



Billing and Collection Policy

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<p>Responsible Office: Patient and Resident Financial Services Office</p>	<p>JHRC SLG – 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</p> <p>Last Revision: November 2025</p>	



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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(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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 collection and recovery activities must include a provision requiring



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 regarding outstanding accounts. As a healthcare provider, JHRC is called to



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.
- 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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.
- iii. Seizing a bank account.
- iv. Causing an arrest in connection with collection of a debt.
- v. Wage garnishment.
- vi. Foreclosure on real or personal property.
- vii. Delay or denial of medically necessary care based on the existence of outstanding balance for prior service(s).
- viii. Or obtaining an order for examination.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

Patient/Resident and Family: A patient or resident who received services at the Jewish Home & Rehab Center.

(1) For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, or any age if disabled, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act, whether living at home or not.

(2) For 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, consistent with Section 1614(a) of Part A of Title XVI of the Social Security Act.

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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).

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.

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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

verification information. Potential charity care patients or residents must first provide information to demonstrate that they're not eligible for public assistance programs.

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)



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

- 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.
- 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:



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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*



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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:

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.



Billing and Collection Policy

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.

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

shall promptly bill them for items and services provided by the facility using JHRC's Billed Charges.

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

regarding the bill/statement, staff members will make reasonable efforts 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

Uninsured/Self-Pay Dispute Resolution Process:

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. This 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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 residents. General collection



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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

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.,



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 coverage from third parties has been billed and processed.

- 6. Financial Assistance Documentation**



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

- 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 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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

- 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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

- 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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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 or 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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

- 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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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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 &



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.

¹



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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

RELATED POLICIES:

Financial Assistance Program FIN321

APPENDICES:

APPENDIX F: Notice of High Medical Cost Post-discharge.

APPENDIX G: Notice of Assignment to Collection Agency.

APPENDIX I: Notice of Rights.



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Post-Discharge Notice

APPENDIX F: NOTICE OF HIGH MEDICAL COST POST-DISCHARGE

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

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.



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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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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

- 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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SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

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.



JEWISH HOME & REHAB CENTER

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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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

- 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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Billing and Collection Policy

Appendix I

Notice of Rights

Thank you for selecting Jewish Home & Rehab Center (JHRC) for your recent inpatient stay. Enclosed, please find a bill/statement of the charges for healthcare services rendered for your recent stay. **Payment is due immediately.**

Please be aware that this is the bill/statement for inpatient stay services rendered only. There may be additional charges for services that will be provided by physicians during your stay in the JHRC, such as bills from physicians, and ambulance services. You may receive a separate bill for their services.

A patient's or resident's account will be delinquent after 30 days of non-payment unless alternative arrangements have been established with our Patient and Resident Financial Services Department. Continued delinquent account(s) may be referred to a collection agency. Collection Agencies are required to comply with the



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the hospital and the patient or resident.

Fair Debt & Consumer Counseling

Summary of Your Rights: 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, or making improper communications with 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 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices may be available in your area. Please contact Patient and Resident Financial Services Department at (415) 469-2262 for a referral.

Health Insurance/Government Program Coverage/Financial Assistance

If you have health insurance coverage, Medicare, Medi-Cal, or any other source of payment for this bill, please contact Patient and Resident Financial Services Department at (415) 469-2262 email businessoffice@sfcjl.org. If appropriate, the Patient and Resident Financial Services Department will bill those entities for your healthcare services.

Third Party Liability

JHRC may also pursue payment from a third party if permitted by California Law. If we do, discounts may no longer be applicable. We expect you to pay when allowed by California and other law and equity.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

If you are uninsured or underinsured and have high medical costs, please contact JHRC Patient and Resident Financial Services Department for information on programs for which you may be eligible, including Medicare, Medi-Cal, Covered California, and Other Government Program Eligibility. For local services in your area, you may contact the Consumer Center for Health Education and Advocacy (CCHEA) by phone at (877) 734-3258 or online at www.healthconsumer.org.

For information regarding payment options, programs, or to request a free financial assistance application visit us at <https://sfcjl.org/about-charitable.htm>.

You may be eligible for discounts if you meet certain financial qualifications, discussed below.

Summary of Financial Assistance

JHRC is dedicated to offering financial assistance to qualified low-income for underinsured patients or residents who have insurance that leaves them with significant healthcare costs.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

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

Eligibility Criteria 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 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 or resident's family income.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Application Process

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.

Once you submit your completed application, JHRC will review the information and notify you in writing regarding the determination of your eligibility. If you have any questions during the application process, you may contact the Patient and Resident Financial Services Department at (415) 469-2262 or by email businessoffice@sfcjl.org

If you disagree with JHRC's decision, you may submit a dispute to the Patient and Resident Financial Services Department.

Copies of JHRC's Financial Assistance Policy, the Plain Language Summary and Application, are available upon request.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

Pending Applications

If an application has been submitted for another health coverage program while you apply for financial assistance, neither application shall preclude eligibility for the other program.

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.



JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING

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.

Notice of Availability of Shoppable Services online

In compliance with federal regulations, consumers can access a list of our shoppable services via our website: <https://sfcjl.org/about-admission-information.htm>.

Contact Information

Patient Financial Services is available to answer questions you may have about your hospital bill or would like to apply for Financial Assistance or government program. The telephone number is 415-469-2262. Our telephone hours are 9:00 A.M. to 5:00 P.M., Monday through Friday.