



POLICY & PROCEDURE

Subject: Patient Financial Assistance/Community Care Program
Classification: Board Approved
Policy Owner: VP, Strategic Planning and Government Relations
Approved by: WFH Board **Effective:** January 1, 2009

POLICY: It is the policy of Wheaton Franciscan Healthcare (WFH) to provide access to medically necessary health care services to people in the communities it serves, including individuals without means or with limited ability to pay for medically necessary health care services. In order to continue its mission to serve the health care needs of the communities it serves, however, WFH understands that the level of financial assistance provided by WFH must be balanced to ensure WFH's on-going financial viability. Accordingly, WFH has created its WFH Community Care Program to ensure a fair and consistent process for financially eligible patients to request and obtain financial assistance for medically necessary health care services from WFH.

RATIONALE: Faithfulness to our Mission calls us to provide health care services with a special regard for the underserved. Our Values of Respect and Integrity compel us to treat all individuals with compassion and dignity in all our interactions with them, including matters involving payment. Our Value of Stewardship obliges us to provide access to health care services for all individuals in a manner that considers the financial viability of the organization.

SCOPE: This policy applies to patients receiving services at all Wheaton Franciscan Healthcare owned and operated hospitals; physician clinics; and outpatient centers.

PROCEDURE :

Financial Assistance

Financial assistance, in the form of a discount (meaning an allowance or deduction made from the provider's standard charge), is available for medically necessary health care services at WFH facilities through a patient's participation in the WFH Community Care Program. All patients requesting financial assistance through the WFH Community Care Program are required to participate in the Eligibility Determination Process described below. All patients requesting financial assistance will be treated fairly, with dignity, compassion and respect.



Wheaton Franciscan Healthcare

Residency Status Not Required

Residency status is not a consideration for eligibility in WFH's Community Care Program.

Eligibility for Participation in the Community Care Program

Patients shall be eligible for financial assistance for medically necessary services from WFH through their participation in the WFH Community Care Program. Patients are eligible to participate in the WFH Community Care Program to the extent that each of the following requirements is satisfied as determined through the "Eligibility Determination Process":

- (i) **Medical Necessity of Services:** WFH must determine that the financial assistance requested is for WFH services that are medically necessary. Financial assistance under the WFH Community Care Program is not available for non medically necessary or otherwise elective services (i.e., services where the patient's condition permits adequate time to schedule the availability of a suitable accommodation).

Medical necessity for WFH hospital and related services is determined by the Vice President of Medical Affairs designated by the President/CEO in each market place or hospital or related site.

Medical necessity for medical group services is determined by the President of the Medical Group (or his or delegate).

The individuals noted above and the Senior Vice President of Revenue Operations, Medical Group leadership and the Chief Medical Officer will be jointly responsible ensuring that the provisions of this policy are properly documented and administered.

Nothing in this policy shall be interpreted as reducing or limiting WFH's obligations under applicable law to provide emergency medical treatment as required by EMTALA, as applicable.

- (ii) **Uninsured or Underinsured:** WFH must verify that the patient is uninsured or under insured and does not have access to other governmental or other third party coverage.

Note: patients determined to have potential eligibility in government programs who fail to comply with completing the appropriate paperwork associated with those programs will not be eligible for the Community Care Program.

Patients without insurance coverage will first be screened for eligibility into an existing governmental program and appropriate network (Medicare, Medicaid, etc.). If the patient qualifies for a governmental program, a staff member will assist in the enrollment process.

Patients eligible for government programs whose eligibility status is not established for the period during which the medically necessary WFH medical services were rendered may qualify for retroactive participation in the WFH Community Care Program for those services.

Similarly, patients who meet the Federal Poverty Level (FPL) but fail to provide requested information to potential non-governmental third-party payers or elect coverage that result in payment ineligibility by such third-party payer may not be eligible for the Community Care Program.



Wheaton Franciscan Healthcare

- (iii) **Inability to Pay:** The patient must demonstrate to WFH an inability to pay in accordance with the income criteria as established by the current Federal Poverty Income Guideline sliding scale, as described further below.
- (iv) **Cooperation of the Patient:** WFH must determine that the patient is cooperating in good faith in the process including accurately and timely completing the documentation required by the Eligibility Determination Process, as outlined in each WFH region's Revenue Operation Policy. Patients who, based on financial screening, appear to meet the eligibility criteria for the WFH Community Care Program but fail to cooperate with the Eligibility Determination Process may be denied future non-emergent and/or non medically necessary health care services and will be referred to community health care resources until a reasonable process for payment can be secured or their cooperation with respect to the standard process is obtained.

Eligibility Determination Process

All patients requesting information regarding or identified as potentially eligible for participation in the WFH Community Care Program shall be referred to the appropriate WFH staff to assist them in processing their documentation.

Each patient requesting assistance through the WFH Community Care Program must complete the Eligibility Determination Process, outlined in each WFH region's Revenue Operations Policy, which may be either a paper or electronic application process wherein a patient's financial information is provided, reviewed and validated by WFH in accordance with this policy.

Applicable Discounts Under WFH Community Care Program

If a patient is determined to be eligible for participation in the WFH Community Care Program in accordance with the Eligibility Determination Process described above, WFH will assess their poverty level, using the Federal Poverty Income Guidelines and they will be classified as either uninsured or underinsured using the following definitions.

- **Uninsured Patient** – A patient for whom there is no insurance coverage or payment from any third party payer, and patient is not aware of any other source of payment available for the procedure.
- **Underinsured Patient** – A patient who has a form of insurance that does not satisfy coverage for the entire cost of the medically necessary care (i.e., a high-deductible plan).

Based on the above determinations, a corresponding discount on the WFH medically necessary services will be extended to the patient as follows:

1. Uninsured patients whose income is at or below 400% of the Federal Poverty Income Guidelines - Based on the Federal Poverty Income Guidelines, a sliding scale fee discount on medically necessary WFH services will be provided as set forth on Addendum A. Because the total discount available to patients in this category includes the self-pay discount described below, no additional self-pay discount is extended. In addition, for patients in this category, the maximum out of pocket liability for medically necessary services shall not exceed 15% of gross household income.

2. Underinsured patients whose income is at or below 300% of the Federal Poverty Income Guidelines – Based on the Federal Poverty Income Guidelines, a sliding scale fee discount on medically necessary WFH services will be provided as set forth on Addendum B to offset the patient's balance outstanding after insurance coverage is applied. Patients in this category will be required to satisfy the requirements of their existing insurance plan to ensure that



Wheaton Franciscan Healthcare

maximum coverage is extended by the plan prior to receiving financial assistance through the WFH Community Care Program.

Any applicable discount for underinsured patients in this category is applied only to the patient/member liability portion of the patient's bill. Discounts in this category have been modified from the discounts extended to an uninsured person to reflect that, by virtue of insurance coverage, a discount off of charges has already been applied to the patient's bill. Any remaining balance due reflects the discount extended to the patient's insurance carrier.

If the patient's insurance plan deems a medically necessary service to be non-covered by the plan, the patient will be considered uninsured for that service and a discount consistent with category 1 above will apply. Persons in this category are eligible for the 15% out of pocket maximum liability described above.

In addition, for patients in this category, the maximum out of pocket liability for medically necessary services shall not exceed 15% of gross household income.

3. Uninsured patients whose income exceeds 400% of the Federal Poverty Income Guidelines (Self-Pay Discount) - A discount that is annually calculated and consistent with the discounts allowed to the weighted average of the three largest managed care payers in a particular WFH geographic area (or such other similar criteria as established by the CFO) will be provided to patients who have no insurance coverage for a medically necessary service from WFH and whose income exceeds 400% of the Federal Poverty Income Guidelines.

The four geographic areas are defined as: 1) Milwaukee and surrounding counties; 2) Racine and surrounding counties; 3) Illinois; and 4) Iowa. The discount shall be recalculated on an annual basis to reflect the most current managed care payer discount. (See Addendum C for current discounts.)

The discount will apply if payment is received within 120 days of the first statement or contact made with the patient or an acceptable payment arrangement has been made within 120 days after an account is considered a self-pay account. If sufficient payment arrangements have not been made within the timeframe established above, the account may be referred to collection and/or the discount may be reduced or eliminated.

Persons in this category are not eligible for the 15% out of pocket maximum liability described above.

4. Underinsured patients whose income exceeds 300% of the Federal Poverty Income Guidelines. Patients who have a form of insurance that does not satisfy coverage for the entire cost of medically necessary care and whose income exceeds 300% of the Federal Poverty Income Guidelines will not be extended any further discount as patients in this category have already been extended a discount off of charges through their insurance carrier.

If the patient's insurance plan deems a medically necessary service to be non-covered by the plan, the patient will be considered uninsured for that service and the regional self-pay discount described above or a discount consistent with either categories 1 or 3 detailed above will apply. Persons in this category are not eligible for the 15% out of pocket maximum liability described above.

WFH Community Care Program Public Notification Requirements

All WFH entities shall provide public notice of the availability of financial assistance through its WFH Community Care Program as follows :



Wheaton Franciscan Healthcare

- 1) Notices are displayed in highly visible locations where there is a significant volume of inpatient or outpatient traffic such as: patient admitting and registration areas in both inpatient and outpatient settings; physician offices; and emergency departments.
- 2) A brochure describing the policy is available upon request in the same locations described above.
- 3) A financial counselor is provided to assist patients who have a demonstrated inability to pay.
- 4) Language referring to financial assistance programs is included in a prominent location on all billing statements.
- 5) A description and a copy of the policy are posted on all WFH web sites.
- 6) A copy of the policy is available upon request by any party.

Replaces: ADMN-FIN Payment for Services Policy

Cross reference:

Review Period: Two (2) years

Original Policy Date:

Dates Updated:



Addendum A (Milwaukee)

Applies to Uninsured Individuals

Income Levels and Corresponding Discount Based on 2008 Federal Poverty Guidelines

Family Size	Poverty Guidelines	200% FPL (100% discount)	240% FPL (90% discount)	280% FPL (80% discount)	320% FPL (70% discount)	360% FPL (60% discount)	400% FPL (50% discount)
1	\$10,400	\$20,800	\$24,960	\$29,120	\$33,280	\$37,440	\$41,600
2	\$14,000	\$28,000	\$33,600	\$39,200	\$44,800	\$50,400	\$56,000
3	\$17,600	\$35,200	\$42,240	\$49,280	\$56,320	\$63,360	\$70,400
4	\$21,200	\$42,400	\$50,880	\$59,360	\$67,840	\$76,320	\$84,800
5	\$24,800	\$49,600	\$59,520	\$69,440	\$79,360	\$89,280	\$99,200
6	\$28,400	\$56,800	\$68,160	\$79,520	\$90,880	\$102,240	\$113,600
7	\$32,000	\$64,000	\$76,800	\$89,600	\$102,400	\$115,200	\$128,000
8	\$35,600	\$71,200	\$85,440	\$99,680	\$113,920	\$128,160	\$142,400
9	\$39,200	\$78,400	\$94,080	\$109,760	\$125,440	\$141,120	\$156,800
10	\$42,800	\$85,600	\$102,720	\$119,840	\$136,960	\$154,080	\$171,200

Addendum A (Iowa)

Applies to Uninsured Individuals

Income levels and/or corresponding discount based on 2011 Poverty Income Guidelines

Family Size	Poverty Guidelines	200% FPL (100% Discount)	240% FPL (90% Discount)	280% FPL (80% Discount)	320% FPL (70% Discount)	360% FPL (55% Discount)	400% FPL (40% Discount)
1	10890	21780	26136	30492	34848	39204	43560
2	14710	29420	35304	41188	47072	52956	58840
3	18530	37060	44472	51884	59296	66708	74120
4	22350	44700	53640	62580	71520	80460	89400
5	26170	52340	62808	73276	83744	94212	104680
6	29990	59980	71976	83972	95968	107964	119960
7	33810	67620	81144	94668	108192	121716	135240
8	37630	75260	90312	105364	120416	135468	150520
9	41450	82900	99480	116060	132640	149220	165800
10	45270	90540	108648	126756	144864	162972	181080

Home Equity = \$150,000

Cash = \$50,000



Addendum A (Racine and Illinois)

Applies to Uninsured Individuals

Income Levels and Corresponding Discount Based on 2008 Federal Poverty Guidelines

Table with 8 columns: Family Size, Poverty Guidelines, 200% FPL (100% discount), 240% FPL (90% discount), 280% FPL (80% discount), 320% FPL (70% discount), 360% FPL (50% discount), 400% FPL (30% discount). Rows 1-10.

Addendum B

Applies to Underinsured Individuals (All Regions)

Income levels and Corresponding Discount based on 2011 Federal Poverty Guidelines

Table with 5 columns: Family Size, Poverty Guidelines, 200% FPL (100% Discount), 250% FPL (75% Discount), 300% FPL (50% Discount). Rows 1-10.

For families with more than 10 persons, add \$3,820 for each additional person.

Addendum C

2008 Regional Self Pay Discounts:

Milwaukee and surrounding counties – 45%

Iowa – 40%

Racine and surrounding counties – 25%

Illinois – 25%