

**COMMONSPIRIT HEALTH
GOVERNANCE POLICY ADDENDUM**

ADDENDUM Finance G-003A-2

EFFECTIVE DATE: July 1, 2024

SUBJECT: Financial Assistance - Oregon

ASSOCIATED POLICIES

CommonSpirit Governance Policy
CommonSpirit Governance Policy

Finance G-003, *Financial Assistance*
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. Application Period** means the time provided to patients by the CommonSpirit Hospital Organization to complete the Financial Assistance application. A patient may apply for Financial Assistance any time up to twelve (12) months after a patient pays for the services that the Hospital Facility provided.
- B. Eligibility Qualification Period** - After submitting the Financial Assistance application and supporting documents, patients approved to be eligible shall be granted Financial Assistance for all eligible accounts within the Application Period and prospectively for a period of nine (9) months from the hospital’s determination date and the patient shall not be required to reapply for financial assistance for services provided during that nine-month period.
- C. 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. Hospital Facilities shall screen a patient for Presumptive Financial Assistance if the patient:

- Is uninsured;
- Is enrolled in the state medical assistance program;
- Owes the hospital more than \$500.

In screening for Presumptive Financial Assistance, Hospital Facilities shall not require a patient to provide documentation or other verification or implement a process that negatively impacts the patient's credit score. Furthermore, before billing the patient the Hospital Facility shall screen the patient for Presumptive Financial Assistance and apply any assistance for which the patient qualifies. A Hospital Facility shall notify the patient that they were screened for Presumptive Financial Assistance and provide the patient with information on how to apply for Financial Assistance if the patient was denied, or how to apply for additional Financial Assistance above what the patient may have been previously awarded.

C. 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:

- 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 350% of the FPL shall receive discounted care up to the greater of 50% or 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).
- Any patient whose Family Income is between 351% to 400% of the FPL shall receive discounted care up to the greater of 25% or 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).

APPLYING FOR FINANCIAL ASSISTANCE, REFUNDS, AND APPEALS

- A.** When completed by a resident of the state of Oregon, the Financial Assistance Application will only require the patient to provide their household income and any information about a third party that may be liable for all or part of the costs associated with the services provided by the Hospital Facility. The provision of information about the patient's assets shall be optional and such information will not be used to deny the patient Financial Assistance.
- B.** If the Hospital Facility previously determined, incorrectly, that the patient did not qualify for Financial Assistance for the services based on information provided by the patient

at the time of the incorrect determination, the Hospital Facility shall also pay the patient interest on the amount of financial assistance at the rate set by the Federal Reserve and any other associated reasonable costs, such as legal expenses and fees, incurred by the patient in securing Financial Assistance.

- C. If a Hospital Facility denies a patient's application for Financial Assistance, whether in whole or in part, the Hospital Facility will notify the patient of the denial and include in the notice an explanation of the appeal process.

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