

AGNESIAN HEALTHCARE POLICY AND PROCEDURE
CLW^{1/02}, FDLRC^{1/02}, RMC^{10/12}, SAH^{10/91}, WMH^{1/02}

SUBJECT: FINANCIAL ASSISTANCE POLICY

Department: Administration – Bonnie Schmitz

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DEVELOPED DATE: 10/25/91

(This policy replaces St. Agnes Hospital Administrative Policy No. 5, "Community Care Program".)

POLICY STATEMENT:

Applicable To

All patients of Agnesian Healthcare (hereinafter, collectively referred to as Agnesian) receiving healthcare services at St. Agnes Hospital, Ripon Medical Center, Waupun Memorial Hospital, Fond du Lac Regional Clinic, or Consultants Laboratory.

Detail

Our ministries are intimately tied to the communities that surround them. Our associates are neighbors. Patients are friends. We live in tightly knit, family-oriented communities, which are reflected in our family-like work environment. And our friends and neighbors are in better health because of this commitment.

The mission of Agnesian HealthCare provides compassionate care that brings Hope, Health & Wholeness to those we serve by honoring the sacredness and dignity of all persons at every stage of life. This mission guides everything we do as an organization.

Agnesian HealthCare is a dedicated partner in your good health. This means that we are constantly growing, searching for new ways to provide care, and extending our resources to the most vulnerable in our communities.

As a mission-based organization, we have made an intentional commitment to provide as many health and wellness services locally as possible. Our physicians and other medical professionals work in partnership with you, encouraging you to take an active role in your health. They help to educate you on important medical issues and coach you on how to lead a healthier lifestyle.

In service to this mission, Agnesian is committed to providing emergency and medically necessary healthcare services to patients regardless of their insurance status or ability to pay. This financial assistance policy is intended to be in compliance with applicable federal and state laws for our service area. Patients qualifying for assistance under this policy will receive a discount for care received from qualifying Agnesian providers.

Financial assistance provided under this policy is done so with the expectation that patients will cooperate with the policy's application procedures and those of public benefit or coverage programs that may be available to cover the cost of care. Agnesian will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, national origin, or immigration status when making financial assistance determinations.

DEFINITIONS:

The following definitions are applicable to all sections of this policy.

Amount Generally Billed (AGB): The amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient's guarantor. For qualifying patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.501(r)-5(b) (3) of the Internal Revenue Code. The Look Back Method will be based on actual past claims paid to Agnesian Healthcare by Medicare Fee-for-

Service together with all private health insurers paying claims. The claims to be included in the AGB calculation will be claims allowed during the prior calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare Fee-for-Service together with all allowed claims from private health insurers. The gross charges for said claims will be included in the denominator. The AGB will be calculated by Reimbursement annually by the 45th day following the close of the prior calendar year, and implemented by the 120th day following the close of the calendar year.

Amount Generally Billed Percentage: The AGB percentage will be calculated each year by the 45th day of the year, and is described in Appendix C of this policy.

Application Period: The period during which applications will be accepted and processed for financial assistance. The application period begins on the date the care is provided and ends on the 240th day after the date that the first post-service billing statement is provided.

Discounted Care: Financial assistance that provides a discount, for eligible medical services provided by Agnesian, based on a sliding scale, for eligible patients, or patient guarantors, with annualized family incomes between 166 - 300% of the Federal Poverty Level and with liquid assets below \$2,000 per family member.

Emergency Medical Condition: As defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd). The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part; or
4. With respect to a pregnant woman who is having contractions:
 - a. That there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - b. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Family: As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility for this policy.

Family Income: An applicant's family income is the combined gross income of all adult members of the family living in the household and included on the most recent federal tax return. For patients under 18 years of age, family income includes that of the parent or parents and/or step-parents, or caretaker relatives. Family income is determined using the Census Bureau definition, which include the following income when computing federal poverty guidelines:

1. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational stipends, alimony, child support,
2. Noncash benefits (such as food stamps and housing subsidies) do not count;
3. Determined on a before-tax basis;
4. Excludes capital gains or losses

Federal Poverty Level: The Federal Poverty Level (FPL) uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

Financial Assistance: Assistance provided to eligible patients, who would otherwise experience financial hardship, to relieve them of all or part of their financial obligation for emergency or medically necessary care provided by Agnesian.

Free Care: A 100% waiver of patient financial obligation for eligible medical services provided by Agnesian for eligible patients, or their guarantors, with annualized family incomes at or below 165% of the FPL with liquid assets below \$2,000 per family member.

Guarantor: An individual other than the patient who is responsible for payment of the patient's bill.

Gross Charges: Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.

Homeless: As defined by the Federal government, and published in the Federal Register on December 5, 2011 by HUD: An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution.

Medically Necessary: As defined by Medicare as services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

Medicare Fee-For-Service (FFS): Health insurance available under Medicare Part A and Part B of Title XVIII of the Social Security Act (42 USC 1395c – 1395w-5).

Payment Plan: A payment plan that is agreed to by both Agnesian and a patient, or patient's guarantor, for out-of-pocket fees. The payment plan shall take into account the patient's financial circumstances, the amount owed, and any prior payments.

Presumptive Eligibility: Under certain circumstances, uninsured patients may be presumed or deemed eligible for financial assistance based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient, to make an individual assessment of financial need.

Private Health Insurer: Any organization that is not a governmental unit that offers health insurance, including nongovernmental organizations administering a health insurance plan under Medicare Advantage.

Qualification Period: Applicants determined eligible for financial assistance will be granted assistance for a period of six months. Assistance will also be applied retroactively to all eligible accounts incurred for services received six months prior to application date.

Uninsured Discount: Patients with no third-party coverage will be provided an uninsured discount, for eligible services provided by Agnesian under this policy, at the time that the undiscounted charges are rendered.

Uninsured Patient: A patient with no third-party coverage provided through a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance available to cover the cost of a patient's healthcare expenses.

Underinsured Patient: An individual, with private or public insurance coverage, for whom it would be a financial hardship to pay the expected out-of-pocket expenses for medical services provided by Agnesian.

PROCEDURE:

A. ELIGIBLE SERVICES

Services eligible under the Agnesian financial assistance policy must be clinically appropriate and within generally accepted medical practice standards. They include the following:

1. Emergency medical services provided in an emergency setting, as well as care provided in an emergency setting for the purpose of stabilizing a patient's condition.
2. Non-elective services provided in response to life-threatening circumstances in a non-emergency setting.
3. Medically necessary services, such as inpatient or outpatient health care services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury or illness, as well as services typically defined by Medicare or other health insurance coverage as "covered items or services."
4. Services of providers employed by Agnesian are covered under this policy. Please see Appendix F for a full listing of providers included.

Services **not** eligible for financial assistance include the following:

1. Elective procedures not medically necessary, as well as services typically not covered by Medicare or defined by Medicare or other health insurance coverage as not medically necessary.
2. Services received from care providers not employed by Agnesian (e.g. private and/or non – Agnesian medical or physician professionals, ambulance transport, etc.) Patients are encouraged to contact these providers directly to inquire into any available assistance and to make payment arrangements. See Appendix 3 for full listing of providers not covered under this policy.
3. See Appendix A for a complete list of non-covered services.

B. COORDINATION WITH COMMUNITY HEALTH NEEDS ASSESSMENT

A community health needs assessment (CHNA) was conducted for the area served by Agnesian. Obesity was identified as a significant health issue. The community health implementation plan identifies bariatric surgery as one of the effective surgical interventions for obesity, yet because bariatric surgery is identified as an elective procedure it is not covered in the definition of eligible services for either financial assistance or self-pay discount.

C. ELIGIBILITY CRITERIA

Financial assistance will be extended to uninsured and underinsured patients, or a patient's guarantor, who meet specified criteria, as defined below. These criteria will assure that this financial assistance policy is consistently applied across Agnesian. Agnesian reserves the right to revise, modify or change this policy as necessary or appropriate.

Financial assistance applicants must have a residency requirement of 3 months in the counties of Fond du Lac, Dodge or Green Lake. Please refer to the attached Appendix E for the community service area Zip Code listing. There are occasions when individuals who are not community members but are temporarily in this location may need assistance for emergency medical care and these applications are considered on a case by case basis.

Payment resources (insurance available through employment, Medical Assistance, Indigent Funds, Victims of Violent Crimes, etc.) must be reviewed and evaluated before an account is considered for financial assistance to assure that Agnesian resources are prudently managed in providing financial assistance. If a patient appears to be eligible for other assistance, Agnesian will refer the patient to the appropriate agency for assistance with completing the necessary applications and forms. Applicants for assistance are required to exhaust all other payment options as a condition of their approval for financial assistance. This includes State programs for which a patient is eligible however failed to make premium payments as outlined by that plan.

Financial assistance applicants will be responsible for applying to public programs and pursuing private health insurance coverage. Patients, or patient's guarantors, choosing not to cooperate in applying for programs identified by Agnesian as possible sources of payment for care, may be denied financial assistance. Applicants are expected to contribute to the cost of their care based on their ability to pay, as outlined in this policy.

Patients, or patient's guarantors, identified as likely to qualify for Medicaid, must apply for Medicaid coverage or produce a Medicaid denial that was received within the previous six (6) months of applying for Agnesian financial assistance. Patients, or patient's guarantors, must cooperate with the application process outlined in this policy to obtain financial assistance.

The criteria to be considered by Agnesian when evaluating a patient's eligibility for financial assistance include family income, assets, and medical obligations. Agnesian's financial assistance program is available to all patients meeting the eligibility requirements set forth in this policy. Financial assistance will be extended to patients, or a patient's guarantor, based on financial need and in compliance with federal and state laws.

Financial assistance will be offered to eligible underinsured patients, providing such assistance is in accordance with insurer's contractual agreement. Financial assistance is typically not available for patient co-payment or balances after insurance in the event that a patient fails to comply reasonably with insurance requirements such as obtaining proper referrals or authorizations. Generally, out of network balances may be reviewed on a case by case basis. Patients with tax-advantaged, personal health accounts such as a Health Savings Account, a Health Reimbursement Arrangement or a Flexible Spending Account, will be expected to utilize account funds prior to being granted financial assistance.

Agnesian reserves the right to reverse the discounts described herein in the event that it reasonably determines that such terms violate any legal or contractual obligations of Agnesian.

D. FINANCIAL ASSISTANCE

Based on an assessment of an applicant's family income, assets, and medical obligations, eligible applicants may receive the following assistance.

Uninsured Discount: Patients with no third-party coverage will be provided an uninsured discount at the time that the undiscounted charges are rendered. This applies to patients with no coverage for payment from health care insurance and/or other third party payers.

Patients, or patient guarantors, granted the uninsured discount, are not precluded from applying and qualifying for additional financial assistance provided herein.

Full Free Care: The full amount of Agnesian Healthcare charges will be determined covered under this financial assistance policy for any uninsured or underinsured patient, or patient guarantor, whose gross family income is at or below 165% of the current federal poverty level with liquid assets below \$2,000 per family member.

Discounted Care: A sliding scale discount will be provided for Agnesian charges for services covered under this financial assistance policy for any uninsured or underinsured patient, or patient guarantor, whose gross family income is greater than 165% but less than or equal to 300% of the current federal poverty level with liquid assets below \$2,000 per family member. Discounts will be provided, according to the following schedule, based on the family income of the patient, or the patient's guarantor:

1. Family income above 165% FPL but equal to or less than 175% FPL are eligible to receive a 75% discount on the patient balance due.
2. Family income above 175% FPL but equal to or less than 200% FPL are eligible to receive a 50% discount on the patient balance due.
3. Family income above 200% FPL but equal to or less than 250% FPL are eligible to receive a 25% discount on the patient balance due.
4. Family income above 250% FPL but equal to or less than 300% FPL are eligible to receive a 20% discount on the patient balance due.

Payment Plans: Payment in full is expected, for balances due, within 30 days of the initial patient statement. If unfeasible for a patient, or guarantor, to pay in full within this timeframe, a payment plan may be extended for a period of time proportionate and reasonable to the balance remaining after discounts have been granted to applicants eligible for financial assistance. A reasonable payment plan will be established between Agnesian and the patient. The terms of the payment plan will be based on the applicant's outstanding medical bills, annual family income and any extenuating circumstances. If approved, the plan will be interest-free.

Patients are responsible for communicating with Agnesian anytime an agreed upon payment plan cannot be fulfilled. Lack of communication from the patient may result in the account being assigned to a collection agency.

E. PRESUMPTIVE ELIGIBILITY

Agnesian understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. There may be instances under which a patient's qualification for financial assistance is established without completing the formal financial assistance application. Other information may be utilized by Agnesian to determine whether a patient's account is uncollectible and this information will be used to determine presumptive eligibility.

Presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances such as:

1. Patients or guarantors who have declared bankruptcy. In cases involving bankruptcy, only the account balance as of the date the bankruptcy is discharged will be written off.
2. Patients or guarantors who are deceased with no estate in probate.
3. Patients or guarantors determined to be homeless.
4. Accounts returned by the collection agency as uncollectible due to any of the above reasons.
5. Patients or guarantors who qualify for State Medicaid programs, will be eligible for assistance for any cost-sharing obligations associated with the program or uncovered services.

Agnesian understands that certain patients may be non-responsive to Agnesian's application process. Under these circumstances, Agnesian may utilize other sources of information to make an individual assessment of financial need. This information will enable Agnesian to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

Patients may be considered under the financial assistance application process. Agnesian will provide patients not qualifying for financial assistance through this process with a written notice informing them that financial assistance is available. This notice will include a plain language summary of the financial assistance policy and actions to be taken if an application is not submitted or the outstanding balance paid.

Patient accounts granted presumptive eligibility will be reclassified under the financial assistance policy. They will not be sent to collection, will not be subject to further collection actions, will not be sent a written notification of their eligibility qualification, and will not be included in the hospital's bad debt expense.

Patients or guarantors may be presumed eligible by use of external available data sources such as credit agencies or social economic status.

F. EMERGENCY MEDICAL SERVICES

In accordance with FEDERAL EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA) regulations, no patient is to be screened for financial assistance or payment information prior to the rendering of services in emergency situations. Agnesian may request that patient cost-sharing payments (i.e. co-payments) be made at the time of service, provided such requests do not cause a delay in a medical screening examination or necessary stabilizing care for an identified emergency medical condition.

G. AMOUNTS BILLED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

The amount generally billed is the expected payment from patients, or a patient's guarantor, eligible for financial assistance. For qualifying uninsured patients, this amount will not exceed a rate that will be determined utilizing a Look Back Method.

The Look Back Method will be based on amounts allowed under Medicare Fee-For-Services together with all private health insurers paying claims to Agnesian. The claims to be included in the AGB calculation will be claims allowed during the prior calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare Fee-For-Service together with all private health insurers paying claims. The gross charges for said claims will be included in the denominator. The AGB will be calculated annually. The percentages will be applied by the 120th day after the end of the calendar year used by Agnesian to calculate the AGB percentage(s). Patients determined eligible for financial assistance will not be expected to pay gross charges for eligible services while covered under Agnesian financial assistance policy.

Uninsured calculation example for qualified FA Applicants:

Gross Charges	\$1,000.00
AGB % for patient type	50%
AGB Total	\$ 500.00
Apply Discount per Federal poverty guidelines to the \$500 amount.	

Insured calculation example for qualified FA Applicants:

Gross Charges	\$1,000.00
AGB % for patient type	50%
AGB Total	\$ 500.00
Insurance payments/adj's	\$ 300.00
Patient Liability	\$ 700.00

**Must bring balance down to AGB and Apply Discount per Federal poverty guidelines to the \$500 amount.*

H. APPLYING FOR FINANCIAL ASSISTANCE

Eligibility for financial assistance will be based on financial need at the time of application. In general, documentation is required to support an application for financial assistance. If adequate documentation is not provided, Agnesian may seek additional information.

Reliable evidence to support the need for financial assistance is required.

The following income documentation is required from patients, or their guarantors, to determine eligibility:

1. Copy of the Federal tax return (1040), and all attached Schedules, from the most recent tax year. If no taxes were filed, Form 4506T must be completed.
2. Current Proof of Income - copy of most recent pay stubs (last 30 days) or other documentation
3. Proof of other income, including unemployment, workers' compensation, alimony, pensions, trust income, veteran's benefits
4. Current Bank Statements, both checking, savings and debit accounts.

The following asset documentation is required from patients, or their guarantors, to determine eligibility:

1. Checking accounts
2. Savings accounts
3. Money market accounts
4. Certificates of deposit
5. Annuities
6. Non-retirement investment accounts
7. Retirement accounts, including pensions, IRA, 401K.
8. Real estate
9. Other assets

Applications for financial assistance may be submitted up to 240 days after the date of the first post-discharge statement.

If an application is incomplete, or there has been a request for additional information, the application will remain active for 30 days from the date the letter was mailed to the applicant requesting this information. If the applicant has not responded within the 30 day timeframe, the application will be denied.

During the period in which the fully completed Financial Assistance Application (FAA) is being reviewed, there will be a stay of all collection proceedings. The FAA will be documented in the patient record or scanned and the account will be noted. The normal billing process is to continue while the FAA is reviewed and considered. If a complete, conforming FAA is approved by the appropriate Agnesian representative, this will be noted in the patient's file and the account balance will be written-off to the appropriate code. Financial assistance applications are to be submitted to the following office:

Agnesian Healthcare Health System
Community Care Department
430 E. Division Street
Fond du Lac, WI 54935

If denied financial assistance, the patient or patient's guarantor, may re-apply at any time there has been a change of income or status.

I. ELIGIBILITY DETERMINATIONS, APPEALS AND DISPUTE RESOLUTION

Patients must be notified of the decision in writing regarding their FAA within thirty (30) days of submitting a completed application. An applicant determined eligible for financial assistance will be refunded payments in excess of the amount determined owed by the patient or guarantor on the accounts for which they have been granted assistance under the Agnesian financial assistance policy. Refunds apply to excess payments of \$10 or more. In accordance with this policy, financial assistance is generally not extended for co-payments or balances after insurance when a patient fails to obtain proper referrals or authorizations, or if such assistance is not in accordance with insurer's contractual agreement, therefore such payments received will not be refunded. Patients may appeal this decision in writing within 30 days of receiving notification to:

Agnesian Healthcare Health System
Attn: Community Care Manager
430 E. Division Street
Fond du Lac, WI 54935

Appeals must be filed within 30 days of the date of the original decision. The Director of Revenue Cycle will review the appeal for further consideration. Decisions of the Director of Revenue Cycle will be final.

J. QUALIFICATION PERIOD

A determination of financial assistance will be effective for a period of up to 6 months to include subsequent emergent or medically necessary care from the date the application was approved and will include all outstanding receivables including those at bad debt agencies unless a payment has been applied on the account. A change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review.

K. NOTIFICATION OF FINANCIAL ASSISTANCE

Information on the Agnesian financial assistance policy and instructions on how to contact Agnesian for assistance and further information, as well as information on payment options, will be posted in hospital and clinic registration and admitting locations, and in the hospital emergency departments. This information may also be obtained from financial counselors throughout the organization.

The Agnesian financial assistance policy, application and a plain language summary of the policy will be available on the system's website at: www.agnesian.com. This information is also available, free of charge, by contacting

financial counselors at (920)926-4841 or (800) 486-4157. If you need help in completing the financial assistance application, you may call (920)926-4841 and talk with a Community Care Representative.

Information on the Agnesian financial assistance policy will be communicated to patients in culturally appropriate language. Information on financial assistance, and the notice posted in hospital and clinic locations will be translated and in any language that is the primary language spoken by the lessor 1,000 or 5% of the residents in the service area.

In addition, Agnesian includes reference to payment policies and financial assistance on all printed Agnesian monthly patient statements and collection letters. Information on the Agnesian financial assistance policy is available, at any time, upon patient request.

L. REGULATORY REQUIREMENTS

Agnesian Healthcare will comply with all federal, state and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this policy. This policy requires that Agnesian track financial assistance provided to ensure accurate reporting. Information on financial assistance provided under this policy will be reported annually on the IRS Form 990 Schedule H.

M. RECORD KEEPING Agnesian will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

Reviewed/Revised Date: 9/1992, 4/1994, 7/1997, 8/1997, 1/2002, 12/2004 DO, 8/2006, 4/2007, 9/2007, 1/2008, 11/2008, 1/2010, 2/2011 revised 10/2012, 1/2014 revised, 1/2015 revised, 6/2016 revised

Appendix A
Agnesian HealthCare Financial Assistance Policy

Service Exclusion Listing

These services are excluded from the Financial Assistance Policy. No discounting within this policy will be applied:

- Any and All Cosmetic Services, both procedures and products
- Premium lens implant charges
- Sclerotherapy of spider veins
- Optical Services and supplies
- Hearing Aid Services and supplies
- Contact Lenses
- Chiropractic Services
- Integrated Health Services
- Vasectomies
- Fertility treatments and testing
- Birth Control
- Genetic Testing

Appendix B
Agnesian HealthCare Financial Assistance Policy

Provider Exclusion Listing

These providers are excluded from the Financial Assistance Policy. These Groups are not owned or operated by Agnesian HealthCare, therefore excluded from this policy.

- Radiology Associates of Fox Valley
- Fond du Lac Pathology
- Neuroscience Group
- Lakeland Neurology
- **ANY** Ambulance or Lifestar (Helicopter) Services
- **ANY** providers affiliated with other healthcare organizations

Appendix C
Agnesian HealthCare Financial Assistance Policy

Amounts Generally Billed

The amount generally billed is the expected payment for emergency or medically necessary services from patients, and/or a patient's guarantor. For qualifying uninsured patients this amount will not exceed a rate that will be determined utilizing a Look Back Method described in §1.501(r)-5(b) (3) of the Internal Revenue Service Code. The look Back Method will be based on Medicare fee-for-services together with all private health insurers paying claims. The claims to be included in the AGB calculation will be claims allowed during the prior twelve month period Calendar year. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare fee-for-service together with all allowed claims from private health insurers paying claims. The gross charges for said claim will be included in the denominator. The AGB will be calculated no less frequently than annually by the 45th day following the close of the prior calendar year, and implemented by the 120th day following the close of the calendar year.

- Consultants Laboratory of Wisconsin 63%
- Fond du Lac Regional Clinics 61%
- Ripon Medical Center Inpatient Services 35%
- Ripon Medical Center Outpatient Services 48%
- Saint Agnes Hospital Inpatient Services 58%
- Saint Agnes Hospital Outpatient Services 54%
- Waupun Memorial Hospital Inpatient Services 41%
- Waupun Memorial Hospital Outpatient Services 55%

Appendix D Agnesian HealthCare Financial Assistance Policy

Discount Amounts (Federal Poverty Levels)

AGNESIAN HEALTHCARE COMMUNITY CARE FINANCIAL GUIDELINES

2016 FEDERAL POVERTY GUIDELINES

Family Size		100%	125%	150%	165%	175%	200%	250%	300%
1	Yearly	\$11,770	\$14,713	\$17,655	\$19,421	\$20,598	\$23,540	\$29,425	\$35,310
	Monthly	\$981	\$1,226	\$1,471	\$1,618	\$1,716	\$1,962	\$2,452	\$2,943
2	Yearly	\$15,930	\$19,913	\$23,895	\$26,285	\$27,878	\$31,860	\$39,825	\$47,790
	Monthly	\$1,328	\$1,659	\$1,991	\$2,190	\$2,323	\$2,655	\$3,319	\$3,983
3	Yearly	\$20,090	\$25,113	\$30,135	\$33,149	\$35,158	\$40,180	\$50,225	\$60,270
	Monthly	\$1,674	\$2,093	\$2,511	\$2,762	\$2,930	\$3,348	\$4,185	\$5,023
4	Yearly	\$24,250	\$30,313	\$36,375	\$40,013	\$42,438	\$48,500	\$60,625	\$72,750
	Monthly	\$2,021	\$2,526	\$3,031	\$3,334	\$3,536	\$4,042	\$5,052	\$6,063
5	Yearly	\$28,410	\$35,513	\$42,615	\$46,877	\$49,718	\$56,820	\$71,025	\$85,230
	Monthly	\$2,368	\$2,959	\$3,551	\$3,906	\$4,143	\$4,735	\$5,919	\$7,103
6	Yearly	\$32,570	\$40,713	\$48,855	\$53,741	\$56,998	\$65,140	\$81,425	\$97,710
	Monthly	\$2,714	\$3,393	\$4,071	\$4,478	\$4,750	\$5,428	\$6,785	\$8,143
7	Yearly	\$36,730	\$45,913	\$55,095	\$60,605	\$64,278	\$73,460	\$91,825	\$110,190
	Monthly	\$3,061	\$3,826	\$4,591	\$5,050	\$5,356	\$6,122	\$7,652	\$9,183
8	Yearly	\$40,890	\$51,113	\$61,335	\$67,469	\$71,558	\$81,780	\$102,225	\$122,670
	Monthly	\$3,408	\$4,259	\$5,111	\$5,622	\$5,963	\$6,815	\$8,519	\$10,223
9	Yearly	\$45,050	\$56,313	\$67,575	\$74,333	\$78,838	\$90,100	\$112,625	\$135,150
	Monthly	\$3,754	\$4,693	\$5,631	\$6,194	\$6,570	\$7,508	\$9,385	\$11,263
10	Yearly	\$49,210	\$61,513	\$73,815	\$81,197	\$86,118	\$98,420	\$123,025	\$147,630

Approved At:	100%	75%	50%	25%	20%
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Appendix E
Agnesian HealthCare Financial Assistance Policy

Residency Inclusion Listing

Patient's and/or Patient's Guarantor that reside in these zip codes (Agnesian Service area) will be considered for Financial assistance within this policy:

54923 Berlin	53050 Mayville
53919 Brandon	53949 Montello
53006 Brownsville	53057 Mount Calvary
53009 Bryon	54960 Neshkoro
53010 Campbellsport	53065 Oakfield
53019 Eden	54963 Omro
54932 Eldorado	54964 Pickett
53931 Fairwater	54968 Princeton
54935 Fond du Lac	53956 Randolph
54936 Fond du Lac	54970 Red Granite
54937 Fond du Lac	54971 Ripon
53933 Fox Lake	54974 Rosendale
54941 Green Lake	53079 Saint Cloud
54932 Horicon	53091 Theresa
53939 Kingston	54979 Van Dyne
53048 Lomira	53963 Waupun
53049 Malone	
53946 Markesan	

Agnesian Healthcare offers specialized services in these areas; however, applications from these specific zip codes areas will need to be reviewed to determine if a specialized service was received before approval could be made for specific area. Specialized services: Psychiatric Associates of Beaver Dam, Agnesian Healthcare Dialysis in Beaver Dam, Hospice and Oncology in Berlin.

53916 Beaver Dam	54966 Plainfield
54930 Coloma	54982 Wautoma
53925 Columbus	54984 Wild Rose
54943 Hancock	54986 Winneconne
54901 Oshkosh	

Agnesian Healthcare's Behavioral Health contracts with the counties of Adams, Calumet, Dodge, Green Lake, Jefferson, Marquette, Shawano, Washington, and Manitowoc to accept patients from these areas for behavioral health inpatient services only. At times we would be a third backup in the event an individual cannot be placed in a facility closer; i.e. Shawano county.

Exceptions may be made for patients residing outside of the approved zip codes when the patient receives care that the hospital is uniquely qualified to provide including specialty care referrals, hospital transfers and Emergency Department visits.

Samaritan Clinic only assists with patients in Fond du Lac and Dodge County.

09/20/2007, 08/10/2011, 10/03/2012, 01/16/2014

Appendix F
Agnesian HealthCare Financial Assistance Policy

Provider Inclusion Listing

These providers are included in the Financial Assistance Policy.

- Fond du Lac Regional Clinic Providers
- All other professional services billed by Agnesian HealthCare.