

**HEBREW SENIOR CARE**  
**THE HOSPITAL AT HEBREW SENIOR CARE**  
**POLICY AND PROCEDURES**  
**SECTION: FINANCE ASSISTANCE PROGRAM**

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**STANDARD:**

To provide financial assistance to underinsured or uninsured patients with medical expenses through the hospital's Financial Assistance Program. ("Patient" in this policy refers to the party who is financially responsible for the patient, e.g. a spouse or relative, where appropriate.)

**POLICY:**

The Hospital at Hebrew Senior Care (HHSC) is committed to providing health care services to all persons in need of medical attention. All medically necessary care, including emergency medical conditions will be afforded to all persons, regardless of his/her inability to pay, according to the policy stated herein. *Note that HHSC does not have an emergency room or department, however, does have an Emergency Policy and procedures to address an emergency care situation.* Persons who qualify may receive hospital services at no charge or less than routine charge.

The Financial Assistance Programs is available to those who demonstrate an inability to pay per the established guidelines. Not included are any services that are eligible for payment from other sources such as: Department of Social Services (DSS), Medicaid, Medicare, third party liability or insurance. Any payment sources or insurance for which the patient is eligible must be declared and assigned to the hospital before financial assistance can be made available.

HHSC has posted notices in the Hospital Admissions office informing patients that financial assistance may be available, as well as include in the Admission packet.

Patients that qualify for financial assistance will be billed for the personal responsibility of for services provided, after all deductions, discounts, and insurance reimbursements have been applied. The gross bill is calculated at the Medicare allowed rate as of the date of discharge. Extraordinary collection efforts (e.g. attorneys, 3<sup>rd</sup> party collection agencies) will not be pursued before determination of the Financial Assistance Application has been made. For those accounts designated for Financial Assistance, there will be no extraordinary collection efforts. The collection efforts are noted in the Financial Services Bad Debt and Write-off Policy available at [www.hebrewhealthcare.org](http://www.hebrewhealthcare.org).

**PROCEDURE:**

All individuals seeking medical care are screened for method of payment. When it appears a patient may be uninsured and underinsured, that individual may be presented with HHSC 's questionnaire to determine eligibility. Applications may be submitted to the Financial Services office anytime during the stay, or after discharge.

Applications for the Financial Assistance Program are to be completed and signed by the patient (or patient's representative). Proof of income should be provided, as described below, and the hospital will retain a copy with the application. All information submitted should have supporting documentation available on request. Information given to HHHC will be considered confidential. Eligibility is determined on an individual case basis with documentation provided, following the established guidelines of the policy.

In the event that the responsible party's identification as a financially indigent person is apparent to HHSC personnel, and the hospital can establish that the applicant's income is clearly within the range of eligibility, the hospital will grant Financial Assistance based solely on the initial determination. In these cases, complete verification or documentation is not required in accordance with HHSC guidelines. If a patient can not provide documentation, the patient must provide a written statement regarding income and family size, together with an explanation as to why documentation is not available, which the hospital will consider in determining eligibility for financial assistance. A patient may be requested to provide documentation regarding Medicaid eligibility status.

Any of the following documentation will be acceptable for determining eligibility for the Financial Assistance Program:

- IRS tax return copy for the most recently filed year
- Payroll check stubs
- Unemployment compensation determination
- Medicaid or medical assistance rejection
- W-2s
- A written statement from an employee of DSS or similar agency

HHSC may verify from listed references information given on the application. Copies of documentation will be retained with the application whether approved or denied.

HHSC will also consider the following in determining eligibility:

- Bank Statements
- Rental receipts including subsidy information
- Dependent birth certificates
- Statements of accounts owing

The applicant will be notified of approval or denial for Financial Assistance after receipt of completed application and documentation, and review of a committee composed of Financial Services and hospital administration personnel. In addition the applicant will be given reason for a denial and information regarding an appeal, including the opportunity to provide additional information. The applicant may be requested to furnish additional information or documentation before final determination is made. Any patient who fails to complete the application for the Financial Assistance Program, including providing available information, is regarded as abandoning the application and will be responsible for the full amount of hospital charges.

The Financial Assistance Program will be available to patients whose family income is 200 percent or less of the Federal Poverty Guidelines and individual financial circumstances will be used in conjunction with Federal Poverty Guidelines (see Attachment A) for determination of individual Financial Assistance Program write-offs. Family size and financial situation will determine the patient's financial responsibility, which is a percentage of charges, as displayed at the bottom of the Federal Poverty Income Guidelines. HHSC may require information regarding the following in order to determine a patient's eligibility for reduced charges if the patient's income exceeds 200% of the Federal Poverty Guidelines:

- Family assets, including bank statements;
- The patient's future earning capacity;
- The existence of other extraordinary family expenses; including rent expenses; and
- The patient's ability to make payments over time, as reflected by a third party credit report or other documentation.

Income eligibility is based on the current federal poverty guidelines. A 100% discount will be available to patients with income less than 200% of the Federal Poverty Level Guidelines, when no other means of assistance is available. Partial discounts up to 25% may be available for patients with income greater than 200% of the Federal Poverty Guidelines.

Under some circumstances Financial Assistance may be approved for patients not meeting the above criteria. HHSC may write off these amounts as Catastrophic Financial Assistance for patients with family income in excess of 200 percent of federal poverty level when circumstances indicate severe financial hardship or personal loss. Criteria defined in guidelines are subject to change by the hospital as circumstances dictate.

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