

## FINANCIAL ASSISTANCE POLICY

### INTRODUCTION:

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**Westfields Hospital & Clinic** is committed to providing quality medical care to our patients, including those in need of financial assistance. As a result, our Financial Assistance Policy (referred to as “FAP” or “Policy”) is available to uninsured or underinsured patients based on the patient’s ability to pay for emergency and other medically necessary care. Our Policy is available to provide episodic help; it is not meant to provide long-term, free, or discounted care. An application for financial assistance is valid for 6 months. Our Policy sets forth and describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, the providers delivering care in our hospital, and our emergency medical care policy. Patients can obtain free copies of this Policy and the financial assistance application form in person at all patient registration locations. For additional information or questions about the application process, or to request copies by mail, patients can contact our Patient Financial Services Department at 715-243-2600, or at 535 Hospital Rd. New Richmond, WI 54017. Free copies of this Policy, application form, and translations can be accessed at <https://www.healthpartners.com/care/hospitals/westfields>.

### ELIGIBILITY CRITERIA:

**Westfields Hospital & Clinic** has established the following eligibility criteria for patients to receive financial assistance:

- The patient and household members may be asked to provide evidence that they have been or would be denied government benefits, such as Medicaid. Denial of benefits letter(s) from the government may be requested.
- The patient must fully exhaust any available government assistance programs and any available health insurance benefits.
- The patient must complete the hospital’s Financial Assistance Application and supply all requested documentation.
- The patient’s eligibility for free or discounted care will be based on household income, family size, and [other factors, ex. Assets] as follows:
  - Patients must supply documentation of household assets such as cash and other liquid assets in order for application to be reviewed.
  - Liquid assets include cash property that can be easily converted to cash, such as savings and checking accounts, stocks, bonds, certificates of deposit, life annuities and money market accounts. Retirement funds (e.g., 401K, IRA accounts and deferred annuities) are excluded from liquid assets. Documentation of liquid assets may be requested.
  - Liquid assets in excess of \$20,000 are included in the income calculation.
  - The Hospital provides assistance to all uninsured and underinsured patients whose family income is less than or equal to 200% of the Federal Poverty Level (FPL). Patients meeting this criteria will receive a 100% financial assistance discount.
  - Patients with a gross income and family size that place them above 200% of the FPL, but not more than 300% of the FPL will receive partial financial assistance based on the following table:

<b>Financial Assistance Discount Table</b>				
<b>Family Size</b>	<b>Federal Poverty Income level (FPL)</b>	<b>% FPL</b>	<b>Family Gross Income</b>	<b>Discount %</b>
1	\$14,850	100%	\$14,850	100%
		150%	\$22,275	100%
		200%	\$29,700	100%
		250%	\$37,125	75%
		300%	\$44,550	50%
2	\$19,720	100%	\$19,720	100%
		150%	\$29,580	100%
		200%	\$39,440	100%
		250%	\$49,300	75%
		300%	\$59,160	50%
3	\$24,860	100%	\$24,860	100%
		150%	\$37,290	100%
		200%	\$49,720	100%
		250%	\$62,150	75%
		300%	\$74,580	50%
4	\$30,000	100%	\$30,000	100%
		150%	\$45,000	100%
		200%	\$60,000	100%
		250%	\$75,000	75%
		300%	\$90,000	50%
5	\$35,140	100%	\$35,140	100%
		150%	\$52,710	100%
		200%	\$70,280	100%
		250%	\$87,850	75%
		300%	\$105,420	50%
6	\$40,280	100%	\$40,280	100%
		150%	\$60,420	100%
		200%	\$80,560	100%
		250%	\$100,700	75%
		300%	\$120,840	50%
7	\$45,420	100%	\$45,420	100%
		150%	\$68,130	100%
		200%	\$90,840	100%
		250%	\$113,550	75%
		300%	\$136,260	50%
8	\$50,560	100%	\$50,560	100%
		150%	\$75,840	100%
		200%	\$101,120	100%
		250%	\$126,400	75%
		300%	\$151,680	50%
<b>* For eight or more add \$5,140 for each additional person</b>				

## **HOW TO APPLY FOR FINANCIAL ASSISTANCE:**

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1. Patients must complete the Financial Assistance Application and provide appropriate income verification(s) in person or mail to: Westfields Hospital & Clinic, Patient Financial Services 535 Hospital Road New Richmond, WI 54017
2. Patients may also fax completed applications and appropriate income verification(s) to Patient Financial Services at 715-243-2786.
3. Appropriate household income verification(s) must be provided which include a copy of the most recent, current Federal 1040 tax return, last 60 days of pay stubs, and/or benefit letter for Social Security, unemployment or disability benefits and alimony agreement documentation.
4. The application can be printed from our website at <https://www.healthpartners.com/care/hospitals/westfields> or patients can obtain a copy by calling Patient Financial Services at 715-243-2600. We are open Monday through Friday 8:00 a.m. – 4:30 p.m.
5. Patients may contact Patient Financial Services at 715-243-2600 with questions about the application or to arrange/schedule an appointment with a Financial Counselor
6. Designated staff in patient financial services are available to assist patients by phone or in person with completing the application. Patients may contact the department of Human Services in the county in which they reside or call Wisconsin Medical Assistance at (608) 266-1865 for assistance to apply for government programs such as Medical Assistance.

Patients may contact Patient Financial Services at 715-243-2600 with questions about the application.

## **FINANCIAL ASSISTANCE CALCULATION:**

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Westfields Hospital & Clinic calculates a patient's level of financial assistance as follows:

A patient eligible for financial assistance will not be charged more than amounts generally billed (AGB) to insured patients by the Hospital for emergency or other medically necessary care. Currently, the Hospital determines AGB by multiplying gross charges for any emergency or other medically necessary care provided to a patient eligible for financial assistance by an AGB percentage of 55%, which is a 45% discount. The Hospital calculated this percentage by dividing the sum of all its claims for medically necessary care allowed by health insurers during a prior 12-month period of January 1, 2021 through December 31, 2022, by the sum of the associated gross charges for those claims.

For example: Patient A has a \$10,000 hospital bill. Patient A is eligible for financial assistance. Westfields will not charge Patient A more than \$5,500 for the care related to that bill (10,000 X (AGB) 55%).

## **PRESUMPTIVE ELIGIBILITY**

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Westfields Hospital & Clinic may presumptively determine that a patient is eligible for financial assistance based on a prior eligibility determination or meeting certain circumstances for financial assistance, which include:

- Homelessness
- Medically necessary services not covered or payable under a Medicaid program or federal grant rendered to a qualified recipient.
- Qualification and effective date for Medicaid subsequent to the service dates
- Deceased and no surviving spouse.

Excluded services included elective services (cosmetic services or other non-medically necessary), as well as balances that should be paid by insurance, like Medicare, Medicaid, automobile, workers' compensation, or liability insurance. Westfields Hospital & Clinic may choose to grant presumptive eligibility in rare or unusual patient situations not specifically set forth in this FAP. In making presumptive eligibility determinations, if the presumptive discount is not the most generous discount available, Westfields Hospital & Clinic will notify patients and give a reasonable amount of time for the patients to personally apply for financial assistance."

## **LIST OF PROVIDERS IN HOSPITAL**

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Westfields Hospital & Clinic is required to list all providers, other than the Hospital itself, delivering emergency or other medically necessary care in the Hospital and specify which providers are covered by this Policy and which are not. This provider list is maintained in a separate document. Patients can view this document online by visiting <https://www.healthpartners.com/care/hospitals/westfields> or request a paper copy by contacting Westfields Hospital & Clinic's Patient Financial Services Office at 715-243-2600.

## **EMERGENCY MEDICAL CARE POLICY**

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Westfields Hospital & Clinic provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. The Hospital prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of the Hospital demanding that emergency department patients pay before receiving treatment for emergency medical care, or permitting debt collection activities that interfere with the provision of emergency medical care.

Westfields Hospital & Clinic shall comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate.

Westfields Hospital & Clinic shall provide all emergency services in accordance with CMS conditions of participation.

## **SEPARATE BILLING & COLLECTIONS POLICY**

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The actions that Westfields Hospital & Clinic may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of the Hospital's Billing & Collections Policy can be viewed and downloaded on our website at

<https://www.healthpartners.com/care/hospitals/westfields>