

Hospital financial assistance information for patients

What is hospital financial assistance?

Hospital financial assistance means that a hospital waives the cost of all or part of a hospital bill. In Oregon, state laws require nonprofit hospitals to provide minimum levels of financial assistance to Oregon residents based on household size and income. When a hospital gives financial assistance, it must cover all or a percentage of the patient’s responsibility of the bill after insurance or other sources of payment are applied.

Hospitals pay for financial assistance, not the state or federal government. There is no limit or cap to the amount of financial assistance a hospital may provide within a given time period or to a given number of patients. If a patient receives financial assistance, they are not taking away the opportunity for other patients to get financial assistance.

If your income is up to 400% of the federal poverty level (FPL), you qualify for some financial assistance. For an individual in 2024, 400% of the FPL is an income of \$60,240 a year. For a family of four, it is \$124,800 a year.

A patient may qualify for financial assistance whether or not they have insurance, and regardless of the source of insurance. If a patient has insurance or another payer source such as auto insurance or workers compensation, they must allow the hospital to collection from those sources prior to receiving financial assistance.

Household income	2024 FPL for household of one	2024 FPL for household of four	Hospital financial assistance level
Up to 200% FPL	\$30,120	\$62,500	100% assistance
201-300% FPL	\$45,180	\$93,600	75% assistance
301-350% FPL	\$52,710	\$109,200	50% assistance
351-400% FPL	\$60,240	\$124,800	25% assistance

A new law about financial assistance went into effect on July 1, 2024 (House Bill 3320). Here is what changed:

All hospitals must prescreen certain patients to see if they are eligible to receive financial assistance and provide them with the financial assistance they are eligible for before the patient receives their first bill.

If you meet certain requirements, the hospital will now automatically prescreen you to see if you are eligible for financial assistance. You do not have to provide the hospital with any information for them to prescreen you. If you meet any of the following criteria, you will be prescreened:

- Uninsured,
- Enrolled in a state medical assistance program (like Medicaid, the Oregon Health Plan, the Bridge Health Plan), or
- Owe the hospital \$500 or more on your bill after insurance.

If the prescreening finds you to be eligible for financial assistance, the hospital will automatically apply the financial assistance to your bill. The hospital will notify you if you have been prescreened, what the result of the prescreening is, whether you qualify or not, and the amount of the financial assistance adjustment.

Hospitals are required to prescreen patients. This means a patient may not opt out of being prescreened. However, they may decline the award after being prescreened. If you qualify for financial assistance but do not want it, you may notify the hospital and pay the original amount due.

If you disagree with the hospital's prescreening result and believe you should qualify for more financial assistance than you initially received, you may still apply for financial assistance.

Hospitals are required to provide notice of the results of prescreening. If you are not provided full financial assistance or denied presumptive eligibility of financial assistance, this notice will provide you instructions on how to fill out an application for financial assistance. This requires you to fill out an application and provide documentation of your household income. The notice will contain instructions on how to access an application. You may also contact the hospital's financial assistance department for assistance.

Starting on January 1, 2025, you may appeal decisions on financial assistance applications.

If you submitted an application for financial assistance and were denied, or believe you are entitled to more assistance than you were provided, you may appeal this decision with the hospital starting on January 1, 2025. This is different than the prescreening result. As described above, prescreening is what the hospital does automatically for specific patients and is not eligible for appeal, whereas a financial assistance application is something you fill out and submit yourself. Contact your hospital financial assistance department to learn more. You may reach them in person, by phone, or through the hospital website.