



Financial Assistance Policy and Procedure

Southwest Health Center and Southwest Behavioral Services

Objective

Consistent with its mission to provide high quality health and wellness services for the community, Southwest Health is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income between 100% and 500% of the Federal Poverty Guidelines (FPG).

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under Southwest Health Center and Southwest Behavioral Services financial assistance policy will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

Policy

Financial assistance is provided when patients have been found to meet all financial criteria. Southwest Health Center and Southwest Behavioral Services offers both free care and discounted care, depending on individuals' family size and income.

Patients seeking assistance will be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate *before* eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured and underinsured patients who do not qualify for free care will receive a sliding scale discount off the amount generally billed charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. The Federal Poverty Guidelines are updated yearly on July 1. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation.

Definitions

1. **Medically Necessary:** Hospital services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity
2. **Emergency Care:** Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts
3. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours
4. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
5. **Underinsured:** Insured patients whose annual income meets the Federal Poverty Income guidelines would qualify for Financial Assistance.
6. **Amount Generally Billed (AGB):** The amount generally billed to insured patients for emergent or medically necessary care (determined as described in section (B) of the policy below)
7. **Gross Charges:** The full amount charged by Southwest Health Center and Southwest Behavioral Services for items and services before any discounts, contractual allowances, or deductions are applied
8. **Presumptive Eligibility:** The process by which the hospital may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance

Procedures

A. Eligibility

Southwest Health Center and Southwest Behavioral Services will not charge patients who are eligible for financial assistance more for services than the amounts generally billed to insured patients.

Services eligible for financial assistance include: emergency or urgent care, services deemed medically necessary by Southwest Health Center and Southwest Behavioral Services, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

Patients who are uninsured or underinsured and have a household income at or below 200% of the Federal Poverty Guidelines (FPG) (shown in the table below) may receive free care (a 100% discount). Individuals with annual household incomes between 201% and 300% FPG may be eligible for up to a 75% discount off of the amount generally billed charges, as illustrated by the table below. Individuals with annual household incomes between 301% and 400% FPG will be eligible for up to 50% discount off of the amount generally billed charges. Individuals with annual household incomes between 401% and 500% FGP will be eligible for up to 25% discount off of the amount generally billed charges, as illustrated in the below table.

Financial Assistance Available at Southwest Health
Source: Sample chart from 1.501®-4(b)(2)(ii)

Household income as % of FPG	Discount off of amount generally billed/remaining self-pay balance
>401-500%	25%
>301-400%	50%
>201-300%	75%
<=200%	Free Care

2019 Federal Poverty Level Guidelines					
# Individuals in Household	Annual Income 100% FPG	Annual Income 200% FPG	Annual Income 300% FPG	Annual Income 400% FPG	Annual Income 500% FPG
1	\$12,490	24,980	\$36,470	\$49,960	\$62,450
2	\$16,910	33,820	\$50,730	\$67,640	\$84,550
3	\$21,330	42,660	\$63,990	\$85,320	\$106,650
4	\$25,750	51,500	\$77,250	\$103,000	\$128,750
5	\$30,170	60,340	\$90,510	\$120,680	\$150,850
6	\$34,590	69,180	\$103,770	\$138,360	\$172,950
7	\$39,010	78,020	\$117,030	\$156,040	\$195,050
8*	\$43,430	86,860	\$130,290	\$173,720	\$217,150

If there are more than eight individuals in the family, \$4,320 should be added per each additional individual.

Uninsured patients who do not meet these income requirements will receive a discount of 25% on gross charges for medically necessary and emergency care that they receive.

Determinations for financial assistance eligibility will require patients to obtain Medicaid approval/denial letter along with submitting a completed financial assistance application (including all documentation required by the application) and may require appointments or discussion with hospital financial counselors.

A determination of financial assistance will be effective for a period of up to nine (9) months including subsequent emergent or medically necessary care from the date the application was approved and will include outstanding receivables including those at bad debt agencies within 180 days of approved application. If the patient has outstanding receivables at bad debt agencies past 180 days of the approved application date, the accounts will be subject to review and either approved or denied by Southwest Health Center's Revenue Cycle Committee. A change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review.

When determining patients' eligibility, Southwest Health Center and Southwest Behavioral Services does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

B. Determining Discount Amount

Once eligibility for financial assistance has been established, Southwest Health Center and Southwest Behavioral Services will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

To calculate the AGB, Southwest Health Center and Southwest Behavioral Services uses the look-back method described in section 1.501(r)-5(b)(3) Treasury's regulations

In this method, Southwest Health Center and Southwest Behavioral Services uses data based on claims sent to Medicare fee-for-service for emergency and medically necessary care over the past year to determine the percentage of gross charges that is typically allowed by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. Southwest Health Center and Southwest Behavioral Services re-calculates the percentage each year.

Example

If the gross charge for an outpatient colonoscopy procedure is \$1,000 and the AGB percentage is 50%, any patient eligible for 25% discount under this policy will not be personally responsible for paying around \$375 for an outpatient colonoscopy procedure.

Because the AGB percentages for outpatient and inpatient services are 50% and 62% respectively, and because the minimum amount of assistance available under this policy is a 25% discount off amount generally billed, no patient eligible for financial assistance will be required to pay an amount in excess of AGB.

C. Applying for Financial Assistance

To apply for financial assistance, patients must submit an approval/denial letter from WI Medicaid along with a complete application (including all supporting documents) on the hospital website or to 1400 Eastside Road Platteville WI, 53818, either in person or by mail.

Applications can be accessed:

- ☑ At the facility at any of the Greeters Desk or Registration Desks
- ☑ By mail, if individuals make a request by phone (call 608-342-4717) or by mail (send request to 1400 Eastside Road Platteville WI, 53818
- ☑ Online at <https://www.southwesthealth.org/services/patient-financial-services/>

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to applying for State Medicaid and providing approval/denial letter showing determination you also must complete an application with signature and date completed along with the following documentation:

- Two months of prior paystubs for each employed adult.
- Most recent two months of bank statements, savings and checking.
- Most recent filed State and Federal Income Tax Returns. Including all schedules filed.

If applicable to the applicant:

- Student Aid report for current school year if attending schooling past high school.
- Social Security Income annual report
- Pension annual report

Individuals who do not have the documentation listed above; have questions about Southwest Health Center and Southwest Behavioral Services financial assistance application; or would like assistance with completing the financial assistance application may contact our financial counselors either in person at 1400 Eastside Drive in Platteville, WI or over the phone:

Brook Ubersox	Dayna Fiedler	Jessica Worek
Patient Financial Services Clerk	Patient Financial Services Clerk	Social Worker
UbersoxB@southwesthealth.org	FiedlerD@southwesthealth.org	worekj@southwesthealth.org
608-348-2331 (x1957)	608-348-2331 (x1957)	608-348-2331 (x2258)

Financial counseling office hours are Monday-Friday, 8am-4:00pm.

D. Actions in the Event of Non-Payment

The collection actions Southwest Health Center and Southwest Behavioral Services may take if a financial assistance application and/or payment is not received are described in a separate policy.

In brief, Southwest Health Center and Southwest Behavioral Services will make certain efforts to provide patients with information about our financial assistance policy before we or our agency representatives take certain actions to collect your bill (these actions may include civil actions, debt sales, or reporting negative information to credit bureaus).

For more information on the steps Southwest Health Center and Southwest Behavioral Services will take to inform uninsured patients of our financial assistance policy and the collection activities we may pursue, please see Southwest Health's Claims Processing and Collections Policies.

E. Presumptive Eligibility

If patients fail to supply sufficient information to support financial assistance eligibility, Southwest Health Center and Southwest Behavioral Services may refer to or rely on external sources and/or other program enrollment resources to determine eligibility when:

- ☐ Patient is homeless
- ☐ Patient is eligible for other unfunded state or local assistance programs
- ☐ Patient is eligible for food stamps or subsidized school lunch program
- ☐ Patient is eligible for a state-funded prescription medication program
- ☐ Patient receives free care from a community clinic and is referred to hospital for further treatment
- ☐ Patient is bankrupt
- ☐ Patient is deceased with no assets

Southwest Health Center and Southwest Behavioral Services may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at Southwest Health Center and Southwest Behavioral Services may be used for a time period of up to nine months after the date of submission.

All patients presumptively determined to be eligible for less than the most generous amount of assistance available under this policy (free care) will be informed about how the discount amount was calculated and given a reasonable amount of time to submit an application for further financial assistance.

F. Uninsured Discount Policy

☐ Southwest Health Center and Southwest Behavioral Services shall assist uninsured patients and/or responsible parties with their financial obligations whenever possible by providing financial counseling and assistance, screening patients for available assistance programs, and applying discounts

☐ Uninsured patients are eligible for the Uninsured Discount of 25%. This discount may be combined with the Southwest Health Center and Southwest Behavioral Services Prompt Pay Discount.

☐ All revenue cycle staff members who interact with the patients will communicate the availability of the uninsured discount to patients

☐ The Uninsured Discount will not apply to special Southwest Health Center and Southwest Behavioral Services uninsured programs where package pricing and discounts are offered, or retail sales.

☐ If third-party coverage or other funding is identified, the financial discount will be reversed and the appropriate third-party will be billed. The patient will be subsequently billed for the remaining balance. The uninsured financial discount will not apply to balances after the third-party insurance has paid.

**All exceptions to the Uninsured Discount Policy must be approved by an office-level employee and communicated to the Director of Finance. The Director of Finance will take issues requiring further investigation and approval to the CFO.*

G. Eligible Providers

In addition to care delivered by Southwest Health, emergency and medically necessary care delivered by the providers listed below is also covered under this financial assistance policy, which is listed in Appendix A of this document.

Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should contact the Patient Financial Services Department at 608-342-4717.

APPENDIX A:

Southwest Health Center Hospital

General Surgery

Emergency Department & Urgent Care

The Platteville Clinic

The Cuba City Clinic

The Specialist Clinics

The Orthopedic Institute

The Women's Center

Southwest Behavioral Services

The Eye Center

Epione Pavilion