



OHSU
Financial Assistance Policy

Table with 3 rows and 2-3 columns containing document metadata: Doc. #, Category, Origination Date, Effective Date, Next Review Date, Reviser, and Owner.

PURPOSE:

This policy provides guidelines for managing financial assistance for patients receiving care at OHSU. Specifically, this policy:

- Includes eligibility reasons for Financial Assistance, including both free and discounted care.
Describes how OHSU decides the amount that patients who qualify for Financial Assistance will pay under this policy.
Describes which services are eligible for financial assistance.
Describes who qualifies for manual and automatic financial screening.
Describes how patients apply for Financial Assistance.
Describes how the facility will publicize this policy in the community it serves.
Describes how the facility limits the amount billed to patients who qualify for Financial Assistance.
Describes the facility's billing and collection practices.

PERSONS AFFECTED:

This policy applies to OHSU patients receiving care in a hospital, outpatient, ancillary, and/or ambulatory setting.

POLICY:

OHSU meets community obligations to provide financial assistance in a fair, consistent, and objective manner. Based on eligibility from our manual screening, automatic screening, or application process, OHSU assists persons with financial need by providing discounts or by waiving all or part of the charges for services provided as set forth in this policy.

DEFINITIONS:

- Financial Assistance: The forgiveness of or discount on charges for medically necessary services that patients are personally responsible for and are unable to pay based on income level, household size, financial analysis, or demographic indicators.
Medically Necessary Services: "Medically Necessary" refers to health care 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. OHSU uses the Oregon Health Plan (OHP) List of Prioritized Health Services when determining if a service is medically necessary and eligible for financial assistance. Services that are cosmetic, experimental or part of a clinical research program are not considered Medically Necessary Services for purposes of this policy.



## OHSU Financial Assistance Policy

3. **Primary Service Area:** The primary community served by OHSU are patients residing in the State of Oregon and in the following counties in the State of Washington adjacent to Oregon: Pacific, Lewis, Wahkiakum, Cowlitz, Clark, Skamania, Yakima, Klickitat, Benton, Walla Walla, and Columbia. Although this is OHSU's primary service area, all patients who reside in the United States permanently are eligible for financial assistance. Proof of Residency is required, and examples of suitable documents typically include state-issued identification cards/driver licenses, residential lease agreements, suitable documentation (i.e., shelter usage, state-issued assistance, etc.), and/or copies of state income tax returns.
4. **International Patient:** Anyone seeking and/or receiving medical care at OHSU who is residing in the U.S. on a temporary basis (e.g., those holding a non-immigrant visa, such as a Visitor/B2 Visa, Student/F1 Visa).
5. **Household/Family Members:** A household is a single individual 18 years or older, or an individual and their spouse, domestic partner, and dependent children under 18 years, who live in the same household; and any other person for whom the individual is financially responsible and claimed as a dependent on the individual's taxes living in or outside the household.
6. **Federal Poverty Guidelines:** The level of income the federal government uses to define poverty.
7. **Household Income:** Income of all household/family members who live in the same household as the patient or at the home address the patient uses on tax returns or other government documents.
8. **Financial Assistance Automatic Screening:** Process in which OHSU financially screens patients receiving medically necessary services for financial assistance once the patient owes more than \$1500, for any patient who is uninsured, or patients who are enrolled in state medical assistance programs. This screening is then used to identify financial assistance determination.
9. **Financial Assistance Application:** A form that can be filled out by the patient because they would like to apply for financial assistance
10. **OHP Non-Covered Services:** The Oregon Health Evidence Review Commission maintains a list of condition and treatment pairings known as the "List of Prioritized Health Services". These pairings have been ranked by the State in priority from most important to least important and subsequently assigned a line number. Services prioritized as most important are funded by the State as part of the Oregon Health Plan. 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".
11. **Amounts Generally Billed (AGB):** The average amount received from Medicare, Medicaid, other payers' and patient payments for services, procedures and tests. This is usually described as a percentage of gross charges.
12. **Medical Cost Sharing Plan:** Medical cost-sharing plans, or health-sharing ministries, are a group of like-minded individuals that agree to come together and help each other pay their medical expenses. Medical cost-sharing plans do not typically pay the healthcare provider directly. Instead, they pay the patient, and then the patient pays the healthcare provider.
13. **Delinquent Account:** An account is considered delinquent when the patient balance is unresolved after three (3) statements and/or 90 days from the first statement date.

**KEYWORDS:** Finance, Assistance, Financial Screening, Financial Assistance Application, FA

### **RESPONSIBILITIES:**

HC-FSM-112-POL Rev.040826

This document can be printed for use, but the electronic source must be referenced for the most up-to-date version.



## OHSU Financial Assistance Policy

OHSU personnel involved in managing a request for financial assistance from a patient who is or has received care at OHSU are responsible for understanding and complying with this policy.

### **POLICY REQUIREMENTS:**

#### 1. Financial Assistance Communication and Patient Education

- a. OHSU makes every effort to have available Financial Assistance information to our patients, including, but not limited to:
  - i. Information about the financial assistance policy may be obtained free of charge by phone, in person, or in writing. See Appendix D for contact information.
  - ii. Signage in main admitting areas of each hospital and ambulatory settings.
  - iii. Brochures or additional materials explaining Financial Assistance are available upon request in all patient care areas.
  - iv. Billing statements include information regarding the availability of Financial Assistance.
  - v. Websites contain information regarding the availability of Financial Assistance.
  - vi. OHSU offers financial assistance customer service Monday through Friday with voicemail availability.
  - vii. Patient Financial Services staff are available at OHSU to assist patients in understanding and applying for available resources, including the Financial Assistance Program.
  - viii. OHSU makes copies of this policy available in the main admitting areas of each hospital and satellite location by request.
  - ix. OHSU offers our Financial Assistance Policy, instructions, and application in languages spoken by the lesser of 1000 people or 5% or more of the population that resides in OHSU's primary service area.
  - x. OHSU offers interpreter services to translate documents or help with the application process as needed.
  - xi. OHSU requires every collection agency, to which accounts are referred, to provide a telephone number a patient can call to request financial assistance. Patient Financial Services staff are available by phone to help patients identify appropriate financial options or assistance programs.

#### 2. Not Eligible for Financial Assistance Under this Policy

- a. Financial assistance is not available for international patients.
- b. Financial assistance is not available to patients with cost-sharing plans until they can show proof of payment from their cost-sharing plan after the service.
- c. Services and situations where a patient would not be eligible for Financial Assistance under this policy include:
  - i. Services considered non-covered or not medically necessary by the OHP List of Prioritized Health Services.
  - ii. Services provided to a patient for whom OHSU is out-of-network as well as services that are generally not covered in your network. We can make exceptions if we get out-of-network authorization, establish payment rates, and we are the only health system that can provide the care. Financial assistance will only be applied once we receive payment from your insurance company.



OHSU
Financial Assistance Policy

- iii. Patients who are not responsible for the bill (e.g., Community/Agency funded support).
iv. Patients who have insurance but choose not to utilize coverage.
v. Elective cosmetic surgery procedures.
vi. Other elective procedures (e.g., included but are not limited to some infertility services, reversal of sterilization, circumcision when not medically indicated, routine vision exams for adults over 21, etc.).
vii. The patient does not meet the separate financial screening criteria for Transplant and CAR-T therapy prior to treatment proceeding.
viii. Take home prescriptions or supplies issued by the Pharmacy.
ix. Durable Medical equipment (i.e., medical equipment and supplies not billed by OHSU, retail items like eyeglasses and contact lenses, or equipment used in the treatment of sleep apnea).
x. Experimental services or services that are part of a research trial.
xi. Services provided at those clinic areas listed in Appendix C. This includes services at the School of Dentistry that fall under the School of Dentistry Discounted Services Program, as well as Richmond Family Medicine and East Portland Family Medicine.
d. OHSU and collection agencies will not provide assistance after an account has entered legal court proceedings

3. Eligibility

- a. Eligibility for Financial Assistance is outlined below:
i. Patients residing in the US may qualify for Financial Assistance under this policy if their household/family income is at or below 400% of the Federal Poverty Level (FPL). Financial assistance level is based on household size and income. The current Federal Poverty guidelines may be found at http://aspe.hhs.gov/poverty/ and in Appendix A below. Eligibility levels are detailed in the Financial Assistance Levels section below.
b. Financial assistance is secondary to all other financial resources available to the patient, including insurance, government programs, medical cost-sharing plans, and third-party liability.
c. As part of the financial assistance screening process, patients will be referred to apply for other coverage for which they may be eligible. Patients are encouraged to apply for any other available coverage. This includes, but is not limited to, State or federally-funded programs, such as Medicaid and Medicare.

4. Financial Assistance Levels

- a. Full financial assistance usually will be provided to a responsible party with gross family income at or below 300% of the Federal Poverty Level (FPL). See Appendix A for the current Federal Poverty Level income for each household size.
b. 65% assistance will usually be provided to a responsible party with gross household income between 300% and 400% of the Federal Poverty Level. The 65% discount is applied to charges less our 35% self-pay discount to ensure patients who qualify for financial assistance are not billed above the amount generally billed. See Appendix B for how the amount generally billed is calculated.

Table with 2 columns: Family Income, Amounts Charged. Row 1: 300% or less of the Federal Poverty Level, Zero.

HC-FSM-112-POL Rev.040826

This document can be printed for use, but the electronic source must be referenced for the most up-to-date version.



**OHSU**  
**Financial Assistance Policy**

>300% to 400% of the Federal Poverty Level	35% of charges less our 35% self-pay discount
<b>Commercially insured patients – Emergency and Medically Necessary Care</b>	
Family Income	Amounts Charged
300% or less of the Federal Poverty Level	Zero
>300% to 400% of the Federal Poverty Level	35% of balance after insurance

**5. Manual Financial Screening Process**

- a. Manual financial screening is completed for all self-pay patients and any patient who expresses an inability to pay.
- b. Manual financial assistance requests may also be proposed by sources other than the patient, such as the patient’s physician, family members, community or religious groups, social services, or health system personnel. Staff will reach out to the patient or their representative in order to complete a screening.
- c. When manually screened OHSU reviews a patient’s or responsible party’s (e.g., spouse, domestic partner, legal guardian, etc.) household income, number of people in the household, and a soft credit check is completed to determine eligibility. A hardship allowance determination may be made separately for extenuating circumstances when the patient’s household is found to not meet income guidelines for financial assistance. Please contact the billing office to determine eligibility for a hardship allowance. See Appendix D for contact information.
- d. OHSU will keep information provided in the manual screening process confidential.
- e. In some cases, financial assistance will not be determined without a completed Financial Assistance Application or Screening. If sufficient information can be obtained through the manual financial screening process that allows for a final determination, a financial assistance application will not be needed.
- f. Notification of financial assistance determinations will be mailed to the responsible party.

**6. Financial Assistance Automatic Screening**

- a. All patients who have received medically necessary services and owe more than \$1500, as well as all uninsured patients and those eligible for state medical assistance programs, will be screened prior to receiving a billing statement.
- b. Household size and income will be requested of the responsible party as part of the screening process by phone, MyChart, email, or mail. This will help estimate the patient’s federal poverty level. OHSU also looks to see if the patient is or has been eligible for various programs in the past that would help determine this as well.
- c. The estimated federal poverty level is used to determine a patient’s presumptive financial assistance determination of:
  - i. Not eligible
  - ii. Not enough information
  - iii. 100% Approved
  - iv. 65% Approved
- d. Any presumptive approvals for financial assistance will automatically be applied to a patient’s balance before billing.
- e. Patients will be notified of their presumptive financial assistance level via MyChart or a mailed letter if 100% approved. For presumptive determinations of not eligible, not enough information, or 65% approved, the patient will receive this information on their billing statement.

HC-FSM-112-POL Rev.040826

This document can be printed for use, but the electronic source must be referenced for the most up-to-date version.



## OHSU Financial Assistance Policy

- f. If a patient feels they are eligible for financial assistance or a greater level of financial assistance than what was awarded through the presumptive screening, the patient can apply via the Financial Assistance Application prior to services being received, or up to 12 months after the date of service.

### 7. Applying for Financial Assistance through the Financial Assistance Application

- a. Financial Assistance applications are typically used when not enough information is available through the manual or automatic screening processes or when a discrepancy is identified and additional information is needed to get to a determination.
- b. Requests for financial assistance applications may also be made verbally or in writing at any point before, during, or 12 months after the provision of care.
- c. Financial assistance requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social services, or health system personnel. Staff will reach out to the patient or their representative in order to complete a screening.
- d. Anyone requesting financial assistance from OHSU will be screened for eligible medical programs prior to being given a Financial Assistance Application, which includes instructions on how to apply.
- e. Consideration for financial assistance will occur once the applicant supplies a completed Financial Assistance Application with supporting documents, including verification of income. Acceptable verification of income includes the following:
  - i. Most recent three months' worth of payroll stubs
  - ii. Copy of the most current year's IRS tax return
  - iii. Verification of Social Security or unemployment benefits
  - iv. Copy of bank statements to verify other sources of income

In the absence of income, a letter of support from individuals providing for the patient's basic living needs will be accepted. OHSU may require additional verification of income.

- f. OHSU will keep all applications and supporting documentation confidential.
- g. OHSU may, at its own expense, request a soft credit check to further verify the information on the application.
- h. OHSU will make every attempt to make assistance determinations within 21 days of receiving a completed Financial Assistance Application.
- i. Financial assistance applications that are not complete will be held for a term of 90 days. If proper documentation is not received within those 90 days, then a new application may be required.
- j. Once an application is determined to be incomplete, the patient will be notified within ten (10) days.
  - i. The notification will include what additional information is needed to make a determination, what action needs to be taken to complete the application, as well as contact information for any questions.
- k. Notification of financial assistance determinations will be mailed to the responsible party. When a patient receives discounted care (rather than free care), reasonable payment arrangements consistent with the responsible party's ability to pay will be extended for amounts payable by the patient.
- l. If OHSU denies an application for financial assistance or provides a cost adjustment of less than 100% of the patient costs, notification will be sent within ten (10) business days of the determination. The notification will include the reason for the denial, eligibility information that was used, as well as contact information for questions regarding the denial. The notification will also include information on the appeals process. The appeals process is also outlined in section ten (10) of this policy.



## OHSU Financial Assistance Policy

### 8. Financial Assistance Eligibility Due to Other Program Eligibility

- a. Financial assistance may be granted in the absence of a completed application in situations where the patient does not apply but other available information substantiates a financial hardship that would make the debt virtually uncollectible. Examples of these exceptions where documentation requirements are waived include, but are not limited to:
  - i. An independent credit-based financial assessment indicates indigence
  - ii. An automatic financial assistance determination of 100% assistance is applied in the following situations, provided other eligibility criteria are met:
    1. Patient has an active limited Medicaid plan, including Citizen Waived Medical (CWM) coverage, or a Medicare Savings Plan such as SMF, SMB, or QI-1; or
    2. Patients with current active Oregon Medicaid coverage will have assistance applied for past dates of service

### 9. Eligibility Period

- a. The approval of financial assistance will apply to existing patient balances as of the date of the approval and includes any eligible services provided by OHSU within one year (365 days) from the effective date of the approval.
- b. The approval period may be shortened and terminated prior to the original approval date if the patient has other eligibility for coverage or discrepancies are found in the presumptive eligibility information received.
- c. Patients will need to reapply for Financial Assistance if additional services are needed after the expiration of the approval.

### 10. Appeal Regarding a Determination from a Financial Assistance Application

- a. Patients may submit an appeal request if they believe their Financial Assistance application was not approved according to this policy.
  - i. The appeal form can be found on our website or an appeal may be started by calling our Financial Assistance team at 503-494-8551.
  - ii. Once an appeal is submitted all collection activities will be held until the appeal can be resolved.
- b. If a patient disagrees with a decision made through non-application processes (automatic or manual screening), they must first complete a financial assistance application and provide supporting income documentation for a complete determination. Only determinations from an application can be appealed.
- c. All appeal decisions are final and will be communicated to the patient.

### 11. Covered Providers

- a. Financial Assistance applications and determinations only cover OHSU balances. See Appendix C for details.

### 12. Discounts for Uninsured Patients

- a. OHSU provides discounts to patients who do not have health insurance or other coverage. This discount lowers the amount owed to 65% (35% discount). This discount will be applied automatically,



## OHSU Financial Assistance Policy

and then any approved financial assistance will be applied to ensure we are not charging patients more than Amounts Generally Billed.

- i. This discount is not applicable to International Patients.
- b. The discount scale was established by calculating the average Amounts Generally Billed to Medicare fee-for-service and all private health insurers using a look back method (See Appendix B).

### 13. Billing/Collections Practices

- a. OHSU will apply any determined financial assistance to a patient's responsibility before billing the patient on all medically necessary services.
- b. OHSU will send a minimum of three (3) statements to the patient, informing the patient of the amount due and of the patient's opportunity to complete a Financial Assistance Application. OHSU will also make an attempt to contact the patient by telephone at the number provided by the patient (if any) to inform the patient of the amount due and of the patient's opportunity to complete a Financial Assistance Application and stating that completion of such application may afford the free or discounted care.
- c. Payment arrangements can be set up for patients with terms being mutually agreed upon between the patient and OHSU billing offices. A patient who is making timely payments on all agreed-upon installments of the payment agreement for the health care services will not be charged interest.
- d. If a balance is owed after financial assistance determination and the patient does not comply with agreed-upon payment arrangements, OHSU will make two attempts to provide the patient with notice by mail. If the patient's financial situation has changed, the patient will be given an opportunity to work out new payment arrangements.
- e. If the patient does not make payment arrangements, or if the patient fails to comply with any payment arrangements made, OHSU may refer the outstanding account balance to a collection agency. Prior to sending a patient to collections, OHSU will complete a presumptive financial assistance screening for the patient using a third-party vendor.
- f. OHSU may choose to classify delinquent accounts as "presumptive charity" when independent results indicate an inability to pay, using pre-collection /early out vendor screening.
- g. Any houseless or homeless patients who are not able to be presumptively screened, who may not have enough information to screen, or who received no information back during the presumptive screening, will be automatically assumed to be under the FPL and, therefore, eligible to receive 100% presumptive charity.



OHSU  
Financial Assistance Policy

Appendix A

**2026 Federal Poverty Levels (FPL) Table**

OHSU uses the Federal Poverty Level for the 48 Contiguous States and District of Columbia

<b><u>Persons in family</u></b>	<b><u>Annual Income</u></b>
<b><u>1</u></b>	<b><u>\$15,960</u></b>
<b><u>2</u></b>	<b><u>\$21,640</u></b>
<b><u>3</u></b>	<b><u>\$27,320</u></b>
<b><u>4</u></b>	<b><u>\$33,000</u></b>
<b><u>5</u></b>	<b><u>\$38,680</u></b>
<b><u>6</u></b>	<b><u>\$44,360</u></b>
<b><u>7</u></b>	<b><u>\$50,050</u></b>
<b><u>8</u></b>	<b><u>\$55,720</u></b>
<b><u>For each additional person, add</u></b>	<b><u>\$5,680</u></b>



OHSU  
Financial Assistance Policy

Appendix B

AGB calculations & Table

We calculate our AGB annually to ensure that we are not charging any patient who qualifies for FA above the amount generally billed. The method used to calculate AGB is a historical look-back method based on actual paid claims for Medicare fee-for-service and private payers. A single average percentage of gross charges or multiple percentages for separate categories of care or separate items or services. The AGB rate will be updated annually in January of each year and implemented with 120 days of any AGB rate change. Our methodology for 100% FA has patients paying 0% of charges, and for 65% FA, OHSU first takes a 35% discount for self-pay and then a 65% discount for FA, leaving the patient paying 22.75% of charges, which is less than AGB for all three organizations.

<u>Facility</u>	<u>Service</u>	<u>Effective</u>	<u>AGB Rate</u>
OHSU Hospital & Clinics	All Services	3/1/2025	37.30%
Hillsboro Medical Center	All Services	3/1/2025	31.80%
Adventist Health Portland	All Services	3/1/2025	23.10%

Appendix C

The OHSU financial assistance policy addresses all providers who are part of the OHSU Practice Plan at Oregon Health and Sciences University. The only location exclusion for financial assistance under this policy are the OHSU Richmond Family Medicine Clinic and OHSU East Portland Family Medicine Clinic, which follow the Federally Qualified Health Center (FQHC) guidelines and the services provided at the School of Dentistry that fall under the School of Dentistry Discount Services Program.

Appendix D

Billing Contact Information to request information about financial assistance or ask for a hardship consideration after a financial assistance determination is made, and the patient is found over income or at partial assistance.

OHSU & Hillsboro Medical Center  
503-494-8760



OHSU  
Financial Assistance Policy

**RELEVANT REFERENCES:** N/A

**RELATED DOCUMENTS/EXTERNAL LINKS:**

- Financial Assistance Application
- OHSU Self-Pay Discount Policy
- OHSU International Patient Payment Policy
- OHSU Hardship and Catastrophic Financial Allowances

**APPROVING COMMITTEE(S):**

- Assistant Director, Patient Financial Services
- Senior Director, Patient Access Services
- VP Revenue Cycle
- OHSU SVP, Chief Accounting Officer

**REVISION HISTORY** (Revision history – brief description of change, triennial review, regulatory update, replaced policy statement, etc.)

**Revision History Table**

Document Number and Revision Level	Final Approval by	Brief description of change/revision
HC-FSM-112-POL Rev. 010820	Financial Services	More detailed description of the financial assistance process and components. Updated language for regulatory changes/compliance
HC-FSM-112-POL Rev. 032920	Financial Services	Updated FPL income table, updated language
HC-FSM-112-POL Rev.060221	Financial Services	Updated compliance language, updated FPL income table
HC-FSM-112-POL Rev.030922	Financial Services	Updated compliance language, updated FPL income table
HC-FMS-112_POL Rev.05312023	Financial Services	Correction to FPL Income Table
HC-FSM-112-POL Rev.030226	Financial Services	Updated FPL & AGB, updated compliance requirements for HB3320
HC-FSM-112-POL.Rev.030926	Financial Services	Updated FPL & AGP, updated process for automatic screening
HC-FSM-112-POL.Rev.040826	Financial Services	Regulatory updates due to the passage of HB4040