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## Financial Assistance Policy (System)

### 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.

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.

- a. 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.
- b. 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 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**

## Attachments

[ADDENDUM 1\\_Guidelines & Sliding Fee Schedule](#)  
[ADDENDUM 2\\_General Exclusions.docx](#)  
[ADDENDUM 3\\_Hospice Guidelines.docx](#)  
[ADDENDUM 4\\_Amounts Generally Billed.docx](#)  
[ADDENDUM 5\\_Participating Providers.docx](#)  
[ADDENDUM 6\\_NonParticipating Providers.docx](#)

## Approval Signatures

Step Description	Approver	Date
Approver	Lori Peck: VP- REVENUE CYCLE	10/2020
Approver	Sherry Evenson: DIRECTOR- SYSTEM FINANCIAL CLEARANCE	10/2020
Approver	Sherri Schreiner: MANAGER- PATIENT REGISTRATION	10/2020
Approver	Sherri Schreiner: MANAGER- PATIENT REGISTRATION	10/2020
Approver	Kaye Connor: DIRECTOR- SYSTEM REVENUE CYCLE RISK	10/2020
Approver	Sherri Schreiner: MANAGER- PATIENT REGISTRATION	10/2020
Policy Owner	Sherri Schreiner: MANAGER- PATIENT REGISTRATION	10/2020

## 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 Wausau, Aspirus, Inc.