

## WHEATON FRANCISCAN HEALTHCARE PART OF ASCENSION

### FINANCIAL ASSISTANCE POLICY

July 1, 2018

#### POLICY/PRINCIPLES

It is the policy of Ascension and its related hospitals including Ascension SE Wisconsin Hospital, Ascension All Saints Hospital, Ascension St. Francis Hospital and Midwest Orthopedic Specialty Hospital, LLC (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

#### DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “**Amount Generally Billed**” or “**AGB**” means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “**Community**” means generally the Southeast Wisconsin geographic area including but not limited to the following 7 counties: Milwaukee, Waukesha, Ozaukee, Washington, Racine, Kenosha, and Jefferson.
- “**Emergency Care**” means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- “**Medically Necessary Care**” means care that is determined to be medically necessary

following a determination of clinical merit by a licensed physician in consultation with the admitting physician.

- **“Organization”** means Ascension and its related hospitals including Ascension SE Wisconsin Hospital, Ascension All Saints Hospital, Ascension St. Francis Hospital and Midwest Orthopedic Specialty Hospital, LLC (the “Organization”)
- **“Patient”** means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

**Financial Assistance Provided**

1. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

<b>Persons in Family</b>	<b>2018 Guidelines</b>	<b>Uninsured 250% FPL (100% Discount)</b>	<b>Uninsured 300% FPL (90% Discount)</b>	<b>Uninsured 350% FPL (80% Discount)</b>	<b>Uninsured 400% FPL (62% Discount)</b>
1	\$12,140	\$30,350	\$36,420	\$42,490	\$48,560
2	\$16,460	\$41,150	\$49,380	\$57,610	\$65,840
3	\$20,780	\$51,950	\$62,340	\$72,730	\$83,120
4	\$25,100	\$62,750	\$75,300	\$87,850	\$100,400
5	\$29,420	\$73,550	\$88,260	\$102,970	\$117,680
6	\$33,740	\$84,350	\$101,220	\$118,080	\$134,960
7	\$38,060	\$95,150	\$114,180	\$133,210	\$152,240
8	\$42,380	\$105,950	\$127,140	\$148,330	\$169,520
For each add'l	\$4,320				

3. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Patients whose patient responsibility payments specific to medical care at Ascension exceeds 20% of their gross household income will not be responsible for the amount that exceeds 20% of his/her gross household income. This discount is known as a “Medically Indigent Discount”. In order to qualify for this discount, the Ascension services must be “medically necessary” and the patient must cooperate in good faith with the process including but not limited to: accurately and

timely completing the documentation as may be requested. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.

4. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP Application”).
5. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
6. The process for Patients and families to appeal an Organization’s decisions regarding eligibility for financial assistance is as follows:
  - a. If Community Care is denied, an appeal can be filed within 14 days calendar days of receipt of notification of the denial. Send a letter to the Office of the Vice President of Revenue Cycle, Attn: 100% Charity Care and Financial Assistance Appeals Committee, Ascension Corporate Services Office, 801 S. 60<sup>th</sup> Street, Suite 150, West Allis, WI 53214 outlining why the application should be reconsidered and providing any additional supporting information.
  - b. All appeals will be considered by Ascension’s 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

#### **Other Assistance for Patients Not Eligible for Financial Assistance**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by Ascension.

1. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization’s population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization’s business for that given year.
2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

#### **Limitations on Charges for Patients Eligible for Financial Assistance**

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to

the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained online: [www.mywheaton.org/billing](http://www.mywheaton.org/billing)

### **Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP Application Instructions are available:

- 1) Online: [www.mywheaton.org/billing](http://www.mywheaton.org/billing)
- 2) By Mail: Send Request to Customer Service Supervisor, Ascension Corporate Services Office, 801 S. 60<sup>th</sup> Street, Suite 150, West Allis, WI 53214
- 3) In person: Visit registration, cashiers, or financial counselors at Ascension hospitals, Outpatient Centers, Clinics and Business Office.
- 4) By Phone: Call Customer Service at (877) 304-6332

For questions or assistance with the application, please call Customer Service at (877) 304-6332 or:

- 1) For services at Ascension SE Wisconsin Hospital Elmbrook Campus or Wauwatosa Campus and Ascension Medical Group offices in those areas, call 262-785-2140  
For services at Ascension St. Francis Hospital, Ascension SE Wisconsin
- 2) Hospital Franklin Campus, Midwest Orthopedic Specialty Hospital, Reiman Center, and Ascension Medical Group Offices in those areas call 414-389-2911
- 3) For services at Ascension All Saints Hospital and surrounding Ascension Medical Group Offices, call 262-687-2700.
- 4) For services at Ascension SE Wisconsin Hospital St. Joseph Campus, Brown Deer Campus and Ascension Medical Group Offices in those areas call 414-447-2649

### **Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained:

- 1) Online: [www.mywheaton.org/billing](http://www.mywheaton.org/billing)
- 2) By Mail: Send Request to Customer Service Supervisor, Ascension Corporate Services Office, 801 S. 60<sup>th</sup> Street, Suite 150, West Allis, WI 53214

3) In person: Visit registration, cashiers, or financial counselors at all Ascension hospitals, Outpatient Centers, Clinics and Business Office.

4) By Phone: Call Customer Service at (877) 304-6332

**Interpretation**

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

**WHEATON FRANCISCAN HEALTHCARE PART OF ASCENSION**

**LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY**

**July 1,2018**

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP).

<b>Providers covered by FAP</b>	<b>Providers not covered by FAP</b>
<b>Ascension Medical Group, Inc.</b> All providers/services/locations	
<b>Anesthesia Services</b>	
<b>Anesthetix Management, LLC &amp; Racine Anesthesia Services, PLLC</b> Ascension All Saints Hospital	
<b>Great Lakes Anesthesia and Pain Specialists, S.C.</b> Midwest Orthopedic Specialty Hospital	
<b>Infinity-Wheaton Anesthesia, S.C.</b> Ascension SE Wisconsin Hospital - St. Joseph, Elmbrook, Franklin and Wauwatosa Campuses, Ascension St. Francis Hospital	
<b>Cardiothoracic Surgery</b>	
	<b>Froedtert &amp; The Medical College of Wisconsin Community Physicians, Inc.</b> Ascension SE Wisconsin Hospital - St. Joseph, Elmbrook, Franklin and Wauwatosa Campuses, Ascension St. Francis Hospital <i>(Subject to Community Physicians financial assistance program but patients can apply on WFH FAP Application form.)</i>
	<b>Cardiothoracic &amp; Vascular Surgical Associates, S.C.</b> Ascension All Saints Hospital <i>(Group will consider but is NOT obligated to follow our policy)</i>
<b>Emergency Services</b>	
<b>Emergency Medicine of Racine, S.C. (TeamHealth)</b> Ascension All Saints Hospital	

<p><b>Emergency Medicine Specialists, S.C.</b> Ascension SE Wisconsin Hospital - St. Joseph, Elmbrook, Franklin and Wauwatosa Campuses, Ascension St. Francis Hospital</p>	
<b>Intensivist Services</b>	
<p><b>Wheaton Franciscan Medical Group</b> Ascension All Saints Hospital</p>	<p><b>Pulmonary &amp; Critical Care Associates</b> Ascension SE Wisconsin Hospital - Franklin Campus <i>(Group will consider but is NOT obligated to follow our policy)</i></p>
<b>Neonatology Services</b>	
<p><b>Newborn Care Physicians of SE Wisconsin</b> Ascension SE Wisconsin Hospital - St. Joseph, Elmbrook, Franklin and Wauwatosa Campuses, Ascension St. Francis Hospital</p>	<p><b>Advocate Medical Group</b> Ascension All Saints Hospital <i>(Group will consider but is NOT obligated to follow our policy)</i></p>
<b>Pathology Services</b>	
<p><b>Ameripath Milwaukee, S.C.</b> Ascension SE Wisconsin Hospital - St. Joseph, Elmbrook, Franklin and Wauwatosa Campuses, Ascension St. Francis Hospital and Wheaton Franciscan Laboratories</p>	
<p><b>Racine County Pathology Associates, S.C.</b> Ascension All Saints Hospital, Ascension SE Wisconsin Hospital - Franklin Campus &amp; Midwest Orthopedic Specialty Hospital</p>	
<b>Pediatric/Neonatology Hospitalist Services</b>	
	<p><b>Advocate Medical Group</b> Ascension All Saints Hospital <i>(Group will consider but is NOT obligated to follow our policy)</i></p>
<b>Perinatology Services</b>	
<p><b>Wheaton Franciscan Medical Group</b> Ascension All Saints Hospital, Ascension St. Francis Hospital, Ascension SE Wisconsin Hospital St. Joseph &amp; Elmbrook Campuses</p>	
<b>Radiology Services</b>	
	<p><b>Milwaukee Radiologists, Ltd.</b> Ascension All Saints Hospital</p>
	<p><b>Milwaukee Radiologists, Ltd. S.C.</b> Ascension SE Wisconsin Hospital -St. Joseph, Elmbrook, Franklin, Wauwatosa and Brown Deer</p>

	Ascension St. Francis Hospital & Ascension Medical Group Metro Clinics
<b>Other</b>	
	<a href="http://www.mywheaton.org/billing">www.mywheaton.org/billing</a>



## WHEATON FRANCISCAN HEALTHCARE

### AMOUNT GENERALLY BILLED CALCULATION

July 1, 2018

Wheaton Franciscan Healthcare and all of its related hospitals including Wheaton Franciscan, Inc. – St. Joseph, Wheaton Franciscan, Inc. – Franklin, Wheaton Franciscan Inc. – Elmbrook Memorial, Wheaton Franciscan Healthcare – All Saints, Inc., and Wheaton Franciscan Healthcare – St. Francis, Inc. and Midwest Orthopedic Specialty Hospital, LLC calculates one AGB percentage using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of that calculation and AGB percentage is described below.

The AGB percentage is as follows for:

1. Midwest Orthopedic Specialty Hospital, LLC - 47%
2. Wheaton Franciscan Healthcare – All Saints - 41.4%
3. Wheaton Franciscan Healthcare – Franklin, Inc. - 40.2%
4. Wheaton Franciscan Healthcare – St. Francis - 37.8%
5. Wheaton Franciscan Healthcare – Elmbrook Memorial -39.9%
6. Wheaton Franciscan Healthcare – St. Joseph - 37.8%
7. WHEATON FRANCISCAN MEDICAL GROUP – 48.6%

This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility’s claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

Notwithstanding the foregoing AGB calculation, Wheaton Franciscan, Inc. – St. Joseph, Wheaton Franciscan, Inc. – Franklin, Wheaton Franciscan Inc. – Elmbrook Memorial, Wheaton Franciscan Healthcare – All Saints, Inc., and Wheaton Franciscan Healthcare – St. Francis, Inc. and Midwest Orthopedic Specialty Hospital, LLC have chosen to apply a lower AGB percentage as follows:

AGB for all hospital facility charges = 38%

AGB for Wheaton Franciscan Medical Group = 48.6%