

Title: Financial Assistance Program - Policy English 7485 (Spanish 8081)	Document #: 7485
Category: Corporate Document	Version: 24
Sites: System :	Page 1 of 18
JobTitle: SENIOR DIRECTOR SINGLE BUSINESS BILLING OFFICE	Most Recent Review: 04/28/2025
Document Owner:	SPPC Approval: 04/24/2025

SUMMARY OF POLICY:

It is the policy of St. Charles Health System (St. Charles) St. Charles as a tax-exempt, charitable organization to provide emergent and medically necessary services to patients without regard to race, creed, religion, sexual orientation, disability, citizenship, or ability to pay. Charity care, also referred to as financial assistance, is free or discounted health services provided to persons who meet the St. Charles eligibility criteria and are unable to pay for all or a portion of the services. St. Charles is committed to establishing fair and equitable guidelines for charity care, consistent with responsible financial stewardship and St. Charles's mission. This document can be distributed to the public.

St. Charles offers multiple types of charity care including but not limited to Financial Assistance (FA).

SCOPE:

This is a policy that applies to the St. Charles Health System

RATIONAL:

This policy exists to ensure St. Charles' commitment to protecting the dignity and rights of our patients by providing charity care in accordance with the guidelines set forth in this policy.

DEFINITION(S):

Please see the [Caregiver Handbook](#) for standard terms

Amounts Generally Billed (AGB): A limitation on amounts charged for care rendered to individuals eligible for FA. A patient qualifying for FA may not be charged more than the amounts generally billed to individuals who have insurance coverage covering such care. To determine AGB, St. Charles uses the "look back method" based on claims previously paid to St. Charles by Medicare, Medicaid (excluding capitated plan) and private health insurers. AGB includes any patient responsibility assigned by the respective payer. AGB percentages are updated annually. Current AGB percentages may be found in [APPENDIX A](#).

Charity Care: Free or discounted health services provided to persons who meet the St. Charles eligibility criteria and are unable to pay for all or a portion of the services.

Debt Collection Agency: A debt collection agency or collection agency employs a team of debt collectors who specialize in collecting outstanding debts. In this scenario, the debts are

outstanding medical debts. Debt collection agencies are hired by companies who seek the agencies help to collect these debts.

Debt Collector: A person that by direct or indirect action collects or attempts to collect a debt owed, or alleged to be owed, to a creditor or debt buyer.

Emergency Medical Treatment and Active Labor Act (EMTALA): Patients requiring emergent or urgent medical care and pregnant women in active labor shall be treated without regard to their ability to pay and regardless of their eligibility for financial assistance under this policy. This policy does not affect St. Charles' obligations under EMTALA.

<https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act>

Extraordinary Collection Action: An extraordinary collection action means actions referenced in section 501(r)(6) of the Internal Revenue Code or implementing regulations.

Federal Poverty Level (FPL) / Federal Poverty Guidelines: St. Charles utilizes the Federal Poverty Guidelines (commonly referred to as the Federal Poverty Level or FPL) that are published by the U.S. Department of Health and Human Services (HHS). FPL are determined by the federal government and revised annually.

<https://aspe.hhs.gov/poverty-guidelines>

Financial Assistance (FA): A form of charity care designed to defer the cost of care for qualified patients. The St. Charles financial assistance program follows the federal 501r regulations governing charity care.

Medical Debt: An amount owed by a patient to a hospital or a nonprofit hospital-affiliated clinic for medically necessary services or supplies.

Medically Necessary Care: Emergency, inpatient, or outpatient healthcare services provided by St. Charles for the purpose of evaluation, diagnosis, or treatment of an injury or illness, which if left untreated, would pose a threat to the patient's health. Services must be clinically appropriate and within generally accepted medical practice standards. The services provided must represent the most appropriate and cost-effective supply, device, or service that can be safely provided and readily available at a St. Charles facility.

Exclusions from Medically Necessary Services are health care services that are cosmetic, or part of a clinical research program, private and/or non-St. Charles facility or professional fees and services and/or treatments not provided at a St. Charles facility. Financial Assistance exclusions are attached to this Policy as [Appendix E](#) and can also be found at:

<https://www.stcharleshealthcare.org/sites/default/files/Documents/Financial%20Assistance/2022/FAPolicyExclusion11-2022.pdf>

Patient Cost: The portion of charges billed to a patient for care received at a hospital or a hospital-affiliated clinic that are not reimbursed by insurance or a publicly funded health care program, taking into account the requirements of section 501(r)(5) of the Internal Revenue Code that: "prohibit a nonprofit hospital from billing gross charges; and Limit amounts charged for emergency or other medically necessary care, to a patient who qualifies under the nonprofit

hospital's financial assistance policy, to no more than amounts generally billed to a patient who has insurance that reimburses all or a portion of the cost of the care."

Plain Language Summary: St Charles publishes a brochure titled "Financial Assistance Program" which explains the assistance program, qualifications, and application process. This brochure is available in registration areas throughout the St. Charles Health System. Additional information can be found on the St. Charles web site: <https://www.stcharleshealthcare.org/For-Patients/Billing-and-Insurance/Patient-Financial-Assistance-Guidelines>.

Responsible Party: Patients 18 years of age and older are a responsible party. The responsible party for patients less than 18 years of age is the natural/adoptive parent(s) or legal guardian with financial responsibility for the minor, unless the minor is legally emancipated and acting as their own responsible party. Power of attorney also constitutes a responsible party. If an applicant turns 18 during the financial assistance determination period, St. Charles will waive proof of income requirements.

NOTIFICATION

Where notification is required under this policy, St. Charles will provide that notification in English or Spanish and through one of the following means:

- Letter,
- Email (if the patient has agreed to email communication as an acceptable form of communication),
- Online patient portals (if the patient is registered with the portal),
- A prominently displayed notice on the patient's billing statements, or
- In-person. In person notifications require an acknowledgement of receipt which must be signed by the patient.

ACCOUNTABILITY

St. Charles Board of Directors must approve the Charity Care policy and any substantive changes to the policy. Single Billing Office (SBO) leadership will prepare and submit change reports to the Board of Directors for review and approval prior to implementing policy changes.

The St. Charles Charity Care policy is reviewed annually by designated St. Charles leaders.

CHARITY CARE OVERVIEW

Charity care includes but is not limited to the financial assistance (FA) program administered in accordance with federal 501r regulations. The financial assistance program is described in the Financial Assistance sections below. Other types of charity care are administered to St. Charles patients who meet indigent status, meaning the patient is automatically deemed to be unable to afford services. Houseless individuals automatically qualify as indigent. Patients who are enrolled in certain regional and state assistance programs are automatically qualify as indigent because they must meet the charity care income guidelines to be eligible for the financial assistance program. These programs include:

- Kid's Center Program
- Medicaid SMB/SLMF Program

- Tri-County Mental Health
- Vaccines for Children
- Volunteers in Medicine (VIM)

St. Charles charity care applies solely to St. Charles hospitals, clinics, and providers. A full listing can also be found on the St. Charles website (see link below). The list is reviewed and updated quarterly. While every effort is made to maintain an accurate list, information is subject to change without notice as providers join or leave the organization. Other providers and practices may have their own charity care programs

<https://www.stcharleshealthcare.org/sites/default/files/Documents/Financial%20Assistance/2021/ProvidersList%2001072021.pdf>

CHARITY CARE ADJUSTMENTS (EXCLUDING FINANCIAL ASSISTANCE)

Most charity care adjustments are automated; automated adjustments are exempt from review. Manual charity adjustments follow the approval levels listed below. Manual adjustments are reviewed and approved through Epic work queues.

Adjustment control levels:

- \$.01 - \$999 Caregiver
- \$1,000 - \$9,999 Supervisor or Manager
- \$10,000 - \$24,999 Director
- \$25,000 - \$99,999 Senior Director
- \$100,000+ Vice President of Revenue Cycle or Chief Financial Officer

Charity Care adjustments include:

- Houseless (7001)
- Kid's Center Program (7011)
- SMB/SLMF Adjustment (5079)
 - Limited to services that do not qualify for the Medicare cost report
- Tri-County Mental Health (5103)
- Vaccines for Children (3025)
- Volunteers in Medicine (VIM) (5104)

Medicare Indigent adjustments are charity adjustments that do not qualify as charity care. These adjustments are classified as bad debt adjustments and are applied to qualified services claimed on the annual Medicare Cost Report. These adjustments include:

- Medicare Indigent Cost Report (6047)
- Medicare Indigent SMB/SLMB Cost Report (6056)

This list is reviewed annually but is subject to change without notice.

St. Charles management will conduct regular audits of all charity care adjustments to ensure the accuracy of financial assistance awards and compliance with St. Charles policies.

FINANCIAL ASSISTANCE PROGRAM OVERVIEW

The St. Charles Financial Assistance (FA) Program is designed to assist patients with medical bills that present a significant financial hardship. The St. Charles FA Program follows the federal statute at 26 U.S.C. § 501(r), federal regulations at 26 CFR 1.501(r), and Oregon law governing financial assistance policies. All patients, regardless of their ability to pay, insured or uninsured, may apply for financial assistance under this policy. FA eligibility and benefit criteria are designed to aid those with the greatest financial need. FA is the payer of last resort; all insurance and third-party payer benefits must be exhausted prior to utilizing FA.

St. Charles makes every effort to identify and extend financial assistance to patients who may need assistance. FA information, including this policy, is free of charge and shared widely. Information includes but is not limited to the following: FA Policy, Credit and Collections Policy, FA Program Brochure (also known as the Plain Language Summary), and the FA application. St. Charles provides information regarding its FA Policies to the community and to patients through the St. Charles website, Conditions of Registration, the patient bill of rights, the FA Program Brochure, billing statements and signage including public displays in emergency departments and areas where patient admissions are processed. FA information is available in the admissions room of St. Charles hospitals, the emergency room of St. Charles hospitals, in person from a financial counselor at St. Charles hospitals, via the St. Charles website, or upon request by calling (541) 706-7750.

St. Charles also distributes copies of the Plain Language Summary and the FA application to St. Charles clinics and providers as well as local public agencies and nonprofit organizations in an effort to reach individuals likely to receive FA.

This Policy, the FA application, and the Plain Language Summary are also available in Spanish. Interpreter services are available upon request to translate this Policy into other languages.

The St. Charles FA Program applies solely to St. Charles hospitals, clinics, and providers. A full listing of providers that participate in the St. Charles FA Program can be found on the St. Charles website:

<https://stcharleshealthcare.org/sites/default/files/Documents/Financial%20Assistance/2021/ProvidersList%2001072021.pdf>. The list is reviewed and updated quarterly. While every effort is

made to maintain an accurate list, information is subject to change without notice as providers join or leave the organization. Other providers and practices may have their own financial assistance programs. St. Charles encourages patients to contact these providers for further details.

Please note emergency providers practicing at the St. Charles Bend hospital are employed by Central Oregon Emergency Physicians (COEP), *not* St. Charles. COEP bills for their services separately since they are a distinct entity and not employed by St. Charles. The St. Charles FA program does not apply to COEP providers.

PRESUMPTIVE FINANCIAL ASSISTANCE PRESCREENING PROCESS

Presumptive FA prescreening is required by Oregon House Bill 3320 effective July 01, 2024. Guidelines for prescreening are defined in OAR 409-023-0120.

Before taking any prescreening action, St. Charles will determine if during the previous nine (9) month period the patient has applied for financial assistance and St. Charles determined that the patient is eligible for financial assistance based on documentation provided by the patient. If the patient was eligible for financial assistance in the previous nine months, the patient will receive a patient cost adjustment in accordance with St. Charles's policy and ORS 442.614 prior to receiving a billing statement.

St. Charles will perform a prescreening on eligible patients to determine presumptive eligibility for financial assistance. The screening is separate from the financial assistance application process and does not disqualify a patient from seeking further financial assistance. Patients may *not* opt out of the prescreening process. The prescreening process uses the financial assistance eligibility standards of the St. Charles Financial Assistance Program and in accordance with the minimum standards specified in ORS 442.614.

The following patients *must* be screened:

- Uninsured,
- Enrolled in a state medical assistance program, *or*
- Has a \$500 or greater balance on a *single* statement *after* insurance or third-party payment options are exhausted (OAR 409-023-0120(7)(C)).

St. Charles may use existing patient data as a basis for prescreening, including but not limited to:

- Existing patient records,
- Information routinely collected during patient registration or admission,
- Information voluntarily supplied by the patient,
- Previous aid information including financial assistance applications, adjustments, or documentation of eligibility for assistance programs such as Medicaid, SNAP, or WIC, *and/or*
- Third-party screening tools
 - St. Charles utilizes the third-party screening tool Experian to determine presumptive eligibility when the use of a screening tool is appropriate.
 - Third-party screening tools will not cause a negative impact on the patient's credit.

The screening is performed via one of the methodologies above *prior* to billing the patient. The screening methodology will depend on the individual patient and the available information. St. Charles will document the methods utilized to prescreen the patient. This documentation will be maintained in the patient's financial records at St. Charles.

St. Charles will make a good faith effort to determine presumptive eligibility. If a specific screening method is inconclusive, St. Charles will attempt to complete the screening using available information via one of the methods listed above. If pre-screening cannot be

completed after good faith efforts, the patient will not qualify for presumptive FA but may apply for financial aid. The inconclusive screening determination remains in effect for 30 days from the date of screening. Patients will be provided Notification of the screening results.

A patient's eligibility for presumptive financial assistance is determined based on household size and estimated income which determines the percentage of the households Federal Poverty level. Household assets or propensity to pay are not used when determining financial assistance eligibility.

If a patient qualifies for presumptive FA, assistance will be provided based on the FPL percentage:

- 100% assistance for applicants within 0-200% FPL, the patient has zero financial responsibility.
- 75% assistance for applicants within 201-300% FPL, the patient has 25% financial responsibility.
- 50% assistance for applicants within 301-350% FPL, the patient has 50% financial responsibility.
- 25% assistance for applicants within 351-400% FPL, the patient has 75% financial responsibility.

Presumptive financial assistance is approved for nine months. Aid will be applied to the patient's account before the patient is billed.

If the prescreening process determines the patient is not presumptively eligible, their eligibility cannot be determined, or the patient cost adjustment is less than 100% of the patient cost amount, the patient may still apply for financial assistance, or additional financial assistance, through the standard hospital assistance application. Patients are eligible to apply for FA for 240 days following the first billing statement or 12 months after the patient pays for the services provided, whichever is greater. Patients may request and receive a physical application for financial assistance on the St. Charles website in person or online. Patients may request assistance in completing the financial assistance application.

While patients cannot opt out of prescreening, they may decline the award after being prescreened. Patients must notify the hospital to decline the award. The patient is then responsible for the original amount due. In order to decline aid, the patient must either sign a declination form or submit a signed written request. The declination will be good for the nine-month financial aid period. During the nine-month period, the patient is financial responsible for any and all amounts due from the patient. Declining aid does not prohibit patients from applying for aid at a later date; patients can choose to submit a Financial Assistance application for 240 days following the first billing statement or 12 months after the patient pays for the services provided, whichever is greater.

FINANCIAL ASSISTANCE PROGRAM

Any patient or their authorized representative may choose to apply for FA by submitting a completed FA application. This includes patients who were not screened for presumptive eligibility, patients who were screened for presumptive eligibility and found not to be eligible, and patients who were screened for presumptive eligibility and disagree with the amount of FA offered. FA applications must be received within 240 days of the first billing statement or 12 months after the service is paid, whichever is greater. Applications received after this time frame are not eligible for financial assistance.

The intent of the St. Charles FA Program is to aid community members in need. St. Charles reserves the right to reverse determinations at any time if a patient misstated information to obtain FA. Determinations may also be reversed or revised if third-party reimbursement was made directly to the patient. FA applications will be denied if St. Charles determines fraudulent information is included in the application.

A patient seeking FA must provide the documentation specified in the application unless St. Charles indicates otherwise. The application may be obtained online through the St. Charles website, requested by telephone, at any St. Charles clinic location, or from a financial counselor at any St. Charles hospital. The financial counselor's office locations can be found on the St Charles website (<https://www.stcharleshealthcare.org/patients/billing-and-insurance/patient-financial-assistance>).

Every effort will be made to identify patients who may qualify for FA. Patients may be identified as a candidate for FA at any time before, during or after services are delivered. St. Charles may use a third-party tool (Experian) to determine the household Federal Poverty Level.

Patients are required to utilize any third-party payers available including but not limited to health insurance, benefit plans, motor vehicle insurance, worker's compensation insurance, cost sharing plans, or other third-party financial agreements such as surrogacy contracts. Refusal to provide requested information or to utilize available third-party payers will result in a denial of financial aid. A refusal to provide requested information includes failing to respond to requests for information, failing to contact payers to update coordination of benefits or provide the payer with requested information, and failing to file motor vehicle or worker's compensation claims. (Oregon House Bill 3320 Section 4, 6(a)-6(C) & OHA Community Benefit Summit 07.30.2024)

FA awards are based on the current financial state of the household. Household is defined as follows:

- A single individual,
- Spouses or domestic partners living together,
- Parent(s) and child(ren) under age 18 years of age living together, or
- Other individuals for whom a single individual, spouse, domestic partner or parent is financially responsible.

Aid determinations are based solely on household size, household income, and any third-party that may be liable for the cost of services. Household assets or propensity to pay is not used when determining financial assistance eligibility. FPL is based on the primary applicant's information, defined as the applicant who signed the application. St. Charles uses a third-party financial scoring database (Experian) to determine the household FPL. Applicants must meet all eligibility criteria (located in Attachment C) to be considered for FA.

Federal regulations require all income and/or financial documentation used to determine eligibility be substantiated. Proof of income is required for all adult family members' income. St. Charles requires some or all of the following information to verify household income. Specific documentation requirements are listed in Attachment D. If the applicant is unable to provide income documentation, the applicant may submit a written and signed statement describing their source of income. If there is no income, applicants must submit a written statement explaining the lack of income and how they are able to meet cost of living without an income.

Applications may be denied for missing or insufficient documentation. St. Charles will not withhold FA for failure to supply documentation not specified in the St. Charles FA application. If an applicant is denied for missing documentation, the applicant has 45 days from notification or the remainder of the 240-day application window, whichever is greater, to provide additional information. If the missing documentation is not provided within the timeframe provided, Extraordinary Collections Actions (ECA) may commence.

Completed applications will be processed within 21 days of receipt. St. Charles will provide the applicant written determination of the approval or denial within 10 business days.

Assistance is provided based on the FPL percentage:

- 100% assistance for applicants within 0-200% FPL, the patient has zero financial responsibility.
- 75% assistance for applicants within 201-300% FPL, the patient has 25% financial responsibility.
- 50% assistance for applicants within 301-350% FPL, the patient has 50% financial responsibility.
- 25% assistance for applicants within 351-400% FPL, the patient has 75% financial responsibility.

A patient qualifying for FA under this Policy will not be charged more than the Amounts Generally Billed (AGB) as defined in this Policy.

Approved applications are applied to services from the date the application is received through the end of that month and an additional nine months (ORS 447.615(7)). FA will be applied to services incurred 240 days *preceding* the approval date as well as the forthcoming nine months. If the patient made a payment during the look back period, St. Charles will refund the amount of financial assistance for which the patient qualified (ORS 442.615(6)). If the debt was referred to a collection agency, the hospital will notify the agency the debt is invalid.

If St. Charles incorrectly determined the patient did not qualify for FA *based on the information available at the time of determination*, St. Charles will pay interest at the federal funds rate and any associated reasonable costs incurred by the patient in an effort to obtain aid.

The St. Charles Financial Assistance department is the final authority in determining that all reasonable efforts have been made to determine financial assistance eligibility. The Financial Assistance department can be reached by phone at 541-706-7750 (option 6) or by mail at St. Charles Financial Assistance Department PO Box 6095 Bend, OR 97708.

FINANCIAL ASSISTANCE APPEALS

A patient may only appeal determinations based on applications for financial assistance. The applicant has 45 days from notification or the remainder of the 240-day application window, whichever is greater, to appeal (OAR 409-023-0120(5)). Patients may submit a written appeal via hard copy or electronically via email (financialassistance@stcharleshealthcare.org) or portal. Patients may also request the CFO, or their designee, review the denial (OAR 409-023-0125(4) (e) and (f)). Appeals can be submitted to the CFO or their designee. The Senior Director of the Single Billing Office and the Customer Service supervisor of the Single Billing

Office are the CFO designees for St. Charles. Appeals can be sent via fax, mail, email, MyChart, or delivered to any hospital or clinic location.

- Fax: (541) 706-6707
- Email: Financial Assistance <financialassistance@stcharleshealthcare.org>
- Mail: St. Charles Financial Assistance Appeals PO Box 6095 Bend, OR 97708

Should an applicant choose to appeal, St. Charles will suspend all collection efforts and notify any collection agency to suspend collections if St. Charles chooses to authorize a bad debt agency to collect on its behalf. St. Charles will provide the patient notification confirming receipt of the appeal request, suspension of collection efforts, and any additional actions needed if appeal has been requested.

Should the hospital officer with the authority to decide the appeal determines the patient must supply additional information, the patient will be allowed an additional 45 days to provide the requested information. This additional period runs from the date the hospital officer informs the patient they must supply additional information (OAR 439-023-0125(7)).

St. Charles will render a written appeal decision within 30 days of the date of the final appeals meeting with the designated hospital officer or the date of receipt of corrections related to application deficiencies, whichever is later. The applicant will be provided Notification of the final decision.

If the final appeal determination is a denial, the notification must include the date when collection activities will resume. Collection activities will not resume until the patient receives notification.

FINANCIAL ASSISTANCE ADJUSTMENTS

FA adjustments follow the same processes and levels of control as listed in the Charity Care Adjustments subsection of this Policy.

Financial Assistance Adjustments:

- 501r AGB (5056)
- FA Oregon Screening Requirement (5074)
- Financial Assistance (5017)
- HB 3320 AGB (5080)

This list is reviewed annually but is subject to change without notice.

St. Charles management will conduct regular audits of FA adjustments to ensure the accuracy of financial assistance awards and compliance with St. Charles policies.

FINANCIAL ASSISTANCE CONFIDENTIALITY

All St. Charles FA applications and any supporting documentation are confidential and will not be shared without written permission from the applicant.

FINANCIAL ASSISTANCE COLLECTION PRACTICES

St. Charles collection practices are defined in the St. Charles Credit and Collections

Policy (#4379). Collection practices may be followed until an FA application is received and approved. In the event that an applicant has outstanding balances after FA is applied to an eligible account, St. Charles will continue to follow standard collection practices as referenced above.

No attempts will be made to collect medical debts from children or other family members who are not financially responsible for the debt.

No interest will be charged on unpaid balances if patients qualify for FA. Interest may be charged on unpaid balances if patients do not qualify for FA and are referred to a debt collection agency in accordance with Oregon House Bill 3076 Section 4, 8(a).

St. Charles reserves the right to reverse FA determinations and resume collection activity if the application was falsified or fraudulent. St. Charles will reverse adjustments and hold patients financially responsible if determined the patient had other financial resources or insurance coverages available.

FINANCIAL ASSISTANCE EXTRAORDINARY COLLECTIONS ACTIONS

St. Charles will not engage in ECA before making a reasonable effort to determine if an individual is eligible for financial assistance. St. Charles will screen guarantors for FA prior to referring the patient for ECA. If the guarantor's FPL is between 1-200% and the date of service is *prior* to 07/01/2024, St. Charles will apply 100% financial assistance. If the guarantor's FPL is between 1-400% and the date of service is 07/01/2024 or *after*, the patient will qualify for presumptive FA and the account will be adjusted following the presumptive screening process. Should a patient decline presumptive FA but fails to pay their financial obligation, the appropriate level of aid will be applied prior to being sent to bad debt.

St. Charles may refer a patient to a debt collection agency for ECA, but St. Charles does not sell debt.

ECA includes lawsuits, liens on residences, or similar collection processes, and other actions as defined by the U.S Department of Treasury or the Internal Revenue Service (<https://www.gpo.gov/fdsys/pkg/CFR-2015-title26-vol9/pdf/CFR-2015-title26-vol9-sec1-501r-3.pdf>).

All third-party collection agents and agencies performing ECA's are required to follow St. Charles policies and procedures.

REFERENCE(S):

[Financial Assistance Program Brochure \(Plain Language Summary\) English 2503 \(Spanish - 2206\) v.7](#)

[Financial Assistance Program Brochure \(Plain Language Summary\) Spanish 2206 \(English - 2503\) v.7](#)

[Credit and Collections Policy, English \(Spanish - 8080\)](#)

[Credito y Cobranzas, Spanish - 8080 \(Credit and Collections, English - 4379\)](#)

[Financial Assistance Program Application - English \(2203 Spanish\)](#)

[Solicitud para el Programa de Ayuda Financiera – Español - 2203 \(Inglés - 2204\)](#)

EPIC Medicare Financial Assistance/Bad Debt, English -9038

IRS Requirements for 501c(3) Hospitals Under the Affordable Care Act – Section 501r - <https://www.irs.gov/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

ORS 409-023-0120

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=313327>

Oregon House Bill 3320

<https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3320/Enrolled>

APPENDIX A**Amounts Generally Billed (AGB)**

To determine AGB, St. Charles uses the “look back method” based on claims previously paid to St. Charles by Medicare, Medicaid (excluding capitated plan) and private health insurers. AGB includes any patient responsibility assigned by the respective payer. AGB percentages are updated annually. Current AGB amounts are as follows:

Campus	Amounts Generally Billed
St. Charles Bend	65.38%
St. Charles Madras	50.62%
St. Charles Prineville	56.46%
St. Charles Redmond	65.38%
St. Charles Ambulatory	66.21
St. Charles Hospice	13.11%
St. Charles Home Health	8.40%

Updated 02/04/2025

APPENDIX B**An Access to Healthcare Crisis**

An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of St. Charles Health System community during the Access to Healthcare Crisis. During an Access to Healthcare Crisis St. Charles Health System may "flex" patient financial assistance policies to meet the needs of the community in crisis. These changes will be included in the patient FA policy as included as an appendix. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy.

APPENDIX C

Financial Assistance Eligibility Criteria

1. Income is not more than the St. Charles income level requirements, currently defined as percentage of FPL.
2. Services are emergent, defined as services provided in the emergency department or urgent care. St. Charles follows the Emergency Medical Treatment and Active Labor Act (EMTALA) regulations.
3. Services are considered medically necessary by the ordering and/or providing physician. Medically necessary care does not include elective services, cosmetic, non-essential or items that are solely for the comfort or convenience of a patient.
4. Patients are required to exhaust all other financial resources before qualifying for FA. Resources include medical insurance, government benefit programs, any third-party coverage, and community or faith-based collaboratives. Patients eligible for entitlement-based coverage (such as VA, TPL) but chose not to enroll or provide necessary information, may not qualify for FA.
5. Houseless patients who meet the following qualifications will be considered presumptively eligible under this policy. Qualifications will be verified based on the information available. Qualifications include but are not limited to:
 - a. No income.
 - b. No health care coverage, government coverage, or other benefit plan.
6. In extenuating circumstances, St. Charles may, at its discretion, approve FA outside of the scope of this policy.
7. St. Charles may provide premium assistance in the event of COBRA eligibility in accordance with St. Charles Health System mission, applicable laws and regulatory bodies. If COBRA coverage is possible and the patient is not a Medicare or Medicaid beneficiary, the patient or patient's guarantor shall provide the information necessary to determine the monthly COBRA premium. The patient or guarantor will be expected to cooperate to determine whether they qualify for St. Charles COBRA premium assistance, which may be offered for a limited time to assist in securing COBRA insurance coverage.

APPENDIX D

Acceptable Documentation

Income documentation requests may include but are not limited to:

- Federal tax return (most recent tax year), including schedules if applicable; or three months of Paystubs or W-2 with date employment started
- Self-employed income (1099 schedule C or three months of profit and loss statements)
- Social Security allotments
- Pension allotments
- Retirement account distribution
- Veteran's benefits
- Unemployment benefits
- Worker's compensation
- Disability income
- Rental income
- Trust income
- Child support
- Alimony
- Approval letter of state public services such as TANF, basic food, WIC
- Approval/denial letter of eligibility for Medicaid/or state funded medical assistance
- Work study program income
- Other documentation that substantiates income may be requested on a case-by-case basis

APPENDIX E

St. Charles Financial Assistance Policy Exclusions

Per St. Charles Financial Assistance Policy #7485, services are considered medically necessary by the ordering and/or providing physician. Medically necessary care does not include elective services, cosmetic, non-essential or items that are solely for the comfort or convenience of a patient. The following services are not considered medically necessary and are therefore not eligible for Financial Assistance:

- Adoption Services (including but not limited to Z02.82)
- Circumcision (CPT Codes 54161, 54160 and 54150)
- Cold Therapy Wraps (including but not limited to CPT Codes A9270 and A9273)
- Commercial Driver's License Testing (Charge Code CDL)
- Cosmetic Surgery
- Durable Medical Equipment (including but not limited to slings A4565, Cold Therapy Unit E0218, and custom made orthotic braces)
- Federal Aviation Administration Testing (Charge Code FAA)
- Fertility Testing and Treatment (including but not limited to Diagnosis Codes Z31, Z31.0, Z31.4, Z31.41, Z31.42, Z31.43, Z31.430, Z31.438, Z31.44, Z31.440, Z31.441, Z31.448, Z31.49, Z31.5, Z31.6, Z31.61, Z31.62, Z31.69, Z31.7, Z31.8, Z31.81, Z31.82, Z31.83, Z31.84, Z31.89, Z31.9, Z52.810, and N46.9)
- Lab – Collection Kits (CPT Code 99001)
- Lab – Public Screen (including but not limited to Test Codes LAB4300, LAB60, LAB81, LAB4125, LAB4107, LAB4301)
- Medical Consultation – Legal (Charge Code MEDCONS)
- Medical Consultation – Testimony (Charge Code TESTIMONY)
- Nitrous Oxide (HCPCS Code D9230)
- Other arrangements/contracts (i.e. surrogacy)
- Platelet Rich Plasma Administration Charge (CPT Code 0232T)
- Pre-Employment Testing (Charge Code PREEMPL)
- School Physical Exam (Charge Code SCHOOL)
- Special Reports (additional paperwork) (CPT Code 99080)
- Sports Physical (Charge Code SPORTS)
- Travel Consultation (Charge Code TRAVEL)

Definition(s)

Medically Necessary Care: Emergency, inpatient, or outpatient healthcare services provided by St. Charles for the purpose of evaluation, diagnosis, or treatment of an injury or illness, which if left untreated, would pose a threat to the patient's health. Services must be clinically appropriate and within generally accepted medical practice standards. The services provided must represent the most appropriate and cost-effective supply, device, or service that can be safely provided and readily available at a St. Charles facility. Exclusions from Medically Necessary Services are health care services that are cosmetic, or part of a clinical research program, private and/or non-St. Charles facility or professional fees and services and/or treatments not provided at a St. Charles facility.

It is the patient's responsibility to confirm services are medically necessary and not on the policy exclusion list, therefore covered under the St. Charles Financial Assistance program. This list is reviewed quarterly but only updated when additions or deletions are required. This list is publicly available and provided free of charge as an amendment to this policy.



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