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**Author:** Sherri Schreiner: MANAGER OF PATIENT REGISTRATION  
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**References:** System Wide  
**Applicability:** Aspirus System Wide

## Financial Assistance Policy (AINC)

### PURPOSE:

Aspirus is committed to improving the health of the communities we serve. Aspirus is committed to providing financial assistance (charity care) to persons who have healthcare needs and are uninsured, underinsured, ineligible for a governmental program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Aspirus strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Aspirus will provide, without discrimination, care for emergency medical conditions and other medically necessary care provided by hospital facilities and other Aspirus entities to individuals regardless of their eligibility for financial assistance or for government assistance.

### AREAS AFFECTED/STAKEHOLDER(S):

See Addendum 2

### DEFINITIONS: For the purpose of this policy, the terms below are defined as follows:

**Charity Care:** Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Family Income:** Family income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

1. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
2. Noncash benefits (such as food stamps and housing subsidies) do not count;

3. Determined on a before-tax basis;
4. Excludes capital gains or losses; and
5. If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count). A letter of support may be requested.

**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

**Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

**Gross Charges:** The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

**Emergency Medical Conditions:** Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**Medically Necessary:** As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

**Poverty Guidelines:** The poverty guidelines are a simplified version of the Federal Government's statistical poverty thresholds used by the Bureau of Census to prepare its statistical estimates of the number of persons and families in poverty. The poverty thresholds are used primarily for statistical purposes. However, the Department of Health and Human Services uses the thresholds for administrative purposes to determine whether a person or family is financially eligible for assistance or services under a particular federal program. Other programs, such as our Aspirus Financial Assistance Program, use the guidelines for the purpose of giving priority to lower-income persons or families in the provision of assistance or services. Our poverty guidelines are based on last (calendar) year's increase in prices as measured by the Consumer Price Index. The poverty guidelines are published in the Federal Register and are revised yearly.

#### I. **POLICY DESCRIPTION:**

- a. Accordingly, this written policy:
  - i. Includes eligibility criteria for financial assistance – free and discounted (partial charity) care. Refer to Addendum 1.
  - ii. Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy. Refer to Addendum 4.
  - iii. Describes the method by which patients may apply for financial assistance. Refer to section V.A. 1-3.
  - iv. Describes how Aspirus will widely publicize the policy within the community served by the hospitals. Refer to section XII.
  - v. Limits the amounts that Aspirus will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed (received) by the hospital for commercially insured and Medicare patients. Refer to Addendum 4.
- b. Financial Assistance (Charity) is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Aspirus procedures for obtaining financial assistance or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall

be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

- c. In order to manage its resources responsibly and to allow Aspirus to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

## **II. COORDINATION WITH COMMUNITY HEALTH NEEDS ASSESSMENT:**

- a. A community health needs assessment has been completed for the area served by Aspirus hospitals. Two items were noted in that assessment which were incorporated into the Aspirus Financial Assistance Policy.
  - i. Obesity was noted a significant health issue. The Aspirus Financial Assistance Policy covers the full range of bariatric services at Aspirus hospitals along with services provided by the other Aspirus corporations listed for this policy.
  - ii. Access and cost of health care services were noted as an issue in the area served. This policy applies to Aspirus hospitals and all other Aspirus corporations listed for this policy. Necessary medical care is provided across all noted corporations using a similar sliding scale. Care for qualified patients is free or discounted.
  - iii. The above are not meant to be an all-inclusive list of issues being addressed across the Aspirus system. Please refer to individual hospital Community Health Needs Assessments. The intent of the Aspirus Financial Assistance Program is to support the medical needs of those assessments to further the wellness of communities we serve.

## **III. ELIGIBLE SERVICES AND PATIENT ELIGIBILITY**

- a. The following healthcare services are eligible for financial assistance (charity) under this policy:
  - i. Emergency medical services at Aspirus hospitals.
  - ii. Other medically necessary services. Refer to Addendum 2 for services not considered medically necessary.
- b. Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of financial assistance (charity) shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- c. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need.
- d. Financial need may also be determined for patients with Medicaid plans representing they are under 200% of Federal Poverty Guidelines. No application by patient or guarantor is required. Write-up will be done internally with supporting documentation of Medicaid coverage. This will be used for adjustments of self-pay balances prior to Medicaid coverage being effective. This is referred as our MA100% program.

## **IV. FORMS USED:**

- a. Financial Assistance Application (CBO-042) English

- b. Financial Assistance Application (CBO-043) Spanish
- c. Financial Assistance Application (CBO-044) Hmong
- d. Cover Letter (Included as part of Financial Assistance Application)
- e. Letter of Support

#### **V. APPLICATION PROCESS**

- a. Patients can apply prior, during or after treatment. Identification prior to service being provided is preferred but is not possible in many situations; i.e., Emergency care, urgent care or night/weekends.
  - i. The form may be completed during a pre-registration telephone conversation/visit with the patient/guarantor. The form would be signed at the time of admission and supporting documentation attached.
  - ii. The form may be mailed free of charge to the patient/guarantor who will complete, sign and return the form with supporting documentation.
  - iii. The patient/guarantor may come in to the cashier/financial counselor area at Aspirus hospitals to complete the form.
  - iv. Account notes should be made to show the status of application and whether approved or denied.
- b. Application Requirements
  - i. The application must contain complete and accurate information.
  - ii. Income verification is required.
    - 1. Copies of year to date pay stubs or a letter from employer(s) indicating all income for the previous three (3) months for all individuals responsible for payment.
    - 2. Copy of most recent federal income tax return.
    - 3. If applicant is on Social Security and/or receiving a pension, a copy of the last check, or a copy of the benefit award letter from the Social Security Administration is required.
    - 4. Copies of resources from saving and checking accounts, certificates of deposit, stocks and bonds, statements, etc. for past three (3) months.
  - iii. Number of exemptions as determined by federal income tax law.
  - iv. Net asset estimation. This is defined as assets less liabilities. This includes all property (real estate), investments, cash assets and retirement accounts. This requirement is not applicable for balances incurred at hospitals that participate in the National Health Service Corps Program (NHSC) and/or Michigan State Loan Repayment Program (MSLRP).

#### **VI. PROGRAM ADMINISTRATION:**

- a. The Financial Assistance Program will be administered according to the following guidelines:
  - i. The application information, along with a copy of the most recent Federal Income Tax Return will be reviewed and verified by the Financial Assistance Coordinators. Included in this process for all applications is checking with the Medical Assistance Website and verification patient has applied for Medical Assistance coverage if uninsured.
  - ii. If the amount to be charged off to the Financial Assistance Program exceeds \$1,000 a credit

- report and a property check will be done by the Central Billing Office (CBO) personnel or outsource company.
- iii. After reviewing the application, the Director of CBO or designee, will determine if the patient/ guarantor qualifies for benefits based on the supporting documentation and the recommendation of the Financial Assistance Coordinator who verified the information contained in the application.
  - iv. If the amount to be charged off to the Financial Assistance Program exceeds \$10,000, review and approval by the Aspirus Vice President of Revenue Cycle or designee will be required except for MA100% write-ups.
  - v. If the amount to be charged off to the Financial Assistance Program exceeds \$25,000, review and approval by the Aspirus Vice President of Finance or designee will be required except for MA100% write-ups.
  - vi. Approved applications will be charged off per established procedures by the CBO personnel.
  - vii. Providing the patient's finances have not changed, an approval will be valid for twelve months from the original approval date. Applications can be reviewed and updated within the twelve month period.
  - viii. Any third party payments received after the account has been written off to Financial Assistance will be applied to the account and the write off will be reversed.
  - ix. Aspirus will retain Financial Assistance Applications as follows:
    - 1. Current fiscal year: Onsite and accessible.
    - 2. Two previous fiscal years: Onsite and accessible. This is necessary because of ongoing Medicare Cost Report Audits for the hospitals.
    - 3. Three to seven fiscal years: Offsite in clearly labeled and sealed box.
  - x. The facility/clinic may ask for prepayment for the patient portion of the sliding scale prior to proceeding with non-emergent services.
  - xi. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
  - xii. Include reasonable efforts by patient or Aspirus to explore appropriate alternative sources of payment and coverage from public and private payment programs;
  - xiii. Take into account the patient's available assets and all other financial resources available to the patient except for balances incurred at hospitals that participate in the National Health Service Corps Program (NHSC) and/or Michigan State Loan Repayment Program (MSLRP).
- b. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the billing/collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known. Aspirus reserves the right to change financial assistance determination if financial circumstances have changed.
  - c. Aspirus values of compassion, human dignity and stewardship shall be reflected in the application

process, financial need determination and granting of charity. Requests for charity shall be processed promptly and Aspirus shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

- d. Presumptive financial assistance eligibility. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Aspirus could use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include: subsidized housing is provided as a valid address, Medicaid recipient, etc. Prior accounts at bad debt will be considered for recall from collection upon presumptive determination unless there is a legal judgment on the account.

## **VII. OTHER FINANCIAL ASSISTANCE ELIGIBILITY:**

- a. Bankruptcy filing with discharge of bill will be considered as not having excess assets and income. Application will be completed internally in these situations.
- b. The following uncollectible accounts will be classified as Financial Assistance:
  - i. Deceased with no assets, based on the reasoning that the decedent has no ability to pay. If a partial payment is received, the remainder of the bill will be classified as Financial Assistance.
  - ii. If unable to locate a family member to fill out the application, Aspirus staff will fill out the application. Financial Assistance coordinators will review a credit report, contact patient's resident county to see if patient owned any property, and will check with the State of Wisconsin or Michigan to verify the deceased was not covered by Medical Assistance.
  - iii. Accounts returned by the collection agency that would qualify as Financial Assistance will be reclassified to Community Care – Collection Agency Determination. Examples of this would be deceased – no estate or under the presumptive eligibility program.
- c. Accounts listed with an outside collection agency will be considered for Financial Assistance unless there is a legal judgment on the account.
- d. Patient financial assistance (Charity) guidelines eligibility criteria and amounts charged to patients. Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Once a patient has been determined by Aspirus to be eligible for financial assistance, the patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Aspirus will charge patients qualifying for financial assistance is noted in Addendum 4.
- e. Communication of the Financial Assistance Program to patients and within the public community. Notification about charity available from Aspirus, which shall include a contact number, shall be disseminated by various means, which may include, but are not limited to, the publication of notices in patient bills, patient letters and by posting notices in emergency rooms, in the conditions of admission form, admitting and registration departments, cashier areas/offices, and billing offices that are located on facility campuses, and at other public places as Aspirus may elect. Aspirus will publish and widely publicize a summary of this charity care policy information on facility websites, in



brochures available in patient access sites, to Community Health Needs Assessment partners, and at other places within the community served by the hospital as Aspirus may elect. Signage in emergency rooms and Financial Assistance Applications are provided in the primary languages spoken by the population serviced by Aspirus. This includes English, Hmong and Spanish. Referral of patients for Financial Assistance may be made by any member of the Aspirus staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

- f. Relationship to Collection Policies. Aspirus management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for Financial Assistance, a patient's good faith effort to apply for a governmental program or for Financial Assistance from Aspirus, and a patient's good faith effort to comply with his or her payment agreements with Aspirus. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Aspirus may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts to eligible patients.
- g. Aspirus will not impose extraordinary collections actions such as wage garnishments, liens on primary residences, or other legal actions, will not send unpaid bills to outside collection agencies, and will cease all collection efforts for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:
  - i. Validating that the patient owes the unpaid bills and that all sources of third-party payment have been identified and billed by the hospital;
  - ii. Documentation that Aspirus has or has attempted to offer the patient the opportunity to apply for Financial Assistance Program pursuant to this policy and that the patient has not complied with Aspirus application requirements;
  - iii. Documentation that the patient does not qualify for financial assistance on a presumptive basis;
  - iv. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.
- h. Probate Filing. For probate filings charity care adjustments can be reversed in the following circumstances.
  - i. Patient has been identified by probate listing to have misrepresented assets on Financial Assistance Application.
  - j. Regulatory Requirements. In implementing this policy, Aspirus management and facilities shall comply with all other Federal, State, and Local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

#### **ADDENDUM 1:**

### **FINANCIAL ASSISTANCE PROGRAM GUIDELINES**

#### Eligibility Criteria

- A. The patient/guarantor, husband or wife, and dependents may not have property in excess of those noted below except for balances incurred at hospitals that participate in the National Health Service Corps

Program (NHSC) and/or Michigan State Loan Repayment Program (MSLRP) where this does criteria does not apply.

1. Primary residence is exempt for patients under 200% federal poverty guidelines. For those over 200% equity allowance is \$75,000 (financial statements and tax bills are required). Income producing land (e.g., dairy farm) is evaluated individually on a case-by-case basis.
  2. Cash assets in excess of \$4,000 at the time of application. Specifically excluded from consideration are:
    - a. IRA and Pension Plans, and
    - b. Irrevocable Burial Trust Funds
  3. Total net assets cannot exceed 800% of federal poverty guidelines. This includes all assets including those under 2 above.
- A. The 2017 Poverty Guidelines are listed below. These are published at <http://aspe.hhs.gov/poverty>. The chart below represents 100% of the guidelines.

Family Size Amount

1 \$12,060

2 \$16,240

3 \$20,420

4 \$24,600

5 \$28,780

6 \$32,960

1. \$37,140

2. \$41,320

These guidelines will be updated automatically to the current table once released. The above is for reference only for the year noted.

- A. Person may not have transferred property within a period of five years of date of application, unless they received full market value for such property except for balances incurred at hospitals that participate in the National Health Service Corps Program (NHSC) and/or Michigan State Loan Repayment Program (MSLRP) where this does criteria does not apply.

## **ADDENDUM 2:**

The following are specific to Financial Assistance Application processing. This is not an all-inclusive list and is subject to addition/deletion.

The companies involved for this Addendum include:

- Aspirus Clinics
- Aspirus Extended Services
- Aspirus Pleasant View
- Aspirus Stevens Point ASC
- Aspirus VNA Home Health
- Aspirus Home Medical Equipment
- Aspirus VNA Extended Care



- Aspirus Ironwood Hospital
- Aspirus Keweenaw Hospital
- Aspirus Langlade Hospital
- Aspirus Medford Hospital
- Aspirus Iron River Hospital
- Aspirus Ontonagon Hospital
- Aspirus Riverview Hospital
- Aspirus Wausau Hospital

Examples of services generally excluded from Financial Assistance as not being medically necessary:

- Cosmetic services
- Physicals outside of recommended AMA guidelines
- INS, WIAA, DOT and FAA Physicals
- Depo-Provera Contraceptive
- All charges related to IUD contraception
- Vasectomies and tubal ligations unless medically necessary
- Mole or wart removal unless medically necessary
- Dermatology services found to be cosmetic or not medically necessary
- Tubal reversal
- Impotency or fertility services, including lab, ultrasound and radiology
- Company management has the discretion of setting limits on the duration of monthly room and board, services or rentals under the Financial Assistance Program. Generally, this would not be less than two months. Department management will notify Patient Financial Services when this applies.
- Fees for form completion
- Surrogate pregnancy related services
- Mobility systems (Electric Wheelchairs)
- Personal care worker services
- Legal blood draws

**ADDENDUM 3:**

		Aspirus Wausau Hospital Hospice House FINANCIAL ASSISTANCE PROGRAM GUIDELINES		
<p>Policy Statement: Financial Assistance will be granted to those patients who are determined to have a financial need.</p>				
<p>Qualification for financial assistance will be based on income and family size.</p> <p>Family Size 1. Monthly contribution for Hospice House will be monthly income less one person exemption of \$90. Assets must be spent down to less than \$4,000.</p> <p>Family Size 2. Monthly contribution for Hospice House will be monthly income less two person exemption of \$2,585. Liquid assets must be spent down to less than \$10,000.</p> <p>Family Size 3. Monthly contribution for Hospice House will be monthly income less two person exemption of \$2,585 plus \$655 for an additional person. Liquid assets must be spent down to less than \$10,000 plus \$5,000 for each additional person over 2.</p> <p>Liquid Assets - Bank accounts, certificates of deposit, mutual funds, real estate (exempting \$75,000 of equity of primary home for families of 2 or more)</p> <p>Exemption limits will be adjusted each year based on the published Social Security Cost of Living Adjustment.</p>				

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\$90.00 Two times Medicaid personal needs allowance

\$655.00 Medicaid dependent family member allocation

\$2,585.00 Medicaid community spouse allocation

Source: Wisconsin Medicaid Website – Spousal Impoverishment Protection (10/2014)

**ADDENDUM 4:**

**Amount Generally Billed Percentages**

Aspirus hospitals use the look-back method for determining Amount Generally Billed (AGB) percentages. Aspirus hospitals calculate one average AGB percentage for all emergency and medically necessary care provided by the hospital facility.

Below are the AGB percentages using allowed traditional Medicare claims for service dates April 1, 2016 to March 31, 2017. Patients approved for Aspirus Financial Assistance will not be charged more than this percentage of gross charges for emergent and medically necessary care.

Independent practices noted in Addendum 5 have the option of adopting the Aspirus sliding scale or charging no more than the Medicare physician fee schedule. The option they chose for participating is noted in the addendum.

Patient refunds will be made for any patient payment exceeding the below percentages if the amount is greater than \$4.99. Amounts paid applied to accounts or encounters older than 240 days from the approval date will not be reviewed for refund. Accounts older than 240 days from the date of approval may be used to absorb amounts reviewed for refunding. Medicaid copays/deductibles and payments for non-medically necessary services are not subject to refunding.

**HOSPITAL AGB Percentage**

Aspirus Ironwood Hospital 44%

Aspirus Keweenaw Hospital 40%

Aspirus Langlade Hospital 42%

Aspirus Medford Hospital 43%

Aspirus Iron River Hospital 59%

Aspirus Ontonagon Hospital 43%

Aspirus Riverview Hospital 31%

Aspirus Wausau Hospital 32%

**Financial Assistance Sliding Scale**

Aspirus has chosen to apply one sliding scale to all patients applying and approved for financial assistance. The sliding scale is effective for applications processed after August 1, 2015 and is within the 120 days allowed for calculating and implementing new AGB percentages.

**Federal Poverty Adjustment Percent**

0%-200% 100%

200%-300% 75%

Over 300% Exceptions for Medical indigence will not be charged more than the AGB percentage for the individual hospital. Percentage will be noted on the approved financial assistance application.

**ADDENDUM 5:**

**Non-Aspirus Provider Group(s) Participating in Policy**

Central Wisconsin Radiologists

Insight Eyecare

Marquette General Emergency Medicine

Munising Memorial Hospital

**ADDENDUM 6:**

**Non-Aspirus Provider Group(s) Not Participating in Policy**

Acuity Neurology, S.C.

Advance Foot & Ankle Center

Advanced Pain Management

Affiliated Family Psychiatry

Aldrich, Mark A, DPM

Alliance Health, LLC

Anesthesia Associates of Wisconsin Rapids

Associates in Pathology, S.C.

Aurora Sinai Medical Center

Baraga County Memorial Hospital

Bellin Memorial Hospital, Inc.

Bone & Joint Clinic, S.C.

Bruno, Judyth Ann, DC

Cardiology Associates of Bellin

Catholic Social Services of the UP

Central Wisconsin Anesthesiology

Central Wisconsin Eye Clinic

Cosmetic Surgery & Hair Restoration Center

Couri & Smyth Health for Life Medical Center

Cowan, Gregory PhD, LLC

Dermatology Associates of Wisconsin



Dickinson Cardiology Services  
Dickinson County Healthcare System  
Dickinson Hematology/Oncology Clinic  
Dickinson Urology Clinic  
Ear, Nose & Throat Associates, S.C.  
E-Care of Wisconsin, LLC  
Elmergreen Associates, Inc.  
Erdmann, Brian MD  
Eye Clinic of Wisconsin, S.C.  
Falls Clinic, PC  
Family Foot & Ankle Clinic, LLC  
Family Health Center of Marshfield-Medford Dental Center  
First Impressions  
Fontes, Kristin MD  
ForeFront TeleCare, Inc.  
Gastrointestinal Associates, S.C.  
Hope Hospice & Palliative Care  
Iron County Internal Medicine Associates, PC  
Krasowski Dental  
Krigbaum, David E, DDS, S.C.  
Mackinac Straits Hospital  
Marenisco Medical Clinic, PLLC  
Marquette General CRNA Group  
Marquette General Heart & Vascular Institute  
Marquette Internal Medicine  
Marshfield Clinic  
Medford Dental Clinic  
Medical Labs of Marquette, PC  
Melbinger, Lonnie DDS  
Midwest Center for Reproductive Health  
New Moms



Northern Foot Care Center  
Northern Health Centers, Inc.  
Northern Michigan Emergency Physicians, LLP  
Northern Michigan University  
Northern Star Pathology  
Northwoods Family Orthopaedics, S.C.  
Orthopaedic Centers of Wisconsin, S.C., dba Orthopaedic Associates of Wausau, S.C.  
OSF Medical Group - ENT Clinic  
Portage Hospital, LLC  
Portage Physician Practices, Inc.  
Prehn Dental Office  
Primary Connection Health Care Inc., dba Bridge Community Health Clinic  
Psychology Associates of the Keweenaw, PC  
Radiology Associates of Wausau, S.C.  
Rocco, James, MD  
Dr. Kirk Schott Optometric  
Schult, Sara, DDS  
Sigurds, Janners, MD, PC  
Specialists On Call, Inc.  
Spine & Brain Group, S.C.  
Stacker, Susan, DDS  
Stat Radiology  
StatLink MD  
Stevens & Hardie Family Practice  
Superior View Radiology Group, PLC  
Surgical Associates of Wisconsin Rapids  
Surgical Associates, S.C.  
Szmanda Dental Care  
Teomar Imaging, PLC  
Upper Great Lakes Family Health Center  
Urology Specialist of Wisconsin, S.C.

COPY

UW Cancer Center-Riverview

UW Health

UW Hospital & Clinics

UW School of Medicine and Public Health

Virtual Radiologic Professionals, LLC

Wanserski, David J., DDS

Wausau Aviation Medicine Services, LLC

Wausau Oral Surgery & Dental Implant Center

Weber, Andrew MD

Wisconsin River Orthopaedics, LTD

Women's Specialty Care

#### **ADDENDUM 7:**

#### **Aspirus Financial Assistance Policy – Plain Language Summary**

The Aspirus Financial Assistance Program (AFA) provides eligible patients partial or full discounts on emergent or medically necessary hospital care. Patients seeking assistance through this program must complete the AFA application and provide all required documents.

**Eligibility** – The Aspirus Financial Assistance Program is designed to help low-income, uninsured and underinsured patients with assistance paying for part or all of their medical care. Patients may be eligible if their family income is at or below 300% of the Federal Poverty Guidelines (FPG). Evaluation of other criteria as noted on the application check list is also required. Patients may contact a Financial Counselor or Central Billing Office representative located at your local Aspirus Hospital to determine eligibility and for assistance applying.

Patients who are eligible for AFA will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care to patients with insurance (AGB, as defined by IRS Section 501(r)).

**Covered Services** – The Aspirus Financial Assistance program provides assistance for medically necessary care provided at an Aspirus Hospital. The types of services not covered by this program include cosmetic, optical and non-urgent and not medically necessary services.

**To Apply** – An AFA application may be obtained/completed/submitted as follows:

- In person obtain an application at any of the Aspirus Hospital admission locations or at the Central Billing Office/ Financial Counselor or Cashier Office at your local Aspirus facility (see locations on back).
- By telephone request to have an application mailed to you free of charge by calling 866.972.1774 Monday–Friday 7:00 am – 4:30 pm (CST)
- By mail request an application be sent to you free of charge. Mail requests to Aspirus Central Billing Office, PO Box 1008, Wausau, WI 54402-1008.
- Download and print an application from our website: [www.aspirus.org/financialaid](http://www.aspirus.org/financialaid).
- Assistance completing applications is provided by Central Billing Office staff at your local Aspirus Hospital (see locations on back).
- For questions about the Aspirus Financial Assistance application process or about completing the



application, please call us at 877.972.1774

- Completed applications and all required documentation should be returned using the return envelope provided with the application or by dropping information off at your local Aspirus Hospital (see locations on back).

Complete applications will be reviewed for eligibility according to the Aspirus Financial Assistance Policy. We will not consider incomplete applications, but will advise of missing information and provide you an opportunity to submit missing information by the required deadline.

**Language Assistance** – Aspirus provides interpreter services at no cost to you. The AFA application, policy and this policy summary are available in English, Hmong and Spanish. For more information, call 866.972.1774 or visit our website at [www.aspirus.org/financialaid](http://www.aspirus.org/financialaid).

**To Obtain a Copy of the AFA Policy** – You may request a free copy of the Aspirus Financial Assistance policy by calling 866.972.1774, mail your request to PO Box 1008, Wausau WI, 54402-1008 or by visiting our website at [www.aspirus.org/financialaid](http://www.aspirus.org/financialaid).

### **WISCONSIN LOCATIONS**

#### **Aspirus Langlade Hospital Aspirus Medford Hospital**

Patient Registration Cashier and Financial Counselor Offices

112 E. 5<sup>th</sup> Avenue 135 S. Gibson Street

Antigo, WI 54409 Medford, WI 54451

715.623.9589 or 715.623.9244 715.748.7503

715.748.8154 or 715.748.8870

#### **Aspirus Riverview Hospital Aspirus Wausau Hospital**

Financial Counselors Office Cashier Office

410 Dewey Street 333 Pine Ridge Blvd

Wisconsin Rapids, WI 54494 Wausau, WI 54401

715.421.7581 715.847.2137

### **MICHIGAN LOCATIONS**

#### **Aspirus Ironwood Hospital Aspirus Iron River Hospital**

Patient Registration Financial Counselors Office

N10561 Grand View Lane 1400 W Ice Lake Road

Ironwood, MI 49938 Iron River, MI 49935

906.932.2525 906.265.0492 or 906.265.0493

#### **Aspirus Keweenaw Hospital Aspirus Ontonagon Hospital**

Patient Registration Financial Counselors Office

205 Osceola Street 601 7<sup>th</sup> Street

Laurium, MI 49913 Ontonagon, MI 49953



906.337.6500906.884.8104

**ONBASE POLICY ID: 7370**

## **Attachments:**

- 01: Financial Assistance Program Guidelines
- 02: Addendum
- 03: Financial Assistance Program Guidelines
- 04: Amount Generally Billed Percentages
- 05: Non-Aspirus Provider Group(s) Participating in Policy
- 06: Non-Aspirus Provider Group(s) Not Participating in Policy
- 07: Aspirus Financial Assistance Policy – Plain Language Summary

## **Applicability**

Aspirus Clinics, Inc., Aspirus Iron River, Aspirus Ironwood Hospital & Clinics, Inc., Aspirus Keweenaw, Aspirus Langlade, Aspirus Medford, Aspirus Ontonagon, Aspirus Post Acute Care, Aspirus Riverview, Aspirus Stevens Point, Aspirus Wausau, Aspirus, Inc.

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