



Financial Assistance Policy

Marshfield Medical Center Park Falls Financial Assistance Policy (FAP)

Background:

Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls .

Purpose:

To establish guidelines for the provision of a Financial Assistance Policy (FAP) to the patients served by Marshfield Medical Center Park Falls.

Governance:

The FAP is administered by the Marshfield Medical Center Park Falls Business Office.

Policy Statements:

It is the policy of Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls 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. Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls 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. Marshfield Medical Center Park Falls 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.

Marshfield Medical Center Park Falls will report FAP information as required.

Policy:

1. Marshfield Medical Center Park Falls 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, Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls 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
2. A link to all required FAP documents will be posted on the front page of Marshfield Medical Center Park Falls website: <https://www.marshfieldclinic.org>
- d. On-line
- 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 Marshfield Medical Center Park Falls, 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 Marshfield Medical Center Park Falls 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. Marshfield Medical Center Park Falls 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. Marshfield Medical Center Park Falls recognizes that an individual and/or family's income situation may vary over time. As a result, Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls are eligible under this policy. Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls.
6. Services that are ineligible under Marshfield Medical Center Park Falls FAP include:
 - a. Physician's fees associated with inpatient and outpatient care that are not billed through Marshfield Medical Center Park Falls.
 - b. Ambulance services associated with transferring patients to another facility that are not billed through Marshfield Medical Center Park Falls.
 - c. Durable medical equipment provided to the patient that is not billed through Marshfield Medical Center Park Falls.
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 Marshfield Medical Center Park Falls 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. Marshfield Medical Center Park Falls determines AGB based on all claims paid in full to Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls website at <https://www.marshfieldclinic.org>.
 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 Marshfield Medical Center Park Falls 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, Marshfield Medical Center Park Falls may use presumptive eligibility to make a determination of the patient's eligibility. Presumptive decisions **may** be based on:
 - a. An applicant's prior Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls 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. Marshfield Medical Center Park Falls 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, Marshfield Medical Center Park Falls 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 Marshfield Medical Center Park Falls FAP include:

- a. Marshfield Medical Center Park Falls Amount Generally Billed Policy (AGB)
- b. Marshfield Medical Center Park Falls Billing and Collection Policy

1. For more information on above policies contact the Marshfield Medical Center Park Falls Business Office at 715-762-7540.

Distribution:

Marshfield Medical Center Park Falls , Marshfield Medical Center Park Falls Home Health, Marshfield Medical Center Park Falls Community Service Area, Marshfield Medical Center Park Falls Public Waiting Areas, Marshfield Medical Center Park Falls Website: <https://www.marshfieldclinic.org>

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 Marshfield Medical Center Park Falls .
- **"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

[Marshfield Medical Center Park Falls Assistance ProgramFlyer061a.pdf](#)

[Marshfield Medical Center Park Falls FAP Plain Language Summary.docx](#) [Marshfield Medical Center Park Falls Financial Assistance Application \(2\).docx](#)

Approval Signatures

Approver	Date
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Brandon Bay: Finance Director	4/7/2020
Older Version Approval Signatures	
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