

## **OHSU HEALTH CARE SYSTEM ADMINISTRATIVE POLICY MANUAL**

**Financial Assistance, Replaces AMB 1.04.01, AMB 1.04.08, and AMB 1.04.09  
Approved date 12-17-2007  
Last Revision May 5, 2010**

### **OBJECTIVE**

**To ensure that OHSU/OHSU Faculty Practice meet their community obligations to provide financial assistance in a fair, consistent and objective manner.**

### **POLICY**

**OUR MISSION IS TO PROVIDE PATIENT-CENTERED CARE IN AN ENVIRONMENT THAT IS GROUNDED IN INNOVATION AND EDUCATION**

**Requests for financial assistance may be made at any point before, during, or after the provision of care. For non-urgent care patients are required to apply prior to receiving services. OHSU/OHSU Faculty Practice offers an application process for determining initial interest in and qualification for financial assistance. OHSU does not discriminate on the basis of race, color, religion, sex, age, handicap, or national origin.**

**Financial assistance is not automatic. A patient or responsible party must apply for financial assistance to be considered.**

**Financial assistance is specific to each patient admission. Financial assistance related to outpatient services will require periodic screening for changes in eligibility. Financial assistance is granted for medically necessary procedures only. OHSU/OHSU FACULTY PRACTICE uses the Oregon Department of Medical Assistance Program (DMAP) priority list of medical services as a guideline for determination of covered services.**

**Financial assistance is secondary to all other financial resources available to the patient including insurance, government programs, third-party liability, and liquid assets. OHSU/OHSU FACULTY PRACTICE assists persons with financial need by waiving all or part of the charges for services provided by OHSU/OHSU FACULTY PRACTICE.**

**The community of discount eligible patients served by OHSU/OHSU FACULTY PRACTICE includes all State of Oregon residents and pediatric patients (under 18 years of age) residing in State of Washington counties adjacent to Oregon (Pacific, Lewis, Wahkiakum, Cowlitz, Clark, Skamania, Yakima, Klickitat, Benton, Walla Walla, Columbia). Individuals residing in the United States on a student or temporary VISA are not considered residents of the State of Oregon.**

**A patient is eligible for Financial Assistance consideration based upon the results of the Financial Screening process and meeting certain income eligibility criteria as established by the Federal Poverty Guidelines.**

**These are generally accepted guidelines. Adjustments may be made for extenuating circumstances.**

## DEFINITIONS

**Financial Assistance** means either: (1) full financial assistance that is provided to patients with a demonstrated inability to pay who have received medically necessary services and who have family income not in excess of 200% of the Federal Poverty Guide Level; or (2) partial financial assistance for patients who have received medically necessary services and who have family incomes in excess of 200% but not exceeding 400% of the Federal Poverty level.

**Financial counselor** is an individual trained to assist patients in identifying sources of healthcare coverage, determining eligibility for such coverage, and assisting in completing necessary applications for that coverage. Financial counselors are available in the Financial and Medicaid Services office at OHSU.

**EXCLUDED SERVICES** include but are not limited to:

- A. Services considered non-covered or not medically necessary by the Oregon Department of Medical Assistance Program (DMAP)/ Oregon Health Plan (OHP);\*
- B. Services provided to a patient who chooses to come to OHSU/OHSU FACULTY PRACTICE out of their insurance plan network;
- C. Copayments from insurance plans;
- D. Patients who are not responsible for the bill (i.e., Community/Agency funded support);
- E. Patients who have insurance but choose not to utilize coverage;
- F. Elective cosmetic surgery procedures;
- G. Other *elective* procedures (examples include but are not limited to infertility services, andrology services, transplants, gastric bypass, sterilization with the exception of in-house postpartum tubal ligation, reversal of sterilization, circumcision, LASIK eye surgery, bariatric surgery, and routine vision exam).
- H. Take home prescriptions or supplies issued by the Pharmacy
- I. Medical equipment. For example, eyeglasses, contact lenses, or equipment used in the treatment of sleep apnea.

**\*DMAP/OHP non-covered services:** The Oregon Health Services Commission maintains a list of condition and treatment pairings known as the “List of Prioritized Health Services”. These pairings have been ranked by priority from most important to least important and subsequently assigned a line number from 1 to 710. Services prioritized as most important are funded by the State. The funding level is set at a line designated by the State. This means any pairing that occurs above the line is considered funded. Any pairing that occurs below the line is not funded. Below the line services are typically categorized as treatments that do not have beneficial results, treatments for cosmetic reasons, and conditions that resolve on their own. In addition some medical services are excluded from funding by ORS statute 410-120-1200 “Excluded Services and Limitations”.

## PROCEDURE

| Responsibility               | Action   |
|------------------------------|--|
| Patient or responsible party | 1. To determine patient ability to pay, the patient or responsible party must complete a “Statement of Financial Resources” (SFR) and return the application along with supporting documentation in the envelope |

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|  | <p>provided.</p> <ol style="list-style-type: none"> <li>2. Each packet contains an instruction sheet that provides resources and phone numbers for patients needing assistance in completing the SFR application.</li> <li>3. This application should be submitted prior to receiving services.</li> </ol>  |
| <p><b>OHSU Faculty Practice, OHSU Patient Business Services and/or OHSU Ambulatory Registration Services staff</b></p> | <ol style="list-style-type: none"> <li>4. The initial application review process to determine the level of financial assistance will include screening for: <ol style="list-style-type: none"> <li>a. Accurate and complete information on the Statement of Financial Resources;</li> <li>b. Copies of all required documents;</li> <li>c. Proof that eligibility based on Oregon residency requirements has been met. Individuals residing in the United States on a student or temporary visa are not considered residents of the State of Oregon.</li> </ol> </li> <li>5. Consideration for assistance may include a review of the responsible party's: <ol style="list-style-type: none"> <li>a. Household earning history;</li> <li>b. Family size;</li> <li>c. Number of dependents;</li> <li>d. Liquid assets and credit history.</li> </ol> </li> <li>6. Acceptable verification of income includes but is not limited to the following: <ol style="list-style-type: none"> <li>a. Payroll stubs for the three full calendar months prior to the date of service;</li> <li>b. A copy of pertinent IRS or Oregon tax return;</li> <li>c. Verification of Social Security or unemployment benefits. In the absence of income and support an affidavit of no income will be required;</li> <li>d. A letter of support from individuals providing for the patient's basic living needs may also be required.</li> </ol> </li> </ol> |
| <p><b>OHSU Ambulatory Services Patient Access Staff</b></p>  | <ol style="list-style-type: none"> <li>7. For non-urgent appointments, patients will be directed to registration prior to scheduling the office visit or procedure in order to complete the financial screening process.</li> <li>8. This allows patients to be informed of their financial liability prior to receiving services.</li> <li>9. If the patient prefers not to wait, they will be required to pay a deposit prior to service for non-urgent outpatient services.</li> <li>10. The patient may still complete the financial screening process, however, there is no guarantee that they will qualify.</li> <li>11. Patients who do not qualify will be responsible for any remaining balances.</li> <li>12. If the patient is approved for a financial allowance the amount collected as a deposit that exceeds the patient responsibility will be refunded.</li> </ol>  |

| <p>OHSU Faculty Practice, OHSU Patient Business Services and/or OHSU Ambulatory Registration Services staff</p> | <p>13. Financial assistance may be denied if the application is not completed and returned to OHSU or OHSUMG within 20 days of receipt of application by the responsible party</p> <p>14. Incomplete applications will be returned with a statement of what information is needed and how to re-apply.</p> <p>15. OHSU/OHSU FACULTY PRACTICE will make every attempt to make an assistance determination within 20 days of receiving a completed financial assistance application.</p> <p>16. Applicants will be notified by mail of the approved discount level.</p> <p>17. The approved financial assistance level is effective for a period of six months from approval date.</p>  |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
|---|---|----------------------|------------------------|---------------|--------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|
| <p>Patient or responsible party</p>   | <p>18. If there is a material change in circumstances that impacts eligibility, the patient or responsible party should immediately notify OHSU and/or OHSUMG.</p> <p>19. If a patient is still receiving care after the six month eligibility period the patient or responsible party must re-apply for continuation of financial assistance.</p> <p>20. If the patient qualifies for a partial discount the patient will be required to pay their financial portion at the time of service.</p>   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
|   | <p>Discount percentage is based on household size and income as per the Federal Poverty Guidelines (FPG). The current Federal Poverty Guidelines may be found at <a href="http://aspe.hhs.gov/poverty/">http://aspe.hhs.gov/poverty/</a>.</p> <table border="0"> <thead> <tr> <th><u>INCOME AMOUNT</u></th> <th><u>DISCOUNT AMOUNT</u></th> </tr> </thead> <tbody> <tr> <td>0-200% of FPG</td> <td>100% of balance(s)</td> </tr> <tr> <td>201-229% of FPG</td> <td>90% of balance(s)</td> </tr> <tr> <td>230-254% of FPG</td> <td>80% of balance(s)</td> </tr> <tr> <td>255-279% of FPG</td> <td>70% of balance(s)</td> </tr> <tr> <td>280-299% of FPG</td> <td>60% of balance(s)</td> </tr> <tr> <td>300-324% of FPG</td> <td>50% of balance(s)</td> </tr> <tr> <td>325-344% of FPG</td> <td>40% of balance(s)</td> </tr> <tr> <td>345-364% of FPG</td> <td>30% of balance(s)</td> </tr> <tr> <td>365-384% of FPG</td> <td>20% of balance(s)</td> </tr> <tr> <td>385-400% of FPG</td> <td>10% of balance(s)</td> </tr> </tbody> </table> | <u>INCOME AMOUNT</u> | <u>DISCOUNT AMOUNT</u> | 0-200% of FPG | 100% of balance(s) | 201-229% of FPG | 90% of balance(s) | 230-254% of FPG | 80% of balance(s) | 255-279% of FPG | 70% of balance(s) | 280-299% of FPG | 60% of balance(s) | 300-324% of FPG | 50% of balance(s) | 325-344% of FPG | 40% of balance(s) | 345-364% of FPG | 30% of balance(s) | 365-384% of FPG | 20% of balance(s) | 385-400% of FPG | 10% of balance(s) |
| <u>INCOME AMOUNT</u>  | <u>DISCOUNT AMOUNT</u>  |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 0-200% of FPG   | 100% of balance(s)  |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 201-229% of FPG   | 90% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 230-254% of FPG   | 80% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 255-279% of FPG   | 70% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 280-299% of FPG   | 60% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 300-324% of FPG   | 50% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 325-344% of FPG   | 40% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 345-364% of FPG   | 30% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 365-384% of FPG   | 20% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |
| 385-400% of FPG   | 10% of balance(s)   |                      |                        |               |                    |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |                 |                   |

Bibliography: None

Related Forms and Procedures:

- Statement of Financial Resources, Order number 134640

Document History: Replaces AMB 1.04.01, AMB 1.04.08, and AMB 1.04.09

Originator/Author:

- OHSU Financial Assistance Task Force

**Approved By: OHSU Administrative Operations Team, OHSU Billing Compliance Committee, OHSU Faculty Practice Board**

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Responsible Office: Medical Affairs Program/Quality Management