



Origination 06/2017  
Last Approved 02/2026  
Last Revised 02/2026  
Next Review 01/2027

Owner Staci Hedman:  
Revenue Cycle  
Director  
Policy Area Business Office

## FINANCIAL ASSISTANCE POLICY

### Policy

Morrow County Health District (MCHD or the District) doing business as Pioneer Memorial Hospital & Nursing Facility, Pioneer Memorial Clinic, Pioneer Memorial Home Health and Hospice, Irrigon Medical Clinic, Lone Community Clinic, and Boardman Immediate Care is committed to providing financial assistance to people who have health care 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. MCHD provides financial assistance for people with financial need by waiving all or part of the charges for services provided by MCHD. MCHD 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 District will publicize the policy within the communities served
- Limits the amounts that MCHD will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to the amount generally received by MCHD for Medicare patients.
- Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with MCHD's process for obtaining other forms of payment and with the financial assistance application process, and to contribute to the cost of their care based on their individual ability to pay.
- In order to manage its resources responsibly and to allow MCHD to provide the appropriate level of assistance to the greatest number of persons in need, the District establishes the following guidelines for the provision of financial assistance.

# Definitions

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

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

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

**Family size:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent for purposes on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family Income:** Family 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' 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;
- 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 house mates, are **not included**).

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

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

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

**Medically necessary:** As defined by Medicare, services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

**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.

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

## Procedures

A. **Services Eligible Under This Policy.** For purposes of this policy, financial assistance refers to

health care services provided by MCHD for free or at a discount to qualifying patients. The following health care services are eligible for financial assistance:

1. All non-elective, medically necessary hospital, ambulance, home health, hospice, diagnostic and clinical services provided.

**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 solely on income and family size, and does not consider age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

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

1. Financial need will be determined based solely on income and family size and will include an application process, in which the patient or the patient's guarantor are required to provide personal and financial information and documentation within the Application period relevant to making a determination of financial need (see the Financial Assistance Application available at [www.morrowcountyhealthdistrict.org](http://www.morrowcountyhealthdistrict.org));
2. Required Documentation for MHCD financial assistance:  
To be considered complete, a submitted application must include the following:
  - a. Completed and signed Financial Assistance application (FA application).
  - b. Copies of previous year's Federal Tax Return (Form 1040 or equivalent), including all schedules.
  - c. Verification of current family income, if applicable: examples include the last 3 months pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Workers Compensation, Veteran's benefits, etc.
  - d. Copy of driver's license, state issued ID card or other photo ID.
  - e. If an individual or their family has no source of income, a letter of hardship and/or a letter of support will be accepted. Other documentation may be requested by MHCD to verify information on the Financial Assistance application.
3. For services that are not identified as an emergency medical condition, 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. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than one year prior to the date of service, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
4. Incomplete FA application: if an individual submits an FA application during the application period that is incomplete, the hospital will provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FA application form that must be submitted to complete the FA application.  
If the FA application is subsequently completed during the application period, the individual will be considered to have submitted a complete FA application during the

application period.

5. MCHD'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 MCHD shall notify the applicant of a determination and the discount amount, in writing, within 14 days of receipt of a completed application. A reasonable monthly payment agreement will be included for any remaining amounts owed. Interest will not be charged to the account(s) as long as required payments are made monthly. If no payment is made, the District will follow the MCHD Billing and Collection policy, which can be found on the website at [www.morrowcountyhealthdistrict.org](http://www.morrowcountyhealthdistrict.org)

D. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance discounts, but there is no Financial Assistance application on file due to lack of supporting documentation. Often there is adequate information provided by the patient through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, MCHD may use outside agencies in determining estimated income amounts for the basis of determining eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, a 100% write-off of the account balance will be granted. Presumptive eligibility is determined on the basis of individual life circumstances that may include:

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
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

E. **Eligibility Criteria and Amounts Charged to Patients.** Services eligible 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 Federal Poverty Levels (FPL) in effect at the time of determination. Once a patient has been determined by MCHD to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts MCHD will charge patients qualifying for financial assistance are 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 scale.
3. See **Attachment 1** for the Income Chart and the discounts offered under this policy.
4. Services will be discounted to an amount no greater than the amounts generally received by MCHD for Medicare patients. MCHD uses the look-back method for calculating amounts generally billed (AGB) annually. The AGB percentage is calculated using the look-

back method by dividing the sum of only Medicare fee-for-service claims allowed for medically necessary care by the sum of the associated gross charges for those claims. For FY 2024-2025 the Medicare reimbursement is greater than the allowable charges due to the Critical Access Hospital reimbursement methodology, wherein the hospital gets paid amounts equal to their costs to provide care. Therefore, the AGB discount is 0% for FY 2024-2025.

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

Notification about financial assistance available from MCHD shall be disseminated by MCHD 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, all admitting and registration areas, hospital business office, and other public places as MCHD may elect.

MCHD will make the Financial Assistance Policy, Financial Assistance Application Form, and a Plain Language Summary of the FAP publicly available in the following ways:

1. Posted on the MCHD website;
2. Printed copies at MCHD facilities without charge, including mailing if needed;
3. Printed copies throughout the communities served by the District.

The FAP, FA Application Form, and the Plain Language Summary of the FAP shall be provided in the primary languages spoken by the population served by MCHD. 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 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 MCHD 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.

**B. Relationship to Patient Billing and Collection Policies.** MCHD management shall maintain policies and procedures for internal and external collection practices (including actions the 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 MCHD, and a patient's good faith to resolve their discounted hospital bills.

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.

MCHD will make the MCHD Billing and Collection Policy available in the following ways:

1. Posted on the MCHD website;
2. Printed copies at MCHD facilities without charge, including mailing if needed; Copies of the MCHD FAP, FA Application, Plain Language Summary, and the Billing and Collection Policy may be requested by calling MCHD Patient Business Office at **(541) 676-9133 or 1-800-737-4113**, or obtained in person at:  
Pioneer Memorial Hospital, 564 E Pioneer Drive, Heppner OR 97836  
Pioneer Memorial Clinic, 130 Thompson, Heppner OR 97836  
Pioneer Memorial Home Health & Hospice, 162 N Main, Heppner OR 97836  
Ione Community Clinic, 365 W 3<sup>rd</sup> St, Ione OR 97843

Irrigon Medical Clinic, 220 N Main, Irrigon OR 97844  
 Boardman Immediate Care, 101 Kinkade Road, Boardman OR 97818

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

D. **Provider Participation List**

For a list of Providers who participate in Morrow County Health District's Financial Assistance Program, please reference **Attachment 2 – MCHD FAP Providers**.

## Financial Assistance Policy - Attachment 1

### ANNUAL INCOME AMOUNTS AND SLIDING SCALE DISCOUNTS

Payment/ Discount Amounts	No payment; 100% discount	25% payment; 75% discount	50% payment; 50% discount	75% payment; 25% discount	Full payment due
Family Size	At or below	At or below	At or below	At or below	At or above
1	\$ 31,920	\$ 47,880	\$ 55,860	\$ 63,840	\$ 63,840
2	\$ 43,280	\$ 64,920	\$ 75,740	\$ 86,560	\$ 86,560
3	\$ 54,640	\$ 81,960	\$ 95,620	\$ 109,280	\$ 109,280
4	\$66,000	\$ 99,000	\$ 115,500	\$ 132,000	\$ 132,000
5	\$ 77,360	\$ 116,040	\$ 135,380	\$ 154,720	\$ 154,720
6	\$ 88,720	\$ 133,080	\$ 155,260	\$ 177,440	\$ 177,440
7	\$ 100,080	\$ 150,120	\$ 175,140	\$ 200,160	\$ 200,160
8	\$ 111,440	\$ 167,160	\$ 195,020	\$ 222,880	\$ 222,880
For each additional person, add	\$ 11,360	\$ 17,040	\$ 19,880	\$ 22,720	\$ 22,720
FPL	200% and under	201-300%	301-350%	351-400%	400% and over

**Example: If you have 4 members in your family with a total net income of \$90,000, you will be required to pay 25% of the total bill and MCHD will discount the total bill by 75%.**

See **Definition: Family Income** of the Financial Assistance Policy document to determine how to calculate your household size and annual family income.

Source: Federal Register

Income Amounts Effective: 01/01/2026

## Financial Assistance Policy - Attachment 2

### MCHD PROVIDERS THAT PARTICIPATE IN THE FINANCIAL ASSISTANCE PROGRAM

All providers employed or contracted by MCHD to work at Pioneer Memorial Hospital & Nursing Facility, Pioneer Memorial Clinic, Lone Community Clinic, Irrigon Medical Clinic, and Boardman Immediate Care participate:

Eileen McElligott, NP

Jon Watson, PA-C

Justin Cameron, PA-C

Jamie Reed, CSWA

Amanda Roy, PA-C

Christine Seals, MD

Michael Metzler, MD

Jeffrey Westin, MD

Edward Piepmeier, MD

Jianming Song, MD

Rebecca Humphreys, LCSW

Neil Daniel Lancefield, MD

Stuart Clive, MD

Jack Bertman, MD

Emily Jack, MD

Lori Lammers, NP

---

## Attachments

[!\[\]\(df47d6bec273bbb8b349135fff3a20f7\_img.jpg\) 2026 FPL Chart\\_English.pdf](#)

[!\[\]\(8aa05b4b06c05d58ddd90cdbf335b307\_img.jpg\) 2026 FPL Chart-Spanish.pdf](#)

[!\[\]\(465772ce2fc0e39b7001e2580b915cc2\_img.jpg\) Financial Assistance Application](#)

[!\[\]\(dc0c40d45c42e86bc0669168926f812c\_img.jpg\) Financial Assistance Checklist](#)

[!\[\]\(b58c23cb5aab1cd63092eda333892cb9\_img.jpg\) Plain Language Summary of FAP](#)

[!\[\]\(488d36215f31304317ffb20d512ebb61\_img.jpg\) Spanish FA Application](#)

[!\[\]\(9cfd7b8995754ae2aef7ec59dba55501\_img.jpg\) Spanish FA Checklist](#)

[!\[\]\(6b6d798a1e19654494a6892c667d44da\_img.jpg\) Spanish Plain Language Summary of FAP](#)

---

[Spanish Version of policy](#)

## Approval Signatures

Step Description	Approver	Date
Revenue Cycle Director	Staci Hedman: Revenue Cycle Director	02/2026
Patient Business Office Director	Tina Montgomery: Patient Business Office Director	02/2026