☒ Systemwide Standard Policy
☐ Systemwide Model Policy

Standard Policy No. 18989/Corp
Approval Pathway: Nonclinical
Department: Revenue Cycle

STANDARD POLICY: AHPL: FINANCIAL ASSISTANCE POLICY

Adventist Health Portland adopts the following systemwide Adventist Health Standard Policy.

POLICY SUMMARY/INTENT:

Adventist Health Portland and it's affiliates meets community obligations to provide financial assistance in a fair, consistent and objective manner. Based on eligibility, Adventist Health Portland and it's affiliates assist(s) persons with financial need by providing discounts or by waiving all or part of the charges for services provided. This policy provides guidelines for managing requests for financial assistance from patients receiving care at Adventist Health Portland and affiliates (Oregon Health and Sciences University and Hillsboro Medical Center). Specifically, this policy:

- Includes eligibility reasons for Financial Assistance, including both free and discounted care;
- Describes how Adventist Health Portland and affiliates decides the amount patients who qualify for Financial Assistance will pay under this policy;
- 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; and
- Describes the facility's billing and collection practices.

DEFINITIONS:

A. **Financial Assistance:** Financial Assistance is defined as the forgiveness of charges on an account for Medically Necessary services provided to patients who are unable to pay based on income level, financial analysis of demographic indicators.

B. **Medically Necessary Services:** "Medically Necessary" refers to inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms which otherwise if left untreated would pose a threat to the patient's ongoing health status; services must be clinically appropriate and within generally accepted medical practice standards. Adventist Health Portland and it's affiliates use the Department of Medical Assistance Programs (DMAP) 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.

C. **Primary Service Area:** The community of patients served by Adventist Health Portland and affiliates and eligible for financial assistance includes all State of Oregon residents and patients residing in the following State of Washington counties adjacent to Oregon: Pacific, Lewis, Wahkiakum, Cowlitz, Clark, Skamania, Yakima, Klickitat, Benton, Walla Walla, and Columbia. Proof of residency is required. Examples of suitable documents typically include Oregon and Washington identification card, residential lease agreement or suitable documentation (i.e., shelter usage, state issued assistance, etc.) copies of state Income Tax Return.

D. **International Patient:** Anyone seeking and/or receiving medical care at Adventist Health Portland or an affiliate who does not have proof of residency in the US (e.g., state issued identification card, residential lease agreement or suitable documentation (i.e., shelter usage, state issued assistance, etc.)).

E. **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.

F. **Federal Poverty Guidelines:** Level of income the federal government uses to define poverty.

G. **Household Income:** Income of all family members who live in the same household as the patient, or at the home address the patient uses on tax returns or on other government documents.

H. **Presumptive Financial Assistance:** When it is assumed a patient will qualify for financial assistance based on information available (i.e., current Medicaid program status, credit based financial assessment, etc.).

I. **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 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".

J. **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 percent of gross charges.

AFFECTED DEPARTMENT/SERVICES:

This policy applies to Adventist Health Portland and it's affiliates (OHSU Health and Hillsboro Medical Center) patients receiving care in both inpatient and ambulatory settings.

POLICY: COMPLIANCE - KEY ELEMENTS

A. Communication of Financial Assistance and Patient Education

1. Adventist Health and affiliates will make every effort to make Financial Assistance information available to our patients including, but not limited to.

    a. Signage in main admitting areas in predominant languages;

    b. Brochures explaining Financial Assistance shall be made available in all patient care areas;

    c. Billing statements will include information regarding the availability of Financial Assistance;

    d. Websites will contain information regarding the availability of Financial Assistance;

    e. Adventist Health and affiliates will offer financial assistance customer service Monday through Friday with voicemail availability;

    f. Patient Financial Services staff will be available to assist patients in understanding and applying for available resources, including the Financial Assistance Program;

    g. Adventist Health and affiliates will make copies of this policy available in main admitting areas of each hospital and satellite locations, by request;

    h. Adventist Health and affiliates will offer the Financial Assistance Policy, instructions, and application available in predominant languages;

    i. Adventist Health and affiliates offer interpreter services to translate documents or help with the application process as needed;

    j. Adventist Health and affiliates will require 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.

B. Qualifying Care Under this Policy

1. Adventist Health and affiliates use the Department of Medical Assistance Programs (DMAP) Prioritized List of Health Services to determine Medically Necessary Services. Services that are not eligible for Financial Assistance under this policy include:

    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 for whom Adventist Health Portland or affiliate is considered out-of-network and under 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. Patients who are not responsible for the bill (e.g., Community/Agency funded support);

    d. Patients who have insurance but choose not to utilize coverage;

    e. Elective cosmetic surgery procedures;

    f. Other elective procedures (e.g., 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, and routine vision exams);

    g. Transplant and CAR-T therapy;

    h. Take home prescriptions or supplies issued by the Pharmacy;

    i. Medical equipment (i.e., eyeglasses, contact lenses, or equipment used in the treatment of sleep apnea); and

    j. Experimental services or services that are part of a research trial.

C. Eligibility

1. Eligibility for Financial Assistance will be determined for patients who have medical costs and are uninsured, underinsured or otherwise unable to pay for their care. The eligibility requirements are outlined below:

    a. Patients may qualify for Financial Assistance under this policy if their household/family income is at or below 400% of the Federal Poverty Level (FPL). Eligibility levels are detailed in the Financial Assistance Levels section below.

    b. Financial assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, medical cost sharing plans, and third-party liability.

    c. Consideration for assistance includes a review of the patient's or responsible party's (e.g., spouse, domestic partner, legal guardian, etc.) household income, number of people in the household, and soft credit check. 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 see Hardship and Catastrophic Financial Allowances policy for eligibility criteria and approval process.

    d. Financial assistance level is based on household size and income. The current Federal Poverty guidelines may be found at http://aspe.hhs.gov/poverty/

    e. Adventist Health Portland and it's affiliates will keep all applications and supporting documentation confidential. Adventist Health and it's affiliates may, at its own expense, request a credit report to further verify the information on the application.

    f. Financial assistance will not be considered without a completed Financial Assistance Application or Screening. If sufficient information can be obtained through screening that allows for a final determination, a financial application may not be needed.

    g. The patient resides in the hospital's Primary Service Area.

i. For unscheduled emergency services, an exception to the service area eligible for financial assistance may be extended to include U.S. residents of any state.

h. Financial assistance is not available for international patients. For international patients receiving care at Adventist Health Portland and it's affiliates see the International Patient Payment Policy.

i. Adventist Health, it's affiliates and collection agencies will not provide assistance after an account has entered legal court proceedings.

D. Financial Assistance Levels

1. Full financial assistance usually will be provided to a responsible party with gross family income at or below 300% of Federal Poverty Level (FPL). See Appendix A for current Federal Poverty Level income.

2. 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 not billing above our amount generally billed. See Appendix B for how amount generally billed is calculated.

3. **Uninsured Patients - Emergency and Medically Necessary Care**

a.

Family Income	Amounts Charged
300% or less of the Federal Poverty Level	Zero
>300% to 400% of the Federal Poverty Level	35% of charges less our 35% self-pay discount

4. **Commercially Insured Patients - Emergency and Medically Necessary Care**

a.

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

E. How Patients Apply for Financial Assistance

1. Requests for financial assistance may be made verbally or in writing at any point before, during or after the provision of care.

2. 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.

3. 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 hospital personnel. Staff will reach out to the patient/responsible person in order to complete a screening.

4. Anyone requesting financial assistance from Adventist Health Portland or it's affiliates will be screened for eligible medical programs prior to being given a Financial Assistance Application, which includes instructions on how to apply.

5. Consideration for financial assistance will occur once the applicant has completed Financial Assistance Screening and/or supplies a completed Financial Assistance Application with supporting documents, including verification of income. Acceptable verification of income includes the following:

   a. Most recent three months' worth of payroll stubs;

   b. Copy of the most current year's IRS tax return;

   c. Verification of Social Security or unemployment benefits;

   d. Copy of bank statements to verify other sources of income;

   e. In the absence of income, a letter of support from individuals providing for the patient's basic living needs will be accepted. Adventist Health Portland or it's affiliates may require additional verification of income.

6. Adventist Health or it's affiliates will make every attempt to make assistance determinations within 21 days of receiving a completed Financial Assistance Application.

7. 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.

8. 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.

F. Eligibility for Other Programs

1. Financial assistance is secondary to all other financial resources the patient has including insurance, government programs, third-party liability, and medical cost sharing program payments.

2. 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.

G. Presumptive Financial Assistance Eligibility

1. 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:

    a. An independent credit-based financial assessment indicates indigence;

    b. An automatic financial assistance determination of 100% assistance is applied in the following situations provided other eligibility criteria are met:

        i. 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

    c. Patients with current active Medicaid coverage will have assistance applied for past dates of service

H. Eligibility Period

1. The notification of financial assistance will indicate an approval period for Financial Assistance. In general, the approval period for Financial Assistance will apply to existing patient balances as of the date of the approval and includes any eligible services provided by Adventist Health Portland and it's affiliates within six months (180 days) from the effective date of the approval.
2. The approval period may be shortened if the patient has other eligibility for coverage.
3. Patients will need to reapply for Financial Assistance if additional services are needed after the expiration of the approval.

I. Appeal Regarding Application of the Policy

1. Patients may submit a written request for reconsideration to the Patient Financial Services Manager if they believe their Financial Assistance application was not approved according to this policy.

J. Covered Providers

1. Financial Assistance applications and determinations only cover Adventist Health Portland and it's affiliates balances. See Appendix C for a list of non-covered providers.

K. Discounts for Uninsured Patients

1. Adventist Health Portland and it's affiliates provides discounts to patients who do not have health insurance coverage. This discount lowers the amount owed to 65% (35% discount). This discount is not applicable to International Patients.
2. The discount scale was established by calculating the average Amounts Generally Billed to Medicare using a look back method (See Appendix B).

L. Billing/Collections Practices

1. Adventist Health and it's affiliates 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. Adventist Health and it's affiliates 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.
2. Payment arrangements can be set up for patients with terms being mutually agreed upon between the patient and Adventist Health and it's affiliates billing offices. A patient who is making timely payments on all agreed-upon installments of the payment agreement for the health care services shall not be charged interest.
3. If there is a balance owed after financial assistance determination and the patient does not comply with agreed-upon payment arrangements, Adventist Health and it's affiliates 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.
4. If the patient does not make payment arrangements, or if the patient fails to comply with any payment arrangements made, Adventist Health and it's affiliates may refer the outstanding account balance to a collection agency. Prior to sending a patient to collections, Adventist Health and it's affiliates will complete a presumptive financial assistance screening for the patient.
5. Adventist Health and it's affiliates may choose to classify delinquent accounts as "presumptive charity" when independent results indicate an inability to pay; using pre-collection /early out vendor screening.

APPENDIX

A. Appendix A: 2023 Federal Poverty Levels (FPL) Table

1.

Persons In Family	48 Contiguous States and District of Columbia
1	$14,580
2	$19,720
3	$24,860
4	$30,000
5	$35,140
6	$40,280

7	$45,420
8	$50,560
For each additional person, add:	**$5,140**

B. Appendix B: AGB Calculations & Table

1. The method used to calculate AGB is a historical look-back method based on actual paid claims for Medicare fee-for-service, including portions paid by insured individuals. 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 on January 1st of each year and implemented with 120 days of any AGB rate change.

    a.

Facility (Including Affiliates)	Service	Effective Date	AGB Rate
Adventist Health Portland	All Services	4/13/2023	25.04%
Hillsboro Medical Center	All Services	4/13/2023	25.65%
OHSU Hospital & Clinics	All Services	4/13/2023	27.64%

C. Appendix C: Non-Covered Providers

1. Below is a list of entities affiliated with Adventist Health Portland, but who make their financial assistance determinations independent of Adventist Health Portland and may or may not honor a determination letter previously provided to the patient by Adventist Health Portland:

    a. Medical Imaging Group of Hillsboro (radiologist interpretation fees)

    b. Washington County Pathologists (pathologist interpretation fees)

    c. North West Emergency Physicians (emergency room physician fees)

    d. Sound Inpatient Physicians (hospitalist's fees)

    e. Anesthesia Business Associates (anesthesiologist's fees)

    f. Richmond Family Medicine

    g. Affiliated providers at Adventist Portland. Please see the following link.

D. Appendix D: Related Documents/external links:

1. Financial Assistance Application
2. Self-Pay Discount Policy
3. International Patient Payment Policy
4. Hardship and Catastrophic Financial Allowances

ATTACHMENTS: (REFERENCED BY THIS DOCUMENT) — **http://aspe.hhs.gov/poverty/ link**

OTHER DOCUMENTS: (WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA: **Not applicable**

HAWAII: **Not applicable**

OREGON: **No specific state requirements noted. Systemwide policy applies as written.**

WASHINGTON: **Not applicable**

REFERENCES:

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: **Regional Director, Compliance**

ENTITY POLICY OWNER: **Program Manager, Contracts**

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: **(06/29/2023) AH System Board**

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL:

ENTITY: **(07/17/2023) Administrative Policy Committee, (07/17/2023) Clinical Committee of the Community Board**

ENTITY INDIVIDUAL: **(07/10/2023 10:16AM PST) Kyle K Sims, Director, Patient Access**

REVIEW DATE:

REVISION DATE: **06/29/2023**

NEXT REVIEW DATE: **07/18/2026**

APPROVAL PATHWAY: **Nonclinical**

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at