

Policy No: 150

Effective Date: 09/04

Revision Dates: 07/12, 03/13, 10/13, 01/14, 03/14, 12/15

Financial Assistance Policy Helping Hand Program

1. Purpose

Aurora Health Care, Inc. and its affiliates (collectively “Aurora”) are committed to caring for the health and well-being of all patients regardless of their ability to pay. The purpose of this Policy is to outline Aurora’s need-based financial assistance program and requirements. This Policy describes the procedure, requirements, and eligibility criteria related to Aurora’s Helping Hand Program.

2. Scope

This policy applies to medical services billed by an Aurora entity or Participating Provider that have been provided by an Aurora hospital, an Aurora employed medical professional, or a Participating Provider.

3. Definitions

Amounts Generally Billed (AGB) - the amount generally billed for emergency and other medically necessary care to Aurora patients who have health insurance calculated using the AGB Percentage multiplied by Gross Charges.

AGB Percentage - the percentage discount applied to Gross Charges and is calculated as follows: All sums received as payment in full of all claims for emergency and other medically necessary care provided and paid by Medicare fee for service and all private health insurers, including amounts received as co-payments, co-insurance, and deductibles during the twelve (12) months prior to the date upon which Aurora last calculated its AGB Percentage shall be divided by the Gross Charges for those claims. Aurora calculates the AGB Percentage at least annually. Individuals may obtain information on the calculation of the AGB Percentage free of charge by calling 1-800-326-2250.

Eligible Patient(s) – Aurora patients that meet the Helping Hand Program eligibility requirements provided in this Policy.

Eligible Services – Medically urgent and/or medically necessary services billed by an Aurora entity or Participating Provider that are non-elective and are needed in order to prevent death or adverse effects to a patient's health. Elective, preventive and/or routine services and procedures are not considered Eligible Services. Other medical services not considered Eligible Services include, but are not limited to, cosmetic procedures, complementary medicine, fertility services, Global and Executive Health, Occupational Health and retail type services, and other services that already have a specific global/package pricing arrangement. The final determination of whether medical care is considered urgent and/or medically necessary shall be made by the examining physician.

Federal Poverty Level (FPL) – The applicable household income thresholds established periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. § 9902(2).

Financial Advocates – Aurora Caregivers located within each Aurora hospital and certain clinical locations that assist uninsured or underinsured patients by reviewing the patient's current situation to determine available financial assistance programs, assist those patients with enrollment in available programs, educate patients on the cost of care, and assist patients with overall management of patients' financial responsibility.

Gross Charge – The full, established price for medical care that Aurora consistently and uniformly charges all patients before applying any contractual allowances, discounts, or deductions.

Participating Providers – Non-Aurora health care providers who have agreed to comply with this Policy with respect to billable services provided at Aurora hospitals. Attachment A, attached hereto, lists all Participating Providers at each Aurora hospital.

Plain Language Summary – A summary of this Policy that includes the information described in Section 5.2 of this Policy.

Self Pay Balance – The portion of a patient's bill that the patient or the patient's guarantor is legally responsible for paying after any applicable discounts.

4. Policy

4.1 Helping Hand Program Discount. Patients determined by Financial Advocates to be eligible for the Helping Hand Program will receive a 100% discount on all Eligible Services Self Pay Balances to ensure Eligible Patients do not pay more than the Amounts Generally Billed for that care.

4.2 Helping Hand Program Eligibility. To be eligible for the Helping Hand Program, a patient must meet the following eligibility criteria at the time the Eligible Services were billed to the patient:

4.2.1 have an established relationship with an Aurora provider for guidance through their current illness or condition treatment;

4.2.2 permanently reside in Wisconsin or be a permanent resident within geographical locations that Aurora provides services;

4.2.3 have a household income that is at or below 250% of the then current Federal Poverty Level;

4.2.4 not have government or private health insurance; and

4.2.5 apply for financial assistance within 240 days of the patient's first billing statement.

4.3 Prohibition on Gross Charges. Aurora shall not charge Eligible Patients Gross Charges for any Eligible Services.

4.4 Notification of Financial Assistance Program. Each patient shall be notified and counseled regarding financial assistance programs offered by Aurora, including the Helping Hand Program. The patient will be advised of the action needed to access the Helping Hand Program. This may include completing applications necessary to qualify for

applicable government programs, working with government agencies to maintain benefit eligibility, completing an Aurora financial aid application, and/or completing a mutually agreed upon payment schedule for the patient portion of their medical bill.

- 4.5 Other Financial Assistance Resources.** All other financial assistance options from other sources (i.e. federal, state or local programs or grants) must be explored prior to receiving financial assistance through the Helping Hand Program.
- 4.6 Application Deadline.** If an application is required to complete the approval process for the Helping Hand Program, the applicant must submit all required documentation within 120 days of the initial application, or the application will be denied.
- 4.7 Emergency Services.** Aurora shall provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under this Policy. Such care will be provided in accordance with the Federal Emergency Medical Treatment and Labor Act (EMTALA) and the Aurora EMTALA: Screening, Stabilization and Transfer Policy (#179).
- 4.8 Deferral or Denial of Care Based on Past Balances.** When a patient with a prior Self Pay Balance schedules or requests new Eligible Services, Aurora may defer the provision of such Eligible Services so long as Aurora makes a reasonable effort to determine whether the patient is eligible for the Helping Hand Program (or was eligible at the time the underlying services were provided).
- 4.9 Nonpayment of Self Pay Balances.** The Aurora Patient Collection Policy describes the actions Aurora may take in the event of nonpayment of Self Pay Balances. Members of the public may obtain a copy of the Aurora Patient Collection on Aurora's website at www.aurorahealthcare.org/collectionprocess.

5. Procedures

- 5.1 Publication of Financial Assistance Policy.** Financial Advocates will be responsible for notifying patients of the availability of the Helping Hand Program in conjunction with the opportunity for a financial assessment. Notifications of the availability of such financial assistance shall be made available via Aurora's website, brochure, monthly patient statements and verbal communication with a Financial Advocate prior to, or at the point of service, providing information about this Policy and how to apply during verbal communication about the patient's bill. Additionally, Aurora hospitals shall set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that inform patients about this Policy (including copies of the Policy, the Plain Language Summary, and the Helping Hand application) in public locations in each hospital, including, at a minimum, the emergency room and admissions areas. Copies of this Policy, the Plain Language Summary, the Helping Hand application, and each hospital's Participating Provider list shall also be provided upon request and without charge.
- 5.2 Plain Language Summary.** Aurora shall create a Plain Language Summary of this Policy that includes, at a minimum, the following information:
 - 5.2.1** A brief description of the eligibility requirements and assistance offered under the Helping Hand Program.
 - 5.2.2** A brief summary of how to apply for assistance under the Helping Hand Program.

- 5.2.3 The direct Web site address (or URL) and physical locations where individuals can obtain copies of this Policy and a Helping Hand application form.
- 5.2.4 Instructions on how individuals can obtain a free copy of this Policy and a Helping Hand application form by mail.
- 5.2.5 The contact information, including telephone number and physical location, of the Aurora office or department at Aurora that can provide information about this Policy and provide assistance with the Helping Hand application process.
- 5.2.6 A statement of the availability of translations of this Policy, the Helping Hand application form, and Plain Language Summary in other languages (if such translations are required under 26 C.F.R. § 1.501(r)-4(a)(5)(ii)).
- 5.2.7 A statement that Eligible Patients may not be charged more than the Amounts Generally Billed for emergency or other medically necessary care.

5.3 Application Process and Determination of Helping Hand Program Eligibility.

Financial Advocates will work with patients to determine whether a patient is eligible for the Helping Hand Program.

- 5.3.1 A financial assessment will be performed by a Financial Advocate. This assessment may require the patient to complete a Helping Hand application unless the Financial Advocate determines a written application to be unnecessary. If a written application is necessary, the patient will be provided a written application and will be required to provide financial information and proof of residency.
 - 5.3.1.1 The patient may verify his or her financial information by using any and/or all of the following: the patient's most recent tax year W-2s, the patient's income tax documentation, unemployment statements, or letters of financial support (if no income).
 - 5.3.1.2 The patient may verify his or her proof of residency by presenting any 2 of the following valid forms of identification that indicate the same address: Wisconsin driver's license (or other Wisconsin photo identification card such as a Student or Military ID), utility bills (gas, electric, or water), bank statements, car registrations, or any other mail received from a government entity with the current date and address.
- 5.3.2 The Financial Advocate shall review information received from the patient and/or the written Helping Hand application and determine whether the patient meets the Helping Hand eligibility requirements provided in this Policy. The Financial Advocate shall refrain from basing an eligibility determination on any unreliable information.
- 5.3.3 In addition to information obtained directly from the patient, Financial Advocates may refer or rely on the following external sources when determining whether a patient is eligible for the Helping Hand Program:
 - 5.3.3.1 Experian Health Financial Assistance Screening

5.3.3.2 Information about public assistance obtained through the Wisconsin ForwardHealth Portal

- 5.3.4** Prior Helping Hand eligibility shall not be used to presumptively determine whether a patient is eligible for the Helping Hand Program.
- 5.3.5** In the event an application is submitted and is incomplete, Financial Advocates will inform the patient about the information that is needed to complete the application.
- 5.3.6** Financial Advocates will notify the patient of the Helping Hand determination. Notification shall be made in person or via mail, as applicable. Such notification shall include a statement informing the patient that the determination was made after applying Aurora's FAP eligibility criteria to the patient's financial situation.
- 5.3.7** If Financial Advocates determine a patient is eligible for the Helping Hand Program, the patient shall receive a 100% discount on the Eligible Services Self Pay Balances and shall be refunded any amounts previously paid to Aurora for those Eligible Services.
- 5.3.8** If Financial Advocates determine a patient is ineligible for the Helping Hand Program, the Financial Advocate will work with the patient to create a payment plan to resolve the patient's remaining Self Pay Balance. Such Self Pay Balances are subject to the Aurora Patient Collection Policy # (245).
- 5.3.9** Future services will be reviewed and assessed prior to or at the time of the service for continued eligibility. Financial Advocates may reassess a patient's eligibility in the event a known or anticipated change of circumstances is likely to affect continued eligibility.

5.4 Deferral or Denial of Care Based on Past Balances. When a patient with a prior Self Pay Balance schedules or requests new Eligible Services, Aurora may defer the provision of such Eligible Services so long as Financial Advocates take the following actions:

- 5.4.1** Confirm with the examining physician that the scheduled or requested services are Eligible Services but are not emergent. If the scheduled or requested services are not Eligible Services, then such services may be deferred or denied in accordance with the Aurora Patient Financial Responsibility Policy.
- 5.4.2** Provide the patient with written notice of the Helping Hand Program accompanied by an application.
- 5.4.3** Process the completed application on an expedited basis to avoid further deferment of the Eligible Services.

If Financial Advocates determine the patient is ineligible for the Helping Hand Program or if the patient does not complete an application, Aurora may continue to defer the Eligible Services so long as Financial Advocates notify the patient of such denial (or that failure to complete the application is preventing Aurora from making a determination of eligibility)

and that Aurora cannot proceed with the requested Eligible Services until other financial arrangements are made in accordance with the Aurora Patient Financial Responsibility Policy.

Copies of the Aurora Financial Assistance Policy and Aurora Patient Collection Policy are available free of charge by calling 1-800-326-2250 or by visiting Aurora.org/HelpingHand

Cross References: Aurora Patient Financial Responsibility; Patient Collection Policy; EMTALA: Screening, Stabilization and Transfer Policy; 26 U.S.C. § 501(r).

Owner: Director of Financial Clearance

Attachment A

Participating Provider List

Current as of August 1, 2017

The following entities are Participating Providers in Aurora's Helping Hand Program at ALL Aurora hospitals in which they render services and will provide the Helping Hand Program Discount for Eligible Services provided to Eligible Patients (as those terms are defined in the Aurora Financial Assistance Policy):

- **Aurora Medical Group, Inc.**
- **Aurora UW Academic Medical Group, Inc.**
- **Aurora Advanced Healthcare, Inc.**
- **Lakeshore Medical Clinic, LLC**

Each Aurora hospital below is also a Participating Provider. Additionally, the entities listed below each Aurora hospital are Participating Providers at that Aurora hospital:

- **Aurora Sinai Medical Center**
 - Aurora Health Care Metro, Inc.
- **Aurora St. Luke's Medical Center**
 - Aurora Health Care Metro, Inc.
 - ERMED, S.C. for services provided in the Emergency Department
 - Anesthesiology Associates of Wisconsin, S.C.
- **Aurora St. Luke's South Shore**
 - Aurora Health Care Metro, Inc.
 - ERMED, S.C. for services provided in the Emergency Department
- **Aurora West Allis Medical Center**
 - Aurora Health Care Metro, Inc.
 - ERMED, S.C. for services provided in the Emergency Department
 - Milwaukee Anesthesiology Consultants, Ltd.
- **Aurora Sheboygan Memorial Medical Center**
 - Aurora Health Care Central, Inc.
 - Aurora Health Care Metro, Inc.
- **Aurora Medical Center Washington County**
 - Aurora Medical Center of Washington County, Inc.
 - Aurora Health Care Metro, Inc.
- **Aurora Psychiatric Hospital**
 - Aurora Psychiatric Hospital, Inc.
 - Aurora Health Care Metro, Inc.
- **Aurora Memorial Hospital of Burlington**
 - Aurora Health Care Southern Lakes, Inc.
- **Aurora Lakeland Medical Center**
 - Aurora Health Care Southern Lakes, Inc.
- **Aurora Medical Center Kenosha**
 - Aurora Health Care Southern Lakes, Inc.
- **Aurora Medical Center Summit**
 - Aurora Health Care Southern Lakes, Inc.
- **Aurora Medical Center Grafton**
 - Aurora Medical Center Grafton LLC
- **Aurora Medical Center Manitowoc County**
 - Aurora Health Care North, Inc.
 - BayCare Clinic, L.L.P. for services provided in the Emergency Department
- **Aurora Medical Center Oshkosh**
 - Aurora Medical Center of Oshkosh, Inc.
 - Aurora Health Care North, Inc.
 - BayCare Clinic, L.L.P. for services provided in the Emergency Department
- **Aurora BayCare Medical Center**
 - BayCare Aurora, LLC

***This list is subject to change and patients may view the most current Participating Provider list at www.Aurora.org/HelpingHand**

Providers not listed above are not obligated to participate in Aurora's Helping Hand Program and patients may incur a self pay balance owed to a non-participating provider. Patients may inquire directly with such non-participating providers to determine if such provider has its own financial assistance policy. For questions about whether a provider is a Participating Provider or not, patients can call 1-800-326-2250 or visit a Financial Advocate within any Aurora hospital.