

SECTION ADMINISTRATION CORPORATE	POLICY NUMBER 20-950.145.8	
	EFFECTIVE DATE 9/29/2021	
NAME Patient Financial Assistance Policy	SUPERSEDES 20-950.145.7	DATED 7/30/2021
	REVIEW DATE 9/29/2024	

I. KEYWORDS:

The following terms are meant to be interpreted as follows within this policy:

- A. **Amount Generally Billed (AGB):** The amounts generally billed to insured patients for emergency or other medically necessary care, determined as described in Appendix A of this policy.
- B. **Financial Assistance:** A discount provided to a patient under the terms and conditions the hospital offers to qualified patients or as required by law. Financial assistance is not a form of health insurance and cannot be used to subsidize premiums.
- C. **Free and Charitable Clinic:** a 501(c)(3) tax-exempt healthcare organization providing health services to low-income uninsured or underinsured individuals that is recognized by either the Illinois Association of Free and Charitable Clinics or the National Association of Free and Charitable Clinics.
- D. **Emergency Care:** Immediate care provided by a hospital facility for emergency medical conditions that is necessary to prevent putting a patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts. Emergency Care is deemed to be medically necessary.
- E. **Exempt Patients:** Individuals (and their dependents) who are exempted from social security and Medicare taxes will not be required to apply for government assistance programs, such as Medicaid. Documentation must include one of the following:
 - a. Approved and valid IRS Form 4029: Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits;
 - b. In cases where a 4029 is not available, UW Health will consider alternate documentation evidencing that an individual is exempt from social security taxes
- F. **Gross Charges:** The full, established price for medical care that UW Health consistently and uniformly charges patients before applying any discounts, contractual allowances, or deductions.
- G. **Household Income:** The combined incomes of you, your (married) spouse, and everyone you'll claim as a tax dependent on your federal tax return. It includes every form of income, e.g. salaries and wages, retirement income, annuities.
- H. **Medically Necessary:** Those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be necessary, taking into account the most appropriate level of care. Depending on a patient’s medical condition, the most appropriate setting for the provision of care may be a home, a physician’s office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. In order to be medically necessary, a service must:
 - a. Be required to treat an illness or injury;
 - b. Be consistent with the diagnosis and treatment of the patient’s conditions;
 - c. Be in accordance with the standards of good medical practice; and
 - d. Be that level of care most appropriate for the patient as determined by the patient’s medical condition and not the patient’s financial or family situation.

The term “medically necessary” does not include services provided for the convenience of the patient or the patient’s physician, or elective health care. For purposes of this policy, UW Health reserves the right to determine, on a case-by-case basis, whether the care and services provided to a patient meet the definition and standard of “medically necessary” for the purpose of eligibility for financial assistance.

- I. **Presumptive Eligibility Determination:** The process by which UW Health may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for financial assistance under this policy.
- J. **Eligibility Area:** Includes UW Health's primary service community, Wisconsin's Dane County and Illinois's Winnebago County, as well as some zip codes within Columbia, Green, Iowa, Jefferson, Lafayette and Rock counties in Wisconsin, and some zip codes within Boone and Ogle counties in Illinois. UW Health will provide documentation of its Eligibility Area upon request.
- K. **Underinsured:** Insured patients whose out-of-pocket medical costs exceed their ability to pay.
- L. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers for a particular service.
- M. **Uninsured discount:** A discount offered to patients without health insurance coverage. The hospital's charges multiplied by the uninsured discount factor.
- N. **Uninsured discount factor:** 1.0 less the product of a hospital's cost to charge ratio multiplied by 1.35.
- O. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life-threatening but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12–24 hours.

II. PURPOSE:

Consistent with our mission to advance health without compromise through Service, Scholarship, Science, and Social Responsibility, UW Health is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income up to 600% of the Federal Poverty Level Guidelines (FPL). The eligibility criteria for financial assistance and the procedures for receiving financial assistance outlined in this policy set forth the parameters for UW Health's Financial Assistance program and will ensure that UW Health has the financial resources necessary to meet its commitment to providing care to the greatest number of patients with the greatest financial need in its primary service areas and surrounding areas. In addition, this policy establishes a fair and consistent method for the review and completion of requests for Financial Assistance for UW Health's patient population.

In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance under UW Health's Financial Assistance program will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients. In addition, the Financial Assistance program ensures that SwedishAmerican, a component of UW Health, will meet its statutory obligation to provide comprehensive, high-quality health care to the medically indigent.

III. SCOPE:

UW Health provides financial assistance only when: (a) it deems care to be medically necessary and eligible for coverage under this policy; (b) it determines patients have met all eligibility criteria; (c) it determines it is the appropriate provider for the level of care; (d) the patient's residence is within the Eligibility Area of UW Health (as defined above); and (e) patients have first diligently sought assistance from other financial assistance programs (such as Medicaid or insurance through the public marketplace). For persons residing outside of the Eligibility Area who seek care at UW Health, UW Health may, in its sole discretion, opt to provide financial assistance under special circumstances (e.g. the service can be provided only by UW Health medical staff/technology). As described within this policy, UW Health offers both free care and discounted care, depending on individuals' family size, income and type of health care service.

Uninsured and underinsured patients who do not qualify for free care may receive a sliding scale discount off of the gross charges for their medically necessary services based on their family income as a percent of the Federal Poverty Guidelines. These patients are expected to pay their remaining balance and may work with a UW Health Revenue Cycle representative to set up a payment plan based on their financial situation.

If the Covered Services are Emergent Services or services that UW Health is otherwise required to provide under EMTALA, then UW Health will provide such Covered Services without requiring any advance deposit or prepayment. For all other Covered Services, UW Health may require an advance prepayment. From time-to-time UW Health may make exceptions to this policy as deemed appropriate by the UW Health Vice President of Revenue Cycle (in consultation with the UW Health Chief Financial Officer).

IV. PRACTICE

A. Eligibility for Financial Assistance:

1. Services eligible for Financial Assistance include all emergency and other medically necessary care provided by UW Health, as described in Appendix B. UW Health will not charge patients who are eligible for financial assistance more for emergency or medically necessary care than the amounts generally billed (AGB) to insured patients. An uninsured patient under the 600% threshold may not be charged more than the hospital's charges less the amount of the Uninsured Discount. To the extent permitted by governmental or private insurers, deductibles, co-insurance, or co-payments may be eligible for consideration under Financial Assistance.
2. Eligibility for financial assistance may be determined at any point in the revenue cycle.
3. In order to be eligible for Financial Assistance, patients must meet the following criteria:
 - a. The patient and/or patient representative must cooperate with UW Health to explore alternative means of assistance, when available, including Medicare, Medicaid, group health insurance, the health exchange marketplace, and other forms of insurance (unless documentation is provided to demonstrate they are an "exempt patient"). Any insurance proceeds or settlement funds paid directly to the patient related to medical costs must be relinquished by the patient to UW Health to cover the associated outstanding UW Health charges before Financial Assistance would be applied. Any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.
 - b. The patient is unable to pay based on his or her individual financial situation.
 - c. The patient and/or patient representative cooperates with UW Health's policies and procedures.
 - d. The patient must have primarily resided in the Eligibility Area for at least a year. Internationally traveling/visiting patients who seek non-emergent treatment from UW Health are not eligible for Financial Assistance.
 - e. The patient must have either annual household incomes below 600% of the Federal Poverty Guidelines or have excessive medical debt (greater than 50% of gross income).
 - f. The patient or patient representative must submit a completed Financial Assistance Application (including all documentation required by the application) or meet presumptive eligibility requirements.
 - g. Certain federal and state income-based programs such as Medicaid require patients to submit documentation as proof that their income is below a certain FPL threshold. If a patient is currently active for a state/federal program that requires proof of FPL <200%, the patient may not have to submit documentation of income beyond the financial assistance application to UW Health in order to be approved for financial assistance.
4. When determining eligibility, UW Health does not discriminate on the basis of race, color, national origin, gender, age or disability.
5. If UW Health determines that patient meets the criteria described above, UW Health determines the amount of a patient's Financial Assistance support using an income-based sliding scale.
6. Patients not eligible for financial assistance include the following:
 - a. Specific patient populations that have a Single Case Agreement with UW Health
 - b. Patients who are eligible for coverage or payment for services under any other health or accident insurance program, including workers' compensation, third-party liability, and motor vehicle insurance"
 - c. Patients who are members of insurance plans that deem UW Health to be "out of network," UW Health may reduce or deny the financial assistance that would otherwise be available to Patient

based upon a review of Patient's insurance information and other pertinent facts and circumstances.

- d. Patients receiving any Category 3 Excluded services or items listed on Appendix B
7. Financial Assistance for uninsured patients referred to UW Health for non-emergency services who receive community-based primary care provided by a Federally Qualified Health Center (FQHC)/community health center or a Free and Charitable Clinic:
 - a. If there is a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program, UW Health will provide the patient with the opportunity to be screened for and assistance with applying for public health insurance programs.
 - b. If there is not a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program, UW Health will provide the patient with the opportunity to apply for hospital financial assistance when the hospital services are scheduled.

B. Assistance for Patients Not Eligible for Financial Assistance:

Uninsured patients who are not eligible for financial assistance may be provided a self-pay discount.

C. Applying for Financial Assistance:

1. A Patient may qualify for financial assistance through presumptive eligibility or by applying for financial assistance by submitting a completed Financial Assistance Application. The application and instructions are available online at www.uwhealth.org/financialassistance, by mail, in person at all admission/registration desks, and at all UW Health financial counseling or business office locations. (Appendix C)
2. Patients may submit a Financial Assistance Application up to 240 days from the date of discharge or service.
3. Patients will be asked to attest that all information provided is true. If any information is determined to be false, all discounts afforded to the patient may be revoked, making them responsible for full charges for the services rendered.
4. Complete a Financial Assistance Application and provide the following supporting documentation, as applicable:
 - a. Proof of income for applicant (and spouse, if married);
 - i. Most recent pay stubs
 - If paid weekly (every week) – 4 most recent, consecutive stubs needed
 - If paid bi-weekly (every 2 weeks) – 2 most recent, consecutive stubs needed
 - If paid monthly (every month) – most recent stub
 - Letter from employer stating weekly, monthly or annual earnings
 - ii. Unemployment earnings statement
 - iii. SSI/SSDI income information (including minor children)
 - iv. Annuity information
 - v. Pension information
 - vi. Any other sufficient information on how patient/family is currently supporting themselves
 - vii. Copy of most recent federal tax return (including all applicable schedules)
 - b. Bank statements - 2 most recent
 - c. Evidence of other assets, as described on the Financial Assistance Application
5. Individuals who cannot provide the documentation listed above, have questions about or would like help completing the financial Assistance Application, may contact a Revenue Cycle representative either in person or over the phone. UW Health has English and Spanish speaking Revenue Cycle representatives as well as the use of a Language Line to assist patients with their questions or to provide copies of the Financial Assistance policy and Financial Assistance Application and Instructions. (Appendix C).
6. The completed Financial Assistance Application will be reviewed by a Revenue Cycle representative to verify:
 - a. That all health or other insurance coverage has been exhausted, including any potential third-party liability settlements.
 - b. Eligibility for government and other programs. If eligible, assistance will be provided in applying for

coverage.

- c. Resources available other than income, e.g. home, land, vehicle(s), personal possessions.
 - d. Future earnings potential.
 - e. Other financial obligations, e.g. child support, alimony.
 - f. Possible use of appropriate gift funds.
7. Patients qualified for consideration for partial assistance under the UW Health Financial Assistance Policy shall cooperate with UW Health by providing all information and documentation necessary to establish a reasonable agreement and/or payment plan. Patients must notify UW Health of any positive or negative changes in their financial situation when scheduling subsequent visits.
 8. External sources may be utilized, including credit, propensity to pay, or medical recovery score, to verify eligibility.
 9. Current approval for state/federal income-based programs with eligibility criteria at or below 200% of the federal poverty income guidelines (i.e. Medicaid) may be utilized to verify eligibility for Financial Assistance. Documentation beyond the financial assistance application may not be required.
 10. Depending on the supporting documentation provided, applications may be approved on a one-time basis for all outstanding balances, and/or may be approved prospectively for up to twelve months after the date of approval of the completed application.

D. Appeals of denials or partial Financial Assistance awards.

Patients or their representatives may appeal UW Health's decisions regarding eligibility for financial assistance.

1. If financial assistance is denied, an appeal can be filed within 20 calendar days of the date of the letter notifying the applicant of the denial or partial award. Send a letter to UW Health – Financial Assistance, Attention: Financial Assistance Appeals Committee, Administrative Offices Building, 7974 UW Health Court, Middleton, WI 53562, outlining why the application should be reconsidered and providing additional supporting information.
2. All appeals will be considered by UW Health's Financial Assistance Appeals Committee and decisions of the committee will be sent in writing to the individual that filed the appeal.

E. Determining Discount Amount:

1. Once eligibility for financial assistance has been established, UW Health will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) for emergency or medically necessary care.
2. Patients who have a household income at or below 600% of the Federal Poverty Level Guidelines (FPL) may receive free or discounted care as illustrated on Appendix D.
3. Uninsured patients under the 600% FPL threshold may not be charged more than the hospital's charges less the amount of the Uninsured Discount.
4. Patients with excessive medical debt (greater than 50% of income) are also eligible for larger Financial Assistance discounts under this policy, as described on Appendix D.
5. Category 2 Services/Items are discounted for all patients eligible for Financial Assistance at the AGB, regardless of family income (see Appendix B). All Category 2 Services/Items and related follow-up care must be prepaid before they will be scheduled.
6. Category 3 Services/Items are not eligible for Financial Assistance.
7. The maximum amount UW Health will collect for Medically Necessary services and Emergency Care in a twelve (12) month period from an Uninsured Patient with family income of less than or equal to six hundred percent (600%) of the Federal Poverty Guidelines is twenty percent (20%) of that patient's family income. UW Health will determine, on a case-by-case basis, whether to extend the same or similar twelve- (12-) month maximum collectible amount to any other FAP Eligible Self-pay Patient with family income of less than or equal to six hundred percent (600%) of the Federal Poverty Level Guidelines for Medically Necessary services and Emergency Care. UW Health reserves the right to exclude patients having assets with a value in excess of six hundred percent (600%) of the Federal Poverty Level Guidelines from the application of this twelve- (12-) month maximum collectible amount. For purposes of determining the applicability of the twelve- (12-) month maximum collectible amount, the following

assets shall not be counted:

- a. The Uninsured Patient's primary residence.
- b. Personal property exempt from judgment under Section 12-1001 of the Illinois Code of Civil Procedure; and
- c. Any amounts held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plan may be included as income.

F. Presumptive Eligibility:

1. Absent sufficient information to support financial assistance eligibility, UW Health may opt to refer to or rely on external sources and/or other program enrollment resources to determine eligibility in the event that:
 - a. Patient is homeless;
 - b. Patient is currently eligible for state or local assistance programs, even if the patient was not historically eligible for the same programs;
 - c. Patient is eligible for a state-funded prescription medication program;
 - d. Patient is deceased and without an estate;
 - e. Patient files bankruptcy; and/or
 - f. Patient is enrolled in one of the following assistance programs with eligibility criteria at or below two hundred percent (200%) of the federal poverty income guidelines:
 - i. Women, Infant and Children Nutrition Program (WIC);
 - ii. Supplemental Nutrition Assistance Program (SNAP);
 - iii. Illinois Free Lunch and Breakfast Program;
 - iv. Low Income Home Energy Assistance Program (LIHEAP);
 - v. Temporary Assistance for Needy Families (TANF);
 - vi. An organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for eligibility; or
 - vii. A grant assistance program for medical services.
2. External sources utilized to determine presumptive eligibility may include credit or medical recovery scores available through TransUnion, Zillow, or Access Dane.
3. UW Health also uses an outside source to determine a propensity to pay score to help identify patients who may be eligible for financial assistance under this policy. Account balances for patients at 300% or less of the Federal Poverty Level, and with a low propensity to pay score will be presumptively written off. UW Health may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination.
4. Presumptively eligible approvals apply to outstanding balances only and not to any future balances. These accounts are approved for 100% discount.
5. A Self-Pay Patient meeting one or more of the Presumptive Eligibility Criteria who submits a Financial Assistance Application shall not be required to report gross income or report information regarding monthly expenses.

G. Eligible Providers:

1. In addition to care delivered by UW Health, emergency and medically necessary care delivered by the providers listed in Appendix E to this policy, are also covered under this policy. Members of the public may readily obtain Appendix E online at <https://www.swedishamerican.org/patients/financial-assistance-policy>, by mail, in person at all admission/registration desks and at all UW Health financial counseling and business office locations. Refer to Appendix C for more details.

H. Communication of Financial Assistance Program:

1. UW Health communicates the availability and terms of its financial assistance program to all patients, through means which include, but are not limited to:
 - a. Notifications on patient bills/statements;

- b. Posted policies on the organization's website;
 - c. Brochures available to patients at all UW Health locations;
 - d. Plain language summary offered at every encounter;
 - e. Notices on UW Health information monitors;
 - f. Designated staff knowledgeable on the financial assistance policy to answer patient questions or who may refer patients to the program.
2. Requests for financial assistance can be made by a patient, their family members, friend or associate, but will be subject to applicable privacy laws.

I. Revenue Cycle Contact Information:

1. UW Health has English and Spanish speaking Revenue Cycle representatives as well as the use of a Language Line to assist patients with their questions regarding the Financial Assistance program or for requests of a copy of the UW Health Financial Assistance Guidelines. Individuals, who cannot provide the documentation listed above, have questions about or would like help completing UW Health's application, may contact a Revenue Cycle representative either in person or by phone. Reference Appendix C - Revenue Cycle Contact Information.

J. Regulatory Requirements:

1. In implementing this policy, UW Health shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

K. Language Accessibility and Nondiscrimination

- 1. UW Health does not discriminate on the basis of race, color, national origin, gender, age or disability.
- 2. Español (Spanish)
 - a. ATENCIÓN: si habla español, hay servicios de asistencia lingüística gratuitos disponibles para usted. Llame al 1-608-262-9000 (TTY: 711).
 - b. UW Health cumple con las leyes federales vigentes de derechos civiles y no discrimina con base en la raza, el color, el país de origen, la edad, la discapacidad o el sexo.
- 3. Hmoob (Hmong)
 - a. LUS CEEB TOOM : Yog koj xav tau kev pab txhais lus, taw tes rau kab ntawv uas yog koj cov lus es ib tug neeg txawj txhais lus mam li pab txhais lus pub dawb rau koj. 1-608-262-9000 (TTY: 711).
 - b. Lub chaw ua hauj lwm no yeej ua raws li txhua yam kev cai lij choj uas tiv thaiv tib neeg txoj cai thiab yuav tsis pub muaj kev cais pab pawg los yog txwv kev pab cuam rau ib tug neeg twg vim nws yog haiv neeg txawv, muaj cev nqaij daim tawv uas yog txawv xim, tuaj lwm lub teb chaws tuaj, hnuv nyoog laus los hluas, xiam oos khab, los yog ib tug poj niam los txiv neej.

V. REFERENCES

SwedishAmerican Administrative Policy 10-950.200.0 – Billing and Collections Policy

SwedishAmerican Administration Policy 10.950.199 – Payment Collections Policy

Related Law

Wis. Stat. s. 233.04(3b)(a)(1)

210 ILCS 88

210 ILCS 89

77 Ill. Admin Code 4500

26 C.F.R. 501(r)-4

Appendices

- A. Amount Generally Billed
- B. Financial Assistance Categories of Services
- C. Revenue Cycle Contact Information

- D. Financial Assistance Adjustment Levels
- E. Eligible Providers Other than UW Health

VI. AUTHORITY

Issued and approved by the President and Chief Executive Officer.

Thomas D. O'Connor, President and Chief Executive Officer

Date

APPENDIX A

FAP – APPENDIX A

AMOUNT GENERALLY BILLED (AGB)

To calculate the AGB, UW Health uses the “look-back” method described in 26 C.F.R. 501(r)-4(b)(2). In this method, UW Health uses data based on claims sent to Medicare fee-for-service and all private commercial insurers for emergency and medically necessary care over the past year to determine the percentage of gross charges that is typically paid by these insurers.

The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. UW Health re-calculates the percentage each year. For calendar year 2022, the AGB percentage for UW Health services is 36%.

Example

If the gross charges for a UW Health patient’s colonoscopy procedure are \$10,000, the AGB percentage is 39%, and the patient is eligible for financial assistance under this policy, they will not be personally responsible for paying more than \$3,600 for the colonoscopy procedure.

Because the AGB percentage for UW Health services is 36%, and because the minimum amount of assistance available under this policy is a 73% discount off of gross charges, no patient eligible for financial assistance will be required to pay an amount in excess of AGB.

APPENDIX B

FAP – APPENDIX B		FINANCIAL ASSISTANCE CATEGORIES OF SERVICE
Category 1	Covered Services	Most Services
Category 2	Covered Services requiring prepayment, if inadequate coverage exists for these services	<ul style="list-style-type: none"> • Transplants • Left Ventricular Assist Device • Expensive pharmaceuticals and therapies
Category 3	Excluded Services	<ul style="list-style-type: none"> • Cosmetic Surgery/Procedures • In-vitro Fertilization • Reproductive Medicine • Contact Lenses or Exams • Optical Shop Products • Hearing Aids • Integrative Medicine Acupuncture, Massage • Investigational Items or Services • No Show Fees for Behavioral Health • Retail Pharmacy and other Retail Services • Non-covered Cochlear Implant • Prepackaged Services • Unauthorized services through a patient’s insurance that are not medically urgent • Services provided and billed by a non UW Health entity which may include lab or diagnostic testing, • Any other service or procedure determined by a licensed physician to be not medically necessary

Category 1 Services/Items are eligible for consideration under the Financial Assistance program at the discounts reflected on Appendix D.

Category 2 Services/Items are discounted at the AGB for patients eligible for Financial Assistance. All Category 2 Services/Items must be prepaid before services are rendered. Transplant services after the transplantation global period are considered category 1 services.

Category 3 Services/Items are excluded from any adjustment under the Financial Assistance program.

The above list of services is not comprehensive and is subject to change.

APPENDIX C

FAP – APPENDIX C

REVENUE CYCLE CONTACT INFORMATION

UW Health has English and Spanish speaking Revenue Cycle Representatives and a Language Line to assist patients with their questions about the Financial Assistance program. Patients may also contact us to request a copy of the UW Health Financial Assistance guidelines.

- Phone: (877) 278-6437 (UW Health Madison)
(779) 696-7150 (UW Health Northern Illinois)
- Email: financialassistance@uwhealth.org
- Mail: UW Health – Financial Assistance Program
Administrative Offices Building
7974 UW Health Court
Middleton, WI 53562

- In Person: UW Health Financial Counseling or Business Offices at:
University Hospitals and Clinics
600 Highland Ave
Madison, WI 53792
(Next to the Registration area in ‘Towne Square’)

- UW Health at The American Center
4602 Eastpark Blvd.
Madison, WI 53718

APPENDIX D

FAP - Appendix D

2022 FINANCIAL ASSISTANCE ADJUSTMENT LEVELS

Description:

These guidelines represent a simplification of the poverty thresholds used for administrative purposes in determining financial eligibility for UW Health's Financial Assistance Program as well as certain federal and state programs. This document is updated annually to reflect the Federal Poverty Guidelines (FPG), the Uninsured Discount, and Amount Generally Billed (AGB) in accordance with the Patient Protection and Affordable Care Act requirements.

The **federal poverty guidelines (FPG)** are a federal poverty measure and are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS).

Family Size	Poverty Guideline	Financial Assistance Discount		
		≤ 300% FPG	≤ 400% FPG	≤ 600% FPG
1	13,590	40,770	54,360	81,540
2	18,310	54,930	73,240	109,860
3	23,030	69,090	92,120	138,180
4	27,750	83,250	111,000	166,500
5	32,470	97,410	129,880	194,820
6	37,190	111,570	148,760	223,140
7	41,910	125,730	167,640	251,460
8	46,630	139,890	186,520	279,780
Discount Amount		100%	80%	73% *

Patients with excessive medical debt (greater than 50% of income) may also be eligible for larger financial assistance consideration under this policy.

Adjustment Percentage based on Size of Medical Debt:

Medical Debt	≤ 300% FPG	≤ 350% FPG	≤ 400% FPG	≤ 500% FPG	≤ 600% FPG	> 600% FPG
< 50K	100%	93%	90%	85%	80%	75%
50K-100K	100%	93%	91%	90%	85%	80%
100K-150K	100%	96%	94%	93%	90%	85%
> 150K	100%	97%	96%	95%	95%	90%

*UW Health completed its computation of the AGB to be effective January 15, 2022 through January 14, 2023. UWHC calculated the AGB based on Medicare and commercial contract accounts with dates of service from calendar year October 1, 2020 through June 30, 2021.

FPG Source: <https://aspe.hhs.gov/poverty-guidelines>

APPENDIX E

FAP – APPENDIX E

ELIGIBLE PROVIDERS/FACILITIES
OTHER THAN UW HEALTH

In addition to care delivered by the University of Wisconsin Hospitals and Clinics Authority, UW Health Northern Illinois (formerly known as SwedishAmerican Hospital Employed Providers), and the University of Wisconsin Medical Foundation, Inc., emergency and medically necessary care delivered by the providers listed below at UW Health hospitals and clinics is also covered under this policy:

- Neuromonitoring Services of America, Inc.
- PRN Pro, P.C.
- Dr. James Van Gemert, DDS
- Dr. Dylan Donnelly, DDS
- Dr. Terrance Donnelly, DDS

The following health care providers performing services at a UW Health facility are not covered by this policy:

- Physicians and other providers not employed by UW Health Northern Illinois Hospital (“Independent Providers”)
 - In certain circumstances, some of these Independent Providers have agreed to provide services on behalf of UW Health Northern Illinois, with UW Health Northern Illinois billing for their services. In those limited circumstances where UW Health Northern Illinois is billing for the services of Independent Providers, then UW Health Northern Illinois’s Financial Assistance Policy will be followed.
- Intranerve, LLC
- University Podiatry Associates
- iRhythm
- CareDirect
- Children’s Dental Center
- Madison Pediatric Dental
- Center for Oral Maxillofacial Surgery and Dental Implants
- Services provided and billed by a non UW Health entity which may include (but is not limited to) the following reference labs:
 - ARUP Laboratories
 - Beaver Dam Community Hospital Lab
 - Cincinnati Children’s Clinical Laboratories
 - Divine Savior Hospital Lab
 - Fort Memorial Hospital Lab
 - Litholink
 - Miravista Diagnostics
 - Northwestern University Allergy & Immunology Lab
 - Prevention Genetics
 - Quest Diagnostics
 - Washington University Neuromuscular Lab
 - Wisconsin State Lab of Hygiene

The following UW Health affiliates also comply with the terms of this policy:

- UW Health Northern Illinois
- Generations Fertility Care, Inc.
- Madison Rehabilitation Hospital, LLC, doing business as UW Health Rehabilitation Hospital
- Madison Surgery Center, Inc.
- Transformations Surgery Center, Inc.
- Wisconsin Dialysis, Inc.
- Wisconsin Sleep, Inc.