



**ORTHOPAEDIC HOSPITAL OF WISCONSIN**  
**FINANCIAL ASSISTANCE POLICY**  
**July 1, 2024**

**POLICY**

It is the policy of the Orthopaedic Hospital of Wisconsin (“OHOW”) to ensure a socially just practice for providing medically necessary care at OHOW’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from OHOW.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all medically necessary services provided by OHOW. This policy does not apply to payment arrangements for elective procedures or other care that is not medically necessary.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within OHOW’s facilities that specifies which are covered by the financial assistance policy and which are not.

**DEFINITIONS**

For the purposes of this Policy, the following definitions apply:

- “501(r)”- means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “Amount Generally Billed or AGB”- means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “Community”- means Milwaukee and Ozaukee counties.
- “Medically Necessary Care”- means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- “Patient”- means those uninsured persons who receive medically necessary care at OHOW and the person who is financially responsible for the care of the patient.

## Financial Assistance Provided

1. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible.
2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:

		<b>Level of Charity Care Assistance &amp; FPL %</b>						
<b>Family Size</b>		<b>100%</b>	<b>95%</b>	<b>90%</b>	<b>85%</b>	<b>80%</b>	<b>75%</b>	<b>70%</b>
		<b>250% PFL</b>	<b>275% FPL</b>	<b>300% FPL</b>	<b>325% FPL</b>	<b>350% FPL</b>	<b>375% FPL</b>	<b>400% FPL</b>
		<b>Income Level Not Exceeding</b>						
1		\$37,650	\$41,415	\$45,180	\$48,945	\$52,710	\$56,475	\$60,240
2		\$51,100	\$56,210	\$61,320	\$66,430	\$71,540	\$76,650	\$81,760
3		\$64,550	\$71,005	\$77,460	\$83,915	\$90,370	\$96,825	\$103,280
4		\$78,000	\$85,800	\$93,600	\$101,400	\$109,200	\$117,000	\$124,800
5		\$91,450	\$100,595	\$109,740	\$118,885	\$128,030	\$137,175	\$146,320
6		\$104,900	\$115,390	\$125,880	\$136,370	\$146,860	\$157,350	\$167,840
7		\$118,350	\$130,185	\$142,020	\$153,855	\$165,690	\$177,525	\$189,360
8		\$131,800	\$144,980	\$158,160	\$171,340	\$184,520	\$197,700	\$210,880
9		\$145,250	\$159,775	\$174,300	\$188,825	\$203,350	\$217,875	\$232,400
10		\$158,700	\$174,570	\$190,440	\$206,310	\$222,180	\$238,050	\$253,920

3. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from OHOW based on a substantive assessment of their ability to pay. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.
4. Patients that are eligible for 100% charity care may be charged a nominal flat fee of up to \$0 for services.
5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP Application”).
6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
7. Obligations released through bankruptcy procedures will be classified as charity care. Release by bankruptcy will be considered adequate documentation that the guarantor qualifies for charity care.

### **Other Assistance for Patients Not Eligible for Financial Assistance**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by OHOW. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by OHOW.

1. Patients who are not eligible for financial assistance will be provided a 20% self-pay discount.
2. Patients who are not eligible for financial assistance may receive a prompt pay discount of 20%. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.
3. Uninsured and insured Patients with income greater than 400% of FPL may receive assistance based on a "Means Test".

### **Limitations on Charges for Patients Eligible for Financial Assistance**

Patients eligible for Financial Assistance will not be charged individually more than AGB for medically necessary care and not more than gross charges for all other medical care. OHOW calculates one or more AGB using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to OHOW, all in accordance with 501(r). A free copy of the AGB calculation description and percentage may be obtained by sending a request to:

Orthopaedic Hospital of Wisconsin  
Attn: Chief Financial Officer  
475 W. River Woods Pkwy  
Glendale, WI 53212

### **Applying for Financial Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available for hospital related services by calling (414)961-6803 or downloading documents from our website (ohow.com).

### **Billing and Collections**

The actions that OHOW may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by sending a request to:

Orthopaedic Hospital of Wisconsin  
Attn: Chief Financial Officer  
475 W. River Woods Pkwy  
Glendale, WI 53212

## **Interpretation**

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.