



**Marshfield Clinic**

HEALTH SYSTEM

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**SUBJECT: Financial Assistance Policy Board Approval Date: 04/29/22**

**EFFECTIVE: 05/01/2022**

**POLICY NUM: S XKPPKZ72WEZ-3-924**

**CONTACT: JoAnn Yohn, Interim Vice President Revenue Cycle**

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**I. Applies to**

Marshfield Clinic Health System, Inc. (referred to as “MCHS” for purposes of this policy), MCHS Hospitals, Inc., and the affiliated entities owned and controlled by, including, but not limited to:

- All Marshfield Clinic locations and services

**Hospital Facilities:**

- Marshfield Medical Center, Marshfield, Wisconsin
- Marshfield Medical Center-Rice Lake, Rice Lake, Wisconsin
- Marshfield Medical Center-Eau Claire, Eau Claire, Wisconsin
- Marshfield Medical Center-Ladysmith, Ladysmith, Wisconsin
- Marshfield Medical Center-Neillsville, Neillsville, Wisconsin
- Marshfield Medical Center-Beaver Dam, Beaver Dam, Wisconsin
- Marshfield Medical Center-Minocqua, Minocqua, Wisconsin
- Marshfield Medical Center-Weston, Weston, Wisconsin
- Marshfield Medical Center-Park Falls, Park Falls, Wisconsin
- Marshfield Medical Center-River Region, Stevens Point, Wisconsin
  
- This policy *does not* apply to services provided by Family Health Center of Marshfield, Inc. (“FHC”). Financial assistance is available for FHC services through FHC’s financial assistance policy.
  
- See Exhibit 3 below for a list of providers (physicians) to which this policy applies or does not apply.

## II. Purpose

MCHS' mission is to enrich lives through providing accessible, affordable, compassionate health care. It is our vision to continue to innovate and define the future of health care for generations and be the consumer's first choice for health care.

To foster its mission, the MCHS Board of Directors and its Affiliates established this policy to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial Assistance will be considered for those individuals who are uninsured and underinsured with medical costs they are unable to pay for, based on determination of financial need in accordance with this policy.

MCHS will not discriminate on the basis of age, sex, race, religious affiliation, disability, national origin, sexual orientation, or immigration status when making financial assistance decisions.

## III. Definitions

**Amount Generally Billed:** The amount generally billed for emergency or other medically necessary care to individuals who have insurance coverage. AGB refers to the total amount due after applicable insured discounts are applied. See Section XII for calculation of AGB.

**Emergency Medical Condition:** A medical condition (including labor and delivery) that shows acute symptoms of sufficient severity (including severe pain) such that the lack of immediate medical care could result in one or more of the following: (a) serious jeopardy to the patient's health; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part.

**Evidence-Based Care:** The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients or in helping individual patients make decisions about their care in the light of their personal values and beliefs.

**Extraordinary Collection Action (ECA):** Actions taken against an individual to obtain payment of a bill for care that requires a legal or judicial process, involves selling an individual's debt to another party or involves reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus.

**FPL:** Federal Poverty Level

**Guarantor:** Person(s) financially responsible for payment of medical services. The Guarantor may be the patient, a parent, legal guardian or other persons financially obligated by law. Any reference to "patient" in this policy shall mean the patient and/or the Guarantor.

**Homeless:** A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.

**Household:** For purposes of determining household size and household income under federal poverty guidelines, Household includes the applicant, the applicant's spouse (regardless of whether the spouse lives in the home), the applicant's unmarried partner if

they are living together with a child in common, any minor children or dependents residing in the home and claimed on the patient's federal income tax return. If the applicant is claimed as a dependent on another's federal tax return, Household will include all claimed members. Household will also include a third party or sponsor who has agreed to be financially responsible for the patient. Copies of legal or immigration documents may be requested to determine sponsorship.

**Insurance Carrier:** A company that provides insurance coverage, and for the purpose of this policy includes both fully insured and self-funded ERISA plans.

**Medically Necessary:** Services or items reasonable and necessary for the purpose of evaluating, diagnosing, and/or treating an injury or illness under Evidence-Based standards of care.

**Qualified Accounts:** Tax-advantaged accounts designated for personal health care expenses, including Health Savings Accounts, Health Reimbursement Arrangements or Flexible Spending Accounts.

**Service Area:** Consists of MCHS' primary and secondary service areas; meaning the State of Wisconsin and the Upper Peninsula of Michigan.

**Uninsured:** An individual who has no health insurance coverage. Patients/guarantors who have insurance coverage but have balances due to portions not paid by their health insurance (including but not limited to deductibles, coinsurance, copayments, benefit maximums or non-covered services) are not considered uninsured.

**Underinsured:** Insurance coverage which results in significant out of pocket expenses for the patient/guarantor due to benefit plan design and/or low reimbursement levels by the Insurance Carrier.

**Reference Based Pricing:** A health plan design strategy that defines what the insurance carrier pays providers for services.

#### **IV. Emergency Medical Services**

MCHS will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

#### **V. Eligible Services**

Services eligible for financial assistance under this policy include:

- a. Emergency services, provided to treat an Emergency Medical Condition, including labor and delivery.
- b. Urgent services, provided to avoid the likely onset of an Emergency Medical Condition.
- c. Medically Necessary services.
- d. Preventive and screening services recommended under Evidence-Based standards of care.
- e. Prescription medications are eligible for financial assistance if the prescription resulted from a financial assistance eligible encounter, is medically necessary,

follows the Wisconsin Medicaid formulary and is obtained from a MCHS pharmacy.

- f. Eyeglasses must follow Wisconsin Medicaid guidelines, limited to one pair per calendar year, and be obtained from a MCHS optical department. Frames and other enhancements outside Wisconsin's Medicaid guidelines are patient responsibility.

Services not eligible for financial assistance under this policy are:

- a. Cosmetic, aesthetic, or performance-enhancement services.
- b. Services offered at a discounted package or cash price.
- c. Experimental/investigational and research-related services, outside the Evidence-Based standard of care.
- d. Services requested or required by a third-party, including but not limited to: pre-employment services, occupational medicine services, court ordered services, school and sports physicals, cross-bow evaluations, travel exams.
- e. Reproductive services including: sterilization, sterilization-reversal and fertility services.
- f. Over the counter supplies and items.
- g. Contact lenses.
- h. Services related to worker's compensation, accident or liability are not eligible for financial assistance while a claim is in progress. The injured patient is required to seek any available third-party reimbursement by making a report of injury and pursuing a claim with the appropriate party before seeking financial assistance.
- i. Any other not Medically Necessary service.

## VI. **Applicant Eligibility**

Financial assistance is generally secondary to all other financial resources available to the patient including, but not limited to, insurance, government programs, third party liability, and any public or other charitable resources, The determination of eligibility for financial assistance is based on an application and supporting documentation to validate the patient and/or guarantor's financial status.

**Insurance review:** Applicants with the ability to purchase health insurance are encouraged to do so. Applicants are expected to follow their insurance carrier's requirements for coverage. Guarantor account balances that result from failure to follow an insurance carrier's requirements may be excluded from financial assistance. Applicants who receive services out of network from their insurance plan or when insurance payments that do not meet MCHS Billing and Collection policy requirements may not be eligible for Financial Assistance. MCHS financial assistance discounts are available to insured patients/guarantors (excluding Medicaid) when the guarantor balance due exceeds \$2,500.

**Third-party resources:** A MCHS financial counselor will assist the applicant to access third-party resources such as Medicaid, pharmaceutical programs, tribal benefits, veteran's programs, disability benefit.

A financial assistance application may be denied if the applicant does not follow

through with the third-party screening within 30 days of referral or provide evidence of a denial from the third party dated within six (6) months of applying for MCHS financial assistance.

**Qualified Account review:** Applicants with tax-advantaged personal health accounts such as flexible spending accounts or health savings accounts will be expected to utilize available funds upon being granted financial assistance.

**Service Area Review:** Financial assistance is available for services required for an Emergency Medical Condition regardless of whether a patient resides within Marshfield Clinic Health System's service area. For non-emergent medically necessary services, financial assistance eligibility is based on the patient's primary residence in relation to the MCHS service area and the nature of the care required. However, consideration is given for services unique to MCHS versus the potential of providers local to the patient's residence or within the patient's insurance network. The patient's primary care provider may be asked to verify availability of local health care services and financial assistance.

**Income review:** Applicants will be asked to provide reliable documentation of annual income for all adult Household members. Documentation requested may include: the most recently filed tax return(s) (including schedules and forms such as W-2, 1099, and self-employment) or 4506T Verification of Non-filing; paycheck stubs, or copies of checks; employer wage verification forms; checking, savings and investment account statements; affidavits or letters of support; and contracts or court documents related to income sources (such as divorce decree, pre-marital agreements, annuities, land contracts, or rental income).

- Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) are not included;
- Determined on a before-tax basis, i.e. gross income;
- Excludes capital gains or losses.

**Pre-existing payment plans:** Applicants with established payment plans (including "medical lines of credit") but are later unable to make payments due to a significant change in financial circumstances, may apply for financial assistance for outstanding balances owed. In such cases, financial assistance may be granted with respect to balances currently outstanding without regard to amounts previously paid for the healthcare services either at the time of service or pursuant to the payment plan.

**Approval period:** A financial assistance approval for free care or discounted care will continue for six months from the approval date. Eligible future services received during the six-month approval period will be discounted on the same basis as the initial approval. If a patient's financial circumstances materially change during the six-month approval period, the applicant may be asked to update their financial assistance application.

## **VII. Financial Assistance Discounts**

Applicants who are eligible for financial assistance under this policy will not be charged more than the amount generally billed (AGB) to patients with insurance for emergency or medically necessary care (calculation as described in Part XII below). Patients may receive the following assistance, based on an assessment of income.

**Free Care:** The gross (undiscounted) charge amount for eligible services will be waived for applicants whose total Income is at or below 100% of the current federal poverty level, shown on Exhibit 1.

**Discounted Care:** Applicants whose total Income is greater than 100% but less than or equal to 400% of the current federal poverty level will be provided a sliding scale discount for eligible services, shown on Exhibit 1. Uninsured patients will receive discounts applied against the gross charges for care and services. Insured patients receive discounts which are applied to the remaining account balance after insurance payment when their financial liability exceeds \$2500.

**Catastrophic Cap:** Applicants are eligible for a catastrophic discount of 100% on guarantor balances that exceed 10% of income when the calculated FPL is at or below 600%.

**Payment Expectations:** Financial Assistance eligible applicants are expected to comply with MCHS Billing and Collection Policy and payment terms on any balances remaining after financial assistance discounts are applied.

## **VIII. Refunds**

An applicant who is determined to be eligible for financial assistance will be refunded amounts in excess of \$5 if they had paid for eligible care in excess of the calculated personal responsibility amount due under the financial assistance policy.

## **IX. Presumptive Eligibility**

Applicants may be determined to be eligible for financial assistance even though a financial assistance application or supporting documentation is not provided. Information accessed through other sources may provide sufficient evidence for MCHS to make a financial assistance eligibility determination. These presumptive eligibility decisions are based on socio-economic factors that indicate a low financial capacity, such as: eligibility for specific means-tested state and local assistance programs, homelessness, residency in low-income housing, inability to locate any estate for a deceased patient and other demographic and analytic tools. Presumptive Eligibility discounts are granted for free care (100% discount) only and are applied only to outstanding balances. If an account is qualified for Presumptive Eligibility, reasonable measures will be taken to any reverse ECA's.

## **X. Application Process**

Any applicant who indicates an inability to pay or a need for financial assistance may apply for financial assistance and access a MCHS financial counselor who will assist and provide referrals to third-party resources the patient may qualify for. MCHS will accept a financial

assistance application for at least 240 days following the patient/guarantor's first billing statement or as determined to be reasonable.

Mail or hand-deliver completed financial assistance applications and required documentation to:

**Marshfield Clinic Health System**

Patient Financial Assistance  
Center

3Q4 1000 North Oak Avenue

Marshfield, WI 54449

1-800-782-8581, ext. 94475

Upon receipt of a complete financial assistance application and until notification of a decision is made to the applicant, ECAs will not be initiated and further action will not be taken on existing ECAs. Within 30 days after submission of a complete application, MCHS will determine whether the applicant qualifies for financial assistance and will notify the applicant in writing of an approval and the discount amount. MCHS will take reasonable measures to reverse any ECA already in place related to the amounts approved for financial assistance.

Applicants qualifying for discounted, but not free, care will be notified in writing regarding any remaining balance due, including how the amount was determined and how to obtain information regarding the AGB. Any such remaining balances will be managed in accordance with the MCHS Billing and Collection Policy.

An incomplete financial assistance application will be returned to the applicant with a request to submit the missing information in 15 business days. If additional time is needed to complete the application or provide the required documentation, the applicant must communicate with the Patient Assistance Center to request an extension. During the time missing information is being gathered, a temporary hold will be placed on the account to pause collection activity. At the expiration of the time period, if a complete application has not been received, collection activity will resume, as described in the MCHS Billing and Collection Policy and the application and supporting documents will be destroyed.

**XII. Appeals**

If the application for financial assistance is denied, the Patient Assistance Center will notify the applicant in writing with the reason for the denial. Patients may appeal the financial assistance decision within 30 days of the denial notification by calling 1-800-782-8581, ext. 94475 or by writing to the Patient Financial Assistance Center (above).

**XIII. Impact on Billing and Collection Process**

While the application is pending review and approval, a regular monthly statement of account activity and outstanding balance will continue to be provided to the patient/guarantor. In the event that a patient/guarantor qualifies for financial assistance but fails to pay the remaining balance due (including, if applicable, a payment plan), MCHS may take any of the actions defined in the Billing and Collection Policy.

**XIV. Measures to Widely Publicize Financial Assistance Policy**

Information on the MCHS Financial Assistance Policy will be posted in hospital registration and admitting locations and in hospital emergency departments. Financial assistance information is printed on monthly billing statements to widely publicize the availability of financial assistance. The MCHS Financial Assistance Policy (including the Plain Language Summary), the Financial Assistance Application, and the Billing and Collection Policy are available in English, Spanish, Hmong, and any other language that is the primary language spoken by the lesser of 1,000 individuals or 5% of the population of the Service Area.

The MCHS Financial Assistance Policy (including the Plain Language Summary), the Financial Assistance Application, and the Billing and Collection Policy may be obtained free of charge:

- On the website, at [www.marshfieldclinic.org/financial-assistance](http://www.marshfieldclinic.org/financial-assistance)
- In person at any hospital
- By phone, at 715-389-4475 or 800-782-8581, ext. 94475
- By mail from the Patient Financial Assistance Center (address above)

**XV. Amounts Billed to Patients Eligible for Financial Assistance**

Applicants who are eligible for financial assistance under this policy will not be charged more than the amount generally billed (AGB) to patients/guarantors with insurance for emergency or medically necessary care. MCHS determines AGB for the clinics and each hospital facility with more than 12 months of claim history utilizing the look-back method as defined in 1.501r-5(b)(3). MCHS determines AGB for any hospital facility with less than 12 months of claim history using the Prospective Medicare method. Under the prospective method, MCHS will not charge patients/guarantors who are eligible for financial assistance more than the Medicare allowable rate. An explanation of the AGB calculation can be obtained from the Patient Financial Assistance Center.

**XVI. Confidentiality:**

Confidentiality of information and preservation of individual dignity will be maintained for all who seek financial assistance under this Policy. No information obtained in the financial assistance application will be released except when authorized by the applicant or required by law. Incomplete applications and supporting documents will be destroyed.

**XVII. Other Related Policies:**

- A. MCHS Billing and Collection Policy
- B. Family Health Center of Marshfield, Inc. Financial Assistance Policy

**Attachments:**

- Exhibit 1 Financial Assistance Discounts
- Exhibit 2 Sample Financial Assistance Application
- Exhibit 3 Physicians and Providers Covered by Financial Assistance Policy
- Exhibit 4 Plain-Language Summary of Financial Assistance Policy



## EXHIBIT 1

### Financial Assistance Discounts

**Income Guideline:** The 2022 federal poverty guidelines based on household size:

#### 2022 Federal Poverty Guidelines (Annual Income)

| Household Size | 100% FPL | 200% FPL | 250% FPL  | 300% FPL  | 350% FPL  | 400% FPL  |
|----------------|----------|----------|-----------|-----------|-----------|-----------|
| 1              | \$13,590 | \$27,180 | \$33,975  | \$40,770  | \$47,565  | \$54,360  |
| 2              | \$18,310 | \$36,620 | \$45,775  | \$54,930  | \$64,085  | \$73,240  |
| 3              | \$23,030 | \$46,060 | \$57,575  | \$69,090  | \$80,605  | \$92,120  |
| 4              | \$27,750 | \$55,500 | \$69,375  | \$83,250  | \$97,125  | \$111,000 |
| 5              | \$32,470 | \$64,940 | \$81,175  | \$97,410  | \$113,645 | \$129,880 |
| 6              | \$37,190 | \$74,380 | \$92,975  | \$111,570 | \$130,165 | \$148,760 |
| 7              | \$41,910 | \$83,820 | \$104,775 | \$125,730 | \$146,685 | \$167,640 |
| 8              | \$46,630 | \$93,260 | \$116,575 | \$139,890 | \$163,205 | \$186,520 |

**Free or Discounted Care:** Uninsured applicants whose total household income is less than or equal to 400% of the current federal poverty level will qualify for financial assistance discount. Insured applicants who meet this income criteria may qualify for a financial assistance discount when their guarantor account balance exceeds \$2,500.

| Discounts applicable to each location                      | Federal Poverty Level      |                     |                     |                    |
|--|----------------------------|---------------------|---------------------|--------------------|
|  | Less than or equal to 100% | 101% - 200%         | 201% - 300%         | 301% - 400%        |
| Clinics (Marshfield Clinic- freestanding clinic locations) | 100%                       | 90%                 | 75%                 | 56%                |
| Marshfield Medical Center- Beaver Dam                      | 100%                       | 90%                 | 75%                 | 66%                |
| Marshfield Medical Center- Eau Claire                      | 100%                       | 90%                 | 75%                 | 57%                |
| Marshfield Medical Center- Ladysmith                       | 100%                       | 90%                 | 75%                 | 32%                |
| Marshfield Medical Center- Marshfield                      | 100%                       | 90%                 | 75%                 | 58%                |
| Marshfield Medical Center- Minocqua                        | 100%                       | 90%                 | 75%                 | 61%                |
| Marshfield Medical Center- Neillsville                     | 100%                       | 90%                 | 75%                 | 43%                |
| Marshfield Medical Center- Park Falls                      | 100%                       | 90%                 | 75%                 | 35%                |
| Marshfield Medical Center- Rice Lake                       | 100%                       | 90%                 | 75%                 | 57%                |
| Marshfield Medical Center – River Region                   | 100%                       | Medicare Allowable* | Medicare Allowable* | Medicare Allowable |
| Marshfield Medical Center-Weston                           | 100%                       | 90%                 | 75%                 | 61%                |

\*Medicare allowable will be directly to balances due from Uninsured applicants. For Underinsured applicants, a discount will be applied to reduce the patient financial liability to no more than the Medicare allowable amount.

**EXHIBIT 2**

**Financial Assistance Application**

<https://www.marshfieldclinic.org/mPatientResources/Documents/9-82547%20English.pdf>

### EXHIBIT 3

#### Physicians and Other Providers Covered by Policy

Emergency and medically necessary services offered by Marshfield Clinic Health System providers, with the exception of services through Family Health Center of Marshfield, Inc., are eligible for coverage under this policy.

Other provider groups may offer emergency or medically necessary services at MCHS facilities. Below is a list of those provider groups and whether they are covered under this MCHS financial assistance policy.

| Provider Group                           | Covered under MCHS Financial Assistance Policy | NOTES   |
|--|--|---|
| Marshfield Clinic Health System, Inc.    | Yes  | <a href="https://www.marshfieldclinic.org/doctors">https://www.marshfieldclinic.org/doctors</a> |
| Family Health Center of Marshfield, Inc. | No   | Assistance available under FHC's policy   |
| Branham Healy Orthopedic Clinic S.C.     | No*  |   |
| Advanced Pain Management                 | No   |   |
| AmeriPath Milwaukee                      | No   |   |
| Associated Podiatrists, LLP              | No   |   |
| Community Pediatrics                     | No   |   |
| Chippewa Valley Eye Clinic               | No*  |   |
| Dean Clinic                              | No   |   |
| Dean Specialty Clinic                    | No   |   |
| Dean Health Systems, Inc.                | No   | Except for services provided at MMC-Beaver Dam prior to 6/1/2021.                               |
| Dermatology Associates                   | No   |   |
| eCare of Wisconsin, LLC                  | No   |   |

|   |     |  |
|---|-----|--|
| Envision Physician Services   | No  |  |
| Face and Skin, LLC  | No  |  |
| Grote, Mary A   | No  |  |
| Hansfield, Scott M, MD  | No  |  |
| Kalinosky, Thomas J, DO   | No  |  |
| LuyTan, Wilson H MD   | No  |  |
| Milwaukee Radiologists  | No  |  |
| Unity Point Health – Meriter Heart and Vascular Institute                                   | No  |  |
| Unity Point Health – Meriter Spine Center   | No  |  |
| Unity Point Health – Meriter Orthopedics  | No  |  |
| Paladina Health   | No  |  |
| Physical Medicine Rehabilitation Independent Services                                       | No  |  |
| Randolph Community Clinic   | No  |  |
| River City Psychological Services   | No  |  |
| Urology Services  | No  |  |
| UW Health   | No  | Except for services provided at MMC-Beaver Dam |
| Any other providers offering emergency or medically necessary services at any MCHS hospital | No* | Ahmed, Aisha MD                                |
|   |     | Akhtar, Muhammad MD                            |
|   |     | Chiang, Alfred DO                              |
|   |     | Kyle Dettbarn MD                               |
|   |     | Eichten, Jeffrey MD                            |
|   |     | Fassbinger, Katie MD                           |
|   |     | Foerster, Susan MD                             |
|   |     | Godar, Dennis DMD                              |
|   |     | Graham, Peter MD                               |
|   |     | Gray, Roger JR MD                              |
|   |     | Hirsch, Michael MD                             |

|  |     |                      |
|--|-----|----------------------|
|  |     | Horton, William DDS  |
|  |     | Karlstad, Martha MD  |
|  |     | Kowski, Joel DPM     |
|  | No* | Martin, Garry DPM    |
|  |     | McKee, David MD      |
|  |     | Mitchell, Michael MD |
|  |     | Mueller, Rick DMD    |
|  |     | Nathan, Katherine PA |
|  |     | Redfield, Robert MD  |
|  |     | Reding, Douglas MD   |
|  |     | Whitney, Courtney DO |

*\*For non-Marshfield Clinic provider groups, contact the provider group directly to inquire if they have a financial assistance policy.*

**EXHIBIT 4**

**Plain-Language Summary of Financial Assistance Policy**

[https://marshfieldclinic.org/mPatientResources/Documents/Plain%20Language%20Summar\\_English.pdf](https://marshfieldclinic.org/mPatientResources/Documents/Plain%20Language%20Summar_English.pdf)