Frequently Asked Questions

Prescreening and Presumptive Eligibility Awards

Last updated: 9/13/2024

With the launch of the prescreening and presumptive eligibility awards of financial assistance from House Bill 3320 (HB 3320) on July 1, 2024, the Oregon Health Authority (OHA) has received several questions about the application of presumptive eligibility awards under some specific scenarios.

This document provides high-level information and guidance in response to such questions. Please see ORS 442.601 through 442.618 and OAR Chapter 409, Division 023, for additional information.

This guidance does not, and is not intended to, constitute legal advice. It does not absolve hospitals from potential future litigation or risk under state or federal law. Hospitals should consult with their own legal counsel prior to taking any action under this guidance.

Frequently Asked Questions

Can a patient opt out of the prescreening process for presumptive eligibility for financial assistance under ORS 442.615?

No. A hospital must screen a patient for presumptive eligibility if the patient meets the requirements of ORS 442.615(2) and OAR 409-023-0120(7).

Is a hospital required to prescreen a patient who is a non-Oregon resident for presumptive eligibility for financial assistance under ORS 442.615?

Yes, a hospital must prescreen the non-Oregon patient if they meet the requirements of ORS 442.615(2) and OAR 409-023-0120(7). A financial assistance award following prescreening for presumptive eligibility must meet the eligibility standards of a hospital's

application for financial assistance, as published in the hospital's financial assistance policy, pursuant to the requirements of OAR 409-023-0120(4).

As of July 1, 2024, there were changes to ORS 442.610(4), based on residential status, pertaining to information required under a hospital's application for financial assistance. A hospital must establish policies related to financial assistance to non-Oregon residents in its financial assistance policy and provide presumptive eligibility awards based on this policy.

Are there requirements for financial assistance for a non-Oregon resident?

Please consult with your hospital's legal counsel for advice on requirements related to non-Oregon residents.

If a hospital provides financial assistance to an insured patient, and the insurance company later denies the claim due to unpaid premiums, should the hospital treat the patient as uninsured and recalculate the financial assistance award?

Yes. The hospital should reassess and recalculate the amount of the financial assistance award, based on the patient's uninsured status, by following the procedure outlined in its financial assistance policy.

If a patient that completed an application for financial assistance has insurance or other third parties liable for cost of services, but refuses to either allow the hospital to bill that insurance or provide information about other liable third parties, can the hospital deny financial assistance?

Yes. A hospital may condition the receipt of financial assistance on the patient both providing the information related to third parties and having the authorization to bill the third party. See ORS 442.610(4) and 676A.677(6) for more information.