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Owner:	<i>Kelly Johnston: CFO</i>
Policy Area:	<i>Financial Services-Business Office</i>
References:	

Lake Health District Financial Assistance Policy

POLICY

Lake Health District (LHD) is committed to providing financial assistance to people who have healthcare needs and are uninsured, under-insured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. LHD provides financial assistance for people with financial need by waiving all or part of the charges for medically necessary services provided by LHD. LHD will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

This Financial Assistance Policy (FAP):

- Includes eligibility criteria for financial assistance
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the Health District will publicize the policy within the community served by the Health District
- Limits the amounts that the Health District will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the amount generally received by LHD for Medicare patients

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with LHD's process for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay.

In order to manage its resources responsibility and to allow LHD to provide the appropriate level of assistance to the greatest number of persons in need, the hospital establishes the following guidelines for the provision of patient financial assistance.

Definitions

For the purpose of this policy the terms below are defined as follows:

Financial Assistance: Healthcare services that have been or will be provided for free or at a discount to individuals who meet established criteria.

Household: A single individual; or Spouses, domestic partners, 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.

Household Income: Household income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, Veterans Retirement payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income for estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
 - **Veterans Disability Benefits are not included as proofs of income.**
- Determined on a before-tax-basis
- Non-cash benefits (such as food stamps and housing subsidies) **are excluded**;
- Capital gains or losses **are excluded**; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, are **not included**).

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

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

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Patient's Cost: means 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

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: Services necessary to prevent, diagnose or treat an illness, injury, condition or disease, or the symptoms of an illness, injury, condition or disease; and meeting accepted standards of medicine.

PROCEDURES

- A. **Services Eligible Under This Policy.** For the purposes of this policy, **financial assistance** refers to health care services provided by Lake Health District (LHD) either **free of charge or at a discounted rate**, which is applied to the patient's portion of the cost for qualifying individuals.

The following health care services are eligible for financial assistance:

1. **Emergency medical services** provided in an emergency room setting;
2. **Other medically necessary services**, as defined by LHD's clinical and billing standards.

- B. **Eligibility for Financial Assistance.** Eligibility for financial assistance will be considered for those individuals who are uninsured, under insured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon determination of financial need in accordance with this Policy. 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. LHD shall determine whether or not patients are eligible to receive financial assistance

for deductibles, co-insurance, or co-payment responsibilities.

C. Method by Which Patients May Apply for Financial Assistance.

LHD may conduct a screening to determine if patients qualify for Financial Assistance or the Oregon's Medical Assistance Program upon request.

1. Financial Assistance Applications may be obtained by requesting an application with patient services or may be retrieved from the Lake Health District Website at: <https://lakehealthdistrict.org/financial-assistance/>. Patients may print the application and instructions for submission to Patient Services. Applications may be mailed to:
 - a. Lake District Hospital, Attn: Patient Services, 700 South J Street, Lakeview Oregon 97630, or
 - b. Electronically emailed the FAP application with income requirements to [#ptsvcs@LakeHealthDistrict.org](mailto:ptsvcs@LakeHealthDistrict.org)
 - c. Pick up or drop off the FAP application at the admitting reception desk or with Patient Service Advocate
 - d. Call (541) 947-2114 Ext. 435 or 5130 to request a FAP application be mailed to your address
 - e. Fax your completed FAP application to (541) 947-8144
2. LHD requires patients to complete an Application for Financial Assistance and to provide certain documentation. See **Appendix C Financial Assistance Application**. To be considered complete, a submitted Application must include the following:
 - a. Completed and Signed Financial Assistance Application.
 - b. Documents that verify current household income, if applicable, including the last 3 months pay stubs; statements of pension and retirement benefits, Social Security benefits, unemployment compensation, Workers Compensation, and Veteran's Retirement benefits* (as applicable); and other documents reasonably requested by LHD.
 - i. *** Veterans Disability Benefits are not included as proofs of income.**
 - c. If an individual has no source of income, a letter of hardship and/or a letter of support will be accepted. Other documentation may be requested by Lake Health District to verify information on the Financial Assistance Application.
3. Eligibility for Financial Assistance will be determined in accordance with procedures that involve an individual assessment of financial need. Each patient or the patient's guarantor are required to cooperate and provide personal, financial and other information and documentation relevant to making a determination of financial need. Eligibility determinations by LHD also:
 - a. Include reasonable efforts by LHD to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - b. Take into account all of the patient's available financial resources; and
 - c. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
4. For services that are not Emergency medical conditions or medically necessary, it is preferred, but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point before, during, or

after receiving care.

5. Applications for Financial Assistance will be accepted up to 240 days after patients receive their first billing statement (the application period. If an individual submits an FAP application during the application period that is incomplete, the hospital will provide the individual written notice that describes the additional information and/or documentation that must be submitted. Applicants will have a window of 30 days to provide the missing documentation. Failure to respond and/or provide documentation may result in application denial. If the FAP application is subsequently completed during the application period, the individual will be considered to have submitted a complete FAP application during the application period.
6. LHD's respect for human dignity and responsibility for stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and LHD shall notify the patient or application in writing within 30 days of receipt of a completed application.
7. Upon receiving a completed FAP (Financial Assistance Program) application and providing written notification to the patient or guarantor, patients must either present themselves in person or contact Lake District Hospital Patient Services to establish a payment arrangement — if their FAP Charity Care application was approved for less than 100%. The patient or guarantor will work with Patient Services to determine a reasonable payment amount and time-frame to cover the portion of the bill not covered by insurance or the FAP Charity Care adjustment.

D. **Presumptive Financial Assistance Eligibility.** To ensure compliance with **ORS 442.615, House Bill 3320, and OAR 409-023-0100 and 0120**, Lake Health District (LHD) has established the following procedures for pre screening patients for financial assistance, maintaining eligibility, and determining presumptive eligibility when formal applications are incomplete or unavailable. In cases where a patient appears eligible but lacks a completed Financial Assistance Application due to missing documentation, LHD may use **alternative sources of information** to determine eligibility. If sufficient evidence is unavailable, LHD may rely on **external agency data** to make a determination. If eligibility is determined based on **presumptive circumstances**, a **100% write-off** of the account balance will be granted. Presumptive eligibility may be based on the following life circumstances:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Woman, Infants and Children's programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

9. **Pre Screening Requirements and Process**

Pre screening is a proactive process to determine presumptive eligibility and must occur **before any billing is issued**. It is not used to re-evaluate existing eligibility.

a. **Pre Screening Steps:**

Check for prior eligibility within the past nine months.

Apply existing cost reductions if eligibility is found — no reapplication or new documentation required.

If no prior eligibility exists, conduct an **automatic internal pre screening** using existing data — **no documentation may be requested** from the patient.

Based on pre screening:

If eligible, grant **presumptive eligibility**.

If not clearly eligible, invite the patient to apply for financial assistance.

If the patient applies, evaluate eligibility using:

Federal Poverty Guidelines under ORS 442.614(1), or

LHDs internal policy if it offers more generous assistance.

Once confirmed, eligibility remains valid for **nine months** and applies to all qualifying services.

b. Use of Eligibility Information

LHD may only consider a patient's financial eligibility:

During **prescreening** for financial assistance.

When the patient has submitted a **formal application** for financial assistance.

10. Statement Billing Restrictions

- a. LHD must complete prescreening and apply any applicable cost reductions **before issuing any billing statement**, including those involving insurance.

E. Charity Care Adjustments. Manual Charity Adjustments follow the approval levels listed below. Manual adjustments are reviewed and approved through Revenue Cycle and review of patient statements before statements are mailed to the patient.

1. Adjustment control levels:

\$10.00 to \$5,000 Financial Counselor

\$5,001 to \$24,999 Supervisor or Manager

\$25,000 to \$99,999 Director, Revenue Cycle

\$100,000 + CFO, Lake District Administration

F. Eligibility Criteria and Amounts Charged to Patients. Discounts will be made available to eligible patients on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination. Once a patient has been determined by LHD to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts LHD will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive full financial assistance (free care);
2. Patients whose family income is above 200% but not more than 400% of the FPL are eligible to receive services discounted on a sliding fee schedule. Discounts will be applied to patient's cost. Services will be discounted to an amount no greater than the amounts generally received by LHD for Medicare patients (the Amounts Generally Billed, AGB). No patients eligible for Financial Assistance will be billed more than the AGB amount.
3. See **Appendix A Financial Assistance Chart**

G. Communication of the Financial Assistance Policy to Patients and Within the Community.

Notification about financial assistance available from LHD shall be disseminated by LHD by various means, which will include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, admitting and registration departments, hospital business offices, and

patient financial services offices that are located on LHD campuses, and other public places as LHD may elect.

Patient billing statements will include notice regarding the availability of financial assistance, contact information for health district staff that can provide information about obtaining financial assistance, and the direct internet address for this policy.

LHD will publish the FAP, FAP Application Form, and the Plain Language Summary of the FAP on the LHD website. LHD will make available and without charge, copies of the FAP, FAP Application Form, and the Plain Language Summary of the FAP in public locations in the hospital as well as by mail. LHD will widely publicize the FAP, FAP Application Form and Plain Language Summary of the FAP within the community served by the hospital as LHD may elect. The FAP, FAP Application Form, and the Plain Language Summary of the FAP shall be provided in the primary languages spoken by the population served by LHD. These documents are available in English and Spanish.

A copy of the Plain Language Summary of the FAP is included in the discharge packets provided to the patients. Information regarding the FAP and how to obtain copies of the FAP materials is included on each billing statement.

Referral of patients for financial assistance may be made to any member of the LHD staff or medical staff, including physicians, nurses, financial counselors, social workers and case managers. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

- H. **Relationship to Patient Billing and Collection Policies.** LHD management shall maintain policies and procedures for internal and external collection practices (including actions the health district may take in the event of non-payment) that take into account the extent to which the patients qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from LHD, and a patient's good faith to resolve their discounted hospital bills.

No interest will be charge on unpaid balances if patients qualify for financial assistance.

It is the guarantor(s) responsibility to provide a correct address at the time of service or upon moving. If the address on the account is invalid or otherwise undeliverable to the individual, the determination for "reasonable effort" will have been made.

LHD will publish the Patient Billing and Collection Policy on the LHD website. LHD will make available and without charge, copies of the Patient Billing and Collection Policy in public locations in the health district.

A copy may be requested by mail, free of charge, by calling Patient Financial Services at (541) 947-2114, or in person at: 700 South J Street, Lakeview, OR 97630.

- I. **Regulatory Requirements.** In implementing this Policy, LHD shall comply with all other federal, state, and local laws, rules, and regulations that apply to activities conducted pursuant to this Policy.

Provider Participation List

For a list of Providers who participate in Lake Health District's Financial Assistance Program, please reference **Appendix B FAP Providers**.

This institution is an equal opportunity employer and provider

References

Issue Date: 6/7/2017 Revision Dates: 7/26/2018; 3/4/2019; 1/22/2020, 1/8/2021

HB 3076; 26 CFR 1 & 53 & 602; 501(r)(3) through (6)

All revision dates:

8/22/2025, 12/26/2023, 2/2/2023, 6/2/2022, 1/21/

Attachments

-  [Appendix A Financial Assistance Chart](#)
-  [Appendix B FAP providers](#)
-  [Appendix B FAP providers \(ES\)](#)
-  [Appendix C Financial Assistance Application](#)
-  [Appendix C Financial Assistance Application \(ES\)](#)

Approval Signatures

Step Description	Approver	Date
Chief Executive Officer	Landon Dybdal: Chief Executive Officer	8/22/2025
Chief Financial Officer	Kelly Johnston: CFO	8/20/2025