



Administrative (Non-Clinical) Policy

This administrative policy applies to the operations, Directors, and employees of Edgerton Hospital and Health Services.

Policy Title: **Financial Assistance**

Effective Date: January 1, 2025

Chapter: Fiscal Affairs

Version: Revision

I. PURPOSE

Consistent with our mission to advance health without compromise, Edgerton Hospital and Health Services is committed to providing financial assistance to uninsured and underinsured individuals who need emergency or medically necessary treatment and have a household income up to 400% of the Federal Poverty Level Guidelines (FPL). The eligibility criteria for financial assistance and the procedures for receiving financial assistance outlined in this policy set forth the parameters for Edgerton Hospital and Health Services' Financial Assistance program and will ensure that Edgerton Hospital and Health Services has the financial resources necessary to meet its commitment to providing care to the greatest number of patients with the greatest financial need in its primary service areas and surrounding areas. In addition, this policy establishes a fair and consistent method for the review and completion of requests for Financial Assistance for Edgerton Hospital and Health Services' patient population.

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under Edgerton Hospital and Health Services' Financial Assistance program will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients. In addition, the Financial Assistance program ensures that Edgerton Hospital and Health Services, will meet its statutory obligation to provide comprehensive, high-quality health care to the medically indigent.

II. DEFINITIONS

The following terms are meant to be interpreted as follows within this policy:

- A. **Amount Generally Billed (AGB):** The amounts generally billed to insured patients for emergency or other medically necessary care, determined as described in Appendix A of this policy.
- B. **Financial Assistance:** A discount provided to a patient under the terms and conditions the hospital offers to qualify patients as required by law. Financial assistance is not a form of health insurance and cannot be used to subsidize premiums.

Not for Profit Hospital: a 501(c)(3) tax-exempt healthcare organization providing health services to low-income uninsured.

- C. **Emergency Care:** Immediate care provided by a hospital facility for emergency medical conditions that is necessary to prevent putting a patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts. Emergency Care is deemed to be medically necessary.
- D. **Exempt Patients:** Individuals (and their dependents) who are exempted from social security and Medicare taxes will not be required to apply for government assistance programs, such as Medicaid. Documentation must include one of the following:
 - 1. Approved and valid IRS Form 4029: Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits.
 - 2. In cases where 4029 is not available, Edgerton Hospital and Health Services will consider alternate documentation evidence that an individual is exempt from social security taxes.
- E. **Gross Charges:** The full, established price for medical care that Edgerton Hospital and Health Services consistently and uniformly charges patients before applying for any discounts, contractual allowances, or deductions.
- F. **Household Income:** The combined incomes of you, your (married) spouse, and everyone you'll claim as a tax dependent on your federal tax return. It includes every form of income, e.g. salaries and wages, retirement income, annuities.
- G. **Medically Necessary:** Those services require to identify or treat an illness or injury that is either diagnosed or suspected to be necessary, considering the most appropriate level of care. Depending on a patient's medical condition, the most appropriate setting for the provision of care may be a home, a physician's office, an outpatient facility, or long-term care, rehabilitation, or hospital bed. To be medically necessary, a service must:
 - 1. Be required to treat an illness or injury.
 - 2. Be consistent with the diagnosis and treatment of the patient's conditions.
 - 3. Be in accordance with the standards of good medical practice; and
 - 4. Be that level of care most appropriate for the patient as determined by the patient's medical condition and not the patient's financial or family situation.

The term "medically necessary" does not include services provided for the convenience of the patient or the patient's physician, or elective health care. For purposes of this policy, Edgerton Hospital and Health Services reserves the right to determine, on a case-by-case basis, whether the care and services provided to a patient meet the definition and standard of "medically necessary" for the purpose of eligibility for financial assistance.
- H. **Presumptive Eligibility Determination:** The process by which Edgerton Hospital and Health Services may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance under this policy.
- I. **Eligibility Area:** Includes Edgerton Hospital and Health Services' primary service community, Wisconsin's Rock County. Edgerton Hospital and Health Services will provide documentation of its Eligibility Area upon request.
- J. **Underinsured:** Insured patients whose out-of-pocket medical costs exceed their ability to pay.
- K. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers for a particular service.
- L. **Uninsured discount:** A discount offered to patients without health insurance coverage. The hospital's charges multiplied by the uninsured discount factor.
- M. **Uninsured discount factor:** 1.0 less than the cost of a hospital charge ratio multiplied by 1.35.
- N. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.

III. POLICY ELEMENTS

Edgerton Hospital and Health Services provides financial assistance only when: (a) it deems care to be medically necessary and eligible for coverage under this policy; (b) it determines patients have met all eligibility criteria; (c) it determines it is the appropriate provider for the level of care; (d) the patient's residence is within the Eligibility Area of Edgerton Hospital and Health Services (as defined above); and (e) patients have first diligently sought assistance from other financial assistance programs (such as Medicaid or insurance through the public marketplace). For persons residing outside of the Edgerton Hospital and Health Services who seek care at Edgerton Hospital and Health Services may, in its sole discretion, opt to provide financial assistance under special circumstances (e.g. the service can be provided only by Edgerton Hospital and Health Services medical staff/technology). As described within this policy, Edgerton Hospital and Health Services offers both free care and discounted care, depending on individuals' family size, income, and type of health care service.

Uninsured and underinsured patients who do not qualify for free care may receive a sliding scale discount off the gross charges for their medical services based on their family income as a percentage of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance and may work with a Edgerton Hospital and Health Services Revenue Cycle representative to set up a payment plan based on their financial situation.

If the Covered Services are Emergent Services or services that Edgerton Hospital and Health Services are otherwise required to provide under EMTALA, then Edgerton Hospital and Health Services will provide such Covered Services without requiring any advance deposit or prepayment. For all other Covered Services, Edgerton Hospital and Health Services may require an advance prepayment. From time-to-time Edgerton Hospital and Health Services may make exceptions to this policy as deemed appropriate by the Edgerton Hospital and Health Services Director of Revenue Cycle (in consultation with the Edgerton Hospital and Chief Financial Officer).

IV. PROCEDURE

A. Eligibility for Financial Assistance:

1. Services eligible for Financial Assistance include all emergency and other medically necessary care provided by Edgerton Hospital and Health Services, as described in Appendix B. Edgerton Hospital and Health Services will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed (AGB) to insured patients. An uninsured patient under the 400% threshold may not be charged more than the hospital's charges less than the amount of the Uninsured Discount. To the extent permitted by governmental or private insurers, deductibles, co-insurance, or co-payments may be eligible for consideration under Financial Assistance.
2. Eligibility for financial assistance may be determined at any point in the revenue cycle.
3. To be eligible for Financial Assistance, patients must meet the following criteria:
 - a. The patient and/or patient representative must cooperate with Edgerton Hospital and Health Services to explore alternative means of assistance, when available, including Medicare, Medicaid, group health insurance, the health exchange marketplace, and other forms of insurance (unless documentation is provided to demonstrate they are an "exempt patient"). Any insurance proceeds or settlement funds paid directly to the patient related to medical costs must be relinquished by the patient to Edgerton Hospital and Health Services to cover the associated outstanding Edgerton Hospital and Health Services charges.
 - b. before Financial Assistance would be applied. Any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being. The patient is unable to pay based on his or her individual financial situation.

- c. The patient and/or patient representative cooperate with Edgerton Hospital and Health Services' policies and procedures.
 - d. The patient must have primarily resided in the Eligibility Area for at least a year. Internationally traveling/visiting patients who seek non-emergent treatment from Edgerton Hospital and Health Services are not eligible for Financial Assistance.
 - e. The patient must have either annual household incomes below 400% of the Federal Poverty Guidelines or have excessive medical debt (greater than 50% of gross income).
 - f. The patient or patient representative must submit a completed Financial Assistance Application (including all documentation required by the application) or meet presumptive eligibility requirements.
 - g. Certain federal and state income-based programs such as Medicaid require patients to submit documentation as proof that their income is below a certain FPL threshold. If a patient is currently active for a state/federal program that requires proof of FPL < 250%, the patient may not have to submit documentation of income beyond the financial assistance application to Edgerton Hospital and Health Services to be approved for financial assistance.
4. When determining eligibility, Edgerton Hospital and Health Services do not discriminate based on race, color, national origin, gender, age or disability.
 5. If Edgerton Hospital and Health Services determines that patient meets the criteria described above, Edgerton Hospital and Health Services determines the amount of a patient's Financial Assistance support using an income-based sliding scale.
 6. Patients not eligible for financial assistance include the following:
 - a. Specific patient populations that have a Single Case Agreement with Edgerton Hospital and Health Services
 - b. Patients who are eligible for coverage or payment for services under any other health or accident insurance program, including workers' compensation, Third-party liability, and motor vehicle insurance.
 - c. Patients who are members of insurance plans that deem Edgerton Hospital and Health Services to be "out of network," Edgerton Hospital and Health Services may reduce or deny the financial assistance that would otherwise be available to patient based upon a review of Patient's insurance information and other pertinent facts and circumstances.
 - d. Patients receiving any Category 3 Excluded services or items listed on Appendix B
 7. Financial Assistance for uninsured patients referred to at Edgerton Hospital and Health Services for non-emergency services who receive community-based primary care provided by a Federally Qualified Health Center (FQHC)/community health center or a Free and Charitable Clinic:
 - a. If there is a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program, Edgerton Hospital and Health Services will provide the patient with the opportunity to be screened for and assistance with applying for public health insurance programs.
 - b. If there is not a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program, Edgerton Hospital and Health Services will provide the patient with the opportunity to apply for hospital financial assistance when the hospital services are scheduled.

B. Assistance for Patients Not Eligible for Financial Assistance:

Uninsured patients who are not eligible for financial assistance may be provided with a self-pay discount.

C. Applying for Financial Assistance:

1. A Patient may qualify for financial assistance through presumptive eligibility or by applying for financial assistance by submitting a completed Financial Assistance Application. The application and instructions are available online at <https://www.edgertonhospital.com/patients-visitors/financial-assistance>, by mail, in person at all admission/registration desks, and at all Edgerton Hospital and Health Services financial counseling or business office locations. (Appendix C).
2. Patients may submit a Financial Assistance Application up to 240 days from the date of discharge or service.
3. Patients will be asked to attest that all information provided is true. If any information is determined to be false, all discounts afforded to the patient may be revoked, making them responsible for full charges for the services rendered.
4. Complete a Financial Assistance Application and provide the following supporting documentation, as applicable:
 - a. Proof of income for applicant (and spouse, if married).
 - i. Most recent pay stubs
 - If paid weekly (every week) – 4 most recent, consecutive stubs needed.
 - If paid bi-weekly (every 2 weeks) – 2 most recent, consecutive stubs needed.
 - If paid monthly (every month) – most recent stub.
 - Letter from employer stating weekly, monthly, or annual earnings.
 - ii. Unemployment earnings statement
 - iii. SSI/SSDI income information (including minor children)
 - iv. Annuity information
 - v. Pension information
 - vi. Any other sufficient information on how patient/family is currently supporting themselves.
 - vii. Copy of the most recent federal tax return (including all applicable schedules)
 - b. Bank statements - 2 most recent.
 - c. Evidence of other assets, as described in the Financial Assistance Application
5. Individuals who cannot provide the documentation listed above have questions about or would like help completing the financial Assistance Application, may contact a Revenue Cycle representative either in person or over the phone. Edgerton Hospital and Health Services has English and Spanish speaking Revenue Cycle representatives as well as the use of a Language Line to assist patients with their questions or to provide copies of the Financial Assistance policy and Financial Assistance Application and Instructions. (Appendix C).
6. A Revenue Cycle representative will review the completed Financial Assistance Application to verify:
 - a. That all health or other insurance coverage has been exhausted, including any potential third-party liability settlements.
 - b. Eligibility for government and other programs. If eligible, assistance will be provided in applying for coverage.
 - c. Resources available other than income, e.g. home, land, vehicle(s), personal possessions.
 - d. Future earnings potential.
 - e. Other financial obligations, e.g. child support, alimony.
 - f. Use of appropriate gift funds.

Patients qualified for consideration for partial assistance under the Edgerton Hospital and Health Services Financial Assistance Policy shall cooperate with Edgerton Hospital and Health Services by providing all information and documentation necessary to establish a reasonable agreement and/or payment plan. Patients must notify Edgerton Hospital and Health Services of any positive or negative changes in their financial situation when scheduling subsequent visits.

7. External sources may be utilized, including credit, propensity to pay, or medical recovery score, to verify eligibility.
8. Current approval for state/federal income-based programs with eligibility criteria at or below 250% of the federal poverty income guidelines (i.e. Medicaid) may be utilized to verify eligibility for Financial Assistance. Documentation beyond the financial assistance application may not be required.
9. Depending on the supporting documentation provided, applications may be approved on a one-time basis for all outstanding balances, and/or may be approved prospectively for up to twelve months after the date of approval of the completed application.

D. Appeals of denials or partial Financial Assistance awards.

Patients or their representatives may appeal Edgerton Hospital and Health Services decisions regarding eligibility for financial assistance.

1. If financial assistance is denied, an appeal can be filed within 20 calendar days of the date of the letter notifying the applicant of the denial or partial award. Send a letter to Edgerton Hospital and Health Services – Financial Assistance, 11101 North Sherman Road, Edgerton, WI 53534, outlining why the application should be reconsidered and providing additional supporting information.
2. All appeals will be considered by Edgerton Hospital and Health Services and decisions will be sent in writing to the individual that filed the appeal.

E. Determining Discount Amount:

1. Once eligibility for financial assistance has been established, Edgerton Hospital and Health Services will not charge patients who are eligible for financial assistance more than the amounts billed (AGB) for emergency or medically necessary care.
2. Patients who have a household income at or below 400% of the Federal Poverty Level Guidelines (FPL) may receive free or discounted care as illustrated on Appendix D.
3. Uninsured patients under the 400% FPL threshold may not be charged more than the hospital's charges less than the amount of the Uninsured Discount.
4. Patients with excessive medical debt (greater than 50% of income) are also eligible for larger Financial Assistance discounts under this policy, as described on Appendix D.
5. Category 2 Services/Items are discounted for all patients eligible for Financial Assistance at the AGB, regardless of family income (see Appendix B). All Category 2 Services/Items and related follow-up care must be prepaid before they are scheduled.
6. Category 3 Services/Items are not eligible for Financial Assistance.
7. The maximum amount Edgerton Hospital and Health Services will collect for Medically Necessary services and Emergency Care in a twelve (12) month period from an Uninsured Patient with a family income of less than or equal to six hundred percent (400%) of the Federal Poverty Guidelines is twenty percent (20%) of that patient's family income. Edgerton Hospital and Health Services will determine, on a case-by-case basis, whether to extend the same or similar twelve- (12-) month maximum collectible amount to any other FAP Eligible Self-pay Patient with family income of less than or equal to six hundred percent (400%) of the Federal Poverty Level Guidelines for Medically Necessary Services and Emergency Care. Edgerton Hospital and Health Services reserves the right to exclude patients having assets with a value of more than six hundred percent (400%) of the Federal Poverty Level Guidelines from the application of this twelve- (12-) month maximum collectible amount. For determining the applicability of the twelve- (12-) month maximum collectible amount, the following assets shall not be counted:

- a. The Uninsured Patient's primary residence.
- b. Any amounts held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plan may count as income.

F. Presumptive Eligibility:

1. Absent sufficient information to support financial assistance eligibility, Edgerton Hospital and Health Services may opt to refer to or rely on external sources and/or other program enrollment resources to determine eligibility if:
 - a. Patient is homeless.
 - b. Patient is currently eligible for state or local assistance programs, even if the patient was not historically eligible for the same programs.
 - c. Patient is eligible for a state-funded prescription medication program.
 - d. Patient is deceased and without an estate.
 - e. Patient files bankruptcy; and/or
 - f. Patient is enrolled in one of the following assistance programs with eligibility criteria at or below two hundred fifty percent (250%) of the federal poverty income guidelines:
 - I. Women, Infant and Children Nutrition Program (WIC).
 - II. Supplemental Nutrition Assistance Program (SNAP).
 - III. Low Income Home Energy Assistance Program (LIHEAP).
 - IV. Temporary Assistance for Needy Families (TANF).
 - V. An organized community-based program providing access to medical care that assesses, and documents limited low-income financial status as a criterion for eligibility; or
 - VI. A grant assistance program for medical services.
2. External sources utilized to determine presumptive eligibility may include credit or medical recovery scores available through TransUnion, Zillow, or Access Dane.
3. Edgerton Hospital and Health Services also uses an outside source to determine a propensity to pay score to help identify patients who may be eligible for financial assistance under this policy. Account balances for patients at 300% or less of the Federal Poverty Level, and with a low propensity to pay score will be written off. Edgerton Hospital and Health Services may also use previous financial assistance eligibility determinations as a basis for determining eligibility if the patient does not provide sufficient documentation to support an eligibility determination.
4. Presumptively eligible approvals apply to outstanding balances only and not to any future balances. These accounts are approved for 100% discount.
5. A Self-Pay Patient meeting one or more of the Presumptive Eligibility Criteria who submits a Financial Assistance Application shall not be required to report gross income or report information regarding monthly expenses.

G. Eligible Providers:

1. In addition to care delivered by Edgerton Hospital and Health Services, emergency and medically necessary care delivered by the providers listed in Appendix E to this policy, are also covered under this policy. Members of the public may readily obtain Appendix E online at <https://www.edgertonhospital.com/patients-visitors/financial-assistance/> or by mail, in person at all admission/registration desks and at all Edgerton Hospital and Health Services locations. Refer to Appendix C for more details.

H. Communication of Financial Assistance Program:

1. Edgerton Hospital and Health Services communicates the availability and terms of its financial assistance program to all patients, through means which include, but not limited to:
 - a. Notifications on patient bills/statements.
 - b. Posted policies on the organization's website.
 - c. Brochures are available to patients at all Edgerton Hospital and Health Services locations.
 - d. Plain language summary offered at every encounter.
 - e. Notices on Edgerton Hospital and Health Services information monitors.
 - f. The Edgerton Hospital and Health Services new patient packet; and
 - g. Designated staff knowledgeable on the financial assistance policy to answer patient questions or who may refer patients to the program.
2. Requests for financial assistance can be made by a patient, their family members, friend or associate, but will be subject to applicable privacy laws.

I. Revenue Cycle Contact Information:

1. Edgerton Hospital and Health Services has English and Spanish speaking Revenue Cycle representatives as well as the use of a Language Line to assist patients with their questions regarding the Financial Assistance program or for requests of a copy of the Edgerton Hospital and Health Services Financial Assistance Guidelines. Individuals who cannot provide the documentation listed above have questions about or would like to help complete Edgerton Hospital and Health Services application, may contact a Revenue Cycle representative either in person or by phone. Reference Appendix C - Revenue Cycle Contact Information.

J. Regulatory Requirements:

1. In implementing this policy, Edgerton Hospital and Health Services shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

K. Language Accessibility and Nondiscrimination

1. Edgerton Hospital and Health Services does not discriminate based on race, color, national origin, gender, age or disability.
2. Español (Spanish)
 - a. ATENCIÓN: Por favor, llame a la central telefónica principal del Hospital Edgerton al 608-884-3441 y solicite los servicios de asistencia lingüística.
 - b. Edgerton Hospital and Health Services cumple con las leyes federales vigentes de derechos civiles y no discrimina con base en la raza, el color, el país de origen, la edad, la discapacidad o el sexo.

V. FORMS

Edgerton Hospital and Health Services Financial Assistance Application

Appendix A. Amount Generally Billed

Appendix B. Financial Assistance Categories of Services

Appendix C. Revenue Cycle Contact Information

Appendix D. Financial Assistance Adjustment Levels

Appendix E. Provider Coverage under the Financial Assistance Policy

VI. REFERENCES

Edgerton Hospital and Health Services Administrative Policy 2.33 - Billing and Collections
Edgerton Hospital and Health Services Clinical Policy 5.1.1 - Emergency Assessment at Edgerton
Hospital and Health Services Facilities

Related Law

Wis. Stat. s. 233.04(3b) (a)(1)
210 ILCS 88
210 ILCS 89
77 Ill. Admin Code 4500
26 C.F.R. 501(r)-4

VII. COORDINATION

Sr. Management Sponsor: SVP, Chief Financial Officer

Author: Director, Revenue Cycle

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Approval Committee: Edgerton Hospital and Health Services Administrative Policy and Procedure Committee

University of Wisconsin Hospitals and Clinics Authority Board

SIGNED BY

Edgerton Hospital and Health Services Chief Executive Officer