Addendum 1 to Stewardship Policy No. 15

POLICY SUBJECT:  
Financial Assistance

EFFECTIVE DATE: 12-31-2019  
To be reviewed every three years by Executive Management

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REVIEW BY: 07-01-2022

PURPOSE

This Addendum 1 modifies and supplements CHI Stewardship Policy 15 – Financial Assistance (“Policy 15”) as necessary to comply with Oregon statutes and regulations regarding provision of Hospital Charity Care, in accordance with the “Coordination with Other Laws” section of Policy 15. This Addendum 1 applies to all Catholic Health Initiatives Direct Affiliates and Tax-Exempt Subsidiaries in the state of Oregon, as defined in Policy 15.

For ease of reference, section headings in this Addendum 1 correspond with the section headings of Policy 15. Facility revenue cycle teams along with Hospital Facility leadership are responsible for the implementation of this Addendum 1 and Policy 15.

ELIGIBILITY FOR FINANCIAL ASSISTANCE

1. Pursuant to the terms of Policy 15, Unless eligible for Presumptive Financial Assistance, certain eligibility criteria must be met in order for a patient to qualify for Financial Assistance. That criteria includes:

   “The patient’s Family Income must be at or below 300% of the FPG”.

   This Addendum 1 replaces “300% of the FPG” in the above sentence with “400% of FPG”.

All other terms set forth in Policy 15 remain unaltered.