



Financial Assistance Policy for Oregon-Based Hospitals

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Approvals

- Committee Approval: Nonclinical Policy Review Team - Revenue Cycle approved on 11/7/2024
 - Committee Approval: AH System Board approved on 11/14/2024
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Revision Insight

Document ID:	14738
Revision Number:	0
Owner:	Meri Edjhuryan, Multi-site Director, Patient Access
Revision Official Date:	11/14/2024

Revision Note:

These additional requests for Board approval are due to multiple factors.

1. Changes in Oregon legislations that became law on 7/1/2024, necessitated changes.
2. HRSA was requiring changes for our RHCs that we were not able to accommodate within the regular Financial Assistance Policy, so addendums for CA, OR and HI RHCs were created.
3. HCAI enforcement of AB 1020 began on 1/1/2024. We have had significant issues to clean up for them.
4. Because of the multiple requirements implemented by both Oregon and California, we have found it necessary to separate our 1 Financial Assistance policy into 3 separate state focuse policies. We are asking you to approve Oregon and California (plus 3 RHC addendums). A HI/WA policy is being drafted currently.

For your awareness, there have been additional CA legislation changes with implementation dates of



- ☒ Systemwide Standard Policy
- ☐ Systemwide Model Policy

Standard Policy No. 14738
Approval Pathway: Nonclinical
Department: Revenue Cycle

STANDARD POLICY: FINANCIAL ASSISTANCE POLICY FOR OREGON-BASED HOSPITALS

POLICY SUMMARY/INTENT:

This policy describes Adventist Health's Financial Assistance (Charity Care and Discounted Care,) policy for its Oregon-based hospitals and affiliated clinics. Adventist Health provides Financial Assistance to patients and families when they are unable to pay, all or part, of their medical bill, based on the standards below. This policy describes how Adventist Health reviews a patient's financial resources to determine if Financial Assistance can be provided. The intent of this policy is to comply with applicable federal, state and local laws and regulations. Adventist Health does not discriminate and is fair in reviewing and assessing eligibility for Financial Assistance for community members who may be in need of financial help. Adventist Health also offers a sliding scale Rural Health Clinic Discount to patients of its rural health clinics, as set forth in [Appendix F](#), in addition to the Financial Assistance described in this Policy.

Adventist Health is committed to providing Financial Assistance to patients who seek needed healthcare services, but have limited, or no means, to pay for that care. Financial Assistance is comprised of Charity Care (free care) and Discounted Care. Adventist Health also offers Rural Health Clinic Discounts as set forth in [Appendix F](#) in addition to the Financial Assistance described in this Policy. Adventist Health determines eligibility for Financial Assistance as described in this Policy based on: (1) income and (2) type of service requested. This policy describes the eligibility criteria and the level of Financial Assistance that will be offered to patients meeting specified criteria.

Charity Care and Discounted Care are not substitutes for personal responsibility. Patients are expected to work with the facility when seeking Financial Assistance. Persons must help pay for the cost of their care based on their ability to pay. Persons with financial means to purchase health insurance will be encouraged to do so since this helps improve their access to health care services.

All patients will be notified of the Financial Assistance Policy and how to access the Financial Assistance Application. Some patients will be presumptively eligible for Financial Assistance without need for further application. Patients may request Financial Assistance by submitting an Application with supporting documentation, as applicable.

Adventist Health will apply the standards in this policy to make a determination on each Financial Assistance Application and shall notify each applicant of its determination.

Applicants dissatisfied with the determination can appeal the determination to Adventist Health. The collection of any remaining patient financial responsibility shall be subject to the Adventist Health Self Pay Billing and Collection Policy.

Adventist Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy, as detailed in each Adventist

DEFINITIONS:

1. **Amount Generally Billed (AGB)**- The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. This is usually described as a percent of Gross Charges. The AGB percentages for each hospital facility are updated annually.
2. **Application** – Adventist Health's application form for Financial Assistance.
3. **Application Period** - The period during which Adventist Health must accept and process an application for Financial Assistance under its Financial Assistance policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided, 12 months after the patient pays for the services provided or the 30th day after Adventist Health provides the individual with a written notice that sets a deadline after which extraordinary collection actions may be initiated.
4. **Charity Care** - Free care provided when the patient is not expected to pay the patient's payment obligation for items and services provided by Adventist Health.
5. **Discounted Care** – A reduction from the payment obligations for items and services that is given for cash, prompt, or advanced payment, or to certain categories of patients, e.g., self-pay patients.
6. **Emergency Medical Care** - Refers to Emergency Services and Care, as defined in the Adventist Health Emergency Medical Treatment and Labor Act policy (EMTALA) #AD-06-019-S.
7. **Financial Assistance** - Charity Care and Discounted Care.
8. **Federal Income Tax Return** - The Internal Revenue Service (IRS) form/s used to report taxable income. The IRS form must be a copy of the signed and dated forms sent to the IRS.
9. **Federal Poverty Level (FPL)** - The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under its statutory authority. These levels are set forth in [Appendix C](#).
10. **Household** - (i) A single individual; or spouses, domestic partners, or a parent and child under 18 years of age, living together, and (ii) other individuals for whom a single individual, spouse, domestic partner or parent is financially responsible.
11. **Household Income** - The combined income of the patient seeking Financial Assistance and his/her/their Household as determined under this Policy. Income as used here shall include any sources (as set forth in [Appendix D](#)) used to calculate the adjusted gross income, as set forth on line 11 of Form 1040, U.S. Individual Income Tax Return.
12. **Medically Necessary** - A service is “medically necessary” or a “medical necessity” when it is necessary to prevent, diagnose or treat an illness, injury, condition or disease, or the symptoms of an illness, injury, condition or disease; and meets accepted standards of medicine.
13. **Patient Financial Services (PFS)** - The Adventist Health department responsible for billing, collecting, and processing payments

14. **Policy or Financial Assistance Policy** – this Adventist Health Financial Assistance Policy
15. **Rural Health Clinic Discounts** - A sliding scale of discounts available to patients of the rural health clinics as set forth in [Appendix F](#). This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

AFFECTED DEPARTMENTS/SERVICES:

- A. Patient Financial Services (PFS)
 - B. Patient Access
 - C. Compliance
 - D. Finance
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POLICY: COMPLIANCE – KEY ELEMENTS

1. What’s Covered under this Financial Assistance Policy

a. Covered Providers

Financial Assistance pursuant to this Policy includes health care services provided at Adventist Health owned and operated facilities in Oregon listed in [Appendix A](#). This includes clinics that are operated under common control or ownership of Adventist Health. Discounted Care and Charity Care pursuant to this Policy also covers services rendered by practitioners listed as a “Covered Provider” in the documentation from [Appendix B](#).

b. Eligible Services

The following services are excluded as ineligible for the application of Financial Assistance under this policy, except as required by law:

- Healthcare services and supplies that are not Medically Necessary;
- Purchases from a hospital’s retail operations, such as gift shops and cafeteria;
- Non-hospital services, such as physician services, that are not billed by the hospital with the exception of services rendered by Covered Providers in the documentation from [Appendix B](#); and
- Services that are not licensed hospital services or hospital-affiliated clinic services.

2. Prescreening for Presumptive Eligibility

Adventist Health reserves the discretion to grant presumptive Financial Assistance for individuals through the prescreening process if it determines that the individual is eligible for Financial Assistance for the care based on information other than that provided by the individual or based on a prior Financial Assistance determination. Patients found to be presumptively eligible for Financial Assistance will not be required to complete the Financial Assistance Application and undergo review.

a. Prior Financial Assistance

Prior to any prescreening process, Adventist Health will review if the patient has already qualified for Financial Assistance at the hospital within the last 12 months. If so, the patient will automatically receive the equivalent cost adjustment to their bill prior to receiving the billing statement.

b. Prescreening Process

Upon presenting to an Adventist Health facility for services and prior to receiving a bill for services, Adventist Health will prescreen patients for presumptive eligibility that meet one of the following criteria:

- Uninsured
- Enrolled in a state Medicaid, CHIP, Healthier Oregon, Bridge Program or any other state medical assistance program
- Will owe the hospital \$500 or more after adjustments from insurance or other third-party payers
- Homeless, as documented in their medical record, or
- Eligible for a public benefit program including Social Security, Unemployment Insurance Benefits, Medicaid, County Indigent Health, TANF, Food Stamps, WIC, or another public benefit program with similar requirements to the eligibility standards in this policy

Adventist Health may use existing data in its systems, including but not limited to patient records, routinely collected information during patient registration, the information the patient voluntarily supply, previous Financial Assistance adjustment, and existing eligibility for assistance programs which are means tested and reasonably reflect the approximate patient Household Income, such as Medicaid, SNAP, or TANF. The patient will not be required to present any form of documentation related to eligibility criteria, but Adventist Health will accept voluntary submission of documentation from that patient that will help Adventist Health in the prescreening process.

Additionally, Adventist Health may use a third-party income verification vendor, MedeAnalytics, to estimate Household Income for prescreening purposes. This process will not cause any negative impact on the patient's credit score.

If Adventist Health's prescreening method listed above does not return information about the patient, Adventist Health will make a good faith effort to determine the patient's presumptive eligibility status based on other information available to Adventist Health.

c. Determination of Presumptive Eligibility

Using the data from the prescreening process, Adventist Health will determine the patient's presumptive eligibility status using the same eligibility criteria described below.

Adventist Health will notify the patient in writing of the result of the prescreening process in a way that clearly states whether the patient is presumptively eligible for Financial Assistance and to what extent. The prescreening process and determination are not considered an application for Financial Assistance, nor does it disqualify the patient from seeking Financial Assistance.

If the patient is found not presumptively eligible or is presumptively eligible for less than the most generous Financial Assistance available, the patient is encouraged to still apply for Financial Assistance using the process described below. Adventist Health will provide the patient with further information about the process described below in the presumptive eligibility notification to the patient. The patient is eligible to apply for Financial Assistance throughout the "Application Period," which is

within 240 days following the initial billing statement for the services provided, 12 months after the patient pays for the services provided, or at least 30 days after Adventist Health provides the patient with a written notice that sets a deadline after which extraordinary collection actions may be initiated (or for any additional time as applicable state and federal laws and regulations require).

3. Applying for Financial Assistance

a. Access to Financial Assistance Policy and Application

Adventist Health makes information about its Financial Assistance Policy and Application, and Rural Health Clinic Discounts policy and application, available through numerous means in compliance with applicable state and federal laws and regulations. Information about this Policy is available on each hospital's website home page and on any website where the patient pays a bill or accesses information about the patient's account, posted in hospital areas that are accessible to the public, such as the emergency department, outpatient waiting areas, and any areas where patient admissions are processed, on each billing statement, and by plain language summaries available to all patients. Hospital personnel shall direct patients, guardians, or family members who request Financial Assistance or information about Financial Assistance, or who the hospital personnel believe may be eligible for Financial Assistance to any hospital registration area or by phone to (844) 827-5047 to receive a paper copy of this Policy and an application form.

An explanation of Adventist Health's Financial Assistance Program, and Adventist Health's Rural Health Clinic Discounts Program, and the related application forms are available at [Adventist Health Help Paying Your Bill](#). Adventist Health shall ensure that this Policy is translated into each language spoken by the lesser of 1,000 people or five percent of the population that resides in each hospital's service area, is interpreted for other languages and made accessible in alternative formats for individuals with disabilities.

b. Other Forms of Health Coverage

Each Adventist Health owned and operated facility shall make all reasonable efforts to obtain from the patient or the patient's representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient. These efforts will include helping the patient find insurance options, including, but not limited to, any of the following:

- Private health insurance
- Medicare
- The Medicaid program, the CHIP program, or other state-funded programs designed to provide health coverage.

If a patient applied or has a pending application for another health coverage program at the same time that the patient applies for Financial Assistance, neither application will stop eligibility for the other program.

Financial Assistance does not relieve the patient or guarantor's responsibility to ensure payment for health care services. Adventist Health expects patients to cooperate with Adventist Health to find other sources of payment, or coverage, from public and/or private payment programs. The patient or guarantor is responsible for meeting the conditions of coverage of their insurance or health plan if they have third-party insurance or health plan. Failure to do so, may result in a denial of Financial Assistance.

c. Application Process

To be considered for Financial Assistance under this policy, a patient or guarantor must Submit a true, accurate, and complete confidential Financial Assistance Application by mail or online submission within the Application Period. The Financial Assistance Application must be completed in writing and may be completed by or with the assistance of a staff or management member of the Patient Financial Services Department. The Financial Assistance Application should be signed by the patient or the patient's legal representative. Documentation of income shall include no more than the following:

- Recent pay stubs from within the 6 months before or after the patient is first billed (or in preservice when Application is submitted)
- Copy of Federal Income Tax Return (Form 1040) for patient and spouse or domestic partner from the year the patient was first billed or 12 months prior to when the patient was first billed
- A "W-2" withholding statement or a Form 4506-T (if W-2 not filed)
- Written, signed statements from employers or others describing the Household Income

A patient, or patient's legal representative, who requests Discounted Care, Charity Care or other assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. These documents provided for the Application will only be used in reaching a determination of Financial Assistance, and will not be used for collection activities.

An individual is considered to have submitted a complete Financial Assistance Application if he or she provides information and documentation sufficient for the hospital facility to determine whether the individual is eligible for Financial Assistance. An Application is incomplete if he or she provides some, but not sufficient, information and documentation to determine eligibility for Financial Assistance.

d. Notification of Financial Assistance Determination/Correction of Application

Once an Adventist Health facility has reviewed the Financial Assistance Application and has made a determination based on the Eligibility requirements stated below, the facility shall notify the individual in writing by mail of this eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.

Any notice of financial assistance determination based on the application being incomplete, missing documentation, or containing errors will clearly describe the deficiencies and the actions the patient can take to complete the application by correcting the deficiencies. The notice will include a clear description of how the patient may submit corrections or additional documentation and how the patient may request an appeal, whether by submission of a written statement or other supporting documentation or by requesting review by the hospital's Finance Officer or his/her designee. An individual may submit corrections or additional documentation or request an appeal through the later of: (1) 240 days after the date of the first post-discharge billing statement or (2) 45 days from the date the patient was notified of the financial assistance determination.

Adventist Health may conduct standard billing practices if there is not a pending appeal, which must be suspended if an appeal is submitted.

e. Effect of Financial Assistance Determination

If found eligible for Financial Assistance, whether Charity Care or Discounted Care the facility shall provide the individual with a billing statement that states the amount the individual now owes for the care, how that amount was determined and how the individual can get information regarding the Amounts Generally Billed ("AGB") for the care. If found eligible for Discounted Care, the patient may enter into an extended payment plan to allow payment over time. The hospital and the patient shall

negotiate the terms of the payment plan and take into consideration the patient's Household Income and living expenses.

If appropriate, the facility shall refund the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying after Financial Assistance has been applied.

The Financial Assistance approval is good for 12 months after the approval is granted. The adjustment will be applied to all eligible patient account balances, including those received before the application approval date. For bills received after 12 months from when the Financial Assistance is approved, a new Financial Assistance Application will need to be filled out if the patient is seeking Financial Assistance for those bills.

f. Appeal of Financial Assistance Determination

Patients may submit a written request for reconsideration either through the submission of a written statement or other supporting documentation or by requesting review by the hospital's Finance Officer of the Adventist Health facility at which they received services. Such an appeal should demonstrate that the individual either:

- Believes their Financial Assistance Application was not approved according to this policy; or
- Disagrees with the way the policy was applied to their case

An appeal must be submitted by the later of: (1) 240 days after the date of the first post-discharge billing statement or (2) 45 days from the date the patient was notified of the financial assistance determination. Upon submission of an appeal, the facility will suspend any collection activities and notify any collection agency, if any. The facility will also send a written confirmation of receipt of the appeal to the patient, including notice of the suspension of collection activities by the hospital or any collection agency, and information on actions that the patient may take.

If the Finance Officer or his/her designee requires additional information, the hospital will allow the patient an additional 45 days after written notice to submit the requested information.

Adventist Health will issue a written determination on the appeal within 30 days of either the date of the final appeals meeting or the date of receipt of corrections related to application deficiencies, whichever is later. If Financial Assistance continues to be denied, the notice will include the date on which suspended collection activities, if any, will resume. If it is found that Adventist Health incorrectly determined that the patient is eligible for Financial Assistance based on the information provided by the patient at the time of the incorrect determination and the patient has already paid for the services, Adventist Health will pay interest to the patient on the amount of Financial Assistance at the rate set by the Federal Reserve and any other associated reasonable costs incurred by the patient in securing Financial Assistance.

The Financial Officer will be the final level of appeal.

a. Change in Circumstances

If at any time information relevant to the eligibility of the patient changes, the patient may update the documentation related to income and provide the relevant Adventist Health owned and operated facility with the updated information. Each Adventist Health owned and operated facility will consider the patient's changed circumstances in determining eligibility for Financial Assistance.

Each Adventist Health owned and operated facility may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information which it believes supports a

conclusion that information previously provided was inaccurate. In addition, each Adventist Health owned and operated facility may elect to pursue legal actions against persons who it believes knowingly misrepresented their financial condition, including those who accept Financial Assistance after an improvement in their financial circumstances which was not made known to each Adventist Health owned and operated facility.

b. How to Ask for Help

More information about Financial Assistance and paper copies of this Policy and Application are available from any hospital registration area or by phone at (844) 827-5047.

1. Eligibility

The level of Financial Assistance, such as Charity Care (no charge to the patient) or Discounted Care (a discount to the patient) is based on several factors: Household Income and the type of services the patient received.

Adventist Health authorizes Financial Assistance as set forth in this Policy. Hospital discounts are based on the AGB thresholds set forth in [Appendix E](#).

Any discount shall be applied directly to the patient's out-of-pocket responsibility. Financial Assistance is intended for the benefit of the patient and shall not be used to reduce the payment obligations of any insurance payor.

Non-covered and denied services and related services provided to Medicaid-eligible beneficiaries are considered a form of Charity Care. Examples of this include, but are not limited to, services provided to Medicaid beneficiaries with restricted Medicaid, Medicaid pending accounts, Medicaid of other indigent care program denials, charges related to days exceeding length-of-stay limits, Medicaid claims (including out-of-state Medicaid claims) with "no payments," and any service provided to a Medicaid-eligible patient with no coverage and no payment

Table 1: Patient Financial Assistance Eligibility

Emergency Medical Care and Medically Necessary Care

Household Income	Patient Responsibility
300% or less of the Federal Poverty Level	Zero (Full Charity)
301% to 400% of the Federal Poverty Level	75% of the AGB, less insurance/third party payment (if any) (Discount)
> 400% of the Federal Poverty Level	No Financial Assistance

2. Access to Documents

Patients may get a free hard copy of the "PFS-112 Financial Assistance Covered and Noncovered Physicians List" at the facility addresses listed in [Appendix B](#).

3. Miscellaneous

Requests and all information collected related to an application for Financial Assistance are subject to applicable privacy law.

MANUAL(S):**ATTACHMENTS:**
(REFERENCED BY THIS DOCUMENT)[Adventist Health Help Paying Your Bill](#)
[Financial Assistance Reference Table Appendix A-E](#)**OTHER DOCUMENTS:**
(WHICH REFERENCE THIS DOCUMENT)**FEDERAL REGULATIONS:****ACCREDITATION:****CALIFORNIA:**

No specific state requirements noted. Corporate policy applies as written.

HAWAII:

No specific state requirements noted. Corporate policy applies as written.

OREGON:

No specific state requirements noted. Corporate policy applies as written.

WASHINGTON:

No specific state requirements noted. Corporate policy applies as written.

REFERENCES:**ADVENTIST HEALTH**
SYSTEM/WEST POLICY OWNER:

Amy K Miller - Director, Revenue Cycle Compliance

ENTITY POLICY OWNER:

Not applicable

COLLABORATION:Cheryl A Brooksher - Director, Business Intelligence
Colleen A Fiore - Sr. Application Analyst
Lori Esquivel - Director, Patient Access**APPROVED BY:****ADVENTIST HEALTH**
SYSTEM/WEST:

(11/07/2024) Nonclinical Policy Review Team - Revenue Cycle, (11/14/2024) AH System Board

ADVENTIST HEALTH
SYSTEM/WEST INDIVIDUAL:**ENTITY:**

Not applicable

ENTITY INDIVIDUAL:

Not applicable

REVIEW DATE:**REVISION DATE:**

11/14/2024

NEXT REVIEW DATE:

11/14/2027

APPROVAL PATHWAY:

Nonclinical

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