



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Policy Name: Financial Assistance Program Full Charity Care and Discount Payment Policy	Policy Owner/Dept: CFO/Patient and Resident Financial Services	Reference: California Hospital Fair Pricing & Debt Collection	Policy Number: FIN321
Responsible Office: Patient and Resident Financial Services Office	JSLG – Patient and Resident Financial Services Department	Effective Date: January 1, 2015	
Responsible Official: Director of Patient and Resident Financial Services	Execute Responsible: Chief Financial Officer	Revised: January 2024; May 2024, Last Revision November 2025	



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(INCORPORATED AS HEBREW HOME FOR AGED DISABLED)

Financial Assistance Program Full Charity Care and Discount Payment

Policy Background

Jewish Home & Rehab Center (JHRC) offers a Full Charity Care and Discount Payment Program. The policies are consistent with the provisions of California Assembly Bill No. 774¹ (AB 774) as amended by Senate Bill 1276² (SB 1276) and Health and Safety Code Section 127405(a)(1), and The Federal Affordable Care Act Section 501(r)(4)³. Section 1.501 (r)4(a) of the Final Regulations, published Dec. 31, 2014 [79 Fed. Reg. 78954 (Dec. 31, 2014)].

¹ AB 774 Assembly Bill – Cal. Health & Saf. Code § 127400-127446

² SB 1276 Senate Bill – Sections 127400, 127420, 127425, 127450, 127454, and 127455., Cal. Health & Saf. Code § 127400, 127420, 127425, 127450, 127454, and 127455

³ (2015). Govinfo.gov. <https://www.govinfo.gov/content/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>



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The Final Regulations are part of Title 26 of the Code of Federal Regulations.

It is the policy of JHRC to provide any medically necessary inpatient services to our patients or residents regardless of their ability to pay.

Purpose Statement

The purpose of this Policy is to define the criteria which will be used by JHRC to comply with the requirements of the California Hospital Fair Pricing Policies Act, to establish a financial assistance program (FAP) and to ensure that patients or residents of the community at large:

- Are aware that financial assistance is available.
- Are provided adequate time to apply and submit required information and documentation.
- Receive reasonable assistance with the application process



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- Have the ability to search Shoppable Services on the JHRC website.

JHRC will work with patients or residents and their families to explore all available sources and methods of reimbursement for the care JHRC provides, such as third-party health or liability insurance coverage, government programs such as Medicare, Medi-Cal, Healthy Families, and Sliding Scale, Covered California, and Financial Assistance Program, and/or extended payment arrangements.

Help Paying Your Bill – Eligibility Criteria

The Financial Assistance Program is available to assist patients or residents with limited income at or below the 400% of the Federal Poverty Level⁴ (“FPL”) or who are underinsured because of “high medical costs” as defined in

⁴ Office of the Assistant Secretary for Planning and Evaluation. (2022). *2022 Poverty Guidelines*.



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AB 774.

In addition to explaining the eligibility criteria for full charity care and discount payment, this policy describes the processes for identifying and securing all coverage available through private insurance and government programs, making the program available to uninsured or underinsured patients or residents, appealing eligibility determinations, and documenting program-related matters. It is the intent of this Policy to comply with all federal, state, and local laws, including statutes, regulations, ordinances, etc. If any law, current or future, conflicts with this Policy, the law will supersede the conflicting provision(s) of this Policy.

The Patient or Resident Financial Services Department has responsibility for general accounting policies and procedures. Included within this purpose is a duty to ensure the consistent timing, recording, and accounting treatment of transactions at JHRC. This includes the handling of patient or residents



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accounting transactions in a manner that supports the mission and operational goals of JHRC.

Scope

The Financial Assistance Policy will apply to all patients or residents who receive medically necessary services at JHRC. This Policy pertains to financial assistance provided by JHRC.

All requests for financial assistance from patients or residents, and patient or resident families shall be addressed in accordance with this Policy.

Definitions

Financial Assistance: Both full Charity Care and Discounts Payment Program as described in this Policy. Financial Assistance does not include:



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- a) Bad Debt or uncollectible charges that the organization recorded as a revenue but wrote off due to a patient's or resident's failure to pay, or the cost of providing such a care to such patients or residents.
- b) The difference between the cost of care provided under Medi-Cal or other means-tested government programs or under Medicare and revenue derived therefrom.
- c) Contractual adjustments with any third-party payers.

Financially Qualified: A Financial Qualified patient or resident is defined as any patient or resident where Patient's or Resident's Family is at or below 400% of the FPL, including but not limited to:

- a) Self-Pay Patient or Resident.
- b) High Medical Costs Patient or Resident.
- c) An insured patient or resident with non-covered charges.



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High Medical Costs patients or residents: A financially eligible High Medical Cost patient or resident is defined as follows:

- a) Not Self-Pay (has third party coverage).
- b) Out-of-pocket medical expenses in the prior twelve (12) months exceed 10% of family income.

Family Income: Is determined consistent with the IRS definition of Modified adjusted Gross Income for the applicant and all members of the applicant's family.

Bad Debt: Bad debt results from services rendered to a patient who is determined by the JHRC, following a reasonable collection effort, to be able but unwilling to pay all or part of the bill.

Full Charity Care: Is full Financial Assistance to qualifying patients or residents that relieves the patient or resident and his or her responsible party of their entire financial obligation to pay for Medically Necessary Services. Charity Care does not reduce the amount, if any, that a third party may be required to pay for Medically Necessary Services.



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Discount Payment Program: Is partial Financial Assistance to qualifying patients or residents and his or her responsible party of a portion of their financial obligation to pay for Medically Necessary Services as defined. Discounted care does not reduce the amount, if any, that a third party may be required to pay for Medically Necessary Services provided to the patient or resident.

Self-Pay Patient and Resident: A financially eligible Self-Pay patient or resident is defined as follows:

- a) No third-party coverage.
- b) No Medi-Cal coverage, or patients or residents qualify but do not receive coverage for all services or for the entire stay.
- c) No compensable injury for purposes of government programs, workers' compensation, automobile insurance, or third-party liability as determined and documented by the JHRC
- d) Family income is at or below 400% of the Federal Poverty Level (FPL).



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High Medical Cost Patient or Resident: High Medical Cost patient or resident:

A financially eligible High Medical Cost patient or resident is defined as follows:

- a) Not Self-Pay (has third party coverage).
- b) Family income at or below 400% of the Federal Poverty Level (FPL)
- c) Out-of-pocket medical expenses in the prior twelve (12) months, exceed 10% of family income.

Medically Necessary Services: A Medically Necessary Service or treatment is one that is necessary to treat or diagnose a patient or resident could adversely affect the patient's or resident's condition, illness, or injury if it were omitted, and is not considered an elective service.

Distinct Part/Skilled Nursing Facility Level B(DP/NF-B) is a hospital-based facility, usually operated in a designed unit within a hospital.

Long-Term Care: Long-term care services is commonly measured by the need for assistance with "activities of daily living" (ADLs) such as eating, dressing, and bathing, and "instrumental activities of daily living" (IADLs) such as preparing meals and taking medication. The need for assistance may stem



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from physical disability, developmental disability (such as mental retardation), chronic illness (such as HIV/AIDS or cancer), severe injury progressive disease (such as multiple sclerosis), or the decrease in mobility and cognitive functioning that often comes with aging.

Patient or Resident Family: A) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, or any age if disabled

B) or persons under 18 years of age or for a dependent child 18 to 20 years of age, inclusive, parent, caretaker relatives, and parent's or caretaker relatives' other dependent children under 21 years of age, or any age if disabled

Payment Plan: Means monthly payments of agreed upon terms between the JHRC and the patient or resident/responsible party.

Reasonable Payment Plan: means monthly payments that are not more than 10% of the income of the patient's or resident's family for a month, excluding deduction for essential living expenses.



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Monetary Asset: means an asset that is readily convertible to cash, such as bank accounts and publicly traded stock, but not an illiquid asset such as real property. A monetary asset does not include retirement or deferred compensation plans, and neither the first \$10,000 Asset, nor 50% of a Monetary Asset over the first \$10,000 will be counted in determining Financial Assistance eligibility based on a monetary asset.

Essential Living Expenses: means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or childcare, child or spousal support, transportation, and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning and extraordinary expenses.

Federal Poverty Level: (FPL) Is defined by the poverty guidelines updated periodically in the Federal Register, by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/poverty-guidelines>



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Application Period: A hospital shall not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application

Plain Language Summary: Means a document that notifies patients, residents and other individuals that the JHRC offers financial assistance under the Financial Assistance Policy in accordance with federal and California law. This document is clear, concise and easy to understand. Additional information on the Plain Language Summary can be found in the Financial Assistance Policy.

Extraordinary Collection Action (ECA) – “A list of collections activities as defined by the IRS and Treasury that Hospitals may take against an individual (or other person responsible for payment of the patient's or resident's care) to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. Per IRC 1.501(r)-6 and Treasury Regulation 1.501(r)-6(b)(1). Certain sales of the patient's or resident's debt to another party are considered an ECA. The following actions taken by a hospital are also considered ECAs:



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- a) Placing a lien on an individual's primary residence
- b) Foreclosing on real property
- c) Attaching or seizing an individual's bank account or other personal property
- d) Commencing a civil action against an individual or writ of body attachment
- e) Causing an individual's arrest
- f) Garnishing wages

Policy

It is the policy of Jewish Home & Rehab Center to provide Financial Assistance to financially eligible patients or residents who require Medically Necessary Services, who are uninsured and have high medical cost. Patients or residents with demonstrated financial need may be eligible if they satisfy the definition



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of a Charity Care patient or resident or High Medical Cost patient or resident as defined in the sections above.

Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this Policy:

1. **Medi-Cal Patients or Residents with Share of Cost:** Medi-Cal patients or residents who are responsible for paying their share of cost are not eligible to apply for Financial Assistance to reduce the amount of share of cost owed. JHRC shall seek to collect these amounts from patients or residents.
2. Charity care may be denied if patients or residents are eligible for other funding sources such as a Medi-Cal, Covered California or public assistance programs and refuse or are unwilling to apply.
3. This policy excludes services which are not medically necessary.



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4. Outside debt collection agencies and attorneys and the JHRC's internal collection practice will reflect this policy.
5. Financial assistance through discount payment and charity care programs is not a substitute for personal responsibility. It is the patient's or resident's responsibility to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their ability to pay.
6. A patient or resident will not be eligible for Financial Assistance if the patient's or resident's responsible party provides false information about financial eligibility.
7. The Financial Assistance Policy, the Plain Language Summary and the Application Form are available by visiting:

<https://sfcjl.org/aboutcharitable.htm> or by calling the Patient Financial



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Services voicemail line 415-469-2262 or by email businessoffice@sfcjl.org

Procedure

Patients or residents of JHRC shall be entitled to apply for Financial Assistance for all Medically Necessary Services. Uninsured or underinsured patients or residents who do not qualify for government sponsored healthcare benefits, Basic Health Care, or the Low-Income Health Program may qualify for fully discounted medical care under the Charity Care Program. Eligibility for this program is based on family income limitations and high out-of-pocket medical expenses. Patients or residents are not entitled to Financial Assistance for (i) services that are not Medically Necessary; and (ii) physician services that are billed separately from JHRC.

Application Process

The JHRC shall make all reasonable efforts to obtain from the patients or



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residents or their responsible party information about whether private or public health insurance may fully or partially cover the charges for care rendered by the JHRC. A patient or resident who indicates at any time the financial inability to pay a bill for the JHRC services shall be evaluated for Financial Assistance. To qualify as an Uninsured Patient or Resident, the

patient's or resident's responsible party must verify that they are not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients or residents should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.

Eligibility Procedure

Eligibility alone is not an entitlement to financial assistance qualification



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under this Policy. The patient or resident must complete the Financial Assistance Application and provide all required documentation and the Patient and Resident Financial Services Department must complete a process of applicant evaluation and determine qualifications before charity care or discount payment may be extended to the patient or resident.

Failure to comply with the application process or provide required documents will be considered in the determination.

Willful failure by the patient or resident to cooperate will result in JHRC's inability to provide financial assistance. However, they may apply for the Flexible Payment Plan.

The Charity Care Application Form: is used to determine a patient's or resident's ability to pay for services at JHRC and/or to determine a patient's or resident's possible eligibility for public assistance.

Factors considered when determining whether a resident or patient is qualified for financial assistance pursuant to this Policy may include:



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- a) No insurance under any government coverage program, or other third-party insurer; or inadequate third-party insurance coverage.
- b) Family income based upon tax returns or recent pay stubs.

If the patient or resident or family has a pending application for another health coverage program while applying for financial assistance, then pending application for other health coverage programs shall not preclude eligibility for the JHRC Financial Assistance Program.

Items that are not considered in determining income include:

- a) Primary Residence
- b) Retirement Funds
- c) Primary Vehicle

Indigence: Income falls below 200% of the Federal Poverty Guidelines.

Requests for Financial Assistance shall be processed promptly, and JHRC



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shall notify the patient or resident in writing within thirty (30) to sixty (60) days of receipt of a completed application.

JHRC will not make a determination of eligibility on information it has reason to believe is false or unreliable or obtained through the use of coercive practices.

Presumptive Financial Assistance Eligibility

Presumptive Financial Assistance takes place when JHRC staff may assume a patient or resident will qualify for financial assistance based on information received by the facility, i.e., homelessness, etc. The Patient or Resident Financial Services Department will complete an internal Financial Assistance Application for a patient or resident, to include:

The reason the patient or resident, or patient's or resident's responsible party, cannot apply on his/her own behalf; and

- a) The patient's or resident's documented medical or socio-economic reasons that stop the patient, resident or patient's or resident's



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responsible party, from completing the application.

- b) The Patient and Resident Financial Services Department documents that the patient or resident is homeless.
- c) It is verified that the patient or resident expired with no known estate or spouse.
- d) The patient or resident qualifies for a public benefit program including Social Security, Unemployment Insurance Benefits, Medi-Cal, County Indigent Health, AFDC, etc.
- e) The patient or resident meets another public benefit program's requirement that are similar to JHRC's Financial Assistance program.
- f) JHRC tried to get payment from the patient or resident and was not able to do so.
- g) The patient or resident has not completed a Financial Assistance Application.
- h) The patient or resident does not respond to requests for documentation.
- i) Any other information required by the Financial Assistance Application.



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- j) If the patient or resident does not or cannot respond to the application process, then the patient's or resident's account will be screened using the presumptive eligibility information outlined above to make an individual assessment of financial need. The above information helps JHRC make an informed decision on the financial need of a patient or resident by using the best estimates available if the patient or resident does not or cannot provide the requested information.

Financial Assistance policy, JHRC will not:

- a) send patient or resident accounts to collection agencies, debt buyers, or other assignees that are not a subsidiary or affiliate of JHRC.
- b) subject the patients or residents to further collection actions; or.
- c) include the patient's or resident's account in the facility's bad debt



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expense.

Eligibility Period

The Financial Assistance adjustment will be applied to all eligible patient or resident account balances, including those received before the application approval date. The financial assistance approval is good for 180 days after the approval is granted. For bills received after 180 days from when the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient or resident is seeking financial assistance to pay those bills.

Financial Assistance Determination

After a patient or resident submits a complete application and the required documentation, the JHRC will send a Notification Form. Eligibility Determination for Financial Assistance., to indicate the determination of approval or denial. The letter will include the following:



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- a) A clear statement of the determination for patient's or resident's eligibility for financial assistance.
- b) Promptly determine eligibility for financial assistance,
- c) Notify the applicant in writing of eligibility and available assistance,
- d) Provide the basis for the determination,
- e) Suspend all collection actions (if applicable),
- f) Reverse all collection actions (if applicable),
- g) Provide a statement of amounts owed (if applicable).
- h) If an Eligible Patient or Resident qualifies for Full Charity Care, JHRC provides them with a written notification that nothing more is owed. If an Eligible Patient or Resident qualifies for Discount Partial Charity Care, JHRC shall provide them with a billing statement indicating the amount owed as Eligible Patient or Resident.



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- i) If the patient was ineligible for financial assistance, a clear statement explaining why the application was denied.
- j) If the patient was ineligible due to a service that was not medically necessary, the attending physician of the service will have attested to this prior to the denial.
- k) Contact information for the JHRC, including department, contact name and where the patient or resident may appeal the JHRC's decision.
- l) Information on the Department of Health Care Access and Information's (HCAI) Hospital Bill Complaint Program.
- m) Information on the Health Consumer Alliance.

Patients with Limited Information for Application: The absence of patient or resident financial data available to the JHRC does not preclude eligibility for financial assistance. During evaluation, all factors pertaining to a patient's or resident's clinical, personal and demographic situation, an alternative



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documentation (including information that may be provided by other charitable organizations), the JHRC may determine a patient or resident is eligible for financial assistance by making reasonable assumptions regarding the patient's or resident's income.

Handling of Incomplete Applications: The JHRC may consider a patient's or resident's failure to provide reasonable and necessary documentation in making its financial assistance determinations. However, the JHRC will act reasonably and make the best determination it can with the available information. When a patient or resident submits an incomplete application, JHRC shall promptly notify the patient or resident with a written notice that describes the additional information and/or documentation required for the Application and include contact information for Application processing. If the patient subsequently completes the Application with required information, then the Application will be considered complete.



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Change in Circumstances

If at any time information relevant to the eligibility of the patient or resident changes, the

patient or resident may update the documentation related to income and provide JHRC with the updated information. It is the patient's or resident's responsibility to notify JHRC of the updated information. JHRC will consider the patient's or resident's changed circumstances in determining eligibility for Financial Assistance. JHRC may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate.

Disputes and Appeals

A patient or resident may seek review of any decision by the JHRC in the



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event of a dispute over the application of the Financial Assistance Policy.

In the event of a dispute regarding eligibility for Financial Assistance, patients or residents have the right to appeal the decision (see Appendix D).

Patients or residents must provide a written appeal outlining the reasons they believe the determination was incorrect.

The Director of Patient and Resident Financial Services of JHRC is responsible for reviewing all appeals and making a final determination.

This authority may be delegated by the Director of Patient and Resident Financial Services. The final determination must be communicated to the patient or resident in writing submitted within 30 days.

Disputes or appeals should be submitted by calling Patient Financial Services at the voicemail line 415-469-2262, email businessoffice@sfcjl.org or mailed to the following address:

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Attn: Patient and Resident Financial Services Department

302 Silver Avenue San Francisco, CA 94112

Calculation Discount

This policy permits non-routine waiver of a patient's or resident's out-of-pocket medical costs based on an individual determination of financial need in accordance with the criteria set forth below.

This policy excludes routine waiver of deductibles, co-payments and / or coinsurance imposed by the insurance companies for patients or residents whose family income is greater than 400% of the Federal Poverty Level. This policy applies to JHRC inpatient

services.

Completion of a financial assistance application provides the documentation



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necessary for JHRC to determine if the patient or resident has income sufficient to pay for services. Documentation is useful in determining the qualifications of financial assistance. However, a completed financial assistance application is not required for JHRC to determine it has sufficient patient or resident financial information from which to make a financial assistance qualification decision.

Financial Assistance Levels

Basics for Calculation amounts Charged to Patients or Residents

There is a limit to the amount a patient or resident who is eligible for Financial Assistance may be charged. The patient or resident may not be charged more than the Amount Generally Billed (AGB) to Medicare, as determined by the JHRC in good faith, for medically necessary care. JHRC does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this Policy.

Full Charity Care and Discount Payment: are based on Household Income.



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Documentation of Household Income include:

- a) recent pay stubs
- b) or income tax returns
- c) or other documents

The discount amount is based on the percentages in the following tables:

Eligibility for 100% Charity Care

- a) Patients or residents without third party coverage and income at or below 200% of the FPL will be extended a 100% discount on services provided.
- b) Eligibility consists of a review of the patient's or resident's income.
- c) The Financial Assistance Application should be completed for all patients or
- d) residents requesting charity care.



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e) Criteria and process to determine a patient's or resident's eligibility for a 100% discount are as follows:

1. The patient's or resident's family income is verified not to exceed 200% of FPL with the most recently filed Federal tax return or recent paycheck stubs. First \$10,000 of monetary assets (liquid assets) is excluded. 50% of all monetary assets (liquid assets) above \$10,000 are excluded.
- 2.
3. Retirement accounts and IRS-defined deferred-compensation plans (both qualified and non-qualified are not considered monetary assets and are excluded from consideration..
4. Assets above the statutorily excluded amounts will be considered exceeding allowable assets and may result in the denial of charity care discounts.
5. High Medical Cost patients or residents with third party (underinsured) coverage who are below 200% of the FPL with medical costs more than



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10% of the patient's or resident's family annual income will be extended with a 100% discount on services provided.

6. Eligibility for discounted payments or charity care shall be determined at any time the hospital is in receipt of information specified in paragraph (1). A hospital shall not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application.
7. Patients or residents who are covered by insurance but exhaust their benefits either before or during their stay at the facility and have a family income at or below 200% of the federal poverty.
8. This includes charges for non-covered Medically Necessary Services, denied days or denied stays. Treatment Authorization Requests (TAR) denials and any lack of payment for non-covered Medically Necessary Services provided to Medi-Cal patients or residents are also included.
9. Medicare patients and residents who have Medi-Cal coverage of their co-



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insurance and/or deductibles, for which Medi-Cal does not make payment and Medicare does not ultimately provide bad debt reimbursement are also included.

10. Some Medi-Cal plans offer coverage for a limited or restricted list of services. If a patient or resident is a Medi-Cal recipient, any charges for days or services not covered (e.g., when the patient or resident is not safe to discharge) should be written off as charity care. The Treatment Authorization Request (TAR) will record the reason for denial. This does not include any Share of Cost (SOC) amounts, as SOCs are determined by the state to be an amount that the recipient must pay before the patient or resident is eligible for Medi-Cal.

Examples of charity care to Medi-Cal beneficiaries may include, but not be limited to:

- a) Medi-Cal pending accounts.
- b) Medi-Cal denials
- c) Charges related to days exceeding a length-of-stay limit.



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- d) Out-of-state Medicaid claims with “no payment”
- e) Line-item denials.

The total amount of the charges not covered must be written off to Financial Assistance.

Billing timelines, medical records, missing invoices, or eligibility issues are excluded for Financial Assistance.

Special Circumstances

- a) Patients or residents who expire while admitted to JHRC and have no source of funding or responsible party or estate may be eligible for Financial Assistance even if a Financial Assistance application has not been completed. All such cases must be reviewed by the Director of the Patient and Resident Financial Services or designee(s) on a case-by-case basis.
- b) Homeless patients or residents without a payment source may be eligible



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Assistance if they do not have a job, mailing address, residence, including temporary residence, or insurance. However, all other county, state, or government programs must be considered as part of enrollment screening. All such cases must be reviewed by the Director of Patient or Resident Financial Services or designee (s) on a case-by-case basis.

- c) The Director of Patient and Resident Financial Services and Chief Financial Officer may, under unusual circumstances, extend charity care to individuals who would not otherwise qualify for charity care under this Policy. When such an award is made, the unusual circumstances justifying the award of charity care will be documented in writing and maintained in a segregated file in the Patient or Resident Financial Services Department.

**Eligibility for Discount Partial Charity Care for Patients or Residents with
no Third-Party Coverage (Self-Pay)**



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- a) Patients or residents who have family incomes at or below 200% of the FPL – but who do not qualify for 100% discount under this Policy – will nonetheless qualify for a partial payment so long as they are uninsured and require medically necessary care, or have high medical cost.

- b) Patients or residents with no third-party coverage with family income between 200.1% and 400% of the FPL are eligible for a partial discount.

Exhibit B

- c) The Financial Assistance Application Form should be completed for all patients and residents requesting the Financial Assistance and Discount Payment Program.

- d) Family income will be verified with either the recent file Federal tax return or recent paycheck stubs.



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This Policy does not waive or alter any contractual provisions or rates negotiated by and between JHRC and a third-party payer and will not provide discounts to a non-contracted third-party payer or other entities that are legally responsible to make payment on behalf of a beneficiary, covered person or insured.

Eligibility for Discount Partial Charity Care for High Medical Cost Patients or Residents with Third-Party Coverage

High Medical Cost patients or residents with third-party coverage whose family income is between 200.1% and 400% of the FPL with high medical costs are eligible for a partial discount.

Patients and residents are required to provide proof of payment of medical cost. Proof of payment may be verified.

The Financial Assistance Application Form should be completed for all patients and residents requesting Charity Care and Discount Payment



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Program. High Medical Cost patients and residents need to be evaluated monthly to accurately account for medical cost for the last twelve (12) months.

A patient's and resident's family income will be verified with either recent Federal tax return or recent paycheck stubs to confirm that the patient's or residents' family income is between 200.1% and 400% of FPL.

Eligibility will be based on the patient's or resident's family income qualification only.

If a non-contracted third-party payer (who has not otherwise negotiated a discount off JHRC standard rates) has paid an amount equal to or more than the maximum governmental program payment, JHRC would consider the difference as a discount payment, and write off the difference, excluding deductibles.

If payment received is less than the acceptable maximum governmental program payment, JHRC can collect from the patient or resident the difference between the third-party payment and the acceptable



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governmental program payment.

This policy does not waive or alter any contractual provisions or rates negotiated by and between JHRC and a third-party payer and will not provide discounts to a non-contracted third-party payer or other entities that are legally responsible for making payment on behalf of a beneficiary, covered person, or insured.

For patients or residents with no third-party coverage whose incomes are above 400%

of the FPL, please refer to the Uninsured Discount Section.

Miscellaneous

Accounting for and Tracking Financial Assistance Data: Approved financial assistance, along with any write-offs as a result of applying AGB amounts, shall be classified and recorded as charity care, because, by definition, charity care is "demonstrated inability to pay". The amount of charity care provided will be reported separately in the monthly financial statements.



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PFS will be responsible for maintaining the following data monthly:

- Number of applications for financial assistance received.
Number of individuals granted financial assistance.
- Number of appeals received.
- Percentage of appeals reviewed with a reversed decision; and
- Number of completed applications not processed within 30 days of receipt.

Finance shall calculate the cost associated with the services approved for financial assistance for disclosure in the annual financial statements and tax return.

Payment Plans: Patients may be eligible for a payment plan. Payment plans shall be offered and negotiated per the Policy on Billing and Collections for the JHRC.

Billing and Collection: JHRC may employ reasonable collection efforts to obtain payment from patients or residents. Information obtained during the



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application process for Financial Assistance may not be used in the collection process, either by the JHRC or by any collection agency/attorneys engaged by the JHRC. General collection activities may include issuing patient or resident statements, phone calls, and referral of statements that have been sent to the patient, resident or guarantor.

The Patient Financial Services department must develop procedures to confirm that patient or resident questions and complaints about bills are researched and corrected where appropriate, with timely follow-up with the patient or resident. The JHRC or collection agencies/attorneys will not engage in any collection actions (as defined by the Policy on Billing and Collections. Copies of the Policy on Billing and Collections may be obtained free of charge on the JHRC website at <https://sfcjl.org/about-charitable.htm>, by calling 415-469-2262, or within the financial services office.

Amount Generally Billed (AGB):



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In accordance with Internal Revenue Code 1.501(r)-5 JHRC has adopted the prospective Medicare method for amounts generally billed; however, patients or residents who are eligible for 100% discount are not financially responsible for more than the amounts

generally billed because eligible patients or residents do not pay any amount.

Equal Opportunity:

JHRC is committed to upholding all applicable federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military services, or any other classification protected by the federal, state, and local laws.

Confidentiality:

JHRC staff will uphold the confidentiality and individual dignity of every



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patient or resident. JHRC will meet all HIPAA requirements for handling personal health information.

Availability of Financial Assistance Information

Languages: Such information shall be provided in English and will be translated for patients or residents/responsible party who speak other languages.

During Admission and Discharges:

- a) **Written Notice to Patients and Residents:** Each patient or resident who is admitted shall receive a Plain Language Summary of the Financial Assistance Program (see Appendix A). Additionally, a Financial Assistance Program Acknowledgement notice will be given to each patient or resident. The notice shall be provided at the time of discharge, or when the patient or resident leaves the facility. If the patient or resident leaves the facility without receiving notice, the JHRC shall mail the notice to the



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patient or resident within 72 hours of providing medically necessary care.

- b) **Financial Assistance Counselors:** Patients or residents who may be Uninsured shall be assigned financial counselors, who will visit the patient in person at the facility. Financial counselors shall give such patients or residents a Financial Assistance application, as well as contact information for the Patient Financial Services personnel who can provide additional information about this Financial Assistance policy and assist with the application process.
- c) **Government Program Applications Provided at Discharge:** At the time of discharge, JHRC shall provide all Uninsured Patients or Residents with applications for Medi-Cal or any other potentially applicable government program.

Information Provided to Patients and Residents at Other Times:

- a) **Billing Statements:** JHRC shall bill patients and residents in accordance



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with the Policy of Billing and Collections. Billing Statements to patients or residents shall

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include Appendix A, which contains a Plain Language Summary of the Financial Assistance Program, a phone number for patients and residents to call with questions about Financial Assistance, and the website address where patients and residents can obtain additional information about Financial Assistance. A Notice of Rights is included in Exhibit 6.

- b) **Upon Request:** JHRC shall provide patients or residents with paper copies of the Financial Assistance Policy, the application for Financial Assistance, and the Plain Language Summary of the Financial Assistance policy and without charge.



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c) **Notice to Accompany Bills to Potentially Eligible Patients or Residents:**

Each billing statement that is sent to patients or residents who have not provided proof of third-party coverage at the time care is provided or upon discharge must include a statement of charges for services rendered by JHRC and the Notice of High Medical Cost.

Publication of Financial Assistance Information

Public Posting: JHRC shall post copies of the Financial Assistance Policy, the application for Financial Assistance (see Appendix B), the Plain Language Summary of the Financial Assistance Policy (see Appendix A), and the Help Paying Your Bill notice (see Appendix E) shall be clearly and conspicuously posted in locations that are visible to the patients or residents in the following areas: (1) Patient and Resident Financial Services Department; (2) Admissions Office and any other location in the facility where there is a high volume of patient or resident traffic.



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1. **Website:**

The Financial Assistance Policy, the Financial Assistance Application (see Appendix B), and a Plain Language Summary (see Appendix A) of the Financial Assistance Policy shall be placed in a conspicuous location on JHRC' internet website, with a link to the policy itself. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance. The JHRC website shall include the information required by 22 California Code of Regulations section 96051.11.

2. **Mail:** Patients or Residents may request a copy of the Financial Assistance Policy, application for Financial Assistance and Plain Language Summary be sent by mail, at no cost to the Patient or Resident.

Medical Necessity/Clinical Determinations: The evaluation of the necessity



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for medical treatment of any patient or resident will be based upon clinical judgment, regardless of insurance or financial arrangements will occur only after an appropriate medical screening examination has occurred, and necessary stabilizing services have been provided in accordance with all applicable state and federal laws.

Refunds on Charity Care Accounts: The JHRC will reimburse patients or residents for amounts they paid in excess of the amount due pursuant to this Policy, including any interest paid, at the rate of ten percent (10%) per annum. If the amount due to the patient or resident is less than \$5.00 (, the JHRC is not required to reimburse the patient or resident pay interest. The JHRC shall refund the patient or resident within 30 days.

All notices will also include the following statement:

Hospital Bill Complaint Program: Patients or Residents that believe they



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have been wrongly denied financial assistance may file a complaint with the State of California's Hospital Bill Complaint Program. To HospitalBillComplaintProgram.hcai.ca.gov

More Help: For patients or residents that need help paying a bill, there are free consumer advocacy organizations that will help patients or residents understand the billing and payment process. Patients or Residents may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

Submission to HCAI

JHRC will submit its Financial Assistance policy to the California Department of Health Care Access and Information (HCAI). Information can be located on the HCAI website.

Review/Revision:



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This Policy will be reviewed periodically and updated as required by changes in the operations and/or laws, rules, and regulations.

One can find the Poverty Guidelines and its ratios by clicking on this link:

<https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>

Sliding Scale

Uninsured Patients or Residents



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JHRC shall limit expected payment for services it provides to a patient at or below 400 percent of the federal poverty level, eligible under its discount payment policy to the amount of payment the hospital would expect, in good faith, to receive for providing services from Medicare or Medi-Cal, whichever is greater. If the hospital provides a service for which there is no established payment by Medicare or Medi-Cal, JHRC shall establish an appropriate discounted payment as follows:

Household Income	Discount Off of Amount Generally Billed	Patient or Resident Responsibility
200% or below of the Federal Poverty Level	100% discount	Zero
200.1% - 300 of the Federal Poverty Level	75% discount	25% Amount Generally Billed
300.1% - 350% of the Federal Poverty Level	50% discount	50% Amount Generally Billed



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350.1% - 400% of the Federal Poverty Level	25% discount	75% Amount Generally Billed
400.1% or Higher of the Federal Poverty Level	Not covered under the Financial Assistance Policy	Not covered under the Financial Assistance Policy

Patients or Residents with Commercial Insurance or Non-Contracted Managed Care Plans and High Medical Costs

Financial Assistance Category	Patient or Resident Criteria	Available Discount
High Medical Cost Charity Care (for Insured Patients or Residents).	1. Patient or Resident is underinsured with a family income at/or below 200% on the recent FPL And	A Write off of the Patient or Resident's responsibility amount for Medically Necessary Care.



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	<p>2. Medical expenses incurred at the facility in the past twelve (12) months exceed 10% of the patient's or resident's family income.</p>	
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REFERENCES:

Internal Revenue Code section 501(r). Title 26 Code of Federal Regulations 1.501(r)-

7

California Health and Safety Code section 124700 through 127446

Title 22 California Code of Regulations Sections 96051 through 96051.37



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Office of General, Department of Health and Human Services (“OIG”) guidance regarding financial assistance to uninsured and underinsure patients or residents, and IRS regulations.

Any implementation regulations and agency guidance regarding any of the foregoing.

Policy on Billing and Collections for JHRC.

APPENDICES:

Appendix A – Plain Language Summary

Appendix B – Confidential Financial Letter and Application

Appendix D – Financial Assistance Appeal Form

Appendix E – Help Paying your Bill

Appendix G – Notice of Assignment to Collection Agency

REGULATORY OVERSIGHT:



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California Department of Health Care Access and Information (hereinafter "HCAI") is charged with adopting guidelines for identifying, assessing, and reporting charity care services; and conducting onsite assessments as necessary to ensure that reported data is collected in compliance with the guidelines it sets. Calif. Health & Safety Code § 128740(d).

The State Department of Health is responsible for enforcing the Hospital Fair Pricing Policies provisions. Calif. Health & Safety Code § 127401.



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Financial Assistance Program

APPENDIX B

Financial Assistance Application Form Instructions

Jewish Home & Rehab Center offers Financial Assistance, for qualified patients and residents (low-income uninsured patients and residents and low-income insured patients and residents with high medical costs that meet the program eligibility requirements) using the most recent Federal Poverty Guidelines.

The following qualifications must be met:

Gross family income levels must be at or below 200% of the Federal Poverty Guidelines for Charity Care, or between 201% - 400% for the Discount Payment Program.

All applicable funding sources must be complied with, and a determination made



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based on full cooperation. These funding options include Medi-Cal, Covered California, California Victim Compensation Program, etc. Applications denied for lack of cooperation will not be considered for financial assistance. Applicants do not have time limits to apply for charity care or discount payment.

In order for your application to be processed, you must:

- Provide us information about your family
- Provide us information about your family's gross monthly income (income before taxes and deductions)
- Provide documentation for family income
- Attach additional information if needed
- May have high medical expenses/cost
- A completed and signed and dated Financial Assistance Application (included)



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Proof of Income

Please provide one of the following:

- Copy of signed federal income tax return(s) for the current year or previous year
- Copy of three (3) recent pay stubs for **both** applicant & co-applicant
- Copy of current year or previous year's W-2 or 1099 earnings statements for **both** applicant and co-applicant
- Copy of social security allotment letter and/or other proof of income (**see written documentation of all forms of income section**)
- If unemployed**, please provide a copy of your wage report/unemployment statement showing denial or eligibility for both applicant & co-applicant. If applicable, include copy of denial letter from Medi-Cal.



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Written documentation of all forms of income

I.e., trust funds, stock dividends, child support, alimony, social security, public assistance, food stamps, disability, rental property, investment Income, other.

If you do not have any monthly income or there has been a recent change in your financial situation, you **must** provide a statement or letter explaining your circumstances. If someone else is supporting you, they must sign the support statement in the Additional Financial Documentation section of the application.

Note: Bank statements will not be accepted as proof of income

Identification

Please provide two forms of identification (i.e., driver's license, photo ID, utility bill, social security card, birth certificate, passport, etc.). Send completed application and documentation to:

Jewish Home & Rehab Center

Attention: Patient Financial Service

302 Silver Avenue San Francisco, CA 94112

Or fax: (415) 399-5681

302 SILVER AVENUE, SAN FRANCISCO, CA 94112 | 415.334.2500

Patient Financial Services | 415.469.2262 | Businessoffice@sfcjl.org

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Please provide all the information to avoid delays in processing your application or it may be denied. Please note that if financial assistance is granted, it will only cover your medical bills from our facility. It will not apply to the bills for other medical providers, hospitals, or physicians unless they specifically agree to accept it.

NOTE: PLEASE CONTACT YOUR OTHER MEDICAL PROVIDERS DIRECTLY TO INQUIRE ABOUT ASSISTANCE OPTIONS.

When applying for financial assistance, you are giving consent for us to make necessary inquiries to confirm financial obligations or references. If you have any questions, please contact the Patient and Resident Financial Services Department at our voicemail line (415) 469-2262 or email BusinessOffice@sfcjl.org or you may <https://sfcjl.org/about-charitable.htm>.

visit

The Patient and Resident Financial Services Department will notify you with the results in writing within 30 days of receipt.

For more information regarding Federal Poverty Guidelines, Medi-Cal, Covered California, or CMS visit: Federal Poverty Guidelines <https://www.federalregister.gov>

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Financial Assistance Program

Covered California <https://www.coveredca.com>

Medi-Cal <http://www.dhcs.ca.gov/Pages/default.aspx>

Application for Financial Assistance

I am applying for Charity Care:

I am applying for Discount Payment:

Applicant Information:

Patient/Resident Name:	Spouse Name (If applicable)
Admission ID#:	Medical Record#:
Account #:	

Single Married Separated Divorced Widowed

Life Partner

Address:	
Home Phone:	Spouse Phone:
Cell Phone:	
Date of Birth (Patient/Resident):	Date of Birth (Spouse):

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Employer: <input type="checkbox"/> Full Time <input type="checkbox"/> Self <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal	Employer: <input type="checkbox"/> Full Time <input type="checkbox"/> Self <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal
Occupation:	Occupation:

Household Details: (Supporting documentation required. To list additional income, use the back of this application).

Member Name Age Relationship Monthly Income Sources Annual Gross Income

				\$
				\$
				\$
				\$
				\$

Total Family Size: _____ Total Dependents:___ Total Household Income: \$_____



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Screening Information:

- Do you currently have health Insurance? (Y/N)____ If yes, please provide insurance information below:

- Insurance Name: _____ Policy #

- Group Name/Number: _____

- Have you had health insurance that has been terminated in the past 3 months? (Y/N)____ if yes,

complete the following:

- What type of insurance? (i.e., Medi-Cal, BCBS, United, HealthNet, Tricare, etc.

Reason for insurance termination?

- Did you apply for cobra insurance coverage? (Y/N)____ If so, when?



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Financial Assistance Program

- Former Employee Name:

- Are you being treated for injuries covered by Workers Compensation? (Y/N)

_____if yes, please provide the Name of Work Comp Carrier:

_____ Adjusters Name:_____

Adjusters Phone Number:_____ Injury date:_____

Claim Number:_____

- Are you being treated for injuries covered by Third Party Liability such as an

Auto Insurance Company? (Y/N)_____if yes, please provide the following

information: Name of Auto Insurance or Attorney:_____Auto

Insurance or Attorney Phone Number:_____Injury date:

_____Claim/ Number:_____

- Are you active duty or retired military? (Y/N)_____ If so, are you eligible for

VA Benefits? (Y/N)_____

- Have you applied for Medi-Cal or Disability? (Y/N) _____if yes, When?



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Where? _____ Caseworker: _____

➤ Has your household or income status changed since you last applied? (Y/N)

➤ Were you a victim of a crime? (Y/N) _____ If yes, please provide the following

information: Date of injury? _____ Name of Case Worker:

_____ CW Phone #: _____ Case Number: _____

➤ Medi-Cal Notice of Action if applicable: (Y/N) _____

➤ If you have any other special circumstances which you would like us to consider when reviewing your application, please explain below or attach a detailed letter: _____



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Patient/Resident/Applicant Name:	Co-Applicant Name:
Monthly Expenses:	
Rent/ Mortgage \$	
Utilities \$	
Food \$	
Cell Phone \$	
Auto Loan \$	
Auto Insurance \$	Employment Income \$
Loans \$	Spouse Income \$
Child Support \$	Retirement Income \$
Credit Cards \$	

Other \$	Other \$
Total Expenses \$	Total Income \$

Patient/Resident/Applicant Certification:



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I, _____, CERTIFY the information I have provided is true and accurate to the best of my knowledge. I understand that if I do not cooperate with Jewish Home & Rehab Center in supplying ANY additional requested information, my application may be denied for possible financial assistance. I understand that the information which I submit is subject to verification by the FACILITY, including credit reporting agencies, and subject to review by FEDERAL and/or STATE AGENCIES and others as required. I understand that this application pertains to the facility charges and not physician's charges. I understand that if any information I have given proves to be untrue, I will be held responsible for the full amount of any medical services received from Jewish Home & Rehab Center. I am also aware that I am only applying for the account specified above, and that my financial status will have to be reevaluated and may require a new application for any/all future services deemed as medically necessary I receive at Jewish Home & Rehab Center.

Applicant signature

Date



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Additional Financial Documentation

(Only complete if applicable)

Patient/Resident Name: _____ Date: _____

Support Statement:

My signature will certify that I, _____, do provide all necessary essentials for living for the patient/resident's behalf, and have done so for a period of _____ years/months.

Signature of Patient/Resident's Supporter

Relationship to Patient/Resident

Date: _____



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Homeless Affidavit:

I, _____ (PRINT NAME) hereby certify that I am homeless, have no permanent address, no job, savings, or assets and no income other than donations from others.

Signature : _____

Date _____

No Changes to Financial Status since Previous Application for Assistance

I, _____ (PRINT NAME) hereby certify there have been no changes to my (nor my households) financial status since my previous application for financial assistance from Jewish Home & Rehab Center which was completed on _____. Please select of the following options:



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- I am still being supported by another. They provide all necessary essentials for living for my behalf and have done so for a period of _____years/months.

- I am still homeless. I am homeless, have no permanent address, no job, savings, or assets and no income other than donations from others.

- There are no changes to my (or my spouse's) income or household size since my previous application.

Signature: _____

Date: _____

*****For Office Use Only*****
Eligibility Determination



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Financial Assistance Program

Charity Program

Eligible

Ineligible

Discount Program

Eligible

Ineligible

Denied Reasons:

- Non-compliance
- Income over 400% FPL
- Insured by government or non-government payer
- Services were not received at Jewish Home & Rehab Center
- No high medical costs
- Services received are already discounted
- Over 30 Days – Failed to provide requested verifications
- Other (specify) _____

Eligibility determination made by:

Print Name: _____

Signature: _____ Date: _____

Date sent to the patient/resident for final determination: _____

Patient Financial Services Staff completing this form



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Initial: _____ cc: Copy sent to: _____



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Financial Assistance Program

DISPUTE OR APPEAL PROCESS FOR DENIED APPLICATION

Determination - Appeals

If you have been determined ineligible for the Charity Care and Discount Payment programs and wish to appeal your denial for eligibility, you have 15 business days to appeal from the date of your eligibility determination. Please submit a copy of this completed application with your written statement below of the reason or your appeal request to:

Jewish Home & Rehab Center

Attention: Patient Financial Services

302 Silver Avenue San Francisco, CA 94112

Or fax: (415) 399-5681

Reason for dispute or appeal request:



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DISPUTE OR APPEAL DECISION		
Reason for Dispute or Appeal	Decision	
Charity Program	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
Discount Program	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
Decision made by:		
Print Name:		
Signature:		
Date:		



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Discharge Notice

Date:

Patient/Resident/Responsible Party Name: _____

Patient/Resident/Responsible Address: _____

RE: Account Number:

Patient/Resident Name:

Date of Service:

Admission ID#:

Account Balance:

When reviewing your health insurance benefits, it indicates that you have a high medical cost due to your insurance plans deductible and or co-pays. If you have additional coverage, please contact our office as soon as possible so the information can be obtained, and the appropriate payer billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medi-Cal, Healthy Families, Sliding Scale, Covered California, and other

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government-funded programs designed to provide health coverage, and Financial Assistance Program, and/or extended payment arrangements.

Patients and residents who are uninsured and ineligible for third party payers or underinsured and have high medical costs and meet the eligibility of family income at or below 400% of Poverty Level guidelines may qualify for charity care or discounted payments.

For more information on [Help Paying Your Bill](#), the charity care and discount payment policy and on how to apply for it, please contact us either:

- 1) By calling the Patient Financial Services phone line at (415) 469-2262 to speak with a representative who may assist you with completing the application
- 2) Via the JHRC website <https://sfcjl.org/about-charitable.htm> (this site also includes the JHRC's list of shoppable services)
- 3) By obtaining and filling out an application form for charity care or discounted payment that is available from our Patient Financial Services, located on the 2nd Floor of the Rosenberg building at 302 Silver Avenue, San Francisco, CA 94112



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- Hospital Bill Complaint
- Tagline sheet on 96051.1 (b) English and the top 15 languages spoken by limited-English-proficient individuals in California

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Financial Assistance Program

Appendix A

Plain Language Summary

As a non-profit organization, Jewish Home & Rehab Center (JHRC) provides financial assistance to uninsured and under-insured patients or residents that may not have sufficient financial resources to pay for services.

This handout is intended to aid in understanding the financial assistance options available to qualified patients and residents, the application process and your payment options for services rendered at Jewish Home & Rehab Center (JHRC). Your JHRC bill will not include services you may receive during your stay from physicians, ambulance companies, and other providers that may bill you separately. If you wish to seek assistance with paying your bills from these other providers, you will need to contact them directly.

Payment Options

JHRC has many options to assist you with payment of your bill:



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Financial Assistance Program

- **Medi-Cal & Government Program Eligibility:** You may be eligible for a government-sponsored health benefit program. JHRC has staff available to assist you with applying for government programs such as Medi-Cal. Please contact The Patient and Resident Financial Services Department at (415) 469-2262 or by email businessoffice@sfcjl.org if you would like additional information about government programs or need assistance with applying for such programs.

Medi-Cal: <http://www.dhcs.ca.gov/Pages/default.aspx>

- **Covered California:** You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Please contact The Patient and Resident Financial Services Department at (415) 469-2262 or by email businessoffice@sfcjl.org
Covered California: <https://www.coveredca.com>



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Financial Assistance Program

- **Payment Plans:** Patient or resident accounts balances are due upon receipt.

Patients or residents may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services Department can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low-income uninsured patients or residents and certain income-eligible patients or residents with high medical costs. The payment plan is negotiated between the JHRC and the patient or resident.

The following is a summary of the eligibility criteria for financial assistance and the application process for patients and residents who wish to seek financial assistance.



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Financial Assistance Program

Financial Assistance Eligibility Requirements:

- Patients or residents who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical care and have a family income at or below 400% of the federal poverty level.
- Patients or residents who are covered by insurance but have family income at or below 400% of the federal poverty level; and medical expenses for themselves that exceed 10% of the patient's family income.

Application process:



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Financial Assistance Program

During the application process, you will be asked to provide information regarding the number of people in your household, your monthly income, and other details that will assist JHRC with determining your eligibility for financial assistance. You may be asked to provide a pay stub or tax records to assist JHRC in verifying your income.

The application specifies certain information that is required to be submitted with the application. This information may be independently verified by JHRC to ensure its completeness and accuracy. Notice of approval or denial of an application shall generally be sent to the patient within 30 days of receipt of application.

Assignment

to JHRC of all insurance payments, including liability settlements, is required up to the amount of gross charges on a patient's bill.



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Financial Assistance Program

Denials of financial assistance may be appealed. Appeals must include an appeal letter from the patient, resident or party with financial responsibility requesting re-evaluation. The appeal must also include any supporting documents that may prove inability to pay that were not part of the initial consideration. Appeals will be referred and reviewed by the Director of Patient Financial Services within thirty (30) days of being received. If the Director of Patient Financial Services feels additional input is needed in making a determination, the Chief Financial Officer will be asked to review and assist with the determination.

Period that Approved Financial Assistance Will Be Provided

Once a patient or resident has been approved for financial assistance, the patient or resident will be deemed to have approval for services rendered by for six months subsequent to initial approval date, except as follows:



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Financial Assistance Program

- There is a change in financial status. After six months, the patient will be required to reapply for financial assistance, and the appropriate verifications of information will need to be made.

- In JHRC's reasonable estimation, patient can afford to purchase insurance coverage through the Covered California Health Insurance Exchange and the period for which such coverage can be obtained is less than six months from the time financial assistance is granted by JHRC, only the timeframe that is non-covered will be approved.

If a patient or resident is granted financial assistance on a portion of their bill, and the patient or resident subsequently does not pay their remaining portion of the bill, JHRC will not reverse the amount of financial assistance granted.

Charge Limitation



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Financial Assistance Program

JHRC will utilize the Prospective Medicare methodology to determine the Amounts Generally Billed (AGB) for inpatient and outpatient accounts when determining patient liability for individuals who qualify for financial assistance. The billed amount will not exceed the AGB. This document (The Plain Language Summary) summarizes the JHRC FAP and is not intended to represent a complete explanation of the FAP. Our financial counselors can be reached Monday through Friday from 9:00 am to 5:00 pm at (415) 469-2262 and are available to assist patients with the financial assistance application process.

Notice of Availability of Financial Estimates



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Financial Assistance Program

You may request a written estimate of your financial responsibility for health care services received at JHRC. Requests for estimates must be made during business hours. The estimate will provide you with the amount JHRC will require the patient and resident to pay for health care services. Estimates are based on the average length of stay and services provided for the patient and resident's diagnoses and are not a guarantee to provide services at a fixed cost. JHRC cannot make estimates for other providers. A patient or resident's financial responsibility may be more or less than the estimate based on the actual medical services the patient and resident receives.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint



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Financial Assistance Program

with the Hospital Bill Complaint Program. Go to www.HospitalBillComplaint.hcai.ca.gov for more information.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.

Price Transparency

Healthcare cost transparency is important to help consumers make informed decisions about their care. We post a list of standard charges. Please visit the following website below for more information: <https://sfcjl.org/about-admission-information.htm>



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

If you have any questions, please contact the Patient and Resident Financial Services Department at (415)469-2262 or by email businessoffice@sfcjl.org.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

APPENDIX D

Jewish Home & Rehab Center

Financial Assistance Appeal Form

Request for Re-Evaluation on Financial Assistance Denial

General Information Date:

Name of Patient:

Date of Birth:

Address: City, State, Zip Code:

Phone Number:

Guarantor Name (if different than patient):

Relationship:

302 SILVER AVENUE, SAN FRANCISCO, CA 94112 | 415.334.2500

Patient Financial Services | 415.469.2262 | Businessoffice@sfcjl.org

A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

Date of Birth:

Guarantor Address:

City, State, Zip Code:

Phone Number:

Please provide the reasons for your appeal of the Financial Assistance Denial. Your appeal letter must include supporting documents that demonstrate your inability to pay, which were not considered initially. Submit your appeal letter and supporting documents either by person or by mail to the following address:

Jewish Home & Rehab Center

302 Silver Avenue San Francisco, CA 94112

Attn: Patient and Resident Financial Services Department

302 SILVER AVENUE, SAN FRANCISCO, CA 94112 | 415.334.2500

Patient Financial Services | 415.469.2262 | Businessoffice@sfcjl.org

A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

You will receive a decision on your appeal within thirty (30) days of receipt of your complete submission.

Assistance with Bill Payment

Free consumer advocacy organizations, such as the Health Consumer Alliance, can help you understand the billing and payment process. For more information, call 888-804-3536 or visit www.healthconsumer.org.

If you have any questions, please contact one of our Patient Financial Services representatives at (415) 469-2262.

Hospital Bill Complaint Program



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Financial Assistance Program

The Hospital Bill Complaint Program is a state initiative that reviews hospital decisions regarding financial assistance eligibility. If you believe you were wrongly denied financial assistance, you may file a complaint at www.HospitalComplaintProgram.hcai.ca.gov.

302 SILVER AVENUE, SAN FRANCISCO, CA 94112 | 415.334.2500

Patient Financial Services | 415.469.2262 | Businessoffice@sfcjl.org

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Patient/Resident Financial Services



JOHN HENKE & BRADY CENTER
COMMUNITY HOSPITAL OF CHESAPEAKE

Help Paying Your Bill

Help Paying Your Bill

The John Henke & Brady Center (JHC) is committed to providing financial assistance to qualified patients or residents. This program is available to those with income below 400% of the Federal Poverty Level.

How to Apply

You may apply for financial assistance in one of 3 ways:

- 1) Visiting and filling out the application form that is available from our Patient Financial Services, located on the 2nd Floor of the Assembly Building.
- 2) By calling the Patient Financial Services office line at 800-444-3343 or speak with a representative who may assist you with completing the application.
- 3) Via the web, website: <http://jhc.org/about/charitable.htm>

Virginia Aid Compliance Program

If you were denied financial assistance and you believe you should have been or needed you stop the a compliance with the State of Virginia's Virginia Aid Compliance Program.

For an

idea of how to apply for the Virginia Aid Compliance Program see <http://www.virginiaaid.com> for more information and to file a complaint.

WORK FMS

There are 3rd party commercial utility organizations that will help you understand the billing and payment process.

You may call the number 1-800-444-3343 or go to <http://www.virginiaaid.com> for more information.

Please contact Patient Financial Services for further information.

Available Online Resources

This document is available in large print on our website: <http://jhc.org/about/charitable.htm>

Other Language

This document and the application for financial assistance in charity care are available in several other languages. In addition to English on our website: <http://jhc.org/about/charitable.htm>



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIFE

Help Paying Your Bill

Help Paying your Bill

The Jewish Home & Rehab Center (JHRC) is committed to providing financial assistance to qualified patients or residents. The Program is available to those with income below 400% of the Federal Poverty Level.

How to Apply

You may apply for Financial Assistance in one of 3 ways:

- 1) Obtaining and filling out the application form that is available from our Patient Financial Services, located on the 2nd Floor of the Rosenberg building
- 2) By calling the Patient Financial Services phone line at (415) 469-2262 to speak with a representative who may assist you with completing the application
- 3) Via the JHRC website <https://jhrcj.org/about-charitable.htm>

Hospital Bill Complaint Program

If you were denied financial assistance and you believe you should have been accepted, you may file a complaint with the State of California's Hospital Bill Complaint Program.

Go to:

<https://hcai.ca.gov/affordability/hospital-fair-billing-program/hospital-bill-complaint-program/>

for more information and to file a complaint.

More Help

There are free consumer advocacy organizations that will help you understand the billing and payment process.

You may call the Health Consumer Alliance at 888-804-3536 or go to: <http://healthconsumer.org/> for more information.

Please contact Patient Financial Services for further information.

Alternative Format Accessibility

This document is available in large print on our website: <https://jhrcj.org/about-charitable.htm>

Other Languages

This document and the application for financial assistance or charity care are available in several other languages in addition to English on our website: <https://jhrcj.org/about-charitable.htm>

ADMISSIONS

ADMISSIONS & STUDENT SERVICES

Helping Your Way

ADMISSIONS

1. Review the Admissions Requirements for the program you are interested in.

2. Complete the Admissions Application Form and send it to the Admissions Office.

3. Pay the Admissions Fee.

4. Receive your Admissions Packet and complete the forms.

5. Receive your Admissions Decision.

6. If accepted, receive your Offer of Admission and accept it.

7. Complete the Enrollment Process.

8. Receive your Student ID Card.

9. Attend Orientation.

10. Begin your studies.

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JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Help Paying Your Bill

Help Paying your Bill

The Jewish Home & Rehab Center (JHRC) is committed to providing financial assistance to qualified patients or residents. The Program is available to those with income below 400% of the Federal Poverty Level.

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Hospital Bill Complaint Program

If you were denied financial assistance and you believe you should have been accepted, you may file a complaint with the State of California's Hospital Bill Complaint Program.

Go to:

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More Help

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JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Help Paying Your Bill

Help Paying your Bill

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JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy



<p>Policy Name: Billing and Collection Policy</p>	<p>Policy</p> <p>Owner/Dept: CFO/Patient and Resident Finance Financial Services</p>	<p>Page (s):</p>	<p>Policy</p> <p>Number: FIN321-A</p>
<p>Responsible Office: Patient and Resident Financial Services Office</p>	<p>JSLG – Patient and Resident Financial Services Department</p>		<p>Effective Date: January 1, 2015</p>
<p>Responsible Official: Director of Patient & Resident Financial Services</p>	<p>Execute Responsible: Chief Financial Officer</p>		<p>Revised: November 17, 2022; May 2024 Last Revision: November 2025</p>



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

JEWISH HOME & REHAB CENTER

(INCORPORATED AS HEBREW HOME FOR AGED DISABLED)

PURPOSE

The purpose of this Policy is to provide clear and consistent guidelines for conducting billing and collection functions in a manner that complies with applicable laws, patient and resident satisfaction, and efficiency. Jewish Home & Rehab Center (JHRC) will make diligent efforts to inform patients or residents of their financial responsibilities and the available Financial Assistance Program for those that are uninsured or underinsured, in addition to following up regarding outstanding accounts. Furthermore, this Policy requires JHRC to make reasonable effort to determine a patient's or resident's eligibility for the Financial Assistance Program before engaging in collection actions to obtain payment.

SCOPE

This Policy applies to the JHRC and applies to any collection agency/attorneys working on behalf of the JHRC. This Policy does not apply to physicians or other



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

medical providers whose services are not included in a JHRC's bill. This Policy does not create an obligation for the Jewish Home & Rehab Center to pay for such physicians' or other medical providers services.

POLICY

It's the Policy of the JHRC to bill patients or residents, Federal Health Care Program, and applicable Third-Party Payers accurately, timely, and consistent with applicable laws and regulations, including without limitation California Health and Safety Code section 127400 et seq. and regulations issued by the United States Department of the Treasury under section 501(r) of the Internal Revenue Code. This Policy outlines the circumstances under which JHRC will undertake collections actions on delinquent patient or resident accounts related to Medical Care and Medically Necessary Care and identifies Permissible Collections Activities. This Policy



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

describes the steps the JHRC may take to obtain payment of a bill/statement for services rendered in the event of non-payment, including, but not limited to, any permissible collection actions.

APPLICATION

This Policy applies to:

- a. All charges for Medical Care and Medically Necessary Care that are provided by the JHRC.
- b. Non-covered Medically Necessary Care provided to patients or residents where they'd bear responsibility for the charges, such as charges for days beyond a length of stay limit or if their benefits have been exhausted.
- c. Any collection and recovery activities conducted by the JHRC or a designated collection agency/attorneys to collect amounts owed for Medically Necessary Care described above. All third-party agreements governing such



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

collection and recovery activities must include a provision requiring compliance with this Policy and indemnification for failures because of non-compliance. This includes, but is not limited to, agreements between third parties who subsequently sell or refer to the debt of the JHRC.

Coordination with other laws:

This Policy intends to comply with all federal, state, and local laws that may be subject to additional regulation, including statutes, regulations, ordinances, etc. If any current or future law conflicts with this Policy, the law will supersede the conflicting provision(s).

PRINCIPLES

Through billing statements, written correspondence, and phone calls, JHRC will make diligent efforts to inform patients or residents/responsible parties of their financial responsibilities and available Financial Assistance options, in addition to following up with patients or residents/responsible parties



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

regarding outstanding accounts. As a healthcare provider, JHRC is called to meet the needs of patients or residents who seek care, regardless of their financial abilities, to pay for the services provided.

Finally, JHRC is designated as a charitable (i.e., tax-exempt) organization under IRC Section 501 (c)(3). Under IRC Section 501 (r), JHRC must do the following regarding patients or residents receiving Medical Care and Medically Necessary Care to remain tax-exempt:

- a. Limit the amounts individuals eligible for Financial Assistance are charged for Medical Care and Medically Necessary Care to no more than the Amount Generally Billed (AGB) towards individuals with insurance covering such Care.



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Billing and Collection Policy

- b. Bill less than gross charges to individuals eligible for Financial Assistance for all other Medical Care and Medically Necessary Care.
- c. Not engaged in Extraordinary Collections Actions (ECA) before the JHRC has made reasonable efforts to determine whether the patient or resident is eligible for assistance under JHRC Policy FIN321, Financial Assistance.

DEFINITIONS

Extraordinary Collection Action (ECA): An “Extraordinary Collection Action” is any of the following:

- i. Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit.
- ii. Selling a Patient’s debt to the Hospital to another party, including without limitation to a Collection Agency.



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

- iii. Reporting adverse information about a Patient to a consumer credit reporting agency or credit bureau.
- iv. Seizing a bank account.
- v. Causing an arrest in connection with collection of a debt.
- vi. Wage garnishment.
- vii. Lien on a residence or other personal or real property.
- viii. Foreclosure on real or personal property.
- ix. Delay or denial of medically necessary care based on the existence of outstanding balance for prior service(s).
- x. Or obtaining an order for examination.

Extraordinary Collection Actions do not include the assertion of, or collection under, a lien asserted under Civil Code sections 3040 or 3045. Further, filing a claim in a bankruptcy proceeding is not an Extraordinary Collection Action.



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Billing and Collection Policy

Patient or Resident: A patient or resident who received services at the Jewish Home & Rehab Center. For this Policy, the patient or resident includes any person financially responsible for their care.

Financial Assistance Policy (FAP): The “Financial Assistance Policy” describes the Jewish Home & Rehab Center's Financial Assistance Program (Charity Care), including the criteria patients or residents must meet to qualify for financial assistance. Additionally, it is the process by which they may apply for Financial Assistance. FAP outlines the guidelines to ensure the Jewish Home & Rehab Center meets the requirements described in 1.501 (r)-4(b).

Financial Assistance: “Financial Assistance” refers to Full Charity Care and Discount Payment Program , as those terms are defined in the Jewish Home & Rehab Center Policy on Financial Assistance (Charity Care and Discount Payment Program).



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

Full Charity Care: Means free health care services, where the patient or resident/responsible party is expected to pay nothing except a co-pay.

Discount Payment Program: Means a situation where the facility has determined the patient or resident does not qualify for Full Charity Care but is eligible for a discount and is expected to pay only a part of the bill.

No Surprises Act: Applies to hospitals and providers; extends financial and information protections to individuals covered by commercial plans and imposes new limits on balance billing and patient or resident cost sharing for uninsured and self-pay patients or residents.

Uninsured Patient or Resident: An “Uninsured Patient or Resident” is a patient or resident with no third-party payment source for any portion of their medical expenses; this includes without limitation, commercial/other insurance, a government-sponsored healthcare benefits program, or third-party liability, and patient's or resident's whose benefits under all potential sources of payment have been exhausted before an admission.



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

Insured Patient or Resident: An “Insured Patient or Resident” is a patient or resident who has a third-party source of payment for a portion of their medical expenses.

Patient or Resident Responsibility: “Patient or Resident Responsibility” is the amount an Insured Patient or Resident is responsible for paying out-of-pocket after their coverage has determined the extent of their benefits.

Financially Qualified Self-Pay Patients or Residents: Patients or residents with no third-party insurance or other coverage and whose Family Income does not exceed 400% of the FPL. Financially Qualified Self-Pay patients or residents may include Charity Care patients or residents.

Federal Health Care Program: Means any plan or program providing health care benefits, whether directly through insurance or otherwise, that are funded, in whole or in part, by the U.S. government or any state health care program. Federal Health Care Programs include, but are not limited to, standard fee-for-service



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Billing and Collection Policy

Medicare and Medi-Cal, Medicare Advantage plans, TRICARE, Veterans' Administration, and Indian Health Service programs.

Collection Agency: A "Collection Agency" is any entity engaged by the JHRC to pursue or collect payment from patients or resident

Billed Charges: "Billed Charges" are the undiscounted amounts that JHRC customary bills for services.

Application Period: A hospital shall not impose time limits for applying for charity care or discounted payments, nor deny eligibility based on the timing of a patient's application

Amount Generally Billed (AGB): Means the amounts generally billed for Medical Care and Medically Necessary Care to patients or residents who have insurance covering



JEWISH HOME & REHAB CENTER

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Billing and Collection Policy

such care, determined by IRS regulations specified at § 1.501(r)-5(b). The AGB is calculated annually using the “look-back method.”

Debt Collection: Means all communication regarding payment from the Jewish Home & Rehab Center (or its assignee, including a subsidiary, affiliate, attorneys, collection agency or purchaser of its debt) with the patient or resident/responsible party after the initial bill is sent.

Essential Living Expense: Means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental costs, insurance, school or childcare, child or spousal support, transportation and auto expenses including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary costs.

Payment Plan: Means monthly payments of agreed upon terms between the hospital and the patient or resident/responsible party.



JEWISH HOME & REHAB CENTER

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Billing and Collection Policy

Reasonable Payment Plan: Means monthly payments that do not exceed 10% of a patient's or resident's family income per month, excluding deductions for essential living expenses.

Self-Pay Patient or Resident: Means a patient or resident who doesn't have third-party coverage from a health insurer, health care service plan, Medicare or Medi-Cal, and whose injury is not a compensable injury for purposes of worker's compensation, automobile insurance, or other insurance as determined and documented by the hospital.

Third-Party Payer: Means private insurance, including coverage offered through the California Health Benefits Exchange, Worker's Compensation, automobile insurance, and government health care coverage such as Medi-Cal, CCS, Tricare, Medicare, CHAMPUS, and Healthy Families.

Standard (Policy): It is Policy for the JHRC to support access to quality health care for patients or residents by establishing fair and transparent billing and debt



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

collection practices for hospitals in compliance with California and federal laws and regulations.

Hospital Facility (Facility): Means a healthcare facility required by a state to be licensed, registered, or similarly recognized as a hospital and operated by the JHRC. Regarding the performance of billing and collection activities, the term “Hospital Facility” may also include a Designated Supplier.

Plain Language Summary: Means a document that notifies patients, residents and other individuals that the JHRC offers financial assistance under the Financial Assistance Policy in accordance with federal and California law. This document is clear, concise and easy to understand. Additional information on the Plain Language Summary can be found in the Financial Assistance Policy.

SUMMARY OF BILLING AND COLLECTION POLICY



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

Uninsured and underinsured patients or residents admitted to the JHRC will be screened to see if they qualify for government programs. If the patient or resident is found to be ineligible, the “Financial Assistance Policy for the uninsured or underinsured” will be presented to them as an

alternative. These policies provide financial relief to patients or residents based on their income and assets according to the Federal Poverty Guidelines.

Once services have been rendered, it's JHRC Policy to bill patients or residents and applicable third-party payers in accordance with the requirements of applicable law, contracts with third-party payers or applicable billing guidelines. Patients or residents are also responsible for charges that aren't paid by a third-party payor within a reasonable time frame or for any balances that exist after payment by the third-party payor.

Notice of amounts due from patients or residents are issued on a regular basis. The patient's or resident's failure to pay or make satisfactory financial arrangements will render the account delinquent. Unless otherwise determined in



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its sole discretion, JHRC may take necessary steps to collect delinquent accounts, including referral to outside collection agencies/attorneys subject to the limitations stated in this Policy.

The patient financial service staff will provide quality customer service and timely follow-up during the billing and collections process. All unpaid accounts will be handled per the California Health and Safe Code section 127400 et seq. (AB774), the Federal Protection and Affordable Care Act, section 501(r) of the Internal Revenue Code and regulations thereunder and the policies of JHRC.

The application process to qualify for the Financial Assistance Program consists of completing a form and, in certain instances, additional income and resource verification information. Potential charity care patients or residents must first provide information to demonstrate that they're not eligible for public assistance programs.



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INTERNAL COLLECTION METHODS

The following are examples of collection methods JHRC may use to collect self-pay balances from patients or residents/the responsible party:

- Billing statements will be mailed to the patient's or resident's/responsible party's address.
- Post-discharge Notice of High Medical Bills (This notice is attached hereto as Exhibit 3)
- Face to face appointments with the patient or resident/responsible party.
- Telephone, mailing, and/or emailing the patient or resident/responsible party.
- Collection calls, collection letters and other follow-up communications to the patient or resident/responsible party of non-payment and amounts due via mail or electronic mail will be made in compliance with the Nation Fair Debt Collection Practice Act.



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- After approximately 180 days of collection activity, any remaining balance may be referred to the appropriate collection agency/attorney (Reference Bad Debt Policy).
- Certain balances (co-payment, deductibles) may not qualify for financial assistance.

NOTICE PRIOR TO COMMENCING COLLECTION ACTIVITIES:

Every initial statement of charges mailed to patients or residents will include the following plain language summary of the patient's rights pursuant to AB 774, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act:

- i. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with*



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third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information

about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 877-

FTCHELP

EXTRAORDINARY COLLECTION ACTION (ECA):

JHRC may determine to pursue one or more of the following collection actions concerning any portion of a patient's or resident's unpaid obligation to the JHRC that is not eligible for assistance under the FAP:

Take legal action (other than bank garnishment) against a patient or resident/responsible party related to the unpaid debt, provided that the Jewish



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Home & Rehab Center has received the approval of the Chief Financial Officer (CFO) or their designee.

Place liens on any real estate owned by a patient or resident (including their personal residence), provided that the JHRC has received the approval of the CFO, which must consider factors such as the market value of the real estate, the patient's or resident's income, and any assets in their possession.

Any collections agency/attorneys working on behalf of JHRC must notify and receive approval from the JHRC before taking any collection action (in addition to the JHRC obtaining the necessary approvals described above).

JHRC will not take any of the above collection actions (nor threaten to do so) (i) relating to any portion of a patient's or resident's obligation to the JHRC eligible for assistance under the FAP, or (ii) if the JHRC has not received all required approvals.

PROCEDURES

Billing Third-Party Payers:



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1. **Obtain Coverage Information:** The hospital shall make a reasonable effort to obtain information from patients or residents about whether private/public health insurance
2. sponsorship may entirely or partially cover the services rendered by the JHRC to the patient or resident.
3. JHRC shall diligently pursue all amounts due from third-party payers, including but not limited to contracted and non-contracted payers that may be financially responsible for a patient's or resident's care. JHRC will bill all applicable third-party payers based on information provided by or verified by the patient or resident/responsible party in a timely manner.



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4. **Dispute Resolution with Third-Party Payers:** Before initiating litigation or arbitration against a third-party payer, JHRC should consult and comply with the Policy for Initiating Litigation or Arbitration against Third Party Payers.

Billing Patients or Residents:

1. **Billing Insured Patients or Residents:** JHRC shall promptly bill insured patients or residents for the patient or resident responsibility amount as determined by the Explanation of Benefits (EOB) and directed by the third-party payer.
2. **Billing Uninsured Patients or Residents:** When an uninsured patient or resident has not been approved to receive Financial Assistance, JHRC shall promptly bill them for items and services provided by the facility using JHRC's Billed Charges.



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3. **Financial Assistance Information:** All bills/statements to patients or residents shall include the Notice of Rights (see Attachment A), including a summary of Financial Assistance available to eligible patients or residents.

4. **Itemized Bill/Statement:** All patients or residents may request an itemized statement for their account at any time.

5. **Disputes:** Any patient or resident may dispute an item or charge on their bill/Statement. Patients or residents may initiate a dispute in writing or over the phone with a staff member of the Patient and Resident Financial Services Department. If a patient or resident requests documentation regarding the bill/statement, staff members will make reasonable efforts



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to provide the requested documentation within (10) business days. JHRC will hold the account for at least thirty (30) days after the patient or resident initiates the dispute before engaging in further collection activities.

6. **Good Faith Estimates (GFE):** Uninsured/self-pay patients or residents must be advised both orally and in writing that they have the right to request a GFE before they schedule any service. A GFE of expected charges must be provided upon scheduling if not requested.
 - a) The GFE must reflect the expected charges.
 - b) Under the uninsured/self-pay patient's or resident's requested delivery method, the GFE must be provided on paper or electronically (for example, electronic mail). If provided



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electronically, it must be in a manner that allows the GFE to be saved and printed.

- c) Timing of Delivery of GFE
- d) If an uninsured/self-pay patient or resident requests the GFE before scheduling a service, the GFE must be provided no later than three (3) business days after the request.
- e) If a service is scheduled at least three (3) days, but less than ten (10) days in advance, the GFE must be provided no later than one (1) business day after the date of scheduling.
- f) If a service is scheduled at least ten (10) days in advance, the GFE must be provided no later than three (3) business days after the date of scheduling.

Uninsured/Self-Pay Dispute Resolution Process:



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a) An uninsured/self-pay patient or resident has the right to initiate the patient or residents-provider dispute resolution process if the actual Billed Charges are

at least \$400 more than the total amount of expected charges listed in the GFE.

b) Within one hundred twenty (120) days of receiving the bill containing charges at least \$400 more than the GFE, an uninsured/self-pay patient or resident may initiate the patient or resident-provider dispute resolution process by submitting a notification on the Federal IDR portal or on paper to the Secretary of HHS.

PATIENT OR RESIDENT BILLING



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1. Patients or residents who haven't provided proof of coverage by a third party during or before care is given will receive a bill/statement of charges for services rendered at the JHRC and a request to provide the JHRC with health insurance or third-party coverage information. An additional bill/statement will be provided that informs the patient or resident that they may be eligible for Medi-Cal or Financial Assistance under this Policy if they do not have health insurance coverage.
2. Patients or residents can request information about Financial Assistance verbally or in writing. Upon such request, the JHRC will give the patient or resident the requested information in person or mail the information to the patient's or resident's/responsible party's address.



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3. If a patient or resident works towards qualifying for eligibility under the Financial Assistance Policy and attempts to settle the outstanding bill, JHRC shall not send the
4. unpaid bill/statement to any collection agency or other assignee unless that entity has agreed to comply with this Policy.
5. Patients or residents must promptly report to JHRC any changes to their financial information.
6. JHRC will send each patient or resident/responsible party a bill/statement for unpaid facility charges complying with the requirements described in this Policy. JHRC will send follow-up bills/statements periodically thereafter.
7. One hundred eighty (180) days after the first post-discharge bill/statement for the most recent admission, JHRC may refer the account to the collection agency/attorneys. Before referral to the



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collection agency/attorneys, JHRC will provide the patient and resident with a notice as described in this Policy.

8. If a patient or resident works towards qualifying for eligibility under JHRC's Financial Assistance Program and attempts to settle an outstanding bill by negotiating a reasonable payment plan or by making regular partial payments, JHRC shall not send the unpaid bill/statement to a collection agency unless that entity has agreed to comply with this Policy.

NOTICE PRIOR TO ASSIGNING A BILL TO COLLECTION

**(Notice to Send to Patient or Resident Prior to Assigning/Selling Debt to a
Collection Agency)**

Before assigning an account to collections, the JHRC shall provide the patient or



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resident notice (i) that financial assistance is available for eligible patients or residents, (ii) the dates of service for the bill/statement that are being assigned or sold to collections; (iii) the name of the entity the account is being assigned or sold to; (vi) information on how the patient or resident can obtain an itemized bill from the facility; (iv) the name and plan type of health coverage for the patient or resident on record and the facility at the time of service, or a statement indicating the facility doesn't have that information; (v) the date the patient or resident was sent a financial assistance application, and if applicable, the date of decision was made. The facility must include the Notice of Assignment to Collection Agency and application for the JHRC's charity care and financial assistance. This notice is attached hereto as Exhibit 4.

In addition, if a patient or resident works towards qualifying for eligibility under JHRC Financial Assistance Programs and attempts to settle an outstanding bill with the facility by negotiating a reasonable payment plan or making regular



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partial payments of a fair amount, JHRC shall not send the unpaid bill to any collection agency unless the entity has agreed to comply with AB774 and SB1276. Any collection agency shall comply with any payment plan entered by a patient or resident.

JHRC shall not, in dealing with patients or residents eligible under the Financial Assistance Program Policy, use wage garnishments or liens on a primary residence to collect unpaid facility bills.

Collection Practices:

JHRC or its collection agency/attorneys may employ the following collection actions, subject to any restrictions described below.

- 1. General Collection Practices:** Subject to this Policy, JHRC may employ reasonable collection efforts to obtain payment from patients or



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residents. General collection

activities may include issuing patient or resident bill/statements, phone

calls, and referral of statements sent to the patient or

resident/responsible party. JHRC must develop procedures to ensure that

patient or resident questions and complaints about bills are researched

and corrected where appropriate, with timely follow-up with the

patient or resident.

2. Prohibition on Extraordinary Collection Action (ECA): JHRC and Collection

Agencies shall not employ Extraordinary Collection Action to attempt to

collect from

a patient or resident and must make reasonable efforts to determine

whether they're eligible for Financial Assistance. In no event will an ECA



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be initiated before 180 days (or longer, if required by applicable law) from the date the JHRC provides the first post-discharge billing statement (i.e., during the Notification Period) unless all reasonable efforts have been made.

- 3. No Collection During Financial Assistance Application Process:** JHRC and Collection Agencies shall not pursue collection from a patient or resident who has applied for Financial Assistance and shall return any amount received if the Financial Assistance Application has been approved.
- 4. Prohibition on use of Information from Financial Assistance Application:** JHRC and Collection Agencies may not use in collection activities any information obtained from a patient or resident during the application process for Financial Assistance.



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Nothing in this section prohibits the use of information obtained by JHRC or Collection Agency independently from the eligibility process for Financial Assistance.

- 5. Permissible Extraordinary Collections Actions:** After making a reasonable effort, which includes the notification requirement, to determine Financial Assistance eligibility as outlined above, JHRC may engage in the following ECAs to obtain payment for JHRC or selling a patient's or resident's debt to another party except as expressly provided by federal law. JHRC will refrain from ECAs against patients or residents if they provide documentation that they have applied for healthcare coverage under Medi-Cal or another publicly sponsored healthcare program until their eligibility for such programs has been determined and any available



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coverage from third parties has been billed and processed.

6. Financial Assistance Documentation

Processing Requests

- a) Requests for Financial Assistance shall be processed promptly, and JHRC shall notify the patient or resident in writing within thirty (30) to sixty (60) days of submitting a completed application.

- b) A JHRC will not determine eligibility based on any information it has reason to believe is false or unreliable or obtained through coercive practices.

- c) If eligibility is approved, the financial assistance adjustment will



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be applied to all eligible patient or resident account balances, including those received before the application approval date.

- d) The financial assistance approval is valid 180 days after it's granted.
- e) For bills received 180 days after the financial assistance is approved, a separate Financial Assistance Application will need to be filled out if the patient or resident seeks financial aid to pay those bills.
- f) The Presumptively Eligible patient or resident will not receive Financial Assistance for JHRC for services rendered after the determination date without completing a Financial Assistance Application or a new determination of Presumptive Eligibility.
- g) If denied eligibility for Financial Assistance offered by JHRC, a patient or resident/responsible party may re-apply whenever there has been a material change of income or status.
- h) Patients or residents/responsible parties may seek a review from a JHRC in the event of a dispute over the application of this Policy or



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the FAP. Patients or residents/responsible parties denied Financial Assistance can also appeal their eligibility determination.

- i) The basis for the dispute or appeal should be in writing and submitted within three (3) months of the decision on Financial Assistance eligibility.
- j) The JHRC will postpone any determination of FAP eligibility while awaiting the results of a Medi-Cal application.

Presumptive Financial Assistance

- a) Reasonable efforts to determine FAP eligibility are not required when an

individual is determined eligible for Presumptive Financial Assistance.

- b) **Medi-Cal** - Medi-Cal patients or residents who receive non-covered medically necessary services will be considered for



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Presumptive Financial Assistance. Financial assistance may be approved in instances before the Medi-Cal effective date.

Responsibility

The Patient and Resident Financial Services Department is ultimately responsible for determining whether a JHRC has made reasonable efforts to determine whether a patient or resident is eligible for Financial Assistance.

Payment Plans:

- a) **A reasonable payment plan** is an extended payment plan in which the monthly payments are no more than 10% of a patient's or resident's family income a month, after excluding deductions for essential living expenses. Extended payment plans offered by the JHRC to assist patients or residents eligible under this Policy will be interest-free.



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- b) **Eligible Patients or Residents:** JHRC or any Collection Agency acting on their behalf shall offer uninsured patients or residents, and any patient or resident who qualifies for financial assistance, the option to enter into an agreement to pay the patient or resident responsibility (for insured patients or residents) and any other amounts due over time. JHRC may also enter a payment plan for insured patients or residents who cannot pay the patient or resident responsibility amount in a single installment.
- c) **Terms of Payment Plans:** All payment plans shall be interest-free. Patients or residents shall have the opportunity to negotiate the terms of the payment plan. In the event JHRC and the patient or resident are unable to agree on the terms of the payment plan, JHRC shall extend an option where the patient or resident makes a monthly payment of no more than ten percent (10%) of their monthly family income after excluding essential living expenses.



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- d) **Declaring Payment Plan Inoperative:** An extended payment plan may be declared no longer operative if the patient or resident fails to make all consecutive payments due during a 90-day period. Before declaring the extended payment plan no longer operative, the JHRC and any Collection Agency shall reasonably attempt to contact the patient or resident by phone and submit a 30-day notice in writing to pay the account in full. Should the 30-day time lapse with no resolution, the extended payment plan may become inoperative. The patient or resident can choose to renegotiate the extended payment plan. Before the extended payment plan is declared inoperative, the JHRC or Collection Agency shall attempt to renegotiate the terms of the defaulted payment plan if requested by the patient or resident. For purposes of this section, the notice and phone call to the patient or resident may be made to their last known phone number and address. After a payment plan is declared inoperative, the JHRC or



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Collection Agency may commence collection activities consistent with this Policy.

Collection Agency/Attorneys

JHRC may refer the account to the Collection Agency. Before referral to the Collection Agency, JHRC will provide the patient and resident with a notice described in this Policy. If a patient or resident works towards qualifying for eligibility under JHRC Financial Assistance

Programs and attempts to settle an outstanding bill with the facility by negotiating reasonable payment plan or making regular partial payments of a fair amount, JHRC shall not send the unpaid bill to any collection agency unless the entity has agreed to comply with this Policy.



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The Collection Agency must put a process in place to identify patients or residents who qualify for Financial Assistance and communicate the availability and details of the Financial Assistance Policy to them. They must refer patients or residents seeking Financial Assistance to the JHRC's Patient and Resident Financial Services Department at voicemail line 415-469-2262 or by emailing businessoffice@sfcjl.org. The Collection Agency shall not seek any payment from a Patient or Resident who has applied for Financial Assistance and shall return any amount received from them if the application has been approved.

The collection agency must agree to:

- a) Not report adverse information to a consumer credit reporting agency or commence civil action against the patient or resident for nonpayment at any time.
- b) Not using wage garnishments.
- c) Not placing liens on primary residences.



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- d) Adhere to all requirements as identified in Health & Safety Code Section 127400 et seq.
- e) Not engage in any activity considered to be Extraordinary Collection Activity under IRS Code section 501(r).
- f) If a patient or resident is overcharged, JHRC shall reimburse them the overcharged amount in accordance with state and federal laws.

Third Party Liability: Nothing in this policy precludes JHRC or outside collection agencies from pursuing third-party liability in a manner consistent with the Third-Party Lien Policy.

Submission to HCAI:

JHRC will submit the Financial Assistance Policy to the California Department of Health Care Access and Information (HCAI) at least biennially on January 1 or



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with significant revision.

If the JHRC has not made any significant revisions to the policies and financial information forms previously submitted, HCAI will be notified as such.

Review/Revision:

This Policy will be reviewed periodically and updated as required by changes in the operations and/or laws, rules, and regulations.

REFERENCE

California AB 774 (2007), AB 1503 - Chapter 445 (2010), SB 1276 – Chapter 758 (2014), AB 1020 (2022), AB 532 (2022)

Hospital Fair Pricing Policies Law (Health & Safety Code 127400-127446, 127452)

Title 22, California Code of Regulations, §§ 96005-96020, 96040-96050

Health & Safety Code §§ 1339.55, 1339.56, 1339.59, 1339.585, 1797.98c &



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128770

Patient Protection and Affordable Care Act

15 U.S.C Section 1692 et seq. Debt Collection Practices

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

California Health and Safety Code section 124700 through 127446

California Health & Safety Code section 1339.50 et seq. Payers' Bill of Rights

California Health & Safety Code section 127400 et seq. Hospital Fair Pricing Policies.

Federal IDR Portal. No Surprises Act¹ (NSA)

The American Hospital Association Patient Billing Guidelines Affirmation.

RELATED POLICIES:

Financial Assistance Program FIN321

¹



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Appendix G

Notice of Assignment to Collection Agency

Date: _____

Patient/Resident/Responsible Party Name: _____

Patient/Resident/Responsible Address: _____

RE: Account Balance:

Patient/Resident Name:

Account Number:

Admission ID#:

Date of Service:

Thank you for choosing JHRC. As of the date of this Notice of Assignment to Collection Agency, JHRC has not received payment of the amount due that is set forth above. This Notice of Assignment to a collection agency is to notify you that the patient or resident account identified above is being assigned to a collection agency identified below. The collection agency may attempt to contact you in writing or by telephone concerning the amount that remains outstanding.



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Health Insurance on File: [Insurance Name"]

1. Original Notice of Financial Assistance sent on [DATE]
2. Latest Notice of Outstanding balance sent on [DATE]
3. A Financial Assistance application sent on [DATE] (if applicable)

For more information, to obtain an itemized bill for the services provided on the above dates of service, for the amount owed. Please contact Patient Financial Services at our voicemail line (415)469-2262 or by email businessoffice@sfcjl.org

Currently, The Jewish Home & Rehab Center will be assigning the outstanding balance to Wilson, Salamoff LLP for collections.



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Financial Assistance

JHRC is committed to providing financial assistance to qualified low-income patients or residents who have insurance that requires the patient to pay a significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patients or residents who wish to seek Financial Assistance. The following categories of patients or residents are eligible for Financial Assistance:

- Patients or residents who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses and have a family income at or below 400% of the federal poverty level.
- Patients or residents who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; and (ii) medical expenses for themselves or their family (incurred at the JHRC in the past 12 months) that exceed 10% of the patient's or resident's family income.



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- Patients or residents who are covered by insurance but exhaust their benefits either before or during their stay at the JHRC and have a family income at or below 400% of the federal poverty level.

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complain Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and file a complaint.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process.

You may call the Health Consumer Alliance at 888-804-3536 or go to <https://healthconsumer.org> for more information. Please contact Patient Financial Services for further information.