

# Children’s Hospital and Health System Administrative Policy and Procedure

This policy applies to the following entities:

Children’s Hospital and Health System

## SUBJECT: Financial Assistance

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### POLICY

Children’s Wisconsin, Milwaukee, Children’s Wisconsin-Fox Valley, Children’s Medical Group, Children’s Specialty Group and Surgicenter of Greater Milwaukee (together referred to as “Children’s”) are committed to providing emergency and medically necessary health care services to pediatric patients residing in our geographic service area, without regard to their ability to pay. Children’s recognizes that, due to economic and personal financial hardship, financial assistance may be necessary to allow the children we serve to get the care they need. It is the policy of Children’s to consider all patients who permanently reside within our geographic service area or have a Children’s primary care location/provider as their medical home, for financial assistance. No patient will be denied financial assistance on the basis of age, race, color, national origin, ethnicity, immigration status, religion, language, physical or

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mental disability, newborn status, military status, marital status, sex, sexual orientation, gender identity or expression, intersex traits, sex stereotypes, or pregnancy. Financial assistance will be provided to the patient and his or her guarantor (typically, the patient's parent or legal guardian) who, after investigation of circumstances surrounding ability to pay, is determined to be unable to pay all or a portion of billed charges. This includes patients who are insured, but determined to be unable to pay all or a portion of their co-payments, co-insurance, and deductibles.

Financial assistance will take the form of discounted or free care. Financial assistance will be available at all Children's-Milwaukee and Children's Medical Group locations, Children's-Fox Valley, and Surgicenter of Greater Milwaukee.

The Medical College of Wisconsin, and any other community based physicians not employed by Children's Specialty Group, or Children's WI may bill separately for services and will not be included in this policy.

Financial assistance will be given only after applicable insurance coverage and government assistance programs have first been explored (and applied, to the extent available). Noncompliance with insurance policy guidelines (*i.e.*, appeals, referrals, and non-authorized services), out of network services, or failure to pursue available government assistance programs may prevent participation in the Financial Assistance Program, as determined by Children's in its discretion.

Notwithstanding any other provision of this policy, Children's WI will provide, without discrimination, care for Emergency Medical Conditions (within the meaning of Section 1867 of the Social Security Act (42 USC 1395dd)) to all individuals seeking such care, regardless of their ability to pay or their eligibility for financial assistance under this policy. See also Children's Administrative Policy regarding EMTALA; Emergency Medical Treatment and Active Labor Act.

This policy addresses only the most common situations that may arise, and it is not intended to be all-inclusive. This Policy is intended to describe Children's general financial assistance guidelines.

## **PROCEDURE**

- A. **Notification of Program** -- Guarantors will be notified of the availability of the Children's Financial Assistance Program upon patient admission to Children's-Milwaukee, Children's-Fox Valley, and Surgicenter of Greater Milwaukee; guarantors will be offered a plain-language summary of this policy prior to the patient's discharge (plain language summaries will be available in the emergency department, admissions area and other appropriate areas of the hospital). Children's Medical Group will provide the plain language summary at the front desk or waiting area within each clinic location. In addition, as provided in Children's Policy on Billing and Collection for Self-Pay Amounts,

in all billing statements (at least 3) over a period of not less than 120 days commencing on the date of the first bill issued to the guarantor for such services, Children’s will inform the guarantor of the availability of financial assistance. During the same 120-day period, all written and oral communications with Children’s financial representatives regarding amounts due for the care provided will include information regarding the availability of financial assistance pursuant to this policy.

- B. **Determination of Household Income** -- Financial assistance will be determined by measuring the income of the household of the designated guarantor and the household of any other adult responsible for the patient (“Household”) against the current poverty guidelines established by the US Department of Health and Human Services (US DHHS). The number of individuals in the household includes any members claimed on the most recent federal tax returns of the guarantor and any other adult responsible for the patient, taking into account any changes since the last tax filing.
- C. **Scope of Income to be Considered** -- All income in the Household will be considered, including gross wages, government payments including but not limited to tax refunds and *Social Security payments*, pensions, alimony, child support, unemployment compensation, and any payments that are considered *taxable* income by the US Internal Revenue Service.
- D. **Discount Percentage** -- The measure for financial assistance will be a sliding scale based on the US DHHS Federal Poverty Guidelines (FPG), as follows (see appendix A for FPG table):

<i>Household Income Level</i>	<i>Discount Percentage</i>
At or below 300% FPG	100%
At or below 350% FPG	80%
At or below 400% FPG	65%

- E. **Calculation of Charges and Amount Due** -- Financial assistance discounts will be applied to Children’s gross charges, but in no event will the amount billed to a family qualified for financial assistance exceed the amounts generally billed (AGB) by Children’s to insured patients. The AGB is calculated annually by the Revenue Integrity Department based on the look-back method as prescribed under the IRS regulations and is based on Children’s overall Medicare, Medicaid, Medicaid HMO, and Commercial reimbursement rates. Further information regarding Children’s current AGB percentage, including what it means for you and your bill, can be obtained by contacting the Patient Financial Services Department via telephone at (888) 449-4998.
- F. **Qualification Based on Size of Bill** -- Financial assistance may also be provided for guarantors who are unable to pay some or all of the patient’s hospital bills because the

bills are so extensive that payment threatens the Household's financial stability, even though the Household's income otherwise exceeds 400% of FPG. Such financial assistance will be determined based on an individual assessment of the Household's financial resources (income and assets) and the size of the patient's hospital bill.

- G. **Application Process** -- Applicants for the Financial Assistance Program must complete the "Children's Financial Assistance Application". Supporting documentation such as tax returns and check stubs as outlined in the Financial Assistance Application are required. Financial assistance applications are available by contacting the Patient Financial Services Department at Children's via telephone at (888) 449-4998, in person (Monday through Friday, or by appointment) at the Family Resource Center at Milwaukee Children's or at the front desk at Children's Fox Valley and the Surgicenter. The application is also available for download from Children's website: [childrenswi.org/financialassistance](http://childrenswi.org/financialassistance). Representatives are available to assist families with the application process. Completed applications should be returned in person at the Family Resource Center or by mail to the Children's Patient Financial Services, PO Box 1997, Milwaukee, WI 53201 or emailed to [FinancialAssistance@Childrenswi.org](mailto:FinancialAssistance@Childrenswi.org). If an incomplete application is submitted, a letter will be generated to the guarantor asking for additional information to be provided within 30 days.
- H. **Approval/Denial of Financial Assistance** - A letter either approving or denying a request for financial assistance will be sent to the applicant within 30 days of the receipt of a completed application. A completed application includes all required supporting documentation. Denials may be appealed through the Patient Financial Services Department. All appeals should be requested in writing, and include supporting documents that demonstrate the inability to pay that were not available or included at the time of initial consideration. Decisions regarding Financial Assistance are documented in the billing system.
- I. **Sharing Financial Application Information** – The Medical College of Wisconsin ("MCW") employs certain specialists who may work at Children's and bills for some services. The financial assistance application information is shared with MCW and so that they can make their own determination about a patient's eligibility under their financial assistance policies.
- J. **Time Period for Submission of Applications** – Children's will accept and consider financial assistance applications submitted at any time up until the date that is 240 days after the date of the first billing statement issued by Children's the guarantor for the services at issue. Applications made during this timeframe will be considered even if the account has already been placed with a collection agency; if such an application is received for financial assistance, collection efforts will be terminated or modified as appropriate based on the financial assistance determination.
- K. **Duration of Eligibility Determination** -- A determination of qualification for financial assistance will apply with respect to all medically necessary services rendered, and

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charges incurred, during a period commencing *with the date of* the original services for which financial assistance was *sought* and continuing for 180 days after financial assistance qualification was determined. Additional services rendered and charges incurred after such date will require the completion of a new application as described in (G) above.

- L. **Effect of Non-Payment** -- Balances remaining after application of the financial assistance discount are subject to timely payment consistent with standard Children's billing and collection practices. In the event of non-payment, Children's may take any and all collection actions described in Children's policy on Billing and Collection for SelfPay Amounts; a free copy of that separate policy can be obtained by contacting the Patient Financial Services Department, the Financial Counselor Office, or our website as described in (G) above.
  
- M. **Publication of Financial Assistance Policy** – This policy, the Financial Assistance Application, and a plain-language summary will be made available for download from Children's website: [childrenswi.org/financialassistance](http://childrenswi.org/financialassistance) in English and Spanish. Paper copies will be made available upon request and without charge at the Milwaukee Hospital in the Family Resource Center, Emergency Department, and Admitting. Also available at the front desk of the Fox Valley Campus and the Surgicenter and by mail, in English and Spanish. Signs notifying hospital visitors about the policy will be posted. The hospital will develop a plan to inform and notify residents of the community served about the policy in a manner reasonably calculated to reach those most likely to require financial assistance.

Approved by:

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Gil Peri, President & CEO  
Children's Hospital and Health System  
January 24, 2025

**Appendix A: Financial Assistance %**

Children's Wisconsin 2026 - Financial Assistance Guidelines				
<u>Household Size</u>	<u>Annual Income</u>	<u>100% Discount</u>	<u>80% Discount</u>	<u>65% Discount</u>
		<u>300% of FPL</u>	<u>350% of FPL</u>	<u>400% of FPL</u>
1	\$15,960	\$47,880	\$55,860	\$63,840
2	\$21,640	\$64,920	\$75,740	\$86,560
3	\$27,320	\$81,960	\$95,620	\$109,280
4	\$33,000	\$99,000	\$115,500	\$132,000
5	\$38,680	\$116,040	\$135,380	\$154,720
6	\$44,360	\$133,080	\$155,260	\$177,440
7	\$50,040	\$150,120	\$175,140	\$200,160
8	\$55,720	\$167,160	\$195,020	\$222,880
9	\$61,400	\$184,200	\$214,900	\$245,600
10	\$67,080	\$201,240	\$234,780	\$268,320