

## FINANCIAL ASSISTANCE POLICY - #837

Hudson Hospital ("Hudson") 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 herein 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. 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 715-531-6200, or at 405 Stageline Rd. Hudson, WI 54016. Free copies of this Policy, application form, and translations can be accessed at [www.hudsonhospital.org](http://www.hudsonhospital.org)

### ELIGIBILITY CRITERIA

Hudson Hospital has established the following eligibility criteria for patients to receive free or discounted emergency and other medically necessary care:

1. The patient must provide evidence of acceptance or denial for government benefits, such as Medical Assistance, for themselves and or family members from county or state Medicaid programs.
2. The patient must fully exhaust any available government assistance and any available health insurance benefits.
3. The patient must complete the Hospital's Financial Assistance Application and supply all requested documentation.
4. The Hospital provides assistance to all eligible patients.
  - A. The patient's eligibility for free or discounted care will be based on household income and family size.
  - B. The Hospital provides assistance to those patients whose family income is less than or equal to 300% of the Federal Poverty Level (FPL), with the level of discount determined based upon the family size and patient's family income, as a percentage of FPL.



- C. Patients whose income and family size place them at or below 200% of the (FPL) will receive a 100% discount. Patients whose income and family size place them above 200%, but not more than 300% above the (FPL) will receive a sliding-scale partial discount as determined by the Financial Assistance Discount Chart below. (For more info visit: <https://aspe.hhs.gov/poverty-guidelines>)

Financial Assistance Discount Chart

Family Size	100% of FPL	Family Gross Income	Discount %
1	FPL x 300%	\$37,470	52.3%
	FPL x 250%	\$31,225	75%
	FPL x 200%	\$24,980	100%
	FPL x 100%	\$12,490	100%
2	FPL x 300%	\$50,730	52.3%
	FPL x 250%	\$42,275	75%
	FPL x 200%	\$33,820	100%
	FPL x 100%	\$16,910	100%
3	FPL x 300%	\$63,990	52.3%
	FPL x 250%	\$53,325	75%
	FPL x 200%	\$42,660	100%
	FPL x 100%	\$21,330	100%
4	FPL x 300%	\$77,250	52.3%
	FPL x 250%	\$64,375	75%
	FPL x 200%	\$51,500	100%
	FPL x 100%	\$25,750	100%
5	FPL x 300%	\$90,510	52.3%
	FPL x 250%	\$75,425	75%
	FPL x 200%	\$60,340	100%
	FPL x 100%	\$30,170	100%
6	FPL x 300%	\$103,770	52.3%
	FPL x 250%	\$86,475	75%
	FPL x 200%	\$69,180	100%
	FPL x 100%	\$34,590	100%
7	FPL x 300%	\$117,030	52.3%
	FPL x 250%	\$97,525	75%
	FPL x 200%	\$78,020	100%
	FPL x 100%	\$39,010	100%
8	FPL x 300%	\$130,290	52.3%
	FPL x 250%	\$108,575	75%
	FPL x 200%	\$86,860	100%
	FPL x 100%	\$43,430	100%

\* Add \$4,420 for each additional person

### HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. Patients must complete the Financial Assistance Application, and provide appropriate income verification(s) and any other supporting documents in person or mail to: Hudson Hospital, Patient Financial Services, 405 Stageline Rd., Hudson WI , 54016.
2. Patients may also fax completed applications, appropriate income verification(s) and any other supporting documents to Patient Financial Services at 715-531-6201.
3. Appropriate income verification(s) include a copy of the patient's most recent Federal 1040 tax return including all applicable schedules, and/or a benefit letter for Social Security, unemployment or disability benefits.
4. The application can be printed from our website at [www.hudsonhospital.org](http://www.hudsonhospital.org) or patients can obtain a copy by calling Patient Financial Services at 715-531-6200.
5. Designated staff in Patient Financial Services are available to assist patients by phone or in person with completing the application. Patients may also contact the Department of Human Services in the county in which they reside.
5. Patients may contact Patient Financial Services at 715-531-6200 with questions about the application or to arrange/schedule an appointment with a representative.

### FINANCIAL ASSISTANCE CALCULATION

Hudson Hospital calculates a patient's level of financial assistance as follows:

1. 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 47.7%.

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 by the sum of the associated gross charges for those claims.



### PRESUMPTIVE ELIGIBILITY DETERMINATIONS

Hudson 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 but are not limited to:

- i Homelessness
- i Medically necessary services not covered or payable under a Medicaid program or federal grant rendered to a qualified recipient
- i Qualification and effective date for Medicaid subsequent to the service dates
- i Incarceration
- i Military- special circumstances

If a patient is presumptively determined to be eligible for less than the most generous financial assistance, the Hospital will notify the patient as to the basis for the presumptive determination, how to apply for more generous assistance, give the patient a reasonable amount of time to apply for more generous assistance, and make a determination once a complete application for more generous assistance is received.

### LIST OF PROVIDERS IN HOSPITAL

Hudson 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 [www.hudsonhospital.org](http://www.hudsonhospital.org) or request a paper copy by contacting Patient Financial Services at 715-531-6200.

### EMERGENCY MEDICAL CARE POLICY

Hudson Hospital 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.

Hudson Hospital 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. Hudson Hospital shall provide all emergency services in accordance with CMS conditions of participation.



SEPARATE BILLING & COLLECTIONS POLICY

The actions that the Hospital 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 [www.hudsonhospital.org](http://www.hudsonhospital.org)