

SUBJECT: FINANCIAL ASSISTANCE POLICY	EFFECTIVE: 02/01/2024
DEPARTMENT: REVENUE CYCLE	PAGE: 1 OF: 9
AUTHORED BY: REVENUE CYCLE MANAGER	REVISED:

Coquille Valley Hospital (CVH) is a not-for-profit healthcare organization guided by a commitment to screen and provide Financial Assistance as defined in this Financial Assistance Policy (Policy) to people who have healthcare needs and are uninsured, underinsured, enrolled in the state medical assistance program, in the case of hospital care owe the hospital more than \$500, or are otherwise unable to pay for Medically Necessary care based on their individual financial situation.

SCOPE:

This Policy applies to all operations of CVH including all emergency, ambulatory outpatient (clinic), and other Medically Necessary services provided by CVH, including all such care provided in the hospital by a substantially related entity. This Policy shall be interpreted in a manner consistent with Section 501(r) of the Internal Revenue Code of 1986, as amended.

PURPOSE:

The purpose of this Policy is to ensure a fair, non-discriminatory, effective, and uniform method for screening and providing Financial Assistance to eligible individuals.

POLICY:

CVH’s respect for human dignity and responsibility for stewardship shall be reflected in the application process, financial need determination, and granting of Financial Assistance. CVH provides Financial Assistance for people with financial needs by waiving all or part of the charges for services provided by CVH. CVH will provide, without discrimination, primary care services, medically necessary outpatient care, and care for emergency medical conditions, as defined in section 1867 of the Social Security Act, to individuals regardless of their eligibility for Financial Assistance or government assistance. This Policy includes the following:

- A screening process based on a presumption of Financial Assistance eligibility.
- Eligibility criteria for Financial Assistance and whether such assistance includes free or discounted care.
- The basis for calculating amounts charged for emergency or Medically Necessary care provided to patients eligible for Financial Assistance.
- The method for applying for Financial Assistance.
- How CVH will publicize the Policy within its community; and
- A list of providers delivering emergency or other Medically Necessary care in the hospital facility that specifies which providers are covered by the Policy.

Financial Assistance is not a substitute for personal responsibility. Patients are expected to cooperate with CVH’s process for determining Financial Assistance and to contribute to the cost of their care based on their individual ability to pay. CVH has adopted this Policy to manage its resources responsibly and to allow CVH to provide the appropriate level of assistance to the greatest number of persons in need. In extenuating circumstances, CVH may, at its discretion, approve Financial Assistance outside the scope of this Policy.

Services Eligible under this Policy:

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For purposes of this Policy, “Financial Assistance” refers to healthcare services provided by CVH for free or at a discount utilizing a sliding scale based on need to qualifying patients. The following healthcare services are eligible for Financial Assistance:

- Emergency medical services provided in an emergency room setting.
- Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Ambulatory primary care services provided in the outpatient clinic setting; and
- Other Medically Necessary services, as defined in this Policy.

Excluded Services:

- Services covered by No-fault/Workers' Compensation.
- Elective, non-medically necessary services; and
- Those services excluded under OAR 410-120-1200 “Excluded Services and Limitations.”

Presumptive Financial Assistance Eligibility:

CVH will screen for presumptive eligibility for Financial Assistance if the patient is uninsured, is enrolled in the state medical assistance program, or owes CVH more than \$500 for hospital care. The granting of Financial Assistance shall be based on an individualized determination of financial need and does not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation. There are instances when a patient may appear eligible for Financial Assistance discounts, but no Financial Assistance Application has been filed. Often there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide Financial Assistance. In the event there is no evidence to support a patient's eligibility for Financial Assistance, CVH may use outside agencies in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential discount amounts or accept self-attestation of financial need from the patient.

Eligibility Criteria and Amounts Charged to Patients:

Services under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to the Federal Poverty Level (FPL) in effect or, when the Medically Necessary services were provided. Once a patient has been determined to be eligible for Financial Assistance, the patient will not be charged more than Amounts Generally Billed (AGB) for emergency or Medically Necessary care. AGB is calculated as outlined in **Appendix A** to this Policy.

Discounts available for patients qualifying for Financial Assistance:

CVH will provide discounts to patients who qualify for Financial Assistance in an amount equal to a percentage reduction from the AGB for the emergency or Medically Necessary care such patients receive, specified as follows:

- For patients whose Household income is at or below 200% of the FPL: full Financial Assistance (i.e., a discount of 100%).
- For patients whose Household income is above 200% of the FPL, but not more than 300% of the FPL: a minimum discount of 75% off of the AGB.

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- For patients whose Household income is above 300% of the FPL, but not more than 350% of the FPL: a minimum discount of 50% off of the AGB.
- For patients whose Household income is more than 350% of the FPL, and not more than 400% of the FPL: a minimum discount of 25% off of the AGB.

These tiers of Financial Assistance are based on Household income only, not assets. Patient costs are any amounts owed by the patient, including co-pays, deductibles, coinsurance, and other amounts not reimbursed by insurance or third-party payers, if any.

Determination of Financial Assistance Eligibility:

- Prior to sending a bill to a patient, CVH will conduct the screening process described in this Policy and apply Financial Assistance for which the patient qualifies to their bill.
- CVH will process requests for Financial Assistance promptly and will notify the patient or applicant in writing within 30 days of receipt of a completed application and all documentation necessary to make a determination.
- When a determination of eligibility for Financial Assistance has been made, CVH will handle all the Patient’s accounts in the same manner for nine months following the date of such determination, without re-screening or requiring the patient to complete a new application for Financial Assistance in the nine-month period. Additionally, CVH will consider patients eligible for Financial Assistance discounts on all self-pay balances 240 days from the post-discharge billing statement. A new application will be required for services provided nine months or more after the initial (or other prior) determination, or if CVH receives indications that the Patient’s financial status has significantly changed from the original evaluation period.
- If an individual submits an incomplete application for Financial Assistance, CVH will notify the individual in writing that additional information and/or documentation is required to complete the application. If the Financial Assistance application is subsequently completed during the Application Period, the individual will be considered to have submitted a complete application during the Application Period.
- CVH will make available healthcare navigators (people specifically trained to assist patients applying for charity care or medical assistance at no cost to the patient).
- If a patient applies for Financial Assistance after having paid for services and the patient is found to have been eligible for financial services when the services were provided:
 - CVH will refund the amount of the Financial Assistance for which the patient is qualified.
 - If CVH previously determined, incorrectly, that the patient did not qualify for Financial Assistance for the services based on information provided by the patient at the time of incorrect determination, CVH will pay the patient interest on the amount of Financial Assistance at the rate set by the Federal Reserve and other associated reasonable costs incurred by the patient in securing Financial Assistance.
 - If CVH sold the debt to a collection agency or authorized a collection agency to collect debts on behalf of CVH, then CVH shall notify the collection agency that the debt is invalid.

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Method by Which Patients May Apply for Financial Assistance:

Financial need will be determined in accordance with the process prescribed by the Oregon Health Authority and CVH shall screen a patient for presumptive eligibility for Financial Assistance in certain circumstances. CVH will notify the patient that the patient has been screened and will explain to the patient how to apply for Financial Assistance if the presumptive eligibility is denied, or how to apply for additional Financial Assistance above what the patient received. A patient may apply for Financial Assistance:

- a) If the patient was screened for presumptive eligibility and was found to not be eligible, or the patient disagrees with the amount of Financial Assistance.
- b) If a patient was not screened for presumptive eligibility for Financial Assistance; or
- c) Any time up to 12 months after a patient pays for services that the hospital provided. Individual assessment of financial need may include the following:
 - o An application process in which the patient or the patient’s guarantor may request and submit a Financial Assistance Application, which is free of charge and available by request or by visiting the CVH website.
 - o Reasonable efforts by CVH to explore appropriate alternative sources of payment and coverage from public and private programs, and to assist patients to apply for such programs. If the patient is advised to apply for coverage and refuses, the patient will automatically be ineligible for Financial Assistance.
 - o Interpretative services to address any questions or concerns and to assist in the completion of the Financial Assistance Application.

Dispute Resolution:

Patients may appeal a determination of ineligibility for Financial Assistance by providing additional documentation to CVH within 30 days of receipt of the notice of denial. All appeals will be reviewed and if the review affirms denial, written notification will be sent to the patient or guarantor in accordance with the law. An appeal may be sent to 940 E. 5th St., Coquille, OR 97423. Once an appeal is filed, CVH will suspend its collection activities and notify any third-party collection agencies requesting that they do so also.

Communication of this Policy:

Notifications about Financial Assistance available from CVH shall be disseminated by CVH by various means, which will include, but are not limited to, the publication of notices in patient statements/letters and by posting notices in emergency rooms, admitting and registration departments, hospital business offices, and patient financial services offices that are located on CVH campuses, and other public places as CVH may elect. CVH will publish the Policy on its website, CVH will also publicize them within the communities it serves, make them available in public locations in the hospital, and mail them to requestors, without charge. The Policy, Financial Assistance Application Form, and Plain Language Summary will be provided in the primary languages spoken by the population served by CVH and will be translated into each language spoken by the lesser of 1,000 people or five percent of the population that resides in CVH’s service area. These documents are currently available in English and Spanish. A copy of the Plain Language Summary is included in the discharge packets provided to patients. Information regarding how to obtain information regarding Financial Assistance is included in each billing

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statement/letter along with relevant contact information and the direct internet address for this Policy. Additionally, interpreter services are available to translate this Policy, if necessary. Referral of patients for Financial Assistance may be made to any staff member of CVH by family, friends, or associates of the patient, subject to applicable privacy laws. A copy of this Policy may be requested by mail, free of charge, or by calling Patient Financial Services at (541) 824-1234, or in person at 940 E. 5th St., Coquille, OR 97423.

Relationship to Patient Billing and Collection Policies:

CVH management shall maintain policies and procedures for internal and external collection practices (including actions CVH may take in the event of non-payment) that consider the extent to which the patient qualifies for Financial Assistance and a patient’s good faith to resolve their discounted bill(s). CVH will conduct screening and apply any Financial Assistance for which the patient qualifies to the bill(s). CVH will publish the Patient Billing and Collection Policy on the CVH website. CVH will make available without charge copies of the Patient Billing and Collection Policy in public locations throughout the hospital. A copy may be requested by mail, free of charge, by calling Patient Financial Services at (541) 824-1234, or in person at 940 E. 5th St., Coquille, OR 97423.

List of Professionals Subject to this Policy:

CVH will specifically identify a list of those physicians (APPENDIX B), medical groups, or other professionals providing services who are covered by this Policy. CVH will provide this list to any patient who requests a copy. The provider list may also be found online at the CVH website www.cvhospital.org.

At its discretion, CVH may amend, supplement, and/or adopt additional Financial Assistance policies beyond those outlined in this Policy.

DEFINITIONS:

For purposes of this Policy the terms below are defined as follows:

Amounts Generally Billed (AGB): Limits amounts charged for emergency or other Medically Necessary care provided to individuals eligible for assistance under CVH’s Financial Assistance Policy to not more than the amounts generally billed to individuals who have insurance covering such care and prohibits the use of Gross Charges. Information sheets detailing the AGB percentages used by CVH and how they are calculated may be obtained by visiting www.cvhospital.org or by calling (541) 824-1234.

Application Period: The time period that begins with the date of the first billing statement and ends 240 days thereafter.

Charity Care: Free or discounted health services provided by an income-based sliding-scale fee structure provided to persons who cannot afford to pay and from whom the hospital has no expectation of payment. “Charity Care” does not include bad debt, contractual allowances, or discounts for quick payment.

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Family: A group of two or more people who reside together and who are related by birth, marriage, or adoption. Accordingly, if a patient claims someone as a dependent on their IRS tax returns, they may be considered a dependent or family member.

Federal Poverty Level (FPL): A measure of income issued every year by the Department of Health and Human Services used to determine a person’s eligibility for certain programs and services.

Financial Assistance: The applicable discount from AGB as defined in CVH’s Financial Assistance Policy. Financial Assistance includes Charity Care, as defined in ORS 442.601, or an adjustment to a patient’s costs for care.

Household income: Household income is determined using the Census Bureau definition of Income Measurement, and is calculated as follows for purposes of applying federal poverty guidelines:

- Includes earnings, unemployment compensation, workers’ compensation, social security, supplemental security income, public assistance, veterans’ payments, survivor benefits, disability benefits, pension or retirement income, interest, dividends, rents, royalties, estates and trusts, educational assistance, alimony, child support, Financial Assistance from outside the Household, and other income.
- Determined on a before-tax basis.
- Non-cash benefits (such as food stamps and housing subsidies) are excluded; and
- If a person lives with family, include the income of all family members (non-relatives, such as housemates, are not included).

Gross Charges: The total established price for medical care that the hospital consistently and uniformly charges patients before applying any contractual allowance, discounts, or deductions.

Guarantor: The patient or other individual who is financially responsible for the patient’s payment obligations.

Household: Means a single individual, spouse, domestic partner, or a parent and child under 18 years of age, living together; and other individuals for whom a single individual, spouse, domestic partner, or parent is financially responsible.

Medically Necessary: As defined by Medicare, services or supplies that are reasonable and necessary for the diagnosis or treatment of illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine, including but not limited to, ambulatory outpatient clinic care.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

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APPENDIX A

Calculation of the Amounts Generally Billed (AGB) and FPL Chart

AGB Percentage:

- The AGB Percentage is calculated annually at the close of the fiscal year by dividing the Payments for claims paid to Coquille Valley Hospital during the fiscal year by the sum of the associated Gross Charges for those claims.
- The AGB Percentage is applied to all types of services received by individuals who qualify for Financial Assistance under this Policy.
- The AGB Percentage is calculated not later than the 120th day after the end of the fiscal year. The AGB Percentage will be applied to all applicable Hospital bill reductions for the coming fiscal year. The latest AGB Percentage in use by CVH is listed in Appendix A, Amounts Generally Billed Calculation.
- For uninsured patients, the AGB Payment for emergency or Medically Necessary care provided to a Financial Assistance-eligible individual is determined by multiplying the Gross Charges for that care by the AGB Percentage.
- For underinsured patients, the AGB Payment for emergency or Medically Necessary care provided to a Financial Assistance-eligible individual is determined by multiplying the AGB Percentage by the patient's out-of-pocket portion of the bill.

On an annual basis, the AGB is calculated for CVH as follows:

- Look Back Method is used. A twelve (12) month period is used.
- Includes Medicare Fee-for-Service and Commercial payers.
- Excludes payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, motor vehicle and liability, and workers' compensation.

Fiscal Year	Percentage of Amounts Generally Billed	Effective Date
2022	46% discount = 54% AGB	10/01/2021
2023	50% discount = 50% AGB	10/01/2022
2024	39% discount = 61% AGB	10/01/2023

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Below is the Financial Assistance Eligibility Percentage and the latest published FPL Guideline:

Size of Household	100% Waiver 200% of FPL	AGB & 75% Waiver 201 – 300% FPL	AGB & 50% Waiver 301 – 350% FPL	AGB & 25% Waiver 351 – 400% FPL	
1	\$30,120	\$45,180	\$52,710	\$60,240	
2	\$40,880	\$61,320	\$71,540	\$81,760	
3	\$51,640	\$77,460	\$90,370	\$103,280	
4	\$62,400	\$93,600	\$109,200	\$124,800	
5	\$73,160	\$109,740	\$128,030	\$146,320	
6	\$83,920	\$125,880	\$146,860	\$167,840	
7	\$94,680	\$145,020	\$165,690	\$189,360	
8	\$105,440	\$158,160	\$184,520	\$210,880	

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APPENDIX B

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Providers who participate in Coquille Valley Hospital's Financial Assistance program.

Provider Name	Specialty
Rachel Davisson, MD	Emergency Services
Robert Melton, MD	Emergency Services
Shane Weare, DO	Emergency Services
Randall Fryer, DO	Emergency Services
James Morrow, DO	Emergency Services
Patrick Edwards, MD	Family Medicine
German Ferrer, MD	Family Medicine
Heidi Hanst, MD	Family Medicine
Megan Holland, MD	Family Medicine
Jithu Pradeep, MD	Internal Medicine
Adharsh Ravindran, MD	Internal Medicine
Veronica Simmonds, DO	Gynecology
Rebecca Brisco, PA	Physician Assistant - Ortho
Tyanna Bergeron, NP-PP	Wound Care
Heather Day, CRNA	Anesthesia
Nicole Janke, NP-PP	Family Medicine
Amanda Krantz, NP-PP	Family Medicine
Linda Bono, NP-PP	Family Medicine
Radiology Associates (CVH services only)	Radiology