion of Financial Assistance application process, as applicable
- Proof of household income (pay stubs for the past ninety days)
- A copy of 3 most recent bank statements from all banking or credit union institutions of the household
- A copy of the 2 most recent tax returns, including all schedules of patient, spouse, or any person who claims the patient as a tax dependent
- Full disclosure of claims and/or income from personal injury and/or accident related claims

Amounts charged for emergency and medically necessary services to patients eligible for Financial Assistance will not be more than the amount generally billed to individuals with insurance covering such care.
Any questions about eligibility or about the process to apply can be directed to our Financial Counselors at (856) 342-3140. Cooper’s Financial Counselors are ready to help you with any questions about submitting your Financial Assistance Screening application.

See this summary in Spanish
See this summary in Vietnamese
See this summary in Korean