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<b>Subject</b>	Financial Assistance
<b>Index Number</b>	TCMRC-1001
<b>Section</b>	Revenue Cycle
<b>Subsection</b>	General
<b>Category</b>	Departmental
<b>Contact</b>	Roxane Schleich, CFO, Regional
<b>Last Revised</b>	11/28/2017

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## References

TCMCo-3001 - EMTALA - Collection of Financial Information  
TCMRC-1002 - Self-Pay Billing & Collection Policy  
Federal Poverty Guidelines, US Department of Health and Human Services  
Prompt Pay Discount Policy for Services Not Eligible under Gundersen Tri-County Hospital and Clinics  
Financial Assistance Policy  
IRS Notice 2015-46 and 29 CFR §§1.501(r) (4) – (6)  
26 CFR 250 (31 Dec 2014) p78954-79016  
Appendix 1: Financial Assistance Application Form  
Appendix 2: Discount chart based on income and asset thresholds, and the uninsured discount rate  
Appendix 3: Covered providers and departments  
Appendix 4: Amounts Generally Billed (AGB) Percentage  
Appendix 5: Public Access to documents

## Applicable To

All patients of Tri-County Memorial Hospital, Inc. d/b/a Gundersen Tri-County Hospital and Clinics, (hereinafter, collectively referred to as GTC) receiving healthcare services at Gundersen Tri-County Hospital and Clinics.

## Detail

GTC's mission is to distinguish ourselves through excellence in patient care, education and improved health in the communities we serve. Its vision is to enhance the health and well-being of our communities while enriching every life we touch, including patients, families, and staff.

In service to this mission, GTC is committed to providing emergency and medically necessary healthcare services to patients regardless of their insurance status or ability to pay. This financial assistance policy is intended to be in compliance with applicable federal and state laws for our service area. Patients qualifying for assistance under this policy will receive a discount for care received from qualifying GTC providers.

Financial assistance provided under this policy is done so with the expectation that patients will cooperate with the policy's application procedures and those of public benefit or coverage programs that may be available to cover the cost of care. GTC will not discriminate on the basis of age, sex, race, creed, color, disability, religion, sexual orientation, national origin, or immigration status when making financial assistance determinations.

## Implementation

### DEFINITIONS

The following definitions are applicable to all sections of this policy.

**Amount Generally Billed (AGB):** The amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient's guarantor. For qualifying patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.501(r)-5(b) (3) of the Internal Revenue Code. The Look Back Method will be based on actual past claims paid to Gundersen by Medicare Fee-for-Service together with all private health insurers paying claims. The claims to be included in the AGB calculation will be claims allowed during the prior calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare Fee-for-Service together with all allowed claims from private health insurers. The gross charges for said claims will be included in the denominator. The AGB will be calculated annually by the 45<sup>th</sup> day following the close of the prior calendar year, and implemented by the 120<sup>th</sup> day following the close of the calendar year.

**Amount Generally Billed Percentage:** The AGB percentage will be calculated each year by the 45<sup>th</sup> day of the year, and is described in Appendix 4 of this policy.

**Application Period:** The period during which applications will be accepted and processed for financial assistance. The application period begins on the date the care is provided and ends on the 240<sup>th</sup> day after the date that the first post-service billing statement is provided.

**Catastrophic Care Assistance:** Financial assistance provided to eligible patients with annualized family incomes in excess of 400% of the Federal Poverty Level, and assets of less than the equivalent of 600% of the Federal Poverty Level, and financial obligations resulting from medical services provided by GTC in excess of 25% of the family income.

**Discounted Care:** Financial assistance that provides a discount, for eligible medical services provided by GTC, based on a sliding scale, for eligible patients, or patient guarantors, with annualized family incomes between 200- 400% of the Federal Poverty Level and assets at or below six times the Federal Poverty Level.

**Emergency Medical Condition:** As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd). The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
  - a. That there is inadequate time to effect a safe transfer to another hospital before delivery, or

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- a. That transfer may pose a threat to the health or safety of the woman or the unborn child.

**Family:** As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility for this policy.

**Family Income:** An applicant's family income is the combined gross income of all adult members of the family living in the household and included on the most recent federal tax return. For patients under 18 years of age, family income includes that of the parent or parents and/or step-parents, or caretaker relatives. Family income is determined using the Census Bureau definition, which include the following income when computing federal poverty guidelines:

1. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational stipends, alimony, child support,
2. Noncash benefits (such as food stamps and housing subsidies) do not count;
3. Determined on a before-tax basis;
4. Excludes capital gains or losses

**Federal Poverty Level:** The Federal Poverty Level (FPL) uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

**Financial Assistance:** Assistance provided to eligible patients, who would otherwise experience financial hardship, to relieve them of all or part of their financial obligation for emergency or medically necessary care provided by GTC.

**Free Care:** A 100% waiver of patient financial obligation for eligible medical services provided by GTC for eligible patients, or their guarantors, with annualized family incomes at or below 200% of the FPL with assets below the equivalent of 600% of the FPL.

**Guarantor:** An individual other than the patient who is responsible for payment of the patient's bill.

**Gross Charges:** Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.

**Homeless:** As defined by the Federal government, and published in the Federal Register on December 5, 2011 by HUD: An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for

human habitation immediately prior to entry into the institution.

**Medically Necessary:** As defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

**Medicare Fee-For-Service (FFS):** Health insurance available under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c – 1395w-5).

**Payment Plan:** A payment plan that is agreed to by both GTC and a patient, or patient's guarantor, for out-of-pocket fees. The payment plan shall take into account the patient's financial circumstances, the amount owed, and any prior payments.

**Presumptive Eligibility:** Under certain circumstances, uninsured patients may be presumed or deemed eligible for financial assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

**Private Health Insurer:** Any organization that is not a governmental unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

**Qualification Period:** Applicants determined eligible for financial assistance will be granted assistance for a period of six months. Assistance will also be applied retroactively to all eligible accounts incurred for services received six months prior to application date.

**Uninsured Discount:** Patients with no third-party coverage will be provided an uninsured discount, for eligible services provided by GTC under this policy, at the time that the undiscounted charges are rendered.

**Uninsured Patient:** A patient with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses.

**Underinsured Patient:** An individual, with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for medical services provided by GTC.

### **ELIGIBLE SERVICES**

Services eligible under the GTC financial assistance policy must be clinically appropriate and within generally accepted medical practice standards. They include the following:

1. Emergency medical services provided in an emergency setting, as well as care provided in an emergency setting for the purpose of stabilizing a patient's condition.
2. Non-elective services provided in response to life-threatening circumstances in a non-emergency setting.
3. Medically necessary services, such as inpatient or outpatient health care services provided for

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the purpose of evaluation, diagnosis, and/or treatment of an injury or illness, as well as services typically defined by Medicare or other health insurance coverage as “covered items or services.”

4. Unity House residential chemical dependency treatment program for adults when services are not court-ordered or County funded.
5. Services of providers employed by GTC are covered under this policy. Please see Appendix three for a full listing of providers included.

Services not eligible for financial assistance include the following:

1. Elective procedures not medically necessary, as well as services typically not covered by Medicare or defined by Medicare or other health insurance coverage as not medically necessary.
2. Lasik Surgery, Chiropractic Care, Fertility Services, Contacts/Glasses, Cosmetic Surgery/Plastic Services, Hearing Aides, Orthodontics, Dental Services, Optometry.
3. Services received from care providers not employed by GTC (e.g. private and/or non – GTC medical or physician professionals, ambulance transport, etc.) Patients are encouraged to contact these providers directly to inquire into any available assistance and to make payment arrangements. See Appendix 3 for full listing of providers not covered under this policy.
4. Deductibles and coinsurance associated with medically necessary services provided to patients out-of-network as defined by their insurers.

### **COORDINATION WITH COMMUNITY HEALTH NEEDS ASSESSMENT**

A community health needs assessment (CHNA) was conducted for the area served by GTC. Mental health and substance abuse were identified as significant health issues. Obesity was identified as a significant health issue. The community health implementation plan identifies substance abuse treatment as one of the effective medical interventions for mental health, yet because residential treatment for substance abuse is identified as an elective service it is not covered in the definition of eligible services for either financial assistance or self-pay discount. The full range of residential treatment of substance abuse will therefore be eligible for financial assistance, and subject to AGB limitations for financial assistance eligible patients or guarantors at GTC.

### **ELIGIBILITY CRITERIA**

Financial assistance will be extended to uninsured and underinsured patients, or a patient’s guarantor, who meet specified criteria, as defined below. These criteria will assure that this financial assistance policy is consistently applied across GTC. GTC reserves the right to revise, modify or change this policy as necessary or appropriate.

Payment resources (insurance available through employment, Medical Assistance, Indigent Funds, Victims of Violent Crimes, etc.) must be reviewed and evaluated before an account is considered for financial assistance to assure that GTC resources are prudently managed in providing financial assistance. If a patient appears to be eligible for other assistance, GTC will refer the patient to the appropriate agency for assistance with completing the necessary applications and forms. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for financial assistance.

Financial assistance applicants will be responsible for applying to public programs and pursuing private health insurance coverage. Patients, or patient’s guarantors, choosing not to cooperate in applying for

programs identified by GTC as possible sources of payment for care, may be denied financial assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay, as outlined in this policy.

Patients, or patient's guarantors, identified as likely to qualify for Medicaid, must apply for Medicaid coverage or produce a Medicaid denial that was received within the previous six (6) months of applying for GTC financial assistance. Patients, or patient's guarantors, must cooperate with the application process outlined in this policy to obtain financial assistance.

The criteria to be considered by GTC when evaluating a patient's eligibility for financial assistance include family income, assets, and medical obligations. GTC's financial assistance program is available to all patients meeting the eligibility requirements set forth in this policy, regardless of geographic location or residency status. Financial assistance will be extended to patients, or a patient's guarantor, based on financial need and in compliance with federal and state laws.

Financial assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with insurer's contractual agreement. Financial assistance is typically not available for patient co-payment or balances after insurance in the event that a patient fails to comply reasonably with insurance requirements such as obtaining proper referrals or authorizations. Generally, out of network balances may be reviewed on a case by case basis. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to utilize account funds prior to being granted financial assistance. GTC reserves the right to reverse the discounts described herein in the event that it reasonably determines that such terms violate any legal or contractual obligations of GTC.

### **FINANCIAL ASSISTANCE**

Based on an assessment of an applicant's family income, assets, and medical obligations, eligible applicants may receive the following assistance.

**Uninsured Discount:** Patients with no third-party coverage will be provided an uninsured discount at the time that the undiscounted charges are rendered. This applies to patients with no coverage for payment from health care insurance and/or other third party payors.

Patients, or patient guarantors, granted the uninsured discount, are not precluded from applying and qualifying for additional financial assistance provided herein.

**Full Free Care:** The full amount of GTC charges will be determined covered under this financial assistance policy for any uninsured or underinsured patient, or patient guarantor, whose gross family income is at or below 200% of the current federal poverty level with assets below the equivalent of 600% of the FPL threshold.

**Discounted Care:** A sliding scale discount will be provided for GTC charges for services covered under this financial assistance policy for any uninsured or underinsured patient, or patient guarantor, whose gross family income is greater than 200% but less than or equal to 400% of the current federal poverty level with assets below the equivalent of 600% of the FPL. Discounts will be provided, according to the following schedule, based on the family income of the patient, or the patient's guarantor:

1. Family income above 200% FPL but equal to or less than 225% FPL are eligible to receive a 70% discount on the patient balance due.
2. Family income above 225% FPL but equal to or less than 250% FPL are eligible to receive a 60% discount on the patient balance due.
3. Family income above 250% FPL but equal to or less than 275% FPL are eligible to receive a 40% discount on the patient balance due.
4. Family income above 275% FPL but equal to or less than 400% FPL are eligible to receive a 15% discount on the patient balance due.

**Catastrophic Care:** GTC patients not meeting financial assistance eligibility thresholds may be eligible for assistance under circumstances when GTC medical bills would result in severe financial hardship. Patients, or their guarantors, may be eligible for catastrophic care assistance if they have incurred out-of-pocket obligations resulting from medical services provided by GTC that exceed 25% of family income and have assets below the equivalent of 600% of the FPL threshold.

Patients, or patient guarantors, meeting eligibility criteria for catastrophic care will have their GTC charges discounted to an amount not to exceed 25% of family income.

**Payment Plans:** Payment in full is expected, for balances due, within 21 days of the initial patient statement. If unfeasible for a patient, or guarantor, to pay in full within this timeframe, a payment plan may be extended for up to two years for any balance remaining after discounts have been granted to applicants eligible for financial assistance. A reasonable payment plan will be established between GTC and the patient. The term of the payment plan will be based on the applicant's outstanding medical bills, family income and any extenuating circumstances. If approved, the plan will be interest-free.

Patients are responsible for communicating with GTC anytime an agreed upon payment plan cannot be fulfilled. Lack of communication from the patient may result in the account being assigned to a collection agency.

### **PRESUMPTIVE ELIGIBILITY**

GTC understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. There may be instances under which a patient's qualification for financial assistance is established without completing the formal financial assistance application. Other information may be utilized by GTC to determine whether a patient's account is uncollectible and this information will be used to determine presumptive eligibility.

Presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

1. Patients or guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
2. Patients or guarantors who are deceased with no estate in probate.
3. Patients or guarantors determined to be homeless.
4. Accounts returned by the collection agency as uncollectible due to any of the above reasons.
5. Patients or guarantors who qualify for State Medicaid programs, will be eligible for assistance

for any cost-sharing obligations associated with the program or uncovered services.

GTC understands that certain patients may be non-responsive to GTC's application process. Under these circumstances, GTC may utilize other sources of information to make an individual assessment of financial need. This information will enable GTC to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

GTC may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity.

The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for GTC financial assistance under the traditional application process.

The electronic technology, when utilized, will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows GTC to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

When electronic enrollment is used as the basis for presumptive eligibility, the highest discount levels will be granted for eligible services for retrospective dates of service only. If a patient does not qualify under the electronic enrollment process, the patient may still be considered under the traditional financial assistance application process. GTC will provide patients not qualifying for financial assistance through this process with a written notice informing them that financial assistance is available. This notice will include a plain language summary of the financial assistance policy and actions to be taken if an application is not submitted or the outstanding balance paid.

Patient accounts granted presumptive eligibility will be reclassified under the financial assistance policy. They will not be sent to collection, will not be subject to further collection actions, will not be sent a written notification of their electronic eligibility qualification, and will not be included in the hospital's bad debt expense.

### **EMERGENCY MEDICAL SERVICES**

In accordance with FEDERAL EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA) regulations, no patient is to be screened for financial assistance or payment information prior to the rendering of services in emergency situations. GTC may request that patient cost-sharing payments (i.e. co-payments) be made at the time of service, provided such requests do not cause a delay in a medical screening examination or necessary stabilizing care for an identified emergency medical condition (See Policy GL-3001).

### **AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE**

The amount generally billed is the expected payment from patients, or a patient's guarantor, eligible for financial assistance. For qualifying uninsured patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method.



The Look Back Method will be based on amounts allowed under Medicare Fee-For-Service together with all private health insurers paying claims to GTC. The claims to be included in the AGB calculation will be claims allowed during the prior calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare Fee-For-Service together with all private health insurers paying claims. The gross charges for said claims will be included in the denominator. The AGB will be calculated annually. The percentages will be applied by the 120th day after the end of the calendar year used by GTC to calculate the AGB percentage(s).

If you have any questions regarding the AGB percentages, please contact the Patient Financial Services staff at (715) 538-4361. Information on AGB will be provided free of charge.

Patients determined eligible for financial assistance will not be expected to pay gross charges for eligible services while covered under GTC financial assistance policy.

### **APPLYING FOR FINANCIAL ASSISTANCE**

Eligibility for financial assistance will be based on financial need at the time of application. In general, documentation is required to support an application for financial assistance. If adequate documentation is not provided, GTC may seek additional information.

Reliable evidence to support the need for financial assistance is required.

The following income documentation is required from patients, or their guarantors, to determine eligibility:

1. Copy of the Federal tax return, and all attached Schedules, from the most recent tax year
2. Current Proof of Income (copy of most recent pay stubs or other documentation)
3. Proof of other income, including unemployment, workers' compensation, alimony, trust income, veteran's benefits
4. Current Bank Statements

The following asset documentation is required from patients, or their guarantors, to determine eligibility:

1. Checking accounts
2. Savings accounts
3. Money market accounts
4. Certificates of deposit
5. Annuities
6. Non-retirement investment accounts
7. Retirement accounts, including pensions
8. Real estate
9. Other assets

Applications for financial assistance may be submitted up to 240 days after the date of the first post-discharge statement.

If an application is incomplete, or there has been a request for additional information, the application

will remain active for 30 days from the date the letter was mailed to the applicant requesting this information. If the applicant has not responded within the 30 day timeframe, the application will be denied.

During the period in which the fully completed Financial Assistance Application (FAA) is being reviewed, there will be a stay of all collection proceedings. The FAA will be documented in the patient record or scanned and the account will be noted. The normal billing process is to continue while the FAA is reviewed and considered. If a complete, conforming FAA is approved by the appropriate GTC representative, this will be noted in the patient's file and the account balance will be written-off to the appropriate code. Financial assistance applications are to be submitted to the following office:

Gundersen Tri-County Hospital and Clinics  
ATTN: Patient Billing Services  
18601 Lincoln Street  
Whitehall, WI 54773  
(715) 538-4361

If denied financial assistance, the patient or patient's guarantor, may re-apply at any time there has been a change of income or status.

#### **ELIGIBILITY DETERMINATIONS, APPEALS AND DISPUTE RESOLUTION**

Patients must be notified of the decision in writing regarding their FAA within thirty (30) days of submitting a completed application. An applicant determined eligible for financial assistance will be refunded payments in excess of the amount determined owed by the patient or guarantor on the accounts for which they have been granted assistance under the GTC financial assistance policy. Refunds apply to excess payments of \$5 or more. In accordance with this policy, financial assistance is generally not extended for co-payments or balances after insurance when a patient fails to obtain proper referrals or authorizations, or if such assistance is not in accordance with insurer's contractual agreement, therefore such payments received will not be refunded.

Patients may appeal this decision in writing within 30 days of receiving notification to:

Gundersen Tri-County Hospital and Clinics  
ATTN: Regional CFO  
18601 Lincoln Street  
Whitehall, WI 54773  
(715) 538-4361

Appeals must be filed within 30 days of the date of the original decision. The Regional CFO will review the appeal for further consideration. Decisions of the Regional CFO will be final.

#### **QUALIFICATION PERIOD**

If an applicant is determined eligible for assistance, GTC will grant financial assistance for a period of six months. Financial assistance will also be applied retroactively to all unpaid bills for eligible accounts incurred for services received six months prior to application date. No patient shall be denied assistance based on failure to provide information or documentation not required in the application.

## **NOTIFICATION OF FINANCIAL ASSISTANCE**

Information on the GTC financial assistance policy and instructions on how to contact GTC for assistance and further information, as well as information on payment options, will be posted in hospital and clinic registration and admitting locations, and in the hospital emergency department. This information may also be obtained from financial counselors throughout the organization.

The GTC financial assistance policy, application and a plain language summary of the policy will be available on the system's website at <https://www.gundersenhealth.org/tri-county/>. This information is also available, free of charge, by contacting (715) 538-4361. If you need help in completing the financial assistance application, you may call Patient Business Services at (715) 538-4361 to talk with a financial services staff member.

Information on the GTC financial assistance policy will be communicated to patients in culturally appropriate language. Information on financial assistance, and the notice posted in hospital and clinic locations will be translated and in any language that is the primary language spoken by the lessor 1,000 or 5% of the residents in the service area.

In addition, GTC includes reference to payment policies and financial assistance on all printed GTC monthly patient statements and collection letters. Information on the GTC financial assistance policy is available, at any time, upon patient request.

## **REGULATORY REQUIREMENTS**

GTC will comply with all federal, state and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this policy. This policy requires that GTC track financial assistance provided to ensure accurate reporting. Information on financial assistance provided under this policy will be reported annually on the IRS Form 990 Schedule H.

## **RECORD KEEPING**

GTC will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

## **POLICY APPROVAL**

The GTC financial assistance policy has been provided to and approved by the GTC Finance Committee on November 28, 2017 and Board on November 28, 2017. This policy is subject to periodic review. Any substantive changes to the policy must be approved by the GHS Board.

Today's Date (MM/DD/YYYY) (To be returned within 30 days)	
Medical Record #:	
Guarantor #:	
Referred By:	



**FINANCIAL ASSISTANCE APPLICATION**

Send to: Gundersen Health System, Attn: CFS/NCA3-01  
1900 South Ave., La Crosse, WI 54601

Applicants Name (First, Middle, Last)
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<b>HEALTH INSURANCE</b> If yes, please provide information and copy of insurance card	
Insurance Co Name and Address:	Policy Number:

<b>SERVICE LOCATION</b>	
<input type="checkbox"/> Gundersen Lutheran Medical Center/Clinics	<input type="checkbox"/> Gundersen St. Joseph's Hospital and Clinics
<input type="checkbox"/> Gundersen Boscobel Area Hospital and Clinics	<input type="checkbox"/> Gundersen Tri-County Hospital and Clinics
<input type="checkbox"/> Gundersen Palmer Lutheran Hospital and Clinics	<input type="checkbox"/> Other

<b>PLEASE CHECK ALL BOXES BELOW THAT APPLY AND PROVIDE SUPPORTING DOCUMENTATION</b>	
<input type="checkbox"/> Medicaid Eligible, but not for date of service or for non-covered service	<input type="checkbox"/> Deceased with no estate
<input type="checkbox"/> Homeless – Explain:	<input type="checkbox"/> Incarceration in penal institution

<b>PLEASE ATTACH COPIES OF THE FOLLOWING REQUIRED DOCUMENTATION, THEN COMPLETE AND SIGN THE APPLICATION</b>	
<input type="checkbox"/> Copies of 401K/Retirement/CD/etc. Statements	<input type="checkbox"/> Submit a letter describing your financial situation
<input type="checkbox"/> Copies of pay stubs for 60 Days for all income reported	<input type="checkbox"/> Copies of Social Security Benefits (if applicable)
<input type="checkbox"/> Copies of unemployment statements for 60 days	<input type="checkbox"/> Copies of checking and savings bank statement(s)
<input type="checkbox"/> Copies of property tax statement	<input type="checkbox"/> Copies of mortgage balance statement
Filed Federal income taxes? <small>To request a copy of your taxes, please call 1-800-829-1040</small>	
Yes – Please send the most recent Federal income tax returns and supporting schedules.	
No – Please explain why:	

I have applied for or will apply for federal or state medical assistance
Yes      No – Not a citizen      No – Over income      No – Other reason, why?

<b>Email Preference:</b>	
I understand that unencrypted email is not a secure form of communication and that there is some risk that the information contained in emails may be misdirected, accessed, or intercepted by unauthorized third parties. I request that Gundersen Health System communicate information related to this Financial Assistance Application with me via email. I understand that I can revoke this request at any time.	Yes      No
Email Address:	

<b>PATIENT/RESPONSIBLE PARTY</b>			
Please check one:    Single    Married    Widowed    Divorced    Separated			
Name (First, Middle, Last)	Social Security Number	Birth Date (MM/DD/YYYY)	
Street Address	City	State	Zip Code
Phone Number:	Household Size (Patient, Spouse & Dependents)		
Employment Status: Full Time      Part Time      Self Employed Unemployed    Student      Retired	Employer Name and Address		
Hire Date: (MM/DD/YYYY)	Position:	How Often Paid: Weekly      Bi-Weekly Monthly      Bi-Monthly	Are you claimed on another tax return? Yes      No <small>If yes, provide tax return of those claiming you.</small>
Unemployed: (MM/DD/YYYY) From:                      To:	Average Gross Monthly Income: \$	Monthly SSI/SSDI: \$	

SPOUSE (If applicable)				
Name (First, Middle, Last)		Social Security Number	Birth Date (MM/DD/YYYY)	Phone Number:
Employment Status: Full Time      Part Time      Self Employed Unemployed      Student      Retired		Employer Name, Address, and Phone Number:		
Hire Date: (MM/DD/YYYY)	Position:	How Often Paid: Weekly      Bi-Weekly Monthly      Bi-Monthly	Are you claimed on another tax return? Yes      No <small>If yes, provide tax return of those claiming you.</small>	
Unemployed: (MM/DD/YYYY) From:      To:		Average Gross Monthly Income: \$	Monthly SSI/SSDI: \$	

DEPENDENTS (If more than 4 dependents use a separate page)				
Full Name	Relationship	Birth Date (MM/DD/YYYY)	Claimed as a Dependent on Taxes	
1.			Yes	No
2.			Yes	No
3.			Yes	No
4.			Yes	No

OTHER MONTHLY INCOME (Please attach copies of your documents to support this income)					
Other Wages	\$	Rental Income	\$	Alimony/Child Support	\$
Pension	\$	Disability Income	\$	Unemployment	\$
Misc. Income	\$	Veterans Benefits	\$	Interest/Dividends	\$

PRIMARY EXPENSES:			
TYPE	MONTHLY PAYMENT	ESTIMATED VALUE	UNPAID BALANCE
Rental Payment	\$	N/A	N/A
Primary Home	\$	\$	\$
2 <sup>nd</sup> Mortgage	\$	\$	\$
Secondary/Vacation Home/Land	\$	\$	\$
<input type="checkbox"/> None – Please explain why you have no rent or mortgage:			

AUTO/MOTORCYCLE/RECREATIONAL VEHICLES			
TYPE/MAKE/MODEL/YEAR	MONTHLY PAYMENT	ESTIMATED VALUE	UNPAID BALANCE
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

ASSETS			
Checking Balance	\$	Savings Balance	\$
Stocks/Bonds	\$	CD	\$
401K	\$	IRA	\$
403B	\$	Other/HSA/FSA	\$

**CERTIFICATION:** I certify the preceding income/expense information is true and correct. Please be aware we may review the information you provided in conjunction with your credit report. I understand if I knowingly provide untrue information in the application, I will be ineligible for financial assistance and the financial assistance granted to me may be reversed and I will be responsible for the medical bills.

SIGNATURE REQUIRED IN ORDER FOR APPLICATION TO BE PROCESSED	
Patient/Responsible Party Signature	Date
Spouse (If applicable)	Date

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**Appendix 2**

**Discount Level (Effective January 2018)**

**Uninsured Discount:** Gundersen Tri-County Hospital and Clinics will provide a 31.5% uninsured discount at the time that the undiscounted charges are rendered. This discount will be applied to the accounts of patients with no coverage for payment from health insurance and/or other third party payors.

**Discount for Eligible** Gundersen Tri-County Hospital and Clinics Services: Applicants meeting asset threshold and with household income:

1. Above 200% FPL but equal to or less than 225% FPL are eligible to receive a 75% discount
2. Above 225% FPL but equal to or less than 250% FPL are eligible to receive a 60% discount
3. Above 250% FPL but equal to or less than 275% FPL are eligible to receive a 40% discount
4. Above 275% FPL but equal to or less than 400% FPL are eligible to receive a 15% discount

**Income & Asset Thresholds:** The following figures are the 2018 Health and Human Services poverty guidelines which were published in the Federal Register on January 13, 2018.

Persons in Family/Household	Poverty guideline (100%)	200% of Poverty	225% of Poverty	250% of Poverty	275% of Poverty	400% of Poverty	Asset Threshold (100% of poverty x6)
1	\$12,140.00	\$24,280.00	\$27,315.00	\$30,350.00	\$33,385.00	\$48,560.00	\$72,840.00
2	\$16,460.00	\$32,920.00	\$37,035.00	\$41,150.00	\$45,265.00	\$65,840.00	\$98,760.00
3	\$20,780.00	\$41,560.00	\$46,755.00	\$51,950.00	\$57,145.00	\$83,120.00	\$124,680.00
4	\$25,100.00	\$50,200.00	\$56,475.00	\$62,750.00	\$69,025.00	\$100,400.00	\$150,600.00
5	\$29,420.00	\$58,840.00	\$66,195.00	\$73,550.00	\$80,905.00	\$117,680.00	\$176,520.00
6	\$33,740.00	\$67,480.00	\$75,915.00	\$84,350.00	\$92,785.00	\$134,960.00	\$202,440.00
7	\$38,060.00	\$76,120.00	\$85,635.00	\$95,150.00	\$104,665.00	\$152,240.00	\$228,360.00
8	\$42,380.00	\$84,760.00	\$95,355.00	\$105,950.00	\$116,545.00	\$169,520.00	\$254,280.00

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**Appendix 3**

**Covered Providers and Departments**

Services of providers in the following locations, who are employed by GTC are covered under this policy.

Gundersen Tri-County Hospital and Clinics: All locations and all departments with the exception of the following:

- Hearing aides
- Services provided by Dr. Katowski

Some providers do bill separately for their services. It is the patient's responsibility to confirm with the provider if their services are covered under a financial assistance policy.

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**Appendix 4**

**Amounts Generally Billed (AGB) Percentage**

The amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient's guarantor. For qualifying uninsured patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.50(r)-5(b) (3) of the Internal Revenue Service Code. The Look Back Method will be based on Medicare fee-for-services together with all private health insurers paying claims. The claims to be included in the AGB calculation will be claims allowed during the prior twelve month period calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare fee-for-service together with all allowed claims from private health insurers paying claims. The gross charges for said claims will be included in the denominator. The AGB will be calculated no less frequently than annually by the 45<sup>th</sup> day following the close of the prior calendar year, and implemented by the 120<sup>th</sup> day following the close of the calendar year.

<b>Effective Date</b>	<b>Percentage</b>
March 1, 2015	10%
April 1, 2016	33%
April 1, 2017	28.6%
March 1, 2018	31.5%
March 1, 2019	Yet to be determined



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**Appendix 5**

**Public Access to Policy**

Information on the Tri-County Financial Assistance Policy, and the Tri-county Self-pay Billing and Collection Policy will be made available to patients and the community served by Tri-County through a variety of sources.

1. Patients and guarantors may request copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via mail at:

Gundersen Tri-County Hospital and Clinics  
Customer Financial Service  
18601 Lincoln Street  
Whitehall, WI 54773

2. Patients and guarantors may request copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via phone at (715) 538-4361.
3. Patients and guarantors may download copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary via [www.gundersenhealth.org/tri-county](http://www.gundersenhealth.org/tri-county).
4. Patients and guarantors may request copies of the Financial Assistance Policy, the Self-Pay Billing and Collection Policy, the Financial Assistance Application, and/or the Plain Language Summary in person at the following locations:
  - a. Gundersen Tri-County Hospital and Clinics  
18601 Lincoln Street, Whitehall, WI  
Emergency Department – 2<sup>nd</sup> Floor  
Customer Financial Services - 2<sup>nd</sup> Floor  
(715) 538-4361
  - b. Gundersen Tri-County Hospital and Clinics  
Blair Clinic  
420 S. Peterson Avenue, Blair, WI  
(608) 989-2505
  - c. Gundersen Tri-County Hospital and Clinics  
Independence Clinic  
35791 Osseo Road, Independence, WI  
(715) 985-2351