DEPARTMENT: Patient Financial Services	NUMBER: 310.004
SUBJECT: Financial Assistance	PAGE: 1 of 10
EFFECTIVE DATE: July 20, 2026	REPLACES POLICY DATED: 07-01-2018, 03-23-2022
APPROVED BY: PFS, CFO, Administration	DISTRIBUTION: District Wide

PURPOSE:

This policy explains how Southern Coos Hospital and Health Centers (SCCHC) provides financial assistance for patients who cannot afford to pay for emergency or other medically necessary care. This policy complies with Internal Revenue Code Section 501(r), Health Resource and Services Administration (HRSA)/National Health Service Corps (NHSC) requirements and applicable Oregon law.

POLICY:

SCHHC is committed to providing access to emergency, preventive and other medically necessary care without discrimination and regardless of a patient's ability to pay and will not delay or deny emergency medical care due to inability to pay.

Financial assistance is provided in a fair and consistent manner in accordance with Internal Revenue Code Section 501(r), HRSA/NHSC requirements, and applicable Oregon law.

SCCHC will:

- Provide, without discrimination, care for emergency medical conditions, preventive services and medically necessary care to all individuals, regardless of eligibility for financial assistance or insurance status.
- Offer free or discounted care to eligible patients based on financial need using Federal Poverty Guidelines (FPL).
- Maintain a Sliding Fee Discount Program (SFDP) that applies to all in-scope services and all patients, regardless of insurance status.
- Limit amounts charged to patients-eligible for financial assistance to no more than Amounts Generally Billed (AGB) for emergencies or other medically necessary care.
- Make reasonable efforts to determine financial assistance eligibility before initiating extraordinary collection actions (ECA's).
- Not deny or delay medically necessary care due to a patient's inability to pay.
- Provide clear, accessible information about financial assistance, including a Plain Language Summary, application, and assistance upon request.

Patients are expected to cooperate with SCCHC's financial assistance process, including completing applications, providing requested documentation and pursuing available third-party coverage when appropriate.

SCCHC may consider extenuating circumstances and retains discretion to approve financial assistance on a case-by-case basis to ensure equitable access to care.

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DEFINITIONS:

- **Amounts Generally Billed (AGB):** The maximum amount a patient eligible for financial assistance may be charged for emergency or other medically necessary care. AGB is based on what Medicare and private insurance typically pay and is calculated using a look-back method in accordance with Internal Revenue Code Section 501(r).
- **Financial Assistance (Charity Care):** Free or discounted care for patients who qualify based on income and financial need.
- **Emergency Medical Condition:** A condition requiring immediate medical attention as defined under 42 U.S.C. § 1395dd.
- **Family:** Individuals living together who are related by birth, marriage, or adoption, consistent with U.S. Census Bureau definitions.
- **Family Income:** Total household income before taxes, determined in accordance with Federal Poverty Guidelines (FPL), excluding non-cash benefits.
- **Medical Necessity / Medically Necessary:** Health care services or items needed to prevent, diagnose, or treat an illness, injury, or condition, and that are consistent with accepted standards of medical practice. Determinations are made in accordance with CMS and Medicaid guidelines, as applicable.
- **Uninsured:** A patient with no third-party coverage.
- **Underinsured:** A patient with coverage but with out-of-pocket costs that exceed their ability to pay.
- **Application Period**: The period beginning on the date of the first post-discharge billing statement and ending 240 days thereafter.
- **Guarantor:** The individual responsible for payment of the account.

PROCEDURES:

1. SLIDING FEE DISCOUNT PROGRAM (SFDP)

   SCCHC maintains a Sliding Fee Discount Program (SFDP) in accordance with HRSA requirements and applicable Oregon law.

   a. Discounts are based on Federal Poverty Guidelines (FPL)
   b. Discounts apply to all patients receiving in-scope services regardless of insurance status
   c. Patients at or below 200% FPL are eligible for a 100% discount for medically necessary services
   d. Patients between 201% and 400% FPL receive discounted care based on a sliding scale
   e. The SFDP is applied uniformly and consistently

   Consistent with SCHHC's commitment to access to care and Oregon requirements:

   a. Patients will not be denied services due to inability to pay
   b. SCHHC does not require payment as a condition of receiving medically necessary care
   c. Any nominal fees, if accessed, will not create a barrier to care and may be reduced or waived based on individual circumstances

2. EXCLUSIONS

This Policy applies to all medically necessary services within SCHHC's scope of services. The following exclude:

a. Services provided through/at Southern Coos Retail Pharmacy
b. Services determined to be not medically necessary based on CMS, Medicaid, or other applicable payer guidelines
c. Services that are cosmetic in nature or primarily intended to improve appearance and are not medically necessary, including services related to cosmetic procedures
d. Services ordered or provided by practitioners who have formally opted out of the Medicare program, when such services are not eligible for coverage under federal program rules
e. Services that are not covered benefits under Medicare, Medicaid, or other third-party payers, including services for which the patient has acknowledged financial responsibility through an Advanced Beneficiary Notice, waiver of liability, or similar agreement.

3. ELIGIBILITY

Eligibility is based on financial need using Federal Poverty Guidelines.

SCHHC maintains a Sliding Fee Discount Schedule that defines specific discount levels based on income as a percentage of FPL. This schedule is reviewed and updated at least annually and is included in Exhibit A of this policy.

a. At or below 200% FPL: eligible for full financial assistance (up to 100% discount), subject to a Sliding Fee Discount Schedule
b. 201% - 400% FPL: eligible for discounted care based on the Sliding Fee Discount Schedule

The Sliding Fee Discount Schedule in Exhibit A reflects current Federal Poverty Guidelines and may be updated without requiring full policy revision/approval.

3.1 ELIGIBILITY PERIOD AND APPLICATION OF FINANCIAL ASSISTANCE

Once approved, financial assistance eligibility will remain valid for a period of up to twelve (12) months from the date of determination.

Financial assistance, once approved, will apply to all eligible accounts for services received during the application period, including services provided prior to the date of determination, provided the patient applied within the application period.

The application period extends up to 240 days from the date of the first post-discharge billing statement. During this period, eligible patients will not be required to reapply for each individual service or visit, unless there is a significant change in financial circumstances or SCHD determines updated information is necessary.

Patients are expected to notify SCHD of any material changes in income, household size, or financial status that may affect eligibility.

3.2 MEDICAL NECESSITY DETERMINATIONS

For purposes of this policy, services or items are considered medically necessary when they are reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member, and meet all of the following criteria:

a. Are consistent with the patient's diagnosis, symptoms, or treatment of a condition
b. Are furnished in accordance with accepted standards of medical practice
c. Are not primarily for the convenience of the patient, provider, or supplier
d. Are the most appropriate level of service that can be safely and effectively provided
e. Are not experimental or investigational unless otherwise covered under applicable Medicare or Medicaid provisions
f. Meet Medicare and/or Medicaid coverage criteria, including applicable National Coverage Determinations (LCDs), and state Medicaid guidelines

Determinations of medical necessity will be based on documentation in patient's medical record and applicable federal and state program requirements.

3.3 DETERMINATION OF INCOME

Family income is used to determine eligibility and is calculated in accordance with Federal Poverty Guidelines (FPL).

Income includes wages, salaries, self-employment income, Social Security benefits, unemployment compensation, pensions, and other sources of income before taxes. Non-cash benefits (such as SNAP or housing assistance) are not included.

For individuals who are self-employed, income will be determined based on net income after reasonable business expenses, as reported on federal tax returns or other reliable documentation.

If prior-year tax returns do not accurately reflect current income, SCHHC may use alternative documentation to determine current financial status.

3.4 INCOME VERIFICATION DOCUMENTATION

Patients may be asked to provide one or more of the following documents to verify income. SCHHC will only request documentation reasonably necessary to verify income and will not require all listed documents.

a. Most recent Federal Tax Return (Form 1040 and applicable schedules, such as Schedule C or F)
b. Recent pay stubs (typically last 3 months)
c. Profit and Loss (P&L) statements for self-employed individuals
d. Social Security, pension, or unemployment benefits, as applicable

SCHHC will use a reasonable and simplified process to determine financial need and will not require excessive or unnecessary documentation. Bank statements are not required for those patients at or below

200% of the Federal Poverty guidelines.

3.4 WHEN INCOME DOCUMENTATION IS NOT AVAILABLE

If standard income verification documents are not available, SCHHC may determine income based on alternative methods, including:

a. A written attestation from the patient or guarantor describing income and financial circumstances
b. A statement of support from a third party providing financial assistance
c. Review of available financial information, such as bank activity or known living arrangements
d. Information obtained through external data sources or screening tools

SCHHC will use reasonable judgement to estimate income based on the best available information in order to ensure timely access to financial assistance.

4. APPLICATION PROCESS

Patients may apply for financial assistance by completing a Financial Assistance Application.

Patients may apply for financial assistance at any time, including prior to receiving services, during care, or after services have been provided, within the application period. The application period extends up to 240 days from the date of the first post-discharge billing statement.

Applications received after the application period may be denied; however, SCHHC may, at it's discretion review late applications based on individual circumstances.

Applications may be submitted by mail, in person, through the SCHHC patient portal (MyChart), online, or by contacting Patient Financial Services for assistance. SCHHC will make reasonable efforts to assist patients in completing the application process.

A complete application may include:

a. Signed application form
b. Federal tax return
c. Proof of income (e.g., pay stubs, benefit statements)

SCHD will:

a. Review completed applications
b. Notify patients of the determination within 30 days
c. Request additional information if needed

SCCHC may acknowledge receipt of applications and will notify patients if additional information is required to complete the application. Incomplete applications will be returned with instructions for completion.

4.1 REASONABLE APPLICATION REQUIREMENTS

SCHHC will not impose unreasonable documentation or application requirements that would create barriers to accessing financial assistance. Only information reasonably necessary to determine eligibility will be requested.

4.2 COORDINATION with OTHER COVERAGE

a. SCHHC may assist patients in applying for Medicaid or other coverage programs. While patients are encouraged to pursue available coverage, failure to apply for such programs will not, by itself, result in denial of financial assistance.

4.3 NON-COOPERATION/INCOMPLETE APPLICATIONS

If a patient fails to provide requested information or does not respond to reasonable requests necessary to determine eligibility, SCHHC may deny financial assistance due to incomplete application.

Prior to denial, SCHHC will make reasonable efforts to notify the patient of missing information and allow sufficient time for response.

Denials based on incomplete information will be documented and may be reconsidered if the patient later provides the required information within the application period.

5. APPEALS PROCESS

If a patient's application for financial assistance is denied, the patient has the right to appeal the decision.

Patients may submit a written request for appeal within thirty (30) days of the date of the denial notice. The appeal should include any additional information or documentation that supports the patient's eligibility for financial assistance.

SCHD will review all appeals in a timely and fair manner. The review will be conducted by personnel not involved in the original determination, when possible.

SCHD will notify the patient of the outcome of the appeal in writing.

SCHD may consider appeals submitted after this timeframe if additional information becomes available within the application period.

Denials may be reconsidered at any time within the application period if new or additional information is provided.

6. PRESUMPTIVE ELIGIBILITY

SCHHC may approve financial assistance without a completed application when reliable information indicates that a patient is likely to meet eligibility criteria. Presumptive eligibility is used to reduce the barriers to care and expedite assistance for vulnerable patients.

Presumptive eligibility determinations may be based on available data sources, documentation, or verified life circumstances.

6.1 Categories for Presumptive Eligibility

Patients may be considered presumptively eligible for financial assistance under the following circumstances:

a. Deceased patients with no known estate
b. Homeless or indigent individuals, including those receiving care through homeless clinics or lacking a fixed address
c. Patients eligible and enrolled in means-tested programs, including:

    i. Supplemental Nutrition Assistance Program (SNAP)
    ii. Woman, Infants, and Children (WIC)
    iii. Subsidized school lunch programs
    iv. Other state or local indigent assistance programs

d. Medicare Low-income Subsidy Programs

    i. Qualified Medicare Beneficiaries (QMB)
    ii. Specified Low-income Medicare Beneficiaries (SLMB)

e. Medicaid or OHP situations where coverage is not payable, including:

    i. Out-of-State Medicaid that cannot be billed or does not pay for services provided in Oregon
    ii. Medicaid denials due to eligibility timing or administrative limitations
    iii. Patients who have active Medicaid coverage but services occurred prior to eligibility and are not covered due to lack of retroactive eligibility

f. Patients residing in subsidized or low-income housing
g. Patients identified through external data sources or screening tools as having limited ability to pay

SCHHC may use third-party tools or other reliable data sources to estimate income and determine eligible where applicable.

Unless otherwise determined, presumptive eligibility may results in full or partial write-off of the patient's balance, consistent with this policy.

Patients determined presumptively eligible will not be required to complete a full Financial Assistance Application, but may be asked to provide additional information if needed.

7. AMOUNTS GENERALLY BILLED (AGB)

Patients eligible for financial assistance will not be charged more than AGB for emergency or other medically necessary care. AGB is calculated annually using the look-back method based on Medicare fee-for-service and private insurance claims.

8. BILLING AND COLLECTIONS

SCHHC will make reasonable efforts to determine financial assistance eligibility before engaging in extraordinary collection actions (ECAs)

Extraordinary collection actions may include:

a. Reporting to credit agencies
b. Legal actions such as lawsuits or wage garnishment

SCHHC will:

a. Provide notice of financial assistance availability, including sending written communication to patients prior to the first billing statement informing them that they may be eligible for financial assistance and how to apply.
b. Allow at least 120 days from the first billing statement before initiating ECAs
c. Accept applications for up to 240 days
d. Suspend collection activity while a completed application is under review

SCHHC will document efforts to obtain information and the basis for financial assistance determinations, including denials.

9. COMMUNICATION

SCHHC will widely publicize this policy by:

a. Posting it on the website
b. Posting clear and visible notices regarding the availability of financial assistance in locations accessible to patients, including but not limited to:

i. Registration and admission areas
ii. Emergency Department
iii. Patient access and front desk locations
iv. Billing and payment areas
v. Waiting rooms

vi. Other high-traffic patient care areas

c. Including information on billing statements
d. Making free copies available at SCHHC locations

Plain Language Summaries will be available in the primary languages of the community served.

9.1 Coordination of Financial Assistance

With patient authorization and in accordance with applicable privacy laws, SCHHC may share financial assistance eligibility determinations with other healthcare providers or organizations to support coordination of care and reduce the need for duplicate applications.

Any such sharing will be limited to the minimum necessary information and will be used solely for the purpose of determining eligibility for similar financial assistance programs.

Patients are not required to consent to such sharing in order to receive financial assistance from SCHHC.

10. PROVIDERS COVERED

This Financial Assistance Policy applies to all emergency and other medically necessary services that are billed by SCHHC, including both facility and professional services.

In certain cases, SCHHC may bill for professional services provided by practitioners who are not directly employed by SCHHC but who provide services under arrangement or contract with SCHHC. These services are included under this policy when billed by SCHHC.

Services not billed by SCHHC, including those billed independently by outside providers or organizations, are not covered under this policy. Patients are encouraged to contact those providers directly regarding financial assistance options.

REFERENCES:

This policy is intended to comply with applicable federal, state, and program requirements, including the following:

Federal (IRS 501(r))

- Internal Revenue Code §501(r)
- 26 CFR §1.501(r)-1 through §1.501(r)-7
- IRS Notice 2014-2 and related guidance on Financial Assistance Policies and Extraordinary Collections Actions

Health Resource and Services Administration (HRSA)/National Health Service Corps (NHSC)

- NHSC Site Reference Guide

- NHSC Site Application Requirements and Program Guidance
- HRSA guidance related to Sliding Fee Discount Programs, as applicable to NHSC-approved sites

Oregon State Requirements

- Oregon Revised Statutes (ORS) 442.610-442.680 (Hospital Financial Assistance Policies)
- Oregon Health Authority (OHA) rules related to hospital financial assistance and patient protections
- Oregon House Bill 3076 (Hospital Financial Assistance and Patient Billing Protections)

Other Applicable Standards

- Social Security Act §1867 (Emergency Medical Treatment and Labor Act (EMTALA))
- Centers for Medicare & Medicaid Services (CMS) Medical Necessity Guidelines

ATTACHMENT(S):

- Exhibit A – Federal Poverty Guidelines – Sliding Fee Discount Program (SFDP)
- Plain Language Summary – Financial Assistance Policy
- Financial Assistance Application
  Financial Assistance Application with Cover Letter
- Financial Assistance Signage