

**Grancell Village of the LA Jewish Home for the Aging
Joyce Eisenberg Keefer Medical Center - Auerbach Geriatric Psychiatric Unit
(AGPU)
FINANCIAL ASSISTANCE POLICY**

PURPOSE

The purpose of the policy is to provide patients with information on the Financial Assistance (Charity Care) available at Joyce Eisenberg Keefer Medical Center/Auerbach Geriatric Psychiatry Unit (“AGPU” or “Hospital”) and to outline the process for determining eligibility for Financial Assistance.

POLICY

It is the policy of AGPU to provide patients with understandable written information regarding Financial Assistance to provide income-based Financial Assistance (Charity Care) to qualified patients.

SCOPE

This policy applies only to AGPU, which is a 10-bed acute geriatric psychiatric hospital. AGPU does not provide emergency room services, surgery, or other acute medical care. This policy does not apply to physicians or any other medical providers whose services are not included in Hospital’s bill. Additionally, this policy does not create an obligation for the Hospital to pay for such physicians’ or other medical providers’ services.

DEFINITIONS

Federal Poverty Level (FPL): The “Federal Poverty Level” or “FPL” is the measure of income level that is published annually by the United States Department of Health and Human Services (HHS) and is used by Hospitals for determining eligibility for Financial Assistance.

Hospital Services: “Hospital Services” are all services that the AGPU is licensed to provide.

Primary Language of Hospital Service Area: A “Primary Language of Hospital’s Service Area” is a language used by the lesser of 1,000 people or 5% of the community served by the Hospital based upon the most recent Community Health Needs Assessment performed by Hospital.

Uninsured Patient: An “Uninsured Patient” is a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

Insured Patient: An “Insured Patient” is a patient who has a third-party source of payment for a portion of their medical expenses, but excludes patients who are covered by Medi-Cal.

Patient Responsibility: “Patient Responsibility” is the amount that an Insured Patient is responsible to pay out-of-pocket after the patient’s third-party coverage has determined the amount of the patient’s benefits.

PROCEDURES

A. ELIGIBILITY

1. Eligibility Criteria: During the application process set forth in sections B and C below, the Hospital shall apply the following eligibility criteria for Financial Assistance:

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Federal Poverty Level	Patient Eligibility Criteria	Available Discount
Less than or equal to 100%	Patient is an Uninsured Patient with a Family Income (as defined above) at or below 100% of the most recent FPL	Full write off of all charges for Hospital Services
Greater than 100% but less than or equal to 185%	Patient is an Uninsured Patient with a Family Income (as defined above) between 101% and 185% of the most recent FPL	A 75% write-off of all charges for Hospital Services
Greater than 185% but less than or equal to 250%	Patient is an Uninsured Patient with a Family Income (as defined above) between 186% and 250% of the most recent FPL	A 60% write-off of all charges for Hospital Services
Greater than 250% but less than or equal to 400%	Patient is an Uninsured Patient with a Family Income (as defined above) between 251% and 400% of the most recent FPL	A 45% write-off of all charges for Hospital Services

Patient Assets: In order to provide consistency with AGPU's mission and proper stewardship of AGPU's funds, all monetary assets of the patient and patient's Family are taken into account in reviewing a Financial Assistance application, with the exception of the following assets: (a) amounts in patient retirement or deferred compensation plans qualified under the Internal Revenue code; (b) the primary residence where the patient and patient's Family resides; (c) automobile needed to transport working family members to and from work; and (d) savings accounts with less than two months' of annual income.

2. Calculating Family Income: To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:
 - a) Patient Family: The patient's family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
 - b) Proof of Family Income: Patient shall be required to provide recent pay stubs or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps and investment gains. Annual income may be determined by annualizing year-to-date Family Income. AGPU may validate income by using external presumptive eligibility service providers, provided that such service only determines eligibility using only information permitted by this policy.
 - c) Calculating Family Income for Expired Patients: Expired patients, with no

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surviving spouse, may be deemed to have no income for purposes of calculation of Family Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance.

3. Calculating Family Income as a Percentage of FPL: After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the Federal Poverty Level for a family of three is \$20,000, and a patient's Family Income is \$60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. The hospital shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.

4. Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this policy:
 - a) Medi-Cal Patients with Share of Cost: Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. The Hospital shall seek to collect these amounts from the patients.

 - b) Patient declines covered services: An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from AGPU, or a patient refuses to transfer from AGPU to an in-network facility) is not eligible for Financial Assistance.

 - c) Insured Patient does not cooperate with third-party payer: An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.

 - d) Payer pays patient directly: If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.

 - e) Information falsification: AGPU may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.

 - f) Third-party recoveries: If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.

 - g) Professional (physician) Services: Services of physicians are not covered under this policy. Any exceptions are set forth in Exhibit A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

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B. APPLICATION PROCESS

1. AGPU shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the Hospital to a patient. A patient who indicates at any time the financial inability to pay a bill for Hospital Services shall be evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.
2. Patients who wish to apply for Financial Assistance shall use the AGPU standardized application form, the "Application for Financial Assistance", Exhibit B
3. Patients may request assistance with completing the Application for Financial Assistance by contacting the Program Director or Social Worker in person at the AGPU, or via phone at 818-758-5045 or 818-758-5038.
4. Patients should mail Applications for Financial Assistance to JEKMC at 7150 Tampa Ave. Reseda, CA 91335 Attn: Fiscal Department.
5. Patients should complete the Application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within 120 days of the date the Hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

C. FINANCIAL ASSISTANCE DETERMINATION

1. AGPU will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s).
2. Patients may also apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
 - a) The Hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California).
 - b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
3. Once a determination has been made regarding eligibility for Financial Assistance, a "Notification Form" (Exhibit D) will be sent to each applicant advising them of the Hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.

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5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

D. DISPUTES

A patient may seek review of any decision by AGPU to deny Financial Assistance by notifying the AGPU Fiscal Department of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The AGPU Fiscal Department shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. Languages: This Policy shall be available in the Primary Language of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.
2. Information Provided to Patients During the Provision of Hospital Services:
 - a) Preadmission or Registration: During pre-admission or registration (or as soon thereafter as practicable) AGPU shall provide patients with a copy of Important Billing Information for Patients / Financial Assistance (Exhibit E), which includes a Plain Language Summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services.
 - b) Social Worker / Program Director: Patients who may be Uninsured Patients may speak with the Social Worker or Program Director, who can assist or advise patients in the Financial Assistance process.
 - d) Applications Provided at Discharge: At the time of discharge, AGPU shall provide Patients with a copy of Exhibit E, which includes a Plain Language Summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal or any other potentially applicable government program.
3. Information Provide to Patients at Other Times:
 - a) Contact Information: Patients may call the the AGPU Program Director at 818-758-5045, or the Director of Social Services at 818-758-5038, to obtain additional information about Financial Assistance and assistance with the application process.
 - b) Billing Statements: The Hospital shall bill patients in accordance with the Hospital's billing procedures. Billing statements to patients shall include Exhibit E, which contains a Plain Language Summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain additional information about Financial Assistance including the Financial Assistance Policy, a Plain Language Summary of the policy, and the Application for Financial Assistance. A summary of your legal rights is included in Exhibit F – Notice of Rights, and also included on the patient's final billing statement.

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- c) Upon Request: Hospital shall provide patients with paper copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. **Publicity of Financial Assistance Information:**

- a) Public Posting: Hospital shall post copies of the Financial Assistance Policy, the Application for Financial Assistance, and the Plain Language Summary of the Financial Assistance Policy in a prominent location in the hospital where there is a high volume of patient traffic. This public notices shall include information about the right to request an estimate of financial responsibility for services.
- b) Website: The Financial Assistance Policy, Application for Financial Assistance and Plain Language Summary shall be available in a prominent place on the AGPU website (www.lajh.org). 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.
- c) Mail: Patients 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.

F. MISCELLANEOUS

1. Recordkeeping:

Records relating to Financial Assistance must be readily accessible. Hospital must maintain information regarding the number of Uninsured Patients who have received services from Hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.

2. Payment Plans: Patients may be eligible for a payment plan. Payment plan shall be offered and negotiated per the AGPU billing and collection policy.

3. Billing and Collections:

The Hospital may employ reasonable collection efforts to obtain payment from patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by Hospital or by any collection agency engaged by Hospital. General collection activities may include issuing patient statements, phone calls, and referral of statements sent to the patient or guarantor. The Billing departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions. Copies of the Hospital Billing and Collection policy may be obtained free of charge on the AGPU website at www.lajh.org, or by calling the Program Director at 818-758-5045 or the Director of Social Services at 818-758-5038.

4. Submission to California Healthcare Access and Information (HCAI):

AGPU will submit Financial Assistance policies to the California Healthcare Access and Information (HCAI). Policies can be located on the HCAI website located here: <https://syfphr.hcai.ca.gov/>

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5. Amounts Generally Billed:

In accordance with Internal Revenue Code Section 1.501(r)-5, AGPU adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

ATTACHMENTS

- Exhibit A – Providers Covered and Not Covered by Policy
- Exhibit B – Application for Financial Assistance
- Exhibit C – Financial Assistance Calculation Worksheet
- Exhibit D – Notification Form - Eligibility Determination for Charity Care
- Exhibit E – Important Billing Information for Patients
- Exhibit F – Notice of Rights

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Exhibit A

Providers Covered and Not Covered by Policy

This Financial Assistance policy does not apply to physicians or any other medical provider whose services are not included in the Hospital's bills including, but not limited to:

- Primary or specialty physicians
- Therapy providers
- Providers of x-rays
- Providers of laboratory services

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Exhibit B

APPLICATION FOR FINANCIAL ASSISTANCE

Patient Account Number (s) _____

Applicant Name _____ *SSN* _____ *Birthdate* _____

Spouse/Partner Name _____ *SSN* _____ *Birthdate* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Telephone _____ *E-mail* _____

Family Status: List any spouse, domestic partner, or children under the age of 21

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____

Family Size: _____

(Use supplemental sheet if space is not sufficient and check here)

OTHER INFORMATION

MEDICAL INSURANCE- Please provide a photocopy of the patient's medical insurance cards.

Primary Insurance _____ Policy# _____

2nd Insurance _____ Policy# _____

Prescription Drug Plan _____ Policy# _____

Other Coverage _____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact Person & Telephone: _____

If Self-Employed Name of Business: _____

Spouse Employer: _____ Position _____

Contact Person & Telephone: _____

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If Self-Employed Name of Business: _____