



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES
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DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

DATE ISSUED:

DATE REVISED: March 16, 2007

**SUBJECT: Administrative Bulletin 7:18
Notification of Consumer Debt**

The attached Administrative Bulletin has been revised to incorporate changes based on amendments to the law concerning consumer debt for the cost of State and county psychiatric hospitalizations. Please review and distribute to staff as appropriate for immediate reimplementation of the Notification process. Each recipient of this Bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual. The appendixes to this Bulletin will be translated into Spanish and distributed for use upon their completion.

Kevin Martone
Assistant Commissioner

Attachment

DIVISION OF MENTAL HEALTH SERVICES

Administrative Bulletin 7:18

Effective Date: July 1, 1994

Revised: January 3, 2003

Revised: March 14, 2007

SUBJECT: **Notification of Consumer Debt**

I. PURPOSE

The purpose of this Administrative Bulletin is to establish policy, procedures and responsibility to notify consumers of the legal and financial responsibilities resulting from hospitalization in a State psychiatric hospital, including the consumer's right to a Compromise, per the Department of Human Services Administrative Order 5:06 Compromise of Institutional Claims for Care and Maintenance, which may reduce hospital debt in part or entirely. Consumers are also notified of their right to have a previously-filed lien against them discharged upon request. State and county psychiatric hospitals filed liens prior to an amended New Jersey Law effective March 24, 2005. The amendment "extinguished" the liens; however, they remain an open record on county and State Superior Court Clerk public records until discharged by the hospital upon the request of the consumer.

New Jersey law (N.J.S.A. 30:4-60, 4-66, and 4-74) establishes the consumer's liability for the total cost of care of inpatient services received from a State and county psychiatric hospital. Any third-party insurance benefits, medical assistance program, or other payments will be credited toward the hospital's bill and the remaining obligation will be in an amount based upon the sliding scale fee schedule, similar to the fee scale established for the Charity Care program, for admissions on or after September 20, 2005.

II. SCOPE

This Bulletin applies to all Division of Mental Health Services (DMHS) hospitals. The DMHS hospitals should bill all applicable third party payers for all covered consumers. However, consumer debt is not administered by our Department for consumers transferred from State or county correctional facilities during any period that the consumer must return to that facility upon discharge. This includes consumers from county facilities on detainer status and those from State facilities serving sentences for criminal charges.

III. DEFINITIONS

The following terms, when used in this Bulletin, have the meanings indicated:

Authorization - a document signed by a consumer authorizing the facility to release information and contact family members concerning the consumer's hospitalization.

Compromise - a decision made by the Commissioner of Human Services, as authorized by N.J.S.A. 30:4-60 30:4-77 and 30:4-80.6, to fully or partially satisfy any debt due to a State agency or county psychiatric facility, as appropriate, by accepting less than the amount owed.

Legally Responsible Relative - a mother or father who is statutorily responsible for the cost of care and maintenance of a child under 18 years of age. (N.J.S.A. 30:4-66)

Medicaid - a program that pays for selected health care and medical services to individuals determined by the Division of Medical Assistance and Health Services to be eligible.

Medicare - a Federally financed and administered program that pays for certain costs of health care for eligible recipients.

Notification process - a formal process to notify consumers of the legal and financial aspects of their hospitalization.

Power of Attorney - the legal authority to act on behalf of another individual, given in writing by that individual when they have the capacity to assign the authority, and notarized.

Supervisor of Patients Accounts (SPA) - the manager of the State maintenance support program at the institution within the hospital's Business Office.

Third party payer - any person, institution, corporation, insurance company, or government entity that is liable to pay all or part of the hospitalization costs for a consumer.

IV. POLICY

- A. Every consumer of the DMHS has a right to be informed of the legal and financial obligations resulting from his/her hospitalization. In addition, anyone acting as a general guardian or guardian(s) of property, a person with Power of Attorney affecting financial matters, or representative payee for a client's Federal benefit (i.e. Social Security or VA benefit) is also entitled to notification. Other than the preceding parties, written client/guardian permission or a valid court order is necessary before contacting any other family members or interested party. This could be done by a signed consent form or documentation of verbal approval in hospital medical records.
- B. Consumer treatment teams are in the best position to make a clinical judgment concerning a consumer's readiness to understand these financial responsibilities and to address any potential consequences from this notification; treatment teams, therefore, shall be responsible for the notification process. The SPA shall be available to the team for technical support as needed.

V. PROCEDURES

- A. Upon admission, each consumer and his/her involved family will be given a patient/family handbook containing a brief statement regarding financial responsibility for hospital care. Appendix One, "Cost of Care," contains a sample statement.
- B. Consumers transferred from State or county prisons, while serving a sentence or on detainer status, may or may not be held personally responsible for their bill. During these periods, billing will be based on procedures applicable to the detaining entity. The SPA shall provide available information in these cases upon request of the county jail or Department of Corrections. Each hospital must have a system in place to assure that the SPA is provided information concerning those consumers who are serving sentences or are on detainer status to prevent erroneous charges by our DMHS hospitals.
- C. Within 14 days of admission, the treatment team will provide the consumer with a written handout, similar to Appendix Two, "Financial Responsibility Statement (Consumer)." This handout shall assist the treatment team in explaining the consumer's financial responsibility for his/her care. The contents of this form shall be explained verbally where necessary and appropriate, by an assigned team member. The consumer shall sign and date the form indicating his/her receipt and understanding of its content. The treatment team shall note on the

handout if the consumer refuses to sign. The form shall be filed in the legal section of the medical record and a copy provided to the SPA.

- D. If the treatment team determines that it is not clinically appropriate to review the form with the consumer during the first 14 days of admission, then the team should present the information at the earliest time when it is clinically appropriate and file the form in the medical record and copy the SPA.
- E. Each hospital must have a system in place to assure that the SPA and treatment teams are aware whenever a consumer has a general guardian or guardian(s) of property, a person with Power of Attorney (POA) affecting financial matters, a representative payee for a consumer's federal benefits, and whenever a consumer consents to any other individual's receipt of their financial responsibility information or a court order is entered requiring that the information be shared.
- F. Information consistent with Appendix Three, "Financial Responsibility Statement (Guardian, POA, Rep Payee, Other w/consent," shall be completed by the SPA Office and signed by the Business Manager, SPA, or their designee. This information and attachments shall be mailed or presented, at the time of or soon after admission, to a consumer's general guardian or guardian(s) of property, appointed Power of Attorney affecting financial matters, representative payee for federal benefits, or other individual having the consumer's consent. A copy of the correspondence shall be maintained by the SPA and another filed in the legal section of the medical record.
- G. The SPA shall provide updated and accurate information similar to Appendix Four, "Financial Responsibility Statement (Consumer @ discharge)," with the noted attachments for the treatment teams to include with the aftercare plan to be given to consumers at the time of discharge.
- H. The SPA shall process discharge requests upon receipt from a consumer for any lien filed by the hospital prior to March 24, 2005.
- I. The SPA shall mail an estimated or final bill within a reasonable period of time after receipt of the County Adjuster court order for support with consumer charges greater than zero, and after the consumer is discharged. Estimated bills may be necessary pending private insurance, Medicare, or Medicaid receipts. In such cases, the SPA shall mail an additional letter and bill once the final amount due is calculated. Appendix Five, Hospital Bill Cover Letter," is a sample long-form cover letter for the bill.
- J. The SPA will be responsible for billing and collections of amounts payable from consumers with no established county of residence (those who are classified as having State settlement in the county-issued court order for settlement and support). The County Adjuster will be responsible for follow up on billing and collections from those with an established county of residence.
- K. All written communication should be drafted in a style, print, and language that will maximize comprehension. Any correspondence related to this bulletin shall include information on the consumer's right to apply to compromise his/her debt and the procedure to begin the compromise process.

APPROVED:



Kevin Martone, Assistant Commissioner

DATE:

3/15/07

APPENDIX ONE

COST OF CARE

There is a charge to consumers for the cost of care provided by the hospital; **consumers will be treated in this hospital whether or not they can pay.** If a consumer has medical insurance coverage through a private insurer, Medicare, or *Medicaid, that may cover care provided by the hospital, the hospital will bill the insurance first. Please be sure to provide insurance information to the hospital and any requested information to the County Adjuster performing their financial review, and if requested, to the Division of Medical Assistance and Health Services (DMA&HS) for the institutional inpatient Medicaid application process. If medical insurance is not available to fully cover care here, a consumer may be financially responsible** for some portion of the hospital's charges, depending upon their ability to pay as calculated by the County Adjuster. However, a consumer may be responsible for 100% of the hospital's charges regardless of their income or assets, if the consumer, without good cause: a.) refuses to submit information or authorizations sufficient to enable the hospital to bill any available insurance; b.) refuses to cooperate with the DMA&HS's application request process where a consumer may be eligible for Medicaid coverage; or c.) fails to provide information requested by the County Adjuster during their review process.

Additional information will be promptly provided by the hospital.

*Medicaid does not reimburse for inpatient psychiatric care in a covered State facility for otherwise eligible individuals unless they are 65 or older, or under 22 (providing that at the time of admission they were under the age of 21).

**If you have been transferred to the hospital from a county or state correctional facility, the hospital requests insurance information for billing purposes, however, the balance on your account is handled separately. Your treatment team and the Supervisor of Patients Accounts will provide more information.

APPENDIX TWO

FINANCIAL RESPONSIBILITY STATEMENT (Consumer)

The following may help you to understand your financial obligations for care given here:

Do I have to pay for my care?

According to State law, the *hospital is required to charge you for the care provided, even if you came to the hospital against your will.

How can I find out what I will owe for my care?

Your bill will be calculated based on your ability to pay. The determination is made by the County Adjuster who will be contacting you or a family member after your admission to confirm residency and financial resources. The County Adjuster will provide you and the hospital with a determination of what percentage of the hospital charges you will owe from 0% to 100%; this percentage will be found on their petition and subsequent court order for settlement and support. The County Adjuster should also re-evaluate your financial responsibility annually if your hospitalization continues. The hospital will send you a bill after discharge if an amount is payable.

How is my bill calculated; can insurance pay for any of my costs?

If you have medical insurance coverage, you should tell your treatment team. Medical insurance coverage through a private insurer, or through Medicare or **Medicaid, that may cover care provided here, will be billed by the hospital. The Division of Medical Assistance & Health Services (DMA&HS) will request financial information from you or a family member to complete a Medicaid application only if coverage may be available.

After available insurance is billed and receipts credited to your account, the percentage you owe will be applied to the balance. The percentage calculation from the County Adjuster's review is based on your income and assets. (i.e. savings but not equity in your primary residence). If married, they will consider only your income with your share of the joint assets of you and your spouse. There will also be an allowance to be set aside for your spouse in the community, similar to the allowance made by the Medicaid Program when one spouse is in a nursing home. A sliding fee scale similar to the one used by the Charity Care Program will then be applied to determine your liability from 0% to 100% of the hospital's charges.

You may be responsible for 100% of the hospital's charges, regardless of your income or assets, if you, without good cause: a.) refuse to submit information or authorizations sufficient to enable the hospital to bill any available insurance; b.) refuse to cooperate with the DMA&HS's application request process if you may be eligible for Medical Assistance (Medicaid) coverage in the hospital; or c.) fail to provide information requested by the County Adjuster during their review process.

How can I arrange to pay for my care?

You can expect a bill within a reasonable time period after discharge if an amount is owed; however, your treatment team may offer advice and help in the proper way to use your available funds while hospitalized. Anyone may voluntarily contribute toward the cost of care. Payees of social security benefits have a responsibility to contribute as long as the beneficiary's current, special, or discharge funding needs are satisfied, and regardless of the amount, if any, is chargeable by the hospital after discharge.

If I decide not to pay, or if I cannot pay, will it affect my treatment or my discharge?

10. While you are in the hospital, the staff will give you the same care and treatment whether you pay or not.

Will I be responsible for my bill after discharge?

Yes, if you are billed by the hospital for a balance on your account, based on the county court order for support. If the required payments are not received, the hospital or County Adjuster may employ various collection techniques. However, you may call the SPA any time after discharge to request a possible reduction or full forgiveness of your bill through a Compromise, or you may be eligible to have the amount recalculated by the County Adjuster if you provide additional information applicable during your hospitalization.

If I was never billed for prior County or State Psychiatric Hospital admissions, am I still financially responsible?

Based on prior law, an institutional lien was automatically filed against consumers in County or State psychiatric hospitals for the full cost of their care, unless insurance or other credits cleared the account balance. Liens were recorded in County or State Superior Court Clerk records in consumers' names to try to recover payments toward the hospital's cost of care when assets became available; usually when real estate property transactions took place, or an estate was settled.

Even though prior liens were extinguished under amended New Jersey law, the debt was not extinguished from your hospital account record. If you wish to have the debt considered for forgiveness, you may submit a written statement requesting a compromise to forgive or reduce the debt to the SPA's office for processing.

The amendment to the "lien law" was effective March 24, 2005. It stated that liens are no longer to be automatically filed by County and State psychiatric hospitals. Also, liens filed prior to the effective date were extinguished and they no longer have legal effect. However, the liens are still recorded on County and Superior Court Clerk records; this includes liens filed in a consumer's name, or their spouse or parent if the consumer was a minor child at the time of admission. Any of these liens affected by the amended law may be discharged by the hospital upon request. Therefore, a request should be made by you to have any lien filed in your name discharged or cancelled by the County or State Psychiatric Hospital that filed the lien. County and State Psychiatric Hospital contact information and Request to Discharge Lien forms are available for this purpose and your treatment team can provide them to you upon request. You should fill the form out with basic identifying information that you have readily available to you. In most cases, the hospital will be able to retrieve any other information on the form necessary to discharge or cancel any lien/s filed by the hospital.

If you have any questions, please speak with your treatment team; they will contact the SPA for additional info as needed.

Signature of Consumer

Date

*Account charges are governed by separate laws and administered by separate agencies while a consumer in our hospital is on detainer status from a county correctional facility or serving a sentence from a State correctional facility.

**Medicaid does not reimburse for inpatient psychiatric care in a covered State facility for otherwise eligible individuals unless they are 65 or older, or under 22 (providing that at the time of admission they were under the age of 21).

APPENDIX THREE

FINANCIAL RESPONSIBILITY STATEMENT (Guardian, POA, Rep Payee, Other w/consent)

DATE: _____

RE: _____

Dear (Guardian, POA, Rep Payee, or Other w/consumer consent):

_____ (consumer) has been admitted to _____ (hospital); even if involuntarily, there is a *charge for the hospital's cost-of-care provided. Our Business Office will bill whatever medical insurance coverage is available to cover care provided by our hospital. Private insurance, **Medicaid or Medicare will be billed where applicable, and may result in credits satisfying some or all of the hospital's cost-of-care. Please be sure all medical insurance information is provided to our Supervisor of Patients Account (SPA) office, within the hospital's Business Office, so that available insurance can be billed timely.

The County Adjuster from the county involved in the admission may contact you or other related individual for information to confirm County of Residence and for information related to _____ (consumer's) income and assets. If married, the consumer's share of the joint assets will be considered and an allowance made for the community spouse similar to the State Medicaid program. Based on their review, the County Adjuster will petition the court to issue a court order establishing the County of Residence and the percentage of support or financial responsibility (0% - 100%) that _____ (consumer) will be charged after applicable insurance proceeds are credited. A sliding fee scale similar to the one used by the Charity Care Program will be used to determine the percentage of the cost-of-care to be charged. Within a reasonable period after discharge, the hospital will issue a bill if there is an amount payable and either the hospital or the County Adjuster will continue billing and pursue collection of the debt as needed.

Prior New Jersey Statute required that State and County Psychiatric Hospitals place a lien on consumers for their non-reimbursed cost-of-care for admissions prior to March 24, 2005. A lien may also have been placed on their Legally Responsible Relative (LRR), spouse or parent of a minor, for non-reimbursed court-ordered support payments. The law was revised effective March 24, 2005 so that liens are no longer automatically filed on consumers or filed on LRRs; and the liens that were filed before March 24, 2005, are "extinguished" and have no legal effect. Please note that the liens are still individually recorded in County and State Superior Court records and are to be discharged by the hospital SPA upon request of the consumer or LRR, or either's legal representative.

The revised law did not extinguish the prior debt associated with the extinguished liens; however, the debt may be reduced or forgiven after a written statement requesting a compromise is received by the SPA Office. The SPA Office will forward the request to the Compromise Panel for review.

Revisions in the law and regulations include the following additional provisions:

- exclusion of spouses as financially chargeable LRRs;
- 100% consumer responsibility for the hospital's cost of care, regardless of their income or their family assets, if without good cause, the consumer: a.) refuses to submit information or authorizations sufficient to enable the hospital to bill any available insurance; b.) refuses to cooperate with the Division

of Medical Assistance and Health Services application request process if they may be eligible for Medical Assistance (Medicaid) coverage in the hospital; or c.) fails to provide information requested by the County Adjuster during their review process.

- requests for a compromise (reduction) of debt for an amount up to the unpaid balance shall be liberally granted by the Department of Human Services Commissioner

The full charge for the cost-of-care is \$_____ per day for the current Calendar Year. A payee of social security benefits is responsible to satisfy the current, special, or discharge needs of the beneficiary; with consideration for voluntary contributions toward the customary charges of a facility such as our hospital. Inability or failure to contribute toward the cost-of-care/customary charges, or to pay an amount payable based on a County Adjuster's court order, will not affect the quality of care and treatment of a consumer. If you have any questions regarding any part of this letter, please contact our SPA Office at _____ or you may contact any of the mental health advocates on the attached list.

Sincerely,

SPA

Attachment (list of Mental Health Advocates)

*If a consumer was transferred to the hospital from a county correctional facility on detainer status, or from a State correctional facility serving a sentence, please contact the Supervisor of Patients Accounts for information related to their account charges. These accounts will be handled separately and apart from the laws and procedures referenced above.

**Medicaid does not reimburse for inpatient psychiatric care in a covered State facility for otherwise eligible individuals unless they are 65 or older, or under 22 (providing that at the time of admission they were under the age of 21).

APPENDIX FOUR

FINANCIAL RESPONSIBILITY STATEMENT (Consumer @ discharge)

all consumers:

When you were *admitted, the patient/family handbook provided notice of your financial responsibility for the cost-of-care provided by the hospital. Also, within approximately two weeks of admission, you may have been provided with additional information regarding your financial responsibility for the cost-of-care. At this time, as you prepare for discharge, the Supervisor of Patients Accounts (SPA) Office, within the hospital's Business Office would like to provide the following information that we believe will be helpful in understanding your financial obligations:

1. For the current Calendar Year, the cost of hospitalization is _____ per day.
2. Our SPA Office will bill whatever medical insurance you carry that covers care provided to you by our hospital. If your cost exceeds insurance or other credits to your account, you may be responsible to pay a portion of your bill, which will be based on your financial ability-to-pay determined by the County Adjuster's financial review of your income and assets. The percentage (0% - 100%) of responsibility will be reported in a court order sent to you from the County Adjuster's Office.
3. Please cooperate with requests for information from the County Adjuster, the hospital for insurance billing purposes, or the Division of Medical Assistance and Health Services for the Medicaid application process; otherwise, you may be charged 100% of the hospital's cost-of-care provided to you, without application of a sliding fee scale to determine your financial ability-to-pay by the County Adjuster.
4. If it is determined by the County Adjuster's review that your ability-to-pay is greater than 0% toward the hospital charges, or for reasons noted in the above section 3., you should receive a bill within a reasonable period of time after discharge.
5. You may request a "Compromise," to be submitted to the hospital SPA, which may result in a reduction or full forgiveness of your bill. An amended court order may be an appropriate alternative if additional financial information applicable at the time of your admission is provided to the County Adjuster.
6. Based on amended law, if you have an institutional lien filed by the hospital or any other State or County Psychiatric Hospital on the attached list, prior to March 24, 2005, the lien is extinguished by law and no longer has legal effect. You may send a written request to the hospital SPA in order to have the lien discharged from County or State Superior Court Clerk records, where the liens are still on record. Please use the attached Request To Discharge Lien form for this purpose. You should fill the form out with basic identifying information that you have readily available to you. In most cases, the hospital will be able to retrieve any other information on the form necessary to discharge or cancel any lien/s that they filed.
 - i. The revised law did not specifically address the prior debt associated with these extinguished liens; however, you may submit a written statement requesting a compromise of the debt to the SPA to have the debt reduced or forgiven.

If you have any questions about any of the above, please speak with your treatment team, the hospital's SPA Office at (____) _____, or any of the mental health advocates found on the attached list.

*If you were transferred to the hospital from a county correctional facility on detainer status or from a State correctional facility while serving a sentence, the balance on your account will be handled separately and apart from the procedures and law referenced above. Your treatment team and Supervisor of Patients Accounts can provide further information.

Attachments (Request To Discharge Lien form; State and County Hospital Contacts list; Mental Health Advocates)

APPENDIX FIVE

HOSPITAL BILL COVER LETTER

Hospital Letterhead

Date

Address

RE: PATIENT NAME _____

_____ % CHARGE FOR HOSPITALIZATION PER COURT ORDER DATED _____

COUNTY OF RESIDENCE: _____ OR STATE: _____

Dear _____

Attached you will find a copy of the estimated () or final () bill, for your cost of care for the following admission/s: _____. If there is a County of Residence noted above, future follow up regarding your bill will be sent from that County's Adjuster's office rather than from the hospital.

If you are receiving an estimated bill at this time, the hospital will send you a final bill as soon as possible. Certain State and Federal laws provide medical assistance benefits for services provided by our hospital, or you may have been covered by private insurance for hospital services. Estimated bills are often necessary until all insurance determinations and potential reimbursements are finalized.

After insurance or other credits are applied, your bill is calculated based on your ability to pay which is determined from the financial information provided to the County Adjuster's Office. Effective September 20, 2005, the County Adjuster uses a sliding fee scale similar to the Charity Care program's fee scale to calculate what percentage of your hospitalization's cost of care you are ultimately charged.

If the County Adjuster was not provided the requested financial information applicable at that time, or if you have any questions regarding their calculations, please contact the County Adjuster. An amended court order with adjusted charges may be appropriately provided.

PAYMENT SCHEDULE:

Total Amount Charged: \$ _____ x _____ % = Total Amount Due on Account: \$ _____

Twelve monthly payments are due on the 1st of each month beginning _____

Minimum payment amounts are equal to 1/12 of the Total Amount Due:
(Total Amount Due = \$ _____ / 12) = Minimum Monthly Amount Payable: \$ _____

In order to assure the proper credit to your account, your checks or money orders should be made payable to: **Treasurer State of NJ** and your check or money order should **include YOUR NAME and the HOSPITAL'S NAME (found on this letterhead).** **Please do not send cash.**

Please mail your payment to: Department of Human Services
P.O. Box 15280
Newark, NJ 07192

If you would like to request a "Compromise," which may result in a partial or full forgiveness of your bill, please contact the hospital's Supervisor of Patients Accounts Office for more information. You may also contact the hospital's Supervisor of Patients Accounts or the County Adjuster, if one is noted above, in order to negotiate a more favorable Payment Schedule, which may be based on a reasonable percentage of your monthly income and on other resources.

NOTE:

Please contact the Supervisor of Patients Accounts for information regarding hospital liens filed for admissions prior to 3/24/05. The liens were extinguished by law effective 3/24/05, but are still on county and State superior court clerk records. They will be cancelled upon request by the hospital. You may also submit a written statement requesting a compromise to reduce or eliminate the prior debt associated with the extinguished liens, as the debt remains a liability on your account record at the hospital.

For additional detail regarding compromises or for any questions you may have regarding your hospital account, including questions or concerns regarding the hospital's calculations, please feel free to contact the hospital Supervisor of Patients Accounts at () - _____ - _____. You may also refer to the attached list of mental health advocates for questions regarding hospital-filed liens and the underlying debt, or the compromise process.

Sincerely,

SPA

Attachments (hospital bill and list of Mental Health Advocates)

c: Representative Payee, Guardian, or P.O.A. over financial matters

County Adjuster for County Charges (include this letter and the bill attached)

Subject: Notification/Spanish Appendices

Date: Tue, 11 Mar 2003 13:30:07 -0500

From: Lynn Adams <Lynn.Adams@dhs.state.nj.us>

Organization: New Jersey Department of Human Services

To: Alan Kaufman <Alan.Kaufman@dhs.state.nj.us>


CC: Paula Turek <Paula.Turek@dhs.state.nj.us>

Alan,

Attached is a Microsoft Word file containing the six appendices from the Notification of Client Debt administrative bulletin translated in Spanish.

Please let me know if you need anything else in order to have these distributed via e-mail.

Lynn

 Notification 2119 edited spanish.doc	<p>Name: Notification_2119_edited_spanish.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message</p>
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Spanish Appendices

APÉNDICE I

COSTE DE LA ATENCIÓN

Usted recibirá tratamiento en este hospital independientemente de si puede pagarlo o no. Si dispone de un seguro privado, como Medicare o Medicaid, el hospital remitirá la factura en primer lugar a la compañía de seguros. No obstante, debe tener en cuenta que Medicaid no cubre la atención psiquiátrica para pacientes internos en instalaciones estatales destinadas a personas que reúnen los requisitos necesarios, a no ser que tengan 65 o más años, o sean menores de 22 (siempre que en el momento del ingreso fueran menores de 21). Asegúrese de facilitar información sobre el seguro al hospital. Si no dispone de seguro, o si su seguro no cubre la atención en este hospital, será usted quien asuma la responsabilidad financiera.* El hospital le proporcionará de inmediato información adicional.

* Si ha sido trasladado al hospital desde una institución correccional de un estado o condado, el hospital también necesita la información sobre su seguro para poder remitir la factura, aunque el saldo remanente de su cuenta puede tramitarse por separado. Su equipo de tratamiento y el Supervisor de cuentas de pacientes (SPA, por sus siglas en inglés) pueden proporcionarle más información.

APÉNDICE II

SU RESPONSABILIDAD FINANCIERA

Las siguientes indicaciones pueden ayudarle a comprender sus obligaciones financieras derivadas de la atención prestada en este hospital:

¿Por qué debo pagar por la atención recibida?

Los tratamientos hospitalarios acarrearán costes. Incluso en el caso de que acuda al hospital contra su voluntad, de conformidad con la legislación estatal, el *hospital está obligado a cobrar la atención que en él reciba.

¿Cómo puedo saber lo que debo pagar por la atención recibida?

Su equipo de tratamiento lo ayudará, por ejemplo, poniéndose en contacto con el SPA si solicita información adicional. Dicha información puede recibirla usted o, si lo desea, un familiar o amigo de confianza. Asimismo, un funcionario del condado (el *County Adjuster* o Tasador del condado) puede ponerse en contacto con usted o su familia para ofrecerle más detalles.

¿Cómo puedo organizarme para pagar la atención recibida?

Su equipo de tratamiento le asesorará y le ayudará para determinar cuál es el modo más apropiado de utilizar los fondos de los que dispone. Los miembros del equipo pueden consultar también al SPA si necesitan información adicional.

¿Es posible que el seguro cubra alguno de mis costes?

Sí. Si dispone de cobertura de seguro Blue Cross o de otro tipo, debería notificarlo a su equipo de tratamiento. El hospital remitirá entonces la factura a la compañía aseguradora. Todos los pagos procedentes de seguros que reciba el hospital contribuirán a reducir su factura. Asimismo, en caso de que cumpla los requisitos de Medicare, Medicare recibirá la factura. Si es mayor de 65 años o ha llegado a esta edad después de su ingreso, o si es menor de 22, siempre que en el momento del ingreso fuese menor de 21, puede reunir los requisitos que exige Medicaid. Si cumple los criterios de edad, su asistente social o el SPA iniciarán los trámites de la solicitud.

Si decido no pagar, o si no puedo pagar, ¿se verán alterados mi tratamiento o mi alta?

No. Mientras dure su ingreso en el hospital, el personal le prestará la misma atención independientemente de si paga o no. Sin embargo, si su seguro no cubre el coste completo de la atención y usted no puede pagarlo, el *hospital debe presentar un documento legal llamado Derecho de retención.

¿Deberé responsabilizarme de mi factura después de recibir el alta?

Sí. En caso de que la cobertura del seguro u otros pagos realizados en su nombre no reembolsen por completo el coste de la atención recibida, el *hospital debe presentar un Derecho de retención. Si dispone de bienes o propiedades, el Derecho de retención presentado por el hospital permite que dichos activos (o activos futuros en el momento en que estén disponibles) se utilicen para pagar su factura. Sin embargo, no se estará obligado a vender su vivienda. Si decide vender su vivienda o cualquier otra propiedad, o recibe algún bien, estará obligado a efectuar un pago de su factura. No obstante, puede ponerse

en contacto con el SPA de la administración del hospital en ese momento, o en cualquier otro después de recibir el alta, y solicitar una "conciliación" (reducción) de su factura. El estado no cobrará costes en concepto de intereses o retrasos. Puede obtener copias de su factura y del Derecho de retención a los 30 días de haber recibido el alta, si las solicita. Aunque no exigimos que el pago se realice en dicho momento, sólo podemos retirar el Derecho de retención cuando se haya pagado la factura final.

Si desea realizar alguna pregunta acerca de lo expuesto anteriormente, acuda a su equipo de tratamiento. Si necesita más información, el equipo se pondrá en contacto con la oficina del SPA del hospital.

Firma del paciente

Fecha

* Si ha sido trasladado al hospital como detenido de una institución correccional de un estado o condado, el hospital también necesita la información sobre su seguro para poder remitir la factura, aunque el saldo remanente de su cuenta puede tramitarse por separado. Su equipo de tratamiento y el SPA pueden proporcionarle más información.

APÉNDICE III

DECLARACIÓN DE RESPONSABILIDAD FINANCIERA (LLR)

FECHA: _____

RE: _____

Estimado/a _____:

Le comunicamos que su _____ (esposo, esposa o hijo menor de 18 años) ha sido ingresado en _____. Cuando un paciente ingresa, voluntaria o involuntariamente, es responsable de cualquier coste no reembolsado derivado de la atención prestada. Según la Ley 30:4-80.1 del estado de Nueva Jersey, se interpondrá Derecho de retención contra los bienes o propiedades de los pacientes por cualquier coste no pagado. La administración de nuestro hospital remitirá una factura al seguro que el paciente presente, como Medicaid, Medicare, Blue Cross/Blue Shield u otros seguros privados. Asegúrese de facilitar toda la información del seguro a la administración. Deberá proporcionar información y colaborar en el proceso de solicitud si Medicaid así lo requiere para la cobertura institucional de Medicaid. Si se determina que su cónyuge o hijo cumplen los requisitos para la cobertura institucional de Medicaid, Medicaid lo notificará al hospital, que a continuación remitirá una factura por los servicios prestados. No obstante, debe tener en cuenta que Medicaid no cubre la atención psiquiátrica para pacientes internos en instalaciones estatales destinadas a personas cumplen los requisitos, a no ser que tengan 65 años o más o sean menores de 22 (siempre que en el momento del ingreso fuesen menores de 21).

Además, el cónyuge del paciente o el progenitor de un paciente menor de 18 años pueden ser declarados responsables de una parte de la responsabilidad financiera del paciente. La Ley 30:4-60 del estado de Nueva Jersey estipula que un cónyuge o un progenitor de un menor de 18 años puede ser responsable económicamente de una parte o la totalidad del coste derivado de la atención prestada al paciente. El Tasador del condado del condado en el que se ha realizado el ingreso puede ponerse en contacto con usted para solicitar información que confirme el condado de residencia del paciente. La oficina correspondiente del Tasador del condado se pondrá en contacto con usted para obtener más información sobre su situación financiera y determinar si usted, como pariente imputable, debería ser responsable económicamente de alguna parte del coste no reembolsado derivado de la atención prestada. En función de los resultados de su investigación, el Tasador del condado dirigirá una solicitud a los tribunales para que emitan una resolución que determine el condado de residencia. Asimismo, el Tasador puede incluir una recomendación al tribunal para que determine la responsabilidad económica del cónyuge o progenitor del paciente, conocido como Pariente legalmente responsable (o LLR, por sus siglas en inglés), en función de su capacidad de pago. El LLR está obligado a satisfacer dicha responsabilidad financiera y la legislación establece también la retención de las propiedades inmobiliarias y/o personales del LLR en caso de que no cumpla con dicha obligación.

El coste de la atención prestada en _____ es de _____ \$ diarios del año actual. El estado no cobrará costes en concepto de intereses o retrasos. La incapacidad de pagar no alterará la calidad de la atención y el tratamiento prestados a nuestro paciente. Si la familia, el paciente, el seguro o cualquier otra fuente de pago satisface la totalidad de la factura, se retirará el Derecho de retención. Después de recibir el

alta, el paciente puede también conciliar su deuda por cualquier cantidad inferior a la suma no pagada.

Si el traslado de su hijo o cónyuge se realizó desde una institución correccional del estado o condado, póngase en contacto con el SPA para obtener información relacionada con el saldo de su cuenta, que puede tramitarse por separado.

Si desea realizar alguna pregunta relativa a alguna parte de esta carta, póngase en contacto con nuestra Oficina de cuentas de pacientes en _____

Atentamente,

APÉNDICE IV

DECLARACIÓN DE RESPONSABILIDAD FINANCIERA

A todos los pacientes:

Cuando ingresó en el hospital, el manual del paciente/de la familia les informó de su responsabilidad financiera sobre el coste derivado de la atención prestada por el hospital. Asimismo, aproximadamente dos semanas después del ingreso, recibió información adicional sobre su responsabilidad financiera por el coste derivado de la atención prestada. Actualmente, mientras se prepara para recibir el alta, la administración desea resumirle la información suministrada con anterioridad y ofrecerle detalles adicionales que consideramos útiles para la comprensión de sus obligaciones financieras:

1. El coste de hospitalización correspondiente al año en curso es de _____ al día.
2. Nuestra administración remitirá una factura a cualquiera de los seguros de que disponga, como Medicare, Medicaid, Blue Cross/Blue Shield u otros seguros privados.
3. Si el coste en el que ha incurrido supera la cobertura del seguro, deberá responsabilizarse de pagar el resto de la factura. Los fondos del Seguro Social no pueden utilizarse salvo que usted o su beneficiario lo acepte voluntariamente.
4. Si cuenta con bienes o propiedades, un derecho de retención presentado por el hospital permite que estos bienes (o activos futuros en el momento en que estén disponibles) se utilicen para pagar su factura. Sin embargo, no estará obligado a vender su casa.
5. Una vez que reciba el alta, puede obtener de la oficina del SPA copias de su factura y del Derecho de retención 30 días después, si usted las solicita. Aunque no exigimos que el pago se realice en dicho momento, sólo podemos retirar el Derecho de retención cuando se haya pagado la factura final. El estado no cobrará costes en concepto de intereses o retrasos. Puede solicitar una "conciliación", que puede implicar una reducción de su factura. Si desea más información, puede ponerse en contacto con la Oficina de cuentas de pacientes llamando al número que aparece más abajo.

Si desea realizar cualquier pregunta acerca de lo expuesto anteriormente, consulte a su equipo de tratamiento o a la Oficina del SPA del hospital llamando al número _____.

Nota: si usted fue trasladado al hospital desde una institución correccional del estado o condado, el saldo de su cuenta puede tramitarse por separado. Póngase en contacto con su equipo de tratamiento o el SPA para obtener más información.

APÉNDICE V

COSTES DE LA HOSPITALIZACIÓN

HOSPITAL PSIQUIÁTRICO _____

En documento adjunto puede encontrar una copia de la factura estimada () o final () correspondiente al coste derivado de la atención prestada.

Si se trata de una factura estimada, recibirá la factura final tan pronto como sea posible. Determinadas leyes estatales y federales contemplan beneficios de asistencia médica para los servicios prestados por nuestro hospital, o puede que reciba cobertura de un seguro privado por los servicios prestados por el hospital. A menudo se necesitan las facturas estimadas hasta que se establecen todas las determinaciones del seguro y los posibles reembolsos.

Asimismo, puede tener la posibilidad de "conciliar" (reducir) su factura a través de la Oficina del SPA del hospital.

Si desea realizar cualquier pregunta, póngase en contacto con el SPA llamando al número () _____.

Atentamente,

Anexo

APÉNDICE VI

Re: Derecho de retención

En documento adjunto podrá encontrar una copia de su derecho de retención. De conformidad con la Ley del Estado de Nueva Jersey (N.J.S.A. 30:4-80.1), debe presentarse un derecho de retención por los costes no pagados derivados de la atención prestada a clientes ingresados en este hospital. Aunque no exigimos que se realice el pago en dicho momento, sólo podemos retirar el derecho de retención cuando se pague la factura final. Puede solicitar una "conciliación" (reducción) de su factura a través de la Oficina del SPA del hospital.

Si desea realizar cualquier pregunta, puede llamar a la Oficina del SPA al número () _____ o escribir a la dirección anterior.

Atentamente,

Anexo