



Guidance for Hospital Administrators on Financial Assistance Requirements

New minimum financial assistance policy requirements became effective in Oregon on January 1, 2021. Please review your hospital's financial assistance policies to ensure they comply with ORS 442.610 through 442.614.

Effective January 1, 2021, hospital financial assistance policies must provide for reducing all patient costs based on the following income levels:

- For household incomes 200% or less of the federal poverty guidelines, 100% reduction of all patient costs
- For household incomes between 200% and 300% of the federal poverty guidelines, 75% reduction of all patient costs
- For household incomes between 300% and 350% of the federal poverty guidelines, 50% reduction of all patient costs
- For household incomes between 350% and up to 400% of the federal poverty guidelines, 25% reduction of all patient costs

These tiers of financial assistance are based on household income only, not assets, and apply to non-profit hospitals and the hospitals' non-profit affiliated clinics. Patient costs are any amounts owed by the patient, including co-pays, deductibles, coinsurance, and other amounts not reimbursed by insurance or third-party payers, if any.

Amounts billed must be in alignment with IRS code Section 501(r)(5) regarding amounts generally billed prior to applying financial assistance.

These requirements are a floor, not a ceiling. At their discretion, hospitals may adopt any additional financial assistance policies above and beyond these minimum standards, as long as these minimum standards are met.

If there are any questions regarding financial assistance policies, you may contact Steven Ranzoni (STEVEN.RANZONI@dhsaha.state.or.us) or Amy Clary (AMY.CLARY@dhsaha.state.or.us).