



Financial Assistance Policy

Flambeau Hospital Financial Assistance Policy (FAP)

Background:

Flambeau Hospital, a service of Marshfield Clinic, is committed to treating the broadest number of patients residing within our service area while maintaining fiscal responsibility. This policy provides a mechanism for determining assistance with financial obligations for medical care provided by Flambeau Hospital.

Purpose:

To establish guidelines for the provision of a Financial Assistance Policy (FAP) to the patients served by Flambeau Hospital.

Governance:

The FAP is administered by the Flambeau Hospital Business Office.

Policy Statements:

It is the policy of Flambeau Hospital to provide medically necessary health care services to people in the communities it serves, regardless of their ability to pay. Financial assistance is available to those who meet eligibility requirements based on Flambeau Hospitals FAP. Financial assistance is not available for "non-medically necessary procedures and treatments;" i.e., non-emergent procedures and treatments deemed elective pursuant to federal healthcare program regulations and published guidelines.

The FAP works in collaboration with other financial assistance programs, both public and private. This is to ensure holistic wellness of patients by facilitating knowledge of available services and programs for health, while practicing good stewardship of funds. All applicants will be interviewed to determine if Medicaid, Health Insurance Exchange plans or other programs might be available to them prior to becoming eligible for this program. Key criteria utilized to determine eligibility for this FAP includes family size, federal poverty income guidelines and available assets.

In accordance with Flambeau Hospital's values, associates will treat patients and family members with compassion, dignity and respect at all times during the FAP process. All patient and proprietary information is considered confidential and protected by law. Flambeau Hospital will safeguard the privacy and security of patient protected health information. Access to patient and/or proprietary information is determined by a "need-to-know" and as minimum necessary to carry out duties or assignments.

FAP patients must complete an application form and supply all necessary information required to make a determination for program eligibility. The application form will be subject to verification of the individual or family's current financial status. Patients may appeal FAP decisions. Information and supporting documents required for application submission are listed on the application form.

The enrollment period for a Patient to enroll in Flambeau Hospital's FAP is 240 days, starting upon issue of the first post discharge billing statement. If enrolled within the 240 day period, patients will not receive any extraordinary collections actions on their account upon approval and any funds paid by the patient prior to enrollment will be reimbursed. Flambeau Hospital will accept Financial Assistance applications after 240 days post the first discharge billing statement, however any extraordinary collections actions previously taken on the account may not be changed and any monies paid prior to approval will not be refunded.

Flambeau Hospital will report FAP information as required.

Policy:

1. Flambeau Hospital will communicate the FAP in the following ways:
 - a. If, during the course of the patient registration process, care encounter, treatment, upon discharge or during billing process, it becomes evident that a patient may need financial assistance, the patient shall be referred to the organization's FAP. Patients may be identified as needing financial assistance at any time during the course of an encounter. A referral for consideration of the FAP can be initiated by any member of the organization's workforce, including medical staff members, who become aware of the patient's potential need for financial assistance. In addition, patient's guarantor or responsible party may make request for FAP consideration.
 - b. At admissions and intake, patients will be notified verbally using the following language:
 1. "In the event that you are unable to pay for the cost of the care you receive, Flambeau Hospital offers financial assistance. Are you interested in additional information?"
 1. If requested a plain language summary will be provided to the patient.
 - c. Public areas

1. Financial assistance brochures and handouts will be visually available at Flambeau Hospital's registration and waiting areas.
 1. If patients request additional information all areas identified will have the following documents available:
 1. FAP (Complete Policy)
 2. Plain Language Summary
 3. FAP Application
 4. Amount Generally Billed (AGB) Policy
 5. Billing and Collection Policy
- d. On-line
 2. A link to all required FAP documents will be posted on the front page of Flambeau Hospital's website: <https://www.marshfieldclinic.org/locations/centers/Flambeau%20Hospital>
- e. On Billing Statements
 1. Each billing statement will include a plain language summary that describes how to acquire additional information regarding eligibility and application.
2. FAP information (the application and list of required documents to accompany application) will be provided to any patient upon request. Patients may obtain an application by visiting Flambeau Hospital, by mail or online. Financial need may be determined in accordance with procedures that involve an individual assessment of financial need and may:
 - a. Include a screening process.
 - b. Include an application process, in which the patient or patient's guarantor are required to provide personal, financial and other information and documentation. This application process may be completed with the assistance of a Flambeau Hospital Business Office representative or by mail.
 - c. FAP application form may be accepted verbally, however all requested documentation will be required prior to approval
 - d. Flambeau Hospital may choose to waive such conditions or criteria for the FAP in situations where the patient/guarantor is not capable of meeting these requirements per management approval.
3. Flambeau Hospital recognizes that an individual and/or family's income situation may vary over time. As a result, Flambeau Hospital will periodically re-verify eligibility for the FAP.
4. The FAP is not available for non-medically necessary services or services that are deemed to be non-reimbursable by traditional insurance carriers and government payers. Medically necessary services are defined as activities that may be justified as reasonable, necessary and/or appropriate based on evidence based medical standards of care. Exceptions may be considered on an individual basis and will be approved by management in consultation with medical staff and/or the ethics committee.
 - a. Financial assistance is not available on charges pending insurance processing. This includes charges the patient's insurance carrier has not been able to process due to member non-compliance and pending liability or disability determinations.
5. Eligible services under Flambeau Hospital's FAP include:
 - a. In compliance with Emergency Medical Treatment and Labor Act (EMTALA), all emergency medical services provided in an emergency room setting and billed by Flambeau Hospital are eligible under this policy. Flambeau Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are financial assistance eligible.
 - b. All services associated with inpatient and outpatient care that is billed directly from Flambeau Hospital.
6. Services that are ineligible under Flambeau Hospital's FAP include:
 - a. Physician's fees associated with inpatient and outpatient care that are not billed through Flambeau Hospital.
 - b. Ambulance services associated with transferring patients to another facility that are not billed through Flambeau Hospital.
 - c. Durable medical equipment provided to the patient that is not billed through Flambeau Hospital.
7. Eligibility for FAP will be considered for those individuals who are uninsured, underinsured, and 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 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.

Specific Eligibility Criteria:

- a. Individual or family income, which may take into account family size and other pertinent factors. Level of assistance may include:
 1. FULL assistance: Total household income equal to or below 250% of Federal Poverty Guidelines (FPG), or such medical hardship exists that the balance cannot be paid.
 2. PARTIAL assistance: Patients with total income above 250% of (FPG) but not exceeding 400%, or patient has medical hardship and is able to pay an agreed upon amount. The sliding scale discount is as follows:

Size of Family unit	100% FPL	150% FPL	200% FPL	225% FPL	250% FPL	275% FPL	300% FPL	325% FPL	350% FPL	375% FPL	400% FPL
	100% w/o	100% w/o	100% w/o	100% w/o	100% w/o	95% w/o	90% w/o	85% w/o	80% w/o	75% w/o	65% w/o

1	\$12,760	\$19,140	\$25,520	\$28,710	\$31,900	\$35,090	\$38,280	\$41,470	\$44,660	\$47,850	\$51,040
2	\$17,240	\$25,860	\$34,480	\$38,790	\$43,100	\$47,410	\$51,720	\$56,030	\$60,340	\$64,650	\$68,960
3	\$21,720	\$32,580	\$43,440	\$48,870	\$54,300	\$59,730	\$65,160	\$70,590	\$76,020	\$81,450	\$86,880
4	\$26,200	\$39,300	\$52,400	\$58,950	\$65,500	\$72,050	\$78,600	\$85,150	\$91,700	\$98,250	\$104,800
5	\$30,680	\$46,020	\$61,360	\$69,030	\$76,700	\$84,370	\$92,040	\$99,710	\$107,380	\$115,050	\$122,720
6	\$35,160	\$52,740	\$70,320	\$79,110	\$87,900	\$96,690	\$105,480	\$114,270	\$123,060	\$131,850	\$140,640
7	\$39,640	\$59,460	\$79,280	\$89,190	\$99,100	\$109,010	\$118,920	\$128,830	\$138,740	\$148,650	\$158,560
8	\$44,120	\$66,180	\$88,240	\$99,270	\$110,300	\$121,330	\$132,360	\$143,390	\$154,420	\$165,450	\$176,480
Each additional	\$4,480										
For family units with more than 8 members, add \$4,480 for each additional person at 100% of poverty.											

- b. Assets from Savings, Checkings and Health Savings Accounts.
 - c. Amount and frequency of healthcare bills may be considered.
 - d. Other financial resources available to patients, such as an insurance plan through the Health Insurance Exchange, Medicaid or other public assistance programs, may affect the determination of assistance.
 - e. Patients receiving home health care services must meet the definition of home bound and the home must be the best place for service to be provided.
 - f. Have an outstanding balance due of \$10 or greater.
 - g. Financial assistance applications will be evaluated to determine most generous discounts available under the Flambeau Hospital FAP.
8. Following a determination of eligibility under this FAP, a patient eligible for financial assistance will not be charged more for medically necessary care than AGB. Flambeau Hospital determines AGB based on all claims paid in full to Flambeau Hospital by Medicare, Medicare Advantage, Medicaid, Medicaid HMO and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims using the look-back method.
 9. Communication of the FAP available from Flambeau Hospital shall be disseminated by various means, which may include publication of notices on patient billing statement, brochures located within clinics, emergency departments, urgent care centers, admitting and registration departments, patient financial services or other business associates involved in patient billing process. The FAP policy and complete application shall also be published on Flambeau Hospital website at <https://www.marshfieldclinic.org/locations/centers/Flambeau%20Hospital>.
 10. It is an expectation that the patient/guarantor will cooperate and supply all necessary information required to make a determination for financial assistance eligibility. This includes application to any program for which they may be eligible prior to their evaluation for the Flambeau Hospital financial assistance program. Failure to do so may result in application being denied.
 11. In the event patient or responsible party is unable to apply for the FAP, Flambeau Hospital may use presumptive eligibility to make a determination of the patient's eligibility. Presumptive decisions **may** be based on:
 - a. An applicant's prior Flambeau Hospital FAP application
 - b. Discharged bankruptcies
 - c. Deceased patient
 - d. Current eligibility under Medicaid
 12. The final determination for FAP shall be made within a reasonable amount of time upon receipt of the completed application, required supplemental documents and determination of other program(s) eligibility. The patient or guarantor will be notified in writing of the final determination. The patients or guarantor shall also be notified if a determination is delayed pending an incomplete application or if additional information is needed.
 13. The patient may request an appeal in writing following final determination or denial of FAP. The Flambeau Hospital Appeals Committee will review all appeals requests within a reasonable amount of time upon receipt. The patient or guarantor will be notified in writing of final determination. The appeals committee members consist of:
 - a. Director of Quality and Financial Oversight
 - b. Chief Financial Officer
 - c. Collection Specialists
 14. Flambeau Hospital will make reasonable effort to determine FAP eligibility before considering extraordinary collection actions. In general, reasonable efforts include providing notice of the FAP during the notification period ending 120 days after the date of the first billing statement. It is the guarantor's responsibility to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "reasonable effort" will have been made.
 15. Patients who qualify for financial assistance will remain active for one year, unless their ability to pay improves during the 12 month period. For assistance beyond 12 months, a new application is required.
 16. In the event a financial assistance application and/or payment are not received, Flambeau Hospital or other authorized parties may

proceed with extraordinary collection actions with a minimum of 30 days prior notice. This could include sending collection letters or referral of account to a collection agency. The collection agency will continue collection efforts which may also include credit bureau reporting or further legal action.

Additional Related Policies:

17. Additional policies related to Flambeau Hospitals FAP include:

- a. Flambeau Hospital Amount Generally Billed Policy (AGB)
- b. Flambeau Hospital Billing and Collection Policy

1. For more information on above policies contact the Flambeau Hospital Business Office at 715-762-7540.

Distribution:

Flambeau Hospital, Flambeau Home Health, Flambeau Hospital Community Service Area, Flambeau Hospital Public Waiting Areas, Flambeau Hospital Website: <https://www.marshfieldclinic.org/locations/centers/Flambeau%20Hospital>

Key Words:

Financial assistance, community care, charity, poverty, vulnerable persons, 501 r.

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.
- **"Emergency Care"** means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing health of individual in serious jeopardy, impairment to bodily functions or 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 Flambeau Hospital.
- **"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.

Notice:

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Attachments

- [Financial Assistance ProgramFlyer061a.pdf](#)
- [Flambeau Hospital FAP Plain Language Summary.docx](#)
- [Flambeau Hospital Financial Assistance Application \(2\).docx](#)

Approval Signatures

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Brandon Bay: Finance Director	4/7/2020
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