



OHSU HEALTHCARE

Policy # HC-LD-112-POL	Title: Financial Assistance	
Effective Date: 1/13/2019	Category: Leadership - Finance	
Origination Date: 12/2007	Next Review Date: 1/13/2022	Pages 1 of 4

PURPOSE:

This policy provides guidelines for managing requests for financial assistance from patients receiving care at OHSU Healthcare.

PERSONS AFFECTED:

This policy applies to OHSU patients receiving care in both inpatient and ambulatory settings.

POLICY:

OHSU Healthcare/OHSU Faculty Practice Plan meets community obligations to provide financial assistance in a fair, consistent and objective manner.

DEFINITIONS:

1. **Financial Assistance:**
 - a. 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 300% of the Federal Poverty Guide Level; or
 - b. partial financial assistance for patients who have received medically necessary services and who have family incomes in excess of 300% but not exceeding 400% of the Federal Poverty level.
2. **Financial and Medicaid Specialist:** 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 and Medicaid Specialists are available in the Financial and Medicaid Services office at OHSU.
3. **Medically Necessary Services:** OHSU uses the Department of Medical Assistance Programs List of Prioritized Health Services when determining if a service is medically necessary and eligible for financial assistance.

RESPONSIBILITIES:

It is the responsibility of OHSU Healthcare/OHSU Faculty Practice personnel involved in managing a request for financial assistance from a patient who is or has received care at OHSU to understand this policy and to comply with it.

PROCEDURES:

1. OHSU's mission is to provide patient-centered care in an environment that is grounded in innovation and education.
2. 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 or a deposit may be required. OHSU Healthcare/OHSU Faculty Practice Plan offers an application process for determining initial interest in and qualification for financial assistance. OHSU Complies with applicable Federal civil rights laws and does not

discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, gender identity and/or expression.

3. Financial assistance is not automatic. A patient or responsible party must apply for financial assistance to be considered.
4. Financial assistance will require periodic screening for changes in eligibility. Financial assistance is granted for medically necessary procedures only. OHSU Healthcare/OHSU Faculty Practice Plan uses the Oregon Department of Medical Assistance Program (DMAP) priority list of medical services as a guideline for determination of covered services.
5. Financial assistance is secondary to all other financial resources available to the patient including insurance, government programs, third-party liability, medical cost sharing program payments, and liquid assets. OHSU Healthcare/OHSU Faculty Practice assists persons with financial need by waiving all or part of the charges for services provided by OHSU Healthcare/OHSU Faculty Practice.
6. Effective April 1, 2016 uninsured patients receiving medically necessary services automatically receive a 35% discount from gross charges. If a patient also qualifies for financial assistance, the discount will be applied to the remaining 65% balance.
 - a. The self-pay discount applies to all patients nationally, regardless of state of residence.
 - b. The self-pay discount does not apply to international patients.
7. The community of discount eligible patients served by OHSU Healthcare/OHSU Faculty Practice Plan includes all State of Oregon residents and patients residing in State of Washington counties adjacent to Oregon (Pacific, Lewis, Wahkiakum, Cowlitz, Clark, Skamania, Yakima, Klickitat, Benton, Walla Walla, Columbia). Oregon and Washington identification card, residential lease agreement or suitable documentation (i.e., shelter usage, state issued assistance, etc.) is required to show proof of residency. For patients outside of the service areas above, see OHSU Self-Pay Discount or International Patient Policies.
 - a. As of December 1, 2016, Oregon or bordering Washington county residency requirements will be waived in situations where the patient is a resident of the U.S. and has received unscheduled emergent services.
8. 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.
9. 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 comes to OHSU Healthcare/OHSU Faculty Practice Plan out of their insurance plan network are generally not covered. Exceptions may be made when appropriate out of network authorizations are obtained and after payment is received from the insurance company;
 - c. Copayments under insurance plans for dates of service prior to January 1, 2019;
 - d. Patients who are not responsible for the bill (eg., Community/Agency funded support);
 - e. Patients who have insurance but choose not to utilize coverage;
 - f. Transplants and CAR T-cell therapy;
 - g. Elective cosmetic surgery procedures;
 - h. Other elective procedures (eg., include but are not limited to infertility services, andrology services, , sterilization with the exception of in-house postpartum bi-lateral tubal ligation, reversal of sterilization, circumcision, certain eye surgeries, , and routine vision exams).
 - i. Take home prescriptions or supplies issued by the Pharmacy
 - j. Medical equipment. For example, eyeglasses, contact lenses, or equipment used in the treatment of sleep apnea.
 - k. Access Assured Fees
10. *DMAP/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 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”.

11. Patient or responsible party

- a. 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 provided.
 - i. In some cases, a patient's credit history may be used to justify the need for financial assistance.
- b. Each packet contains an instruction sheet that provides resources and phone numbers for patients needing assistance in completing the SFR application.
- c. This application should be submitted prior to receiving services.

12. OHSU Ambulatory Registration Services staff

- a. The initial application review process to determine the level of financial assistance will include screening for:
 - i. Accurate and complete information on the Statement of Financial Resources;
 - ii. Copies of all required documents;
 - iii. Proof that eligibility based on residency requirements has been met. Individuals residing in the United States on a student or temporary visa are not considered to have met residency requirements.
- b. Consideration for assistance will include a review of the responsible party's:
 - i. Household earning history;
 - ii. Family size;
 - iii. Number of dependents;
 - iv. Liquid assets
 - v. Potential review of credit history.
- c. Acceptable verification of income and liquid assets includes but is not limited to the following:
 - i. Payroll stubs for the three full calendar months prior to the application date;
 - ii. A copy of pertinent Federal or Oregon income tax return;
 - iii. Verification of Social Security or unemployment benefits.
 - iv. Verification of income from any other sources.
 - v. In the absence of income and support an affidavit of no income will be required;
 - vi. A letter of support from individuals providing for the patient's basic living needs may also be required.

13. Current documentation of liquid assets such as current statements from banking and credit union accounts, current value of CDs, stocks, bonds, or investment accounts.

14. OHSU Ambulatory Registration Services Staff

- a. 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.
- b. This allows patients to be informed of their financial liability prior to receiving services.
- c. If the patient prefers not to wait, they will be required to pay a deposit prior to service for non-urgent outpatient services.
- d. The patient may still complete the financial screening process, however, there is no guarantee that they will qualify.
- e. Patients who do not qualify will be responsible for any remaining balances.
- f. If the patient is approved for a financial allowance the amount collected as a deposit that exceeds the patient responsibility will be refunded.

15. OHSU Ambulatory Registration Services staff

- a. Incomplete applications will be returned with a statement of what information is needed and how to re-apply.
- b. OHSU Ambulatory Registration Services will make every attempt to make an assistance determination within 20 days of receiving a completed financial assistance application.
- c. Applicants will be notified by mail of the approved assistance level.
- d. The approved financial assistance level may be effective for a period of up to six months.

16. Patient or responsible party

- a. If there is a material change in circumstances that impacts eligibility, the patient or responsible party should immediately notify OHSU Ambulatory Registration Services at (503) 494-8505.

- b. If the patient becomes eligible for coverage under a state or federal program the patient will be required to apply for coverage prior to any additional assistance being approved.
- c. If a patient is still receiving care beyond the approved eligibility period the patient or responsible party must re-apply for continuation of financial assistance.
- d. If the patient qualifies for a partial discount the patient will be required to pay their financial portion at the time of service.
- e. Financial assistance percentage is based on household size and income as per the Federal Poverty Guidelines. Assets may also be taken into consideration. The current Federal Poverty guidelines may be found at <http://aspe.hhs.gov/poverty/>

<u>INCOME AMOUNT</u>	<u>DISCOUNT AMOUNT</u>
0-300% of FPG	100% of balance(s)
301-400% of FPG	65% of balance(s)

RELEVANT REFERENCES: N/A

RELATED DOCUMENTS/EXTERNAL LINKS:

- Statement of Financial Resources, Order number 134640
- OHSU Self-Pay Discount Policy
- International Patient Policy

TITLE, POLICY OWNER:

- Patient Access Director

APPROVING COMMITTEE(S):

- OHSU Billing Compliance Committee
- OHSU Financial Assistance Task Force

FINAL APPROVAL:

- OHSU Billing Compliance Committee

Supersedes: Replaces AMB 1.04.01, AMB 1.04.08, and AMB 1.04.09; 12/17/2007; minor changes 3/3/2015; 11/2016; 1/2019;