

Standard:

To ensure that Santiam Hospital & Clinics meets its community obligation regarding the provision of financial assistance on a fair, consistent and objective basis.

Policy:

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

Definitions:

- A. Financial Assistance: Financial forgiveness of charges on an account in which medically necessary services were provided at Santiam Hospital or one of the hospitals owned clinics.
- B. Medically Necessary Services: Services in which are necessary to prevent, diagnose or treat an illness, injury, condition or disease, or the symptoms of an illness, injury, condition or disease; and meeting accepted standards of medicine.

Procedure:

- I. Prescreening and Documentation
 - A. A prescreening process for financial assistance eligibility in accordance with Oregon House Bill 3320 may be performed. This process is performed for patients who are uninsured, enrolled in the state medical assistance program, or owe more than \$500 for services, after insurance. The prescreening is completed before any bill is sent, and any financial assistance for which the patient qualifies is applied to the bill automatically.
 - B. Santiam Hospital documents the methods and sources used to determine presumptive eligibility for financial assistance. If the initial screening does not yield a conclusive result, additional sources of information are consulted as required by law. All steps taken in the prescreening process are recorded and maintained in accordance with Oregon Administrative Rules 409-023-0120.
 - C. Patients are notified in writing of the results of the prescreening process, regardless of the outcome. Notifications are provided in plain language and in the patient's preferred language, following OHA translation standards. The notification includes the outcome of the prescreening, its impact on the patient's bill, and instructions for applying for financial assistance, appealing decisions, or obtaining more information.
 - D. Santiam Hospital is committed to transparency in the evaluation of patient household income for financial assistance prescreening. The hospital discloses all software products and third-party services used in the evaluation process. This includes the name and purpose of each software or service, and how it is used to assess eligibility. If any third-party data sources or automated tools are used, their role in the determination process is explained to the patient upon request and in the written notification of prescreening results.
 - E. All patient information used in the prescreening process is handled in compliance with state and

federal privacy laws, including HIPAA. Patients may request a list of all software products and third-party services used in their evaluation and may contact the Financial Assistance Specialist for further details or to raise concerns about data use.

II. Eligibility Criteria

- A. Financial Assistance is secondary to all other financial resources available to the patient including insurance, government programs, third party liability, health savings accounts, and community or faith-based collaboratives.
- B. Full financial assistance may be provided to a responsible party with a gross family income at or below 250% 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 250% of Federal Poverty Income Guidelines.

Financial Assistance Sliding Scale	
Income as a Percentage of Federal Poverty Level	Financial Assistance Adjustment Percentage
0 - 250%	100%
251 - 300%	75%
301 - 400%	45%

- D. The 2026 income levels under the Federal Poverty Guidelines with the approved adjustments as listed below are as follows:

Sliding Scale for Discount with Household Income			
Family Size	Discount 100%	Discount 75%	Discount 45%
1	\$0 - \$39,900.00	\$39,900.01 - \$47,880.00	\$47,880.01 - \$63,840.00
2	\$0 - \$54,100.00	\$54,100.01 - \$64,920.00	\$64,920.01 - \$86,560.00
3	\$0 - \$68,300.00	\$68,300.01 - \$81,960.01	\$81,960.01 - \$109,280.00
4	\$0 - \$82,500.00	\$82,500.01 - \$99,000.00	\$99,000.01 - \$132,000.00
5	\$0 - \$96,700.00	\$96,700.01 - \$116,040.00	\$116,040.01 - \$154,720.00
6	\$0 - \$110,900.00	\$110,900.01 - \$133,080.00	\$133,080.01 - \$177,440.00
7	\$0 - \$125,100.00	\$125,100.01 - \$150,120.00	\$150,120.01 - \$200,160.00
8	\$0 - \$139,300.00	\$139,300.01 - \$167,160.00	\$167,160.01 - \$222,880.00
9	\$0 - \$153,500.00	\$153,500.01 - \$184,200.00	\$184,200.01 - \$245,600.00
10	\$0 - \$167,700.00	\$167,700.01 - \$201,240.00	\$201,240.01 - \$268,320.00
11	\$0 - \$181,900.00	\$181,900.01 - \$218,280.00	\$218,280.01 - \$291,040.00
12	\$0 - \$196,100.00	\$196,100.01 - \$235,320.00	\$235,320.01 - \$313,760.00
13	\$0 - \$210,300.00	\$210,300.01 - \$252,360.00	\$252,360.01 - \$336,480.00
14	\$0 - \$224,500.00	\$224,500.01 - \$269,400.00	\$269,400.01 - \$359,200.00

*Santiam Hospital & Clinics defines a family or household member as anyone who is included in your tax documents or anyone for whom you provide more than half of their living expenses.

- E. Financial Assistance 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 warrant consideration.
- F. Financial Assistance will be applied to all current balances at the time of approval. Approval amounts do not go retroactive for accounts previously turned over to collections without formal exception.
- G. Financial Assistance adjustments are effective, when eligible, for nine months, based on the approval granted.

III. 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 financial assistance.
- B. Responsible party's choosing not to apply for financial assistance 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 financial assistance in no way effects the responsible party's financial obligations to physicians or other healthcare providers outside of Santiam Hospital and its hospital owned clinics.
- 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 & Clinics will furnish an application and instruction to the responsible party when financial assistance is requested, or when financial screening indicates potential need. Additionally, financial assistance applications and policies can be located:
 - 1. Santiam Hospital Website
 - 2. Hospital Financial Counselor
 - 3. All Hospital Affiliated Clinic's
- F. The party responsible must return a completed application within the specified time. It will be made in writing and accompanied by sufficient documentation to verify the income amounts indicated on the application form for the 12 months prior to the date of request.
- G. 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.
- H. Santiam Hospital & Clinics 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.
- I. Santiam Hospital & Clinics will return to the responsible party written notification of

eligibility for financial assistance 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.

- J. A patient's eligibility for financial assistance may be considered without a financial assistance application and/or proof of income at Santiam Hospital's discretion, if the following criteria are met:
 - 1. A screening assessment has been made and it indicates a patient will be unable to pay his/her medical bills.
 - 2. A patient notifies Santiam that they are homeless, and a screening indicates eligibility.
 - 3. A patient becomes eligible for Medicaid coverage within 60 days of receiving medically necessary services.
- K. Santiam Hospital will not charge the responsible party that has been approved for financial assistance more than the calculated AGB (Average Generally Billed). The AGB is calculated using a look back of the year prior considering Medicare, Medicaid and Commercial insurances.
- L. Santiam Hospital will make reasonable efforts to conduct an eligibility screening upon request, before unpaid charges are transferred to a bad debt collector, and/or before unpaid amounts are referred to collection.

IV. Applicable Locations / Physicians

- A. This financial assistance policy applies to the following locations including all providers within these locations:
 - 1. Aumsville Medical Clinic
 - 2. Cascade Medical Clinic
 - 3. Santiam Cardiology Clinic
 - 4. Santiam General Surgery
 - 5. Santiam Health and Wellness Clinic
 - 6. Santiam Infectious Disease Clinic
 - 7. Santiam Internal Medicine Clinic
 - 8. Santiam Medical Associates Clinic
 - 9. Santiam Medical Clinic
 - 10. Santiam Orthopedic Group
 - 11. Santiam Podiatry Clinic
 - 12. Santiam Pulmonary Clinic
 - 13. Santiam Women's Clinic
 - 14. Sublimity Medical Clinic
- B. Additionally a full listing of these providers can be found at <https://santiamhospital.org/find-a-medical-professional/>

V. COBRA Options for Insurance

- A. If the party responsible 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.

VI. Appeals

A. The party responsible 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 financial assistance, written notification will be sent to the responsible party.

VII. Elective Procedures

A. Elective procedures to be reviewed by the 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 a hospital employed physician.

VIII. 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 the system.

- i. If the patient has the financial ability to pay the bills, a payment arrangement is set up with the family.
- ii. If the patient has no financial ability 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 as "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 Service for collections.