APPLICATION

All Samaritan Health Services (SHS) hospitals and medical clinics.

POLICY

SHS provides medical care to anyone without discrimination or their ability to pay. SHS will pay for Needed Medical Care for anyone who has a financial need.

PROCEDURE

DEFINITIONS:

1. **Amount Generally Billed (AGB)** - Average amount of money accepted as payment in full for patients who have Medicare or private insurance.
2. **Financial Assistance** - When medical care is needed, and the patient is not charged or pays a lower cost.
3. **Income** - Earnings before taxes from working, welfare payments, Social Security payments, unemployment or disability benefits, child support, alimony and all earnings from business and investment activities.
4. **Needed Medical Care** - When a patient needs care to:
   a. Prevent an illness, condition, or disability
   b. Prevent the patient from getting sicker
   c. Make a diagnosis
   d. Provide treatment for physical, behavioral and/or mental health conditions
   e. Help a patient do their daily activities
5. **Presumptive Financial Assistance** - A patient who is screened and is eligible for Financial Assistance.
6. **Special Conditions** - When the patient’s bill is more than 20% of their annual Income.

IMPLEMENTATION:

1. Signs and brochures explaining to patients about SHS Financial Assistance are available throughout the hospitals and clinics and available on the internet (www.samhealth.org/FinancialAssistance).
2. Financial Assistance information is sent each year to local health departments, Medicaid offices, social service agencies, and doctor’s offices.
3. Patients may apply for Financial Assistance before, during, or after treatment.
4. Patients may apply for Financial Assistance during billing and up to 240 days after the first bill is sent.
5. Financial Assistance is available after all other financial resources have been requested by the patient and denied.
6. Financial Assistance is not granted to patients that do not apply to government health care programs.
7. Financial Assistance is granted only for Needed Medical Care.
8. Medical providers who do not work for Samaritan Health Services and provide care to a patient at a SHS hospital or clinic may or may not accept the SHS Financial Assistance program. A list of the providers who do not accept Financial Assistance is on the SHS website, at www.samhealth.org/FinancialAssistance.

FINANCIAL ASSISTANCE ELIGIBILITY
1. Anyone may request a Financial Assistance application.
2. Financial Assistance applications are available at:
   • Registration areas in hospitals and clinics.
   • Contacting Customer Service at 1-800-640-5339.
   • Online at www.samhealth.org/FinancialAssistance.
3. Financial Assistance may be requested from someone other than the patient such as:
   • The patient’s medical provider
   • A family member
   • Community organization
   • Religious groups
   • A social services agency
   • Hospital or Clinic Staff
4. A patient applying for Financial Assistance must have proof of Income such as:
   • Copies of pay stubs for the past 3 months.
   • A letter from the patient’s employer.
   • A letter from the Social Security Office.
   • Federal Income tax return.
   • Bank/Credit Union statements.
   • Any other proof of Income.
5. Any and all possible sources of payment are considered before Financial Assistance is approved.
6. The patient and other persons responsible for the bill must submit all required information and sign the application before being considered for Financial Assistance.
7. SHS may ask for a credit check before approving Financial Assistance.
8. The Financial Assistance is decided by using the Federal Poverty Guidelines below:

<table>
<thead>
<tr>
<th>Federal Poverty Percentages</th>
<th>Patient Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 250% Poverty Level</td>
<td>100%</td>
</tr>
<tr>
<td>251 to 300% Poverty Level</td>
<td>75%</td>
</tr>
<tr>
<td>301 to 400% Poverty Level</td>
<td>60%</td>
</tr>
</tbody>
</table>

9. Patients that qualify for Financial Assistance are not charged more than the AGB for medical services.
10. A letter will be sent to the patient or the person responsible for the bill after the Financial Assistance application has been approved or denied.
11. The patient or person responsible for the bill may reapply within 30 days of the approval/denial if their financial situation changes.

Special Conditions
If a patient applies for Financial Assistance but does not meet Income requirements, they are screened for a discount based on Special Conditions.

**Presumptive Financial Assistance**
SHS works with an outside agency to see if a patient qualifies for Financial Assistance. Patients may be eligible for Presumptive Financial Assistance if:
1. The patient has not paid any part of their bill.
2. The patient has only paid part of their bill.
3. The patient did not qualify for the Financial Assistance Program.

**Financial Assistance Program to Patients and the Community.**
SHS Financial Assistance information can be found at:
1. Hospital Registration
2. Emergency Rooms
3. SHS owned clinics
4. The SHS website, [www.samhealth.org/FinancialAssistance](http://www.samhealth.org/FinancialAssistance)

SHS will make available to the public, a summary of this Financial Assistance policy:
- On the SHS website, [www.samhealth.org/FinancialAssistance](http://www.samhealth.org/FinancialAssistance)
- Brochures available in the hospital’s communities

The Financial Assistance information will be provided in the primary languages of the people who live in the SHS service area.

**REFERENCES**
- House Bill 3076, Oregon Revised Statute 442.200 and 646.639
- Financial Responsibility: Oregon Revised Statute (ORS) Chapter 108
- Section 501(r) of the Internal Revenue Code
- United States Census Bureau
- SHS Policy: “Language Assistance and Interpreter Services”

**REVIEW/REVISION HISTORY**

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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</thead>
<tbody>
<tr>
<td>12/22/2015</td>
<td>0-1</td>
<td>Revision</td>
<td>Archived</td>
<td>Finance</td>
</tr>
<tr>
<td>12/22/2015</td>
<td>2</td>
<td>Revision</td>
<td>Updated to include the presumptive eligibility language</td>
<td>Finance</td>
</tr>
<tr>
<td>6/21/2016</td>
<td>3</td>
<td>Revision</td>
<td>Removed asset consideration language</td>
<td>Finance</td>
</tr>
<tr>
<td>11/7/2016</td>
<td>4</td>
<td>Revision</td>
<td>Updated AGB calculation language. Specify locations applicable for public posting. Minor formatting.</td>
<td>Finance</td>
</tr>
<tr>
<td>12/10/2018</td>
<td>5</td>
<td>Revision</td>
<td>Separated Financial Assistance and collection policy. Updated language</td>
<td>Finance, ACA Section 501r Compliance Committee, Regional Business Office</td>
</tr>
<tr>
<td>4/22/2019</td>
<td>6</td>
<td>Revision</td>
<td>Increase discount percentage for uninsured above 225% poverty level.</td>
<td>Finance</td>
</tr>
<tr>
<td>11/15/2019</td>
<td>7</td>
<td>Revision</td>
<td>Changes to comply with Oregon House Bill 3076 (ORS 442.200 and 646.639). Effective 1/1/2020</td>
<td>Compliance, Legal, SHS ACA 501r Task Force</td>
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</tbody>
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If printed, this document is current for this date only: January 8, 2020
Current Policy and Procedures can be found on the SHS intranet.