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Author Sherri Schreiner
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Financial Assistance Policy (System)

POLICY: Financial Assistance Policy (System)

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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:

Amounts Generally Billed (AGB): The amounts generally billed to insured patients for emergency or other medically necessary care, determined as described in Addendum 4 of this policy.

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. Non-cash 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 full, established price for medical care that Aspirus consistently and uniformly charges patients before applying any discounts, contractual allowances, or deductions.

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.

POLICY

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 those assessments 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 all medically necessary outstanding balances 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, color, disability, gender identity, race, social or immigrant status, sex or sexual orientation, religious affiliation, national origin, Medicare, Medicaid, CHIP or inability to pay.
- 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.

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 into 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 Counselors. Included in this process for all non-National Health Service Corps (NHSC) site 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 Financial Clearance personnel or outsource company.

- iii. After reviewing the application, the Director System Financial Clearance or designee, will determine if the patient/guarantor qualifies for benefits based on the supporting documentation and the recommendation of the Financial Counselor who verified the information contained in the application, except for Presumptive approvals under \$500.
- 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 Presumptive approvals.
- 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 Presumptive approvals.
- vi. Approved applications will be charged off per established procedures by the Financial Clearance 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 publicly 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 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. When a patient with a prior self-pay balance schedules or requests new eligible services, Aspirus may defer the provision of such eligible service. If Aspirus chooses to defer such services, Financial Counselors will take the following actions:
 - Confirm with the referring physician that the scheduled or requested services are not emergent. If the scheduled or requested services are not emergent and can be safely rescheduled, then such service may be deferred or denied in accordance with Aspirus Service Authorization procedural guidelines.
 - Provide the patient with written notice of the Aspirus Financial Assistance program accompanied by an application.
 - Process the completed Financial Assistance application on an expedited basis to avoid further deferment of the eligible service.
- d. If Financial Counselors determine the patient is ineligible for the Financial Assistance program, or if the patient does not complete an application, Aspirus may continue to defer the eligible service so long as Financial Counselors notify the patient of such denial (or that failure to complete the application is preventing Aspirus from making a determination of eligibility) and that Aspirus cannot proceed with the requested eligible service until other financial arrangements are made in accordance with Aspirus Credit and Collection Policy.
- e. 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.
- f. Presumptive eligibility is determined by a Financial Counselor's independent review and use of third-party information to verify the patient's income, assets, and expenses in accordance with Aspirus policy. Information obtained from sources other than the patient to complete the independent review may include:
 - i. Federal Poverty Level percentage
 - ii. Segmentation and propensity to pay score
 - iii. Patient is homeless, deceased and without an estate, and/or files bankruptcy

Prior financial assistance eligibility determinations are not used to determine presumptive eligibility. Presumptive eligibility approvals apply to outstanding balances only, including accounts in bad debt without a legal suit filed or legal judgment. These accounts are approved for 100% discount. Future balances do not apply.

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.
- 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 inpatient 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 Credit and Collection Policy. 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. Patient has been identified by probate listing to have misrepresented assets on Financial Assistance Application.
- i. 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.

REFERENCES:

- IRS 501(r)
- Credit and Collection Policy
- U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE) Poverty Guidelines <https://aspe.hhs.gov/poverty-guidelines>
- Wisconsin Department of Health Services, Wisconsin Medicaid-Spousal Impoverishment <https://dhs.wisconsin.gov/medicaid/spousal-impoverishment.htm>

ONBASE POLICY #: 7370

ADDENDUM 1:

FINANCIAL ASSISTANCE PROGRAM GUIDELINES and SLIDING FEE SCHEDULE

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
 - 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. 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.
 - B. Patients who are members of insurance plans that are not contracted with Aspirus or deem Aspirus to be "out-of-network" are not eligible for assistance under this program.
 - C. The 2022 Poverty Guidelines are listed below. These are published at <http://aspe.hhs.gov/poverty>.

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 for each additional person.	

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

Financial Assistance Sliding Fee Schedule

- A. 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%

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty			
Poverty Level	At or Below 200%	200% - 300%	Over 300%
Family Size	0% pay	25% pay	100% pay
1	0-\$27,180	\$27,181-\$40,770	\$40,771+
2	0-\$36,620	\$36,621-\$54,930	\$54,931+
3	0-\$46,060	\$46,061-\$69,090	\$69,091+
4	0-\$55,500	\$55,501-\$83,250	\$83,251+
5	0-\$64,940	\$64,941-\$97,410	\$97,411+
6	0-\$74,380	\$74,381-\$111,570	\$111,571+
7	0-\$83,820	\$83,821-\$125,730	\$125,731+
8	0-\$93,260	\$93,261-\$139,890	\$139,891+
For each additional person	\$4,720	\$4,720	\$4,720

- B. Over 300% = Exceptions for Medical Indigent: A patient who incurs catastrophic medical expenses is eligible for assistance where payment of the balance would require liquidation of assets critical to living or would cause undue financial hardship. Patients are eligible for a catastrophic discount when the patient responsibility portion of Aspirus medical bills exceeds 25% of income (calculated without regard for Excess Assets). Percentage will be noted on the approved financial assistance application.
- C. Sometimes patients make payments prior to approval for financial assistance. Aspirus will refund patients for any patient payment exceeding the Hospital AGB Percentages listed in Addendum 4 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.

Updated: January 2022

ADDENDUM 2:

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

The companies involved for this Addendum include:

- Aspirus Medical Group

- Aspirus Divine Savior Hospital
- Aspirus Eagle River Hospital
- Aspirus Extended Services
- Aspirus Home Medical Equipment
- Howard Young Medical Center
- Aspirus Iron River Hospital
- Aspirus Ironwood Hospital
- Aspirus Keweenaw Hospital
- Aspirus Langlade Hospital
- Aspirus Medford Hospital
- Aspirus Merrill Hospital
- Aspirus Ontonagon Hospital
- Aspirus Pleasant View
- Aspirus Plover Hospital
- Aspirus Rhinelander Hospital
- Aspirus Riverview Hospital
- Aspirus Stanley Hospital
- Aspirus Stevens Point Hospital
- Aspirus Tomahawk Hospital
- Aspirus VNA Extended Care
- Aspirus VNA Home Health
- Aspirus Wausau Hospital

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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
- All charges related to 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 Financial Clearance when this applies.

- Fees for form completion
- Surrogate pregnancy related services
- Mobility systems (Electric Wheelchairs)
- Personal care worker services
- Legal blood draws
- Home delivered meals
- Over the counter products including but not limited to:
 - Podiatry items
 - Hearing aids
 - Glasses
 - Contacts
 - PT/OT/Speech items
- Services provided at Aspirus Tick-Borne Illness Center
- Kinesis / Cardiac Rehabilitation Phase III or IV program fees
- Food items purchased from Aspirus through a weight loss program

ADDENDUM 3:

Aspirus Hospice Services Financial Assistance Program Guidelines

Policy Statement: Financial Assistance may be granted to those patients receiving hospice care other than home hospice who are determined to have a financial need.

Qualification for financial assistance will be based on income and family size.

Family Size 1

- Monthly contribution for hospice services will be monthly income less one-person exemption of \$90. Assets must be spent down to less than \$4,000.

Family Size 2

- Monthly contribution for hospice services will be monthly income less two-person exemption of \$3,435.00. Liquid assets must be spent down to less than \$10,000.

Family Size 3

- Monthly contribution for hospice services will be monthly income less two-person exemption of \$3,435.00 plus \$725.84 for an additional person. Liquid assets must be spent down to less than \$10,000 plus \$5,000 for each additional person over 2.

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)

Exemption limits will be adjusted each year based on the published Social Security Cost of Living Adjustment.

\$90.00 Two times Medicaid personal needs allowance

\$725.84 Medicaid dependent family member allocation

Lesser of \$3,435.00 or \$2,903.34 Medicaid community spouse allocation, plus an excess shelter allowance of \$871.00

Source: Wisconsin Medicaid Website – Spousal Impoverishment Protection (Last Revised: January, 2022)

ADDENDUM 4:

Amount Generally Billed Percentages

No patient determined to be eligible for financial assistance under Aspirus' financial assistance policies will be charged more for emergency or medically necessary care provided than the amounts generally billed (AGB) to individuals with insurance covering such care. Aspirus hospitals use the look-back method for determining Amount Generally Billed (AGB) percentages and are adjusted at least annually.

Below are the AGB percentages using allowed traditional Medicare claims for service dates April 1, 2021 to March 31, 2022.

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.

HOSPITAL AGB Percentage

Aspirus Ironwood Hospital 34%
Aspirus Keweenaw Hospital 41%
Aspirus Langlade Hospital 39%
Aspirus Medford Hospital 39%
Aspirus Iron River Hospital 42%
Aspirus Ontonagon Hospital 55%
Aspirus Riverview Hospital 28%
Aspirus Wausau Hospital 30%
Aspirus Divine Savior Hospital 29%
Aspirus Eagle River Hospital 41%
Aspirus Merrill Hospital 45%
Aspirus Stanley Hospital 49%
Aspirus Rhinelander Hospital 26%
Aspirus Tomahawk Hospital 50%

Aspirus Stevens Point Hospital 27%

The Howard Young Medical Center 31%

ADDENDUM 5:

Non-Aspirus Provider Group(s) Participating in Policy

Brett J. Longlais, MD, S.C.

Central Wisconsin Radiologists

Dickinson Hematology / Oncology Clinic

Elmergreen Associates, Inc.

Fontes, Kristin MD

Great lakes, CRNA, LLC

Insight Eye Care

Medical X-Ray Consultants, LTD

Radiology Associates of Wausau, S.C.

Revision Eye Care

River Valley Pediatric Dental Specialists

Wisconsin Radiology Specialists, S.C.

Last Update: December 2021

ADDENDUM 6:

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

Acuity Neurology, S.C.

Acute Care Inc.

Advanced Dental Professionals

Advanced Pain Management

Aldrich, Mark A, DPM

Alliance Health, LLC

Ambulatory Surgical Center of Stevens Point, S.C.

Ameripath

Ascension Ministry Medical Group

Aurora Health Center



Aylesworth Dermatology, S.C.
Barbara L. Phillips, DMD
Bayview Vision Clinic
Bellin Health
Bone & Joint Clinic, S.C.
Burlington Healthcare Providers
C Thomas DeRoche, DPM
Cardiology Associates of Bellin
CardioSolution
Central Wisconsin Anesthesiology
Central Wisconsin Eye Clinic
Central Wisconsin Oral & Facial Surgery, LLC
Chippewa Valley Eye Clinic
Chippewa Valley Orthopedics and Sports Medicine
Columbus Regional Hospital
CompHealth
Comprehensive Foot & Ankle
Cosmetic Surgery & Hair Restoration Center
Cowan, Gregory PhD, LLC
Daily Care Solutions
Delta Locum Tenens
Dermopath
Dickinson County Healthcare System
DJO Medical Supplies
Eagle Telemedicine
Eau Claire G.I. Associates
ENT & Allergy Associates, SC
Eye Clinic of Wisconsin, S.C.
Faber Anesthesia, LLC

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Falls Clinic, PC
Family Foot & Ankle Clinic, LLC
Family Health Center of Marshfield - Medford Dental Center
Ferreira, Kevin J., MD
First Impressions
Fontes, Kristin MD
Foot and Ankle Clinic LLP
Forefront Dermatology
Garuda Healthcare LLC
Gastrointestinal Associates, S.C.
Great Lakes Family Care
Hans Eriksson PLLC
Hayes Locums
High Country Anesthesia Inc.
Hope Hospice & Palliative Care
Impact Telepsychiatry
Iron County Internal Medicine Associates, PC
Jackson and Coker Locum Tenens
Jones, Sharon Ph.D.
Koala Centers for Sleep Disorders
Krigbaum, David E, DDS, S.C.
Lake DuBay Anesthesia
Locum Tenens
Madison Emergency Physicians
Marenisco Medical Clinic, PLLC
Marquette Internal Medicine
Marshfield Medical Center – Cardiology Department
MD Stat Corporation
Medical Labs of Marquette, PC



Meriter UnityPoint Health
Michigan Heart & Vascular Specialists
Munising Memorial Hospital
North Central Healthcare
North Shore Pathologists, SC
Northern Foot Care Center
Northern Michigan Emergency Physicians, LLP
Northwoods Family Orthopedics, S.C.
Northwoods Oral & Maxillofacial Surgery
Northwoods Surgery Center
NuVasive Clinical Services
OakLeaf Clinics Eau Claire Medical Clinic
OakLeaf Clinics Southside OB/GYN
Oral & Maxillofacial Surgical Associates
Orthopedic Centers of Wisconsin, S.C., dba Orthopedic Associates of Wausau, S.C.
Park and Associates, S.C.
Peter Christensen Dental Clinic
Peter Christensen Health Care
Portage Radiology
Prehn Dental Office
Pervea East mason Health Center
ProHospitalists Coalition, LLC – Primary Office
Proserpi Schlechter Center for Plastic Surgery, PC
Prosthetic-Orthotic Center
Radiation Oncology Specialists, SC
Redman and Gelinis Eve Care
Revision Eye Care
River Valley Pediatric Dental Specialists
RJC Medical Services, SC



Roger Gorectke, DDC
Sacred Heart Hospital – Eau Claire
Saint Elizabeth Medical Center
Specialists On Call, Inc.
SpecialtyCare, Inc.
Spine & Brain Group, S.C.
SSM Health Dean Medical Group
Stacker, Susan, DDS
Stat Radiology (StatRad)
Stevens Point Anesthesia Associates
Stevens Point Orthopedics
Superior View Radiology Group, PLC
Surgical Associates of Wisconsin Rapids
Surgical Associates, S.C.
Team Health – ER
ThedaCare Physicians - Waupaca
Three Rivers Health Women's Services
Torhorst Foot and Ankle Clinic
UP Health System Heart & Vascular Institute
UP Otolaryngology
Upper Great Lakes Family Health Center
Urology Clinic, S.C., The
UW Medical Foundation
UW School of Medicine and Public Health
Virtual Medical Staff
Virtual Radiologic Professionals, LLC
Walkabout Orthotics and Prosthetics, Inc.
Wanserski, David J., DDS
Waypoint Spine, S.C.

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Weatherby Locums, Inc.

Weber, Andrew MD dba Interim HealthCare

Weber, Steven A., DO dba Antigo Medical Building

Western Wisconsin Urology

Wisconsin radiology Specialists, S.C.

Wisconsin River Orthopedics, LTD

Providers listed above are not obligated to participate in Aspirus' financial assistance program and patients may incur a self-pay balance owed to a non-participating provider. Patients may inquire directly with such non-participating providers to determine if such provider has its own financial assistance policy. This is a fluid list that is subject to change. For questions about whether a provider is a participating provider or not, call 866.972.1774 to speak with a Financial Counselor.

Last Update: December 2021

Attachments

[Addendum 1_Guidelines & Sliding Fee Schedule](#)

[Addendum 2_General Exclusions.docx](#)

[Addendum 3_Hospice Guidelines.docx](#)

[Addendum 4_Amounts Generally Billed](#)

[Addendum 5_Participating Providers](#)

[Addendum 6_Non Participating Providers](#)

Approval Signatures

Step Description	Approver	Date
Approver	Lori Peck: VP- REVENUE CYCLE	07/2022
Approver	Kaye Connor: DIRECTOR- SYSTEM REVENUE CYCLE RISK	06/2022

Approver

Sherri Schreiner: DIRECTOR-
SYSTEM FINANCIAL
CLEARANCE

06/2022

Policy Owner

Sherri Schreiner: DIRECTOR-
SYSTEM FINANCIAL
CLEARANCE

06/2022

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