

 <div>Samaritan Health Services</div> <div><i>Building healthier communities together</i></div>	Approved: 12/15/2020	POLICY
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Financial Assistance and Collections Policy - System		

Applicable To:	<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH	<input checked="" type="checkbox"/> SNLH	<input checked="" type="checkbox"/> SPCH	<input checked="" type="checkbox"/> CORP	<input checked="" type="checkbox"/> SHP	<input checked="" type="checkbox"/> SMG	<input checked="" type="checkbox"/> System-wide
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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. The Collections process applies to all individuals who seek and receive care, whether or not Financial Assistance is sought. The Collections process does not begin until all efforts have been made to collect payment.

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. Collections - When a patient's bill is overdue and sent to an outside agency to collect payments.
3. Extraordinary Collection Actions (ECA) - When a patient does not pay their bill and the hospital takes direct action to collect payment.
4. Financial Assistance - When medical care is needed, and the patient is not charged or pays a lower cost.
5. 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.
6. Needed Medical Care - Emergency care or medical care needed to diagnose or treat an illness, injury, condition, disease or its' symptoms. Presumptive Financial Assistance - A patient who is screened and is eligible for Financial Assistance.
7. Self-Pay Discount - Discount for uninsured patients that do not qualify for Financial Assistance.
8. 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 granted only for Needed Medical Care.
7. 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. Financial Assistance is secondary to all other financial resources available to the patient including insurance, government programs, health savings accounts (HAS, HRS/FSA), community or faith-based collaboratives, third party liability, and qualified assets.
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:

Federal Poverty Percentages	Patient Discount
0 to 250% Poverty Level	100%
251 to 300% Poverty Level	75%
301 to 400% Poverty Level	60%

9. Patients that qualify for Financial Assistance are not charged more than the AGB for Needed Medical Care.
10. Patients who are approved for low income programs such as Medicaid are deemed indigent. Therefore, such patients are eligible for Financial Assistance when the programs deny payment.
11. 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.

12. If Financial Assistance application is denied, the patient or person responsible for the bill may reapply within 30 days of the approval/denial if their financial situation changes.
13. A Self-Pay discount of 20% is applied to all uninsured balances in which a Financial Assistance discount is not applied.

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

SHS will make available to the public, a summary of this Financial Assistance policy:

- On the SHS website, 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.

COLLECTION PRACTICES:

1. SHS will mail three billing statements and one reminder letter to the patient's address on record for the amount due for medical services.
2. SHS will include in each billing statement information about the Financial Assistance program.
3. SHS will provide a Financial Assistance application and copy of the Financial Assistance policy before an account is sent to a collection agency
4. If the patient has not made payments, SHS will send a final letter stating the balance due is in the final review process to be forwarded to a collection agency.
5. Each account is screened for Presumptive Financial Assistance before being sent to a collection agency.
6. A medical debt will not be collected from a patient's child or other family member who is not financially responsible for the debt.
7. Spouses and domestic partners may be responsible under Oregon law.
8. If the account is not paid in full within 120 days from the first statement, and no other payment arrangement has been agreed to by SHS, or the patient does not fulfill the payment arrangement, the account will be sent to Collections.
9. A letter will be sent to the patient giving them the collection agency the account has been referred to.

10. If the patient does not contact SHS or the collection agency to make payment arrangements within 240 days from the first statement, SHS may begin Extraordinary Collection Actions, which may include:
 1. File legal papers to go to court
 2. Collecting amounts owed from bank accounts
 3. Place a lien on property
 4. Collecting amounts owed from wages
 5. Report the patient to a credit bureau
 6. Place a lien on legal settlements
11. The interest rate charged by the hospital, clinic, or debt collector will be limited as follows:
 - A. No more than a Federal Reserve System calculation
 - B. Not less than 2% or more than 5%
 - C. In the case of judgment, the interest rate may be increased up to the maximum limit allowed by state regulations.
12. If an account is less than \$2,500.00 and has been at the collection agency for 18 months or more without a payment plan being set up or any legal action, then the account will be pulled out of collections and adjusted off via an automated software system action.

REFERENCES

- SHS Financial Assistance – Plain Language Summary – www.samhealth.org/FinancialAssistance
- House Bill 3076, Oregon Revised Statute 442.601 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”
- [Language Assistance and Interpreter Services Policy - System](#)
- [Financial Assistance and Collections \(CHINESE TRANSLATION\) Policy - SYSTEM](#)
- [Financial Assistance and Collections \(SPANISH TRANSLATION\) Policy - SYSTEM](#)