

## COMMONSPIRIT HEALTH GOVERNANCE POLICY ADDENDUM

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**ADDENDUM Finance G-003A-2**

**EFFECTIVE DATE:** November 1, 2021

**SUBJECT:** Financial Assistance - Oregon

### ASSOCIATED POLICIES

CommonSpirit Governance Policy

Finance G-003, *Financial Assistance*

CommonSpirit Governance Policy

Finance G-004, *Billing and Collections*

This Oregon addendum (Addendum) supplements CommonSpirit Governance Policy G-003, *Financial Assistance* (the Financial Assistance Policy), as necessary, in light of and to comply with Oregon statutes and regulations regarding provision of Hospital Charity Care, in accordance with the “Coordination with Other Laws” section of the Financial Assistance Policy.

This Addendum applies to all CommonSpirit Health Direct Affiliates and Tax-Exempt Subsidiaries in the state of Oregon, as defined in the Financial Assistance Policy. If any provision of this Addendum is in conflict with, or inconsistent with, any provision of the Financial Assistance Policy, this Addendum shall control.

### DEFINITIONS

- A. “Family Income” includes the income of all members of a household, meaning a single individual or spouses, domestic partners, or a parent and child under 18 years of age, living together; and other individuals for whom that single individual, spouse, domestic partner or parent is financially responsible for, in accordance with ORS 442.612 (6).

### ELIGIBILITY FOR FINANCIAL ASSISTANCE

- A. In accordance with ORS 442.614, a patient who qualifies for Financial Assistance will receive free or discounted EMCare. A patient is not required to apply for medical assistance, as defined in ORS 414.025, before being screened for or provided Financial Assistance.
- B. Pursuant to the terms of the Financial Assistance Policy, unless eligible for Presumptive Financial Assistance, certain eligibility criteria must be met in order for a patient to qualify for Financial Assistance. This Addendum updates such eligibility criteria with the following:

Mercy Medical Center Roseburg:

- The patient’s Family Income must be at or below 400% of the FPL.
- Any patient whose Family Income is at or below 200% of the FPL shall receive free care.
- Any patient whose Family Income is between 201% to 300% of the FPL shall receive discounted care up to 75% from his or her account balance for EMCare

provided to the patient after payment, if any, by any third-party(ies).

- Any patient whose Family Income is between 301% to 400% of the FPL shall receive discounted care up to the Hospital Facility's AGB from his or her account balance for EMCare provided to the patient after payment, if any, by any third-party(ies).

St. Anthony Hospital Pendleton:

- The patient's Family Income must be at or below 400% of the FPL.
- Any patient whose Family Income is at or below 200% of the FPL shall receive free care.
- Any patient whose Family Income is between 201% to 300% of the FPL shall receive discounted care up to 75% from his or her account balance for EMCare provided to the patient after payment, if any, by third-party(ies).
- Any patient whose Family Income is between 301% to 350% of the FPL shall receive discounted care up to 50% from his or her account balance for EMCare provided to the patient after payment, if any, by any third-party(ies).
- Any patient whose Family Income is between 351% to 400% of the FPL shall receive discounted care up to the Hospital Facility's AGB from his or her account balance for EMCare provided to the patient after payment, if any, by any third-party(ies).

All other terms set forth in CommonSpirit Governance Policy Finance G-003, *Financial Assistance*, remain unaltered.