

Standard:

To ensure that Santiam Hospital meets its community obligation regarding the provision of charity care on a fair, consistent and objective basis.

Policy:

It is the mission of Santiam Hospital to provide quality health care services and leadership in promoting health improvement to all persons in its service area on a non-discriminatory basis and without regard to ability to pay. It is the policy of Santiam Hospital that those without an ability to pay will be fairly, consistently and objectively evaluated as to eligibility for charity under the following guidelines.

Procedure:

I. Eligibility Criteria

- A. Charity care is generally secondary to all other financial resources available to the patient including insurance, government programs, third party liability and liquid assets.
- B. Full charity care may be provided to a responsible party with gross family income at or below 200% of published Federal Poverty Income Guidelines, when reviewed with total net worth.
- C. A sliding fee schedule will be used to determine charity discounts when gross family income is over 200% of Federal Poverty Income Guidelines. Available liquid assets, appropriate to verified income, will also be considered.

Income as a percentage of Federal Poverty Level Partial Charity

1. 0-200%	100%
2. 201-210%	90%
3. 211-220%	80%
4. 221-230%	70%
5. 231-240%	60%
6. 241-250%	50%
7. 251-260%	40%
8. 261-270%	30%
9. 271-280%	20%
10. 281-299%	10%
11. 300%	Extended Payment Plan

- D. Charity care may be provided to a responsible party with gross family income greater than SMH recognized Federal Poverty Income Guidelines if circumstances such as extraordinary, non-discretionary expenses, future earning capacity and the ability to make payments over an extended period of time warrant consideration.
- E. Reasonable payment arrangements, consistent with the eligible responsible party's ability to make payments, will be extended for amounts not discounted under the Charity Matrix. Santiam Hospital reserves the right to revoke charity discounts and assign all unpaid balances to collections if an extended payment agreement is in default. A maximum collection limit of 20% of a family's annual household income will be honored; unless the family wished to pay more.
- F. Charity care does not go retroactive for care provided prior to visit without formal exception.
- G. Charity care adjustments are effective, when eligible, for three to six months.
- H. Charity care may not be provided to those whose exhibited expenses are greater than twice the level of poverty per family unit on the current Health and Human Services Poverty Guidelines.

II. Eligibility Determination

- A. Requests for consideration may be proposed by sources such as physician, community or religious groups, social services, hospital personnel, the patient, guarantor or family member. Santiam Hospital will use an application process for determining initial interest in and qualification for charity care.
- B. Responsible party's choosing not to apply for charity care will not be considered unless sufficient information is available to make a final determination without his/her application.
- C. Santiam Hospital's decision to provide charity care in no way effects the responsibly party's financial obligations to their physician or other healthcare providers.
- D. Santiam Hospital will make an initial determination of potential eligibility determination; Santiam Hospital will not initiate collection efforts while the application is in process. Following the initial request the hospital may pursue other sources of funding, including Medicaid.
- E. Santiam Hospital will furnish an application and instruction to the responsible party when charity care is requested, or when financial screening indicates potential need.
- F. If uninsured an application for either the HealthCare Marketplace or for the Oregon Health Plan will be required. Documentation of acceptance or denial must be provided with the application for charity care.
- G. The responsible party must return a completed application within the specified time. It will be made in writing and accompanied by sufficient documentation to verify income amounts indicated on the application form for the 12 months prior to the date of request.
- H. Acceptable forms of income verification include: payroll stubs, IRS tax returns from the most recently filed calendar year, determination of eligibility for unemployment compensation, attestation of absence of income from the responsible party or letter of support from individuals providing basic needs.
- I. Santiam Hospital will keep confidential all information on the application and supporting documentation. Santiam Hospital, at its own expense, may request a credit report to further verify the information on the application.
- J. Santiam Hospital will return to the responsible party written notification of eligibility for charity care within 21 days of receipt of a complete application from the responsible party. This notification will include the level of reduction. Denials will include the reason for denial and instructions for reconsideration.

III. COBRA Options for Insurance

- A. If the responsible party is offered COBRA insurance and it is not elected, they are still qualified to apply for financial assistance with Santiam Hospital. All terms and conditions still apply.

IV. Appeals

- A. The responsible party may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Chief Financial Officer within 30 days of receipt of notification. All appeals will be reviewed by the Administrator and Chief Financial Officer for final determination. If this determination affirms the previous denial of charity care, written notification will be sent to the responsible party.

V. Elective Procedures

- A. Elective procedures to be reviewed by Administrator and/or Chief Financial Officer upon receipt of complete application. Consideration will be made to patient's area of living (zip code) and if this elective procedure is recommended by patients Primary Care Physician.

VI. Deceased Patients

- A. Letter is sent to family requesting documentation regarding patient, Death Certificate and a Small Estate Affidavit or notarized document verifying the status of the final estate.
- B. Upon receipt, information is reviewed and scanned into system.
 - i. If patient has finance to pay the bills, a payment arrangement is set up with the family.
 - ii. If the patient has no finance to pay the bills, a review is completed on the balance due and is written off.
- C. If information is sent back to Santiam Hospital "Return To Sender" a phone call is made to Probate Court to find out financial status of patients accounts.
 - i. If they state patient has no estate, accounts are written off to Charity Care
 - ii. If they state the patient has an estate, attempts are continued to contact family for collection purposes. If there is no response from the family, the accounts are sent to Valley Credit for collections.