



ORTHOPAEDIC HOSPITAL OF WISCONSIN SUMMARY OF FINANCIAL ASSISTANCE POLICY

Orthopaedic Hospital of Wisconsin (“OHOW”) has a commitment to and respect for each person’s dignity with a special concern for those who struggle with barriers to access healthcare services. OHOW has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, OHOW provides financial assistance to certain individuals who receive medically necessary care from OHOW. This summary provides a brief overview of OHOW’s Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance if you are uninsured. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you will receive a 100% charity care write-off on your hospital charges. If your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. Patients who are eligible for financial assistance will not be charged more than the amounts generally billed to patients with insurance coverage.

What Services Are Covered?

The Financial Assistance Policy applies to medically necessary care. These terms are defined in the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help With An Application?

For help with a Financial Assistance Policy application, you may contact OHOW Financial Service department at 414 961-6803.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at OHOW.com or can be obtained by mailing your request to:

Orthopaedic Hospital of Wisconsin
ATTN: Financial Services
475 W. River Woods Parkway
Glendale, WI 53212

Additional information about the Financial Assistance Policy is also available by calling OHOW Financial Services at 414 961-6803.



**ORTHOPAEDIC HOSPITAL OF WISCONSIN
FINANCIAL ASSISTANCE POLICY
June 2016**

POLICY:

It is the policy of the Orthopaedic Hospital of Wisconsin (“OHOW”) to ensure a socially just practice for providing medically necessary care at OHOW’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 OHOW.

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 medically necessary services provided by OHOW. This policy does not apply to payment arrangements for elective procedures or other care that is not medically necessary.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within OHOW’s facilities that specifies which are covered by the financial assistance policy and which are not.

DEFINITIONS:

“**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 medically necessary care, the amount generally billed to individuals who have insurance covering such care.

“**Community**”- means Milwaukee and Ozaukee counties.

“**Medically Necessary Care**”- means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.

“**Patient**”- means those uninsured persons who receive medically necessary care at OHOW and the person who is financially responsible for the care of the patient.

1. Financial Assistance Provided

- 1.1. 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.
- 1.2. 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:

	Level of Charity Care Assistance & FPL %			
Family Size	100%	90%	80%	67%
	250%	300%	350%	400%
	Income Level Not Exceeding			
1	\$ 29,700	\$ 35,640	\$ 41,580	\$ 47,520
2	\$ 40,050	\$ 48,060	\$ 56,070	\$ 64,080
3	\$ 50,400	\$ 60,480	\$ 70,560	\$ 80,640
4	\$ 60,750	\$ 72,900	\$ 85,050	\$ 97,200
5	\$ 71,100	\$ 85,320	\$ 99,540	\$ 113,760
6	\$ 81,450	\$ 97,740	\$ 114,030	\$ 130,320
7	\$ 91,825	\$ 110,190	\$ 128,555	\$ 146,920
8	\$ 102,225	\$ 122,670	\$ 143,115	\$ 163,560
9	\$ 112,625	\$ 135,150	\$ 157,675	\$ 180,200
10	\$ 123,025	\$ 147,630	\$ 172,235	\$ 196,840

- 1.3. 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 OHOW based on a substantive assessment of their ability to pay. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.
- 1.4. Patients that are eligible for 100% charity care may be charged a nominal flat fee of up to \$0 for services.
- 1.5. 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”).
- 1.6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
- 1.7. Obligations released through bankruptcy procedures will be classified as charity care. Release by bankruptcy will be considered adequate documentation that the guarantor qualifies for charity care.

2. 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 OHOW. 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 OHOW.

- 2.1. Patients who are not eligible for financial assistance will be provided a 20% self pay discount.
- 2.2. Patients who are not eligible for financial assistance may receive a prompt pay discount of 20%. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.
- 2.3. Uninsured and insured Patients with income greater than 400% of FPL may receive assistance based on a "Means Test".

3. Limitations on charges for patients eligible for financial assistance

- 3.1. Patients eligible for Financial Assistance will not be charged individually more than AGB for medically necessary care and not more than gross charges for all other medical care. OHOW calculates one or more AGB using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to OHOW, all in accordance with 501(r). A free copy of the AGB calculation description and percentage may be obtained by sending a request to:

Orthopaedic Hospital of Wisconsin
Attn: Chief Financial Officer
475 W. River Woods Pkwy
Glendale, WI 53212

4. Applying for financial assistance

- 4.1.1. A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available for hospital related services by downloading documents from our website ohow.com or by calling (414)961-6803.

5. Billing and collections

- 5.1. The actions that OHOW 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 by sending a request to:

Orthopaedic Hospital of Wisconsin
Attn: Chief Financial Officer
475 W. River Woods Pkwy
Glendale, WI 53212

6. Interpretation

- 6.1. 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.



ORTHOPAEDIC HOSPITAL OF WISCONSIN FINANCIAL ASSISTANCE APPLICATION

Thank you for choosing the Orthopaedic Hospital of Wisconsin for your medical needs. You have expressed an interest in applying for Orthopaedic Hospital of Wisconsin's financial assistance program.

In order to be considered the following documents must be received in our office:

- **Completed application including signature and date**
- **Proof of current monthly income for patient/guarantor and spouse, including: current employment, child-support, alimony, unemployment compensation, worker's compensation, social security, pension, retirement income, other interest or dividends**
- **Rental property income**
- **Proof of government assistance, including food stamps, subsidized housing, or WIC**
- **Complete copy of most recently filed Federal and State income tax returns including all attachments**
- **Current copy of checking and savings account statements showing current balance**
- **Proof of current assets, including: CD's, securities, life insurance, other real estate equity**
- **Completed Attestation letter if being assisted with day to day living expenses**

Do NOT send original supporting documents.

Failure to provide complete application and requested supporting documentation by date identified will result in immediate denial.

Financial assistance is not an insurance plan. Financial assistance may assist with Orthopaedic Hospital of Wisconsin bills for uninsured patients. Refusal to apply for government programs for which you qualify will result in immediate denial for financial assistance. You will receive your determination within 10 days of receipt of the complete financial assistance application and supporting documentation.

Financial assistance does not cover the following services:

- **Insurance deductibles or copayments**
- **Charges in litigation (legal proceedings such as workers compensation, motor vehicle accidents, etc.)**
- **Outside billing groups, including other hospitals, clinics, labs, physician services, and ambulance transportation.**

Please call 414 961-6803 if you have any questions



Orthopaedic Hospital of Wisconsin Community Care Application

To provide additional family member or family employment information use back of application

<u>MR Number & Account Number to be completed by hospital personnel</u>		MR number:	Account Number(s):	
Please provide the following information completely and accurately. Information is subject to verification. All fields must be filled out, if it does not apply, please indicate N/A				
Applicant name (First, MI, Last):		Social Security Number:		Date of birth:
Address:		Telephone Numbers: Cell: ()		
		Home: () Work: ()		
City/State/Zip Code:		Are you covered under a Health Insurance Plan? <input type="checkbox"/> yes <input type="checkbox"/> no		
		Name of Insurance		
If married list spouse information and any minor children		Date of Birth for each:	Soc. Sec. Number:	Relationship to Patient:
1.				
2.				
3.				
Income: Monthly (patient and spouse if married) or Parents if applicant is a minor		Additional Employers Write on Back		
Household Income (before taxes)(W2 or 1099) Includes Unemployment Income	\$	Employer (applicant) or Parent (if a minor)	Phone Number	
Pension/Social Security/Disability Income	\$	Hire Date	Termination Date	
Child Support/Alimony Received Attach proof of monthly support	\$	Additional Employers in calendar year	Phone Number	
Rental Property Income	\$	Hire Date	Termination Date	
Assets: Checking / Saving Account Balance Don't include balances for retirement accounts	\$			
Spouses Employment information	Phone Number	Spouses additional employment information for calendar year:	Phone Number	
Hire Date	Termination Date	Hire Date	Termination Date	

I certify that the information provided above is an accurate and true representation of my financial information. I also certify that there is no additional insurance coverage for this patient other than what was listed at the time of registration. I understand that providing false information will result in denial of application for any type of financial assistance through Orthopaedic Hospital of Wisconsin. If I am entitled to any action or settlement from third party payers, I will take any action necessary or requested by Orthopaedic Hospital of Wisconsin to obtain such reimbursement and will assign to Orthopaedic Hospital of Wisconsin, and upon receipt will pay to Orthopaedic Hospital of Wisconsin all the amounts recovered up to the total amount of the outstanding balance on my bill. My failure to apply for such reimbursement or to follow through with the application process or take those actions reasonably necessary or requested by Orthopaedic Hospital of Wisconsin may result in the denial of this application. I also authorize Orthopaedic Hospital of Wisconsin to check my credit history through the credit bureau, if necessary.

Completed application must be returned by _____ to be considered.

**Send to Orthopaedic Hospital of Wisconsin
475 W. River Woods Parkway
Glendale, WI 53212
ATTN: Chief Financial Officer**

Incomplete application may be denied and returned for missing information!

Signature of Patient (Responsible Party)

Date

Administrative use only
Approvers Signature _____ Date: _____



ORTHOPAEDIC HOSPITAL OF WISCONSIN
LIST OF PROVIDERS COVERED BY FINANCIAL ASSISTANCE POLICY
 June 2016

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not medically necessary are not covered by the FAP for any providers.

Providers covered by FAP	Providers not covered by FAP
<ul style="list-style-type: none"> • Orthopaedic Hospital of Wisconsin 	<ul style="list-style-type: none"> • Blount Orthopaedic Associates
<ul style="list-style-type: none"> • Orthopaedic Hospital of Wisconsin Cedarburg Physical Therapy 	<ul style="list-style-type: none"> • Hand Surgery LTD
<ul style="list-style-type: none"> • Orthopaedic Hospital of Wisconsin Shorewood Physical Therapy 	<ul style="list-style-type: none"> • Orthopaedic Consultants
	<ul style="list-style-type: none"> • Milwaukee Hand Center
	<ul style="list-style-type: none"> • Milwaukee Orthopaedic Group, Ltd.
	<ul style="list-style-type: none"> • Wisconsin Bone & Joint, SC
	<ul style="list-style-type: none"> • Milwaukee Spinal Specialists
	<ul style="list-style-type: none"> • Aspen Orthopaedic & Rehabilitation Specialists, SC
	<ul style="list-style-type: none"> • Watertown Pain Consultants, SC
	<ul style="list-style-type: none"> • John A. Roffers, MD SC
	<ul style="list-style-type: none"> • Advanced Pain Management
	<ul style="list-style-type: none"> • Glendale Anesthesia Associates
	<ul style="list-style-type: none"> • Wisconsin Radiology Specialists
	<ul style="list-style-type: none"> • Medical College of Wisconsin