

## I. PURPOSE

Advocate Aurora Health and its affiliates (collectively AAH) are committed to caring for the health and well-being of all patients regardless of their ability to pay. The purpose of this policy is to outline AAH's need-based financial assistance program and requirements. This policy describes the procedure, requirements, and eligibility criteria related to AAH's Wisconsin financial assistance program.

## II. SCOPE

This policy applies to medical services billed by an Advocate Aurora Health, Inc. entity or Participating Provider that have been provided by a Wisconsin AAH hospital, a Wisconsin AAH employed medical professional, or a Wisconsin Participating Provider.

## III. DEFINITIONS/ABBREVIATIONS

**Amounts Generally Billed (AGB)**- The amount generally billed for emergency and other medically necessary care to AAH patients who have health insurance calculated using the AGB Percentage multiplied by Gross Charges.

**AGB Percentage**- The AGB discount percentage is calculated using the "look-back" method, which is the sum of the amounts of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and private health insurers divided by the total gross charges for those claims for a 12-month period. AAH calculates the AGB Percentage at least annually. Individuals may obtain information on the calculation of the AGB Percentage free of charge by calling 1-800-326-2250.

**Eligible Patient**- An AAH patient that meets the Financial Assistance eligibility requirements provided in this Policy.

**Eligible Services**- Medically urgent and/or medically necessary services billed by a Wisconsin AAH entity or Wisconsin Participating Provider that are non-elective and are needed in order to prevent death or adverse effects to a patient's health. Elective, preventive and/or routine services and procedures are not considered Eligible Services. Other medical services not considered Eligible Services include, but are not limited to, cosmetic procedures, complementary medicine, fertility services, Global and Executive Health, Occupational Health and retail type services, and other services that already have a specific global/package pricing arrangement. The final determination of whether medical care is considered urgent and/or medically necessary shall be made by the examining physician.

Federal Poverty Level (FPL)- The applicable household income thresholds established periodically in the Federal Register by the U.S. Department of Health and Human Services under authority of 42 U.S.C. §9902(2).

Financial Advocates- AAH Team Members located within each AAH hospital and certain clinical locations that assist uninsured or underinsured patients by reviewing the patient's current situation to determine available financial assistance programs, assist those patients with enrollment in available programs, educate patients on the cost of care, and assist patients with overall management of patients' financial responsibility.

Gross Charge- The full, established price for medical care that AAH consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.

Insured Patient- A patient who is covered in whole or in part under a policy of health insurance, either public or private.

Participating Providers- Health care providers who have agreed to comply with this Policy with respect to billable services provided at AAH hospitals. Attached is a list of all Participating Providers. Any provider not listed in this document can be contacted directly to see if they are a Participating Provider.

Plain Language Summary- A summary of this Policy that includes the information described in Section V(A)(2) of this Policy.

Presumptive Eligibility- A Financial Assistance eligibility determination made by reference to specific criteria which have been deemed to demonstrate financial need on the part of an uninsured patient without completion of a Financial Assistance application.

Self Pay Balance- The portion of a patient's bill that the patient or the patient's guarantor is legally responsible for paying after any applicable discounts.

Uninsured Patient- A patient who is not covered in whole or in part under a policy of health insurance and is not a beneficiary under a public or private health insurance, or other health coverage program (including, without limitation, private insurance, Medicare, Medicaid or Crime Victims Assistance) and whose injury is not compensable for purposes of worker's compensation, automobile insurance, liability or other third party insurance, as determined by AAH based on documents and information provided by the patient or obtained from other sources, for the payment of health care services provided by AAH.

## IV. POLICY

A. Financial Assistance Program Discount. Uninsured patients determined to be eligible for the Financial Assistance Program will receive a 100% discount on all Eligible Services. AAH will ensure Eligible Patients do not pay more than the AGB for that care.

B. Financial Assistance Program Eligibility Criteria. To be eligible for the Financial Assistance Program, an uninsured patient must meet the following eligibility criteria:

1. Have been treated by a Wisconsin AAH provider for their injury, current illness or condition/treatment; and
2. Permanently reside in Wisconsin or be a permanent resident within the geographical locations that AAH provides services; and
3. Have a household income that is at or below 250% of the then current Federal Poverty Level; and
4. Not have or be eligible for government or private health insurance; and
5. Apply for financial assistance within 240 days of the patient's first billing statement.

C. Prohibition on Gross Charges. AAH shall not charge Eligible Patients Gross Charges for any Eligible Services.

D. Notification of Financial Assistance Program. AAH is committed to assisting patients in understanding the Financial Assistance process. Each patient shall be notified and counseled regarding financial assistance programs offered by AAH, as well as advised of the action needed to access a financial assistance program. This may include completing applications necessary to qualify for applicable government programs, working with government agencies to maintain benefit eligibility, completing an AAH financial aid application, and/or completing a mutually agreed upon payment schedule for the patient portion of their medical bill.

E. Other Financial Assistance Resources. All other financial assistance options from other sources (i.e. federal, state or local programs or grants) must be

explored prior to receiving financial assistance through AAH's Financial Assistance Program.

F. Application Deadline. If an application is required to complete the approval process for Financial Assistance, the applicant must submit all required documentation within 30 days of the initial application, or the application will be denied.

G. Emergency Services. AAH shall provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they can pay for the care, or their eligibility under this Policy. Such care will be provided in accordance with the Federal Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 1395dd) and AAH EMTALA (Emergency Medical Treatment and Labor Act).

H. Deferral or Denial of Care. AAH may defer or deny elective, preventive and/or routine services and procedures based on a financial assessment.

I. Nonpayment of Self Pay Balances. The AAH Billing and Collection Policy describes the actions AAH may take in the event of nonpayment of Self Pay Balances. Members of the public may obtain a copy of the AAH Billing and Collection Policy on AAH's website at <https://www.aurorahealthcare.org/patients-visitors/billing-payment/financial-responsibility> .

J. Patient Payment. Any patient payment made on eligible services prior to the patient applying for financial assistance will be reviewed to determine if a refund should be processed.

K. Eligibility Timeline. Financial Assistance and presumptive eligibility determinations will be effective retrospectively for all eligible open self-pay balances, and prospectively for up to 180 days. Future services will be reviewed and assessed prior to or at the time of the service for continued eligibility. Financial Advocates may reassess a patient's eligibility in the event a known or anticipated change of circumstances is likely to affect continued eligibility.

## V. PROCEDURE

A. Notification of Financial Assistance Policy: To make AAH patients, families, and the broader community aware of the availability of Financial Assistance, AAH has taken measures to notify patients and visitors to its

hospitals of the availability of Financial Assistance, and to widely publicize this policy to members of the broader community served by the hospital. These measures include:

1. Financial Counseling: Financial counseling is available to assist patients who anticipate difficulty paying their portion of their bill. Our Financial Advocates make every effort to assist patients who are uninsured, underinsured, or face other financial challenges associated with paying for the health care services we provide. Financial Advocates may screen patients for eligibility for a variety of government-funded programs, set up an extended time payment plan, or help patients apply for Financial Assistance.

2. PLS: AAH has a PLS of this Financial Assistance Policy. A paper copy of the PLS as well as a paper copy of the Financial Assistance Application will be offered to all patients at the earliest practical time of service. Free paper copies of these documents are also available upon request in the emergency department and hospital registration areas, from the sites Financial Advocate, as well as by mail. The PLS will include, at a minimum, the following information:

- a) A brief description of the eligibility requirements and assistance offered by AAH.
- b) A brief summary of how to apply for assistance.
- c) The direct Web site address (or URL) and physical locations where individuals can obtain copies of this Policy and Financial Assistance Application.
- d) Instructions on how to get a free copy of this Policy and Financial Assistance Application by mail.
- e) The contact information, including telephone number and physical location, of the AAH office or department that can provide information about this Policy and help with the Financial Assistance Application process.
- f) A statement of the availability of translations of this Policy, the Financial Assistance Application, and Plain Language Summary in other languages as required under 26 C.F.R § 1.501(r)-4(a)(5)(ii).

g) A statement that Eligible Patients may not be charged more than the Amounts Generally Billed for emergency or other medically necessary care.

3. Translated Copies Available: AAH offers its Financial Assistance Policy, Plain Language Summary and Financial Assistance Application in English and other languages if such translations are required under 26 C.F.R § 1.501(r)-4(a)(5)(ii). Free paper copies of these documents are available upon request in the emergency department and hospital registration areas, from the sites Financial Advocate, as well as by mail. These translated documents are also available on our website.

4. Signage: Financial Assistance signage will be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to AAH emergency department and patient registration areas. Signage will indicate that Financial Assistance is available and the phone number to reach a Financial Advocate for more information.

5. Website: AAH's website will prominently post notice that Financial Assistance is available with an explanation of the Financial Assistance application process. Also available on AAH's website will be:

a) Financial Assistance Policy with a list of providers who are covered under the FAP.

b) Plain Language Summary (PLS).

c) Financial Assistance Application.

d) Billing and Collections Policy.

6. Patient Bills and Statements: Patient statements include a conspicuous written notice that informs recipients of the availability of financial assistance under the FAP and includes the telephone number of the department that can provide information about the FAP and the FAP application process, and also the direct Web site address (or URL) where copies of the FAP documents may be obtained.

B. Application Process and Determination of Financial Assistance Eligibility. AAH wants to make sure that anyone who is eligible for Financial Assistance

receives it. Financial Advocates will work together with patients to determine eligibility for Financial Assistance.

1. A financial assessment will be performed by a Financial Advocate. This may require the patient to complete a Financial Assistance Application unless the Financial Advocate determines a written application to be unnecessary. If a written application is necessary, the patient will be provided a written application and will be required to provide financial information and proof of residency.

a) Financial information can be verified by using any/all of the following: the patient's most recent tax year W-2s, the patient's income tax documentation, unemployment statements, or letters of financial support (if no income). If there is more than one employed person in the patient's family, each may verify his or her financial information using these same verification options.

b) Proof of residency can be verified by the patient presenting any two (2) of the following valid forms of identification that indicate the same address: State issued driver's license (or other photo identification card such as a Student or Military ID), utility bills (gas, electric, water) bank statements, car registrations, or any other mail received from a government entity with the current date and address.

2. The Financial Advocate shall review information received from the patient and/or the written Financial Assistance Application and determine whether the patient meets the Financial Assistance eligibility requirements provided in this policy.

3. In addition to information obtained from the patient, Financial Advocates may refer or rely on the following external sources when determining whether a patient is eligible for the Financial Assistance Program:

a) Experian Health Financial Assistance Screening.

b) Wisconsin Forward Health Portal for information about public assistance.

c) Eligibility tools to search for eligibility for health insurance coverage and public aid coverage.

4. A presumptive eligibility determination may be made. Uninsured patients who qualify under certain federal and state assistance programs may be considered Presumptively Eligible for a 100% financial assistance adjustment and no application is necessary. AAH may ask the patient to provide verification of eligibility if the Financial Advocate is unable to verify eligibility electronically. If the Financial Advocate can determine that a patient is presumptively eligible for Financial Assistance, a written application is not required.

Presumptive Eligibility Criteria can also be demonstrated by proof of the following life circumstances:

- a) Homelessness.
- b) Deceased with no estate.
- c) Mental incapacitation with no one to act on patient's behalf.
- d) Incarceration in a penal institution.
- e) Affiliation with a religious order and vow of poverty.

5. It is the responsibility of the patient to cooperate with and fully participate in the Financial Assistance screening and application process. This includes providing information about any available third-party health coverage; providing in a timely and forthright manner all documentation and certifications needed to apply for funding through government or other programs (e.g. Medicare, Medicaid, third party liability, Crime Victims funding, etc.) or any other requested information needed to determine the patient's eligibility for other financial assistance. Failure to do so may adversely affect consideration for the patient's Financial Assistance application.

6. Prior Financial Assistance eligibility shall not be used to determine current Financial Assistance eligibility.

7. If a Financial Assistance Application is submitted and is incomplete, a Financial Advocate will inform the patient and explain what information is needed to complete the application. Requested information should be provided to AAH within 30 days of the initial application unless compelling circumstances are brought to AAH's attention.



8. The patient will be notified of the Financial Assistance determination either in person or via mail, as applicable. This notification shall include a statement informing the patient that the determination was made after applying AAH's Financial Assistance Policy eligibility criteria to the patient's financial situation.

9. If a patient is determined to be eligible for AAH's Financial Assistance Program, payments made on Eligible Services prior to application for Financial Assistance will be reviewed to determine if a refund should be processed.

10. If a patient is determined to be eligible for AAH's Financial Assistance Program, the patient shall communicate to AAH any material change in their financial situation that occurs during the six-month period after approval that may affect their eligibility status. This communication must take place within thirty (30) days of the change. A patient's failure to do so may void any amount of Financial Assistance provided by AAH after the material change occurred.

11. If a patient is determined to be ineligible for AAH's Financial Assistance Program, a Financial Advocate will work with the patient to create a payment plan to resolve the patient's remaining Self Pay Balance. These Self Pay Balances are subject to AAH Billing and Collections Policy.

C. Catastrophic Assistance. Patients determined by AAH to be eligible for Catastrophic Assistance may receive a discount on Episodic Care equal to the amount of the Self-Pay Balance that exceeds 25% of the patient's Annual Adjusted Net Income. Eligible patients will undergo a Financial Assistance review to determine the applicable discount and payment plan. The remaining Self-Pay Balances after the Financial Assistance discount is applied will be subject to AAH's standard repayment guidelines. In the event the patient defaults on a payment plan, the remaining Self-Pay Balance shall become subject to the AAH Billing and Collection Policy. To be eligible for Catastrophic assistance, a patient must:

1. Have a self-pay balance that exceeds \$25,000; and

2. Have a self-pay balance that exceeds 25% of the patient's Annual Adjusted Net Income; and

3. Undergo a Financial Assistance assessment and complete a Financial Assistance Application with appropriate financial documentation.

## VI. CROSS REFERENCES

AAH Billing and Collections Policy

AAH EMTALA (Emergency Medical Treatment and Labor Act)

Plain Language Summary

## VII. RESOURCES AND REFERENCES

26 U.S.C. § 501(r)

Social Security Act §1867

## VIII. ATTACHMENTS

Provider List