Financial Assistance Program/Community Care

PURPOSE:

Bay Area Medical Center and its substantially related entities, including Aurora Bay Area Medical Group, and Wisconsin Upper Peninsula Oncology Management Services, Inc. (collectively, "BAMC") are committed to providing compassionate, cost-effective, quality health care to all patients, regardless of ability to pay.

POLICY:

BAMC Financial Counselors will evaluate all applicants for eligibility for the Financial Assistance Program (FAP)/Community Care (known throughout this policy as "Community Care/FAP"). Individuals who are determined to be eligible will receive a discount for emergency and medically necessary care. Eligibility is based on the most current Federal Poverty Guidelines (FPG). Individuals with an income at or below 250% of the FPG are eligible for a 100% discount on all uninsured and residual self-pay balances.

Individuals who are determined to qualify for Community Care/FAP will not be charged more for emergency and other medically necessary care than Amounts Generally Billed ("AGB"). AGB is calculated based on amounts paid by Medicare and all private payers.

PROCEDURE:

How to Apply for Community Care/FAP: Complete the Community Care/FAP Application

In order to be eligible for Community Care/FAP, the Community Care Application (Attachment A) and all supporting documentation must be completed and submitted to BAMC Financial Counselors. Applications are available at BAMC’s Customer Service offices at 3100 Shore Drive, Suites 1377, 1378, and 1379, Marinette WI, at www.bamc.org, or will be mailed to you upon request. Please call (715) 735-8042 or toll-free at (866) 466-7286 to request an application.

Completed applications must be returned to the Financial Counselors for processing. Required documentation listed on the Community Care Application must be returned in order for the application to be processed. External sources of information used to determine eligibility may include:

- Credit checks
The Financial Counselor will meet with individuals to discuss financial assistance options and determine if the individual qualifies for Community Care/FAP. The Financial Counselor must also help individuals complete the Community Care/FAP Application if requested by the applicant. The review period will begin upon receipt of a completed Community Care application.

It is the patient’s obligation to cooperate with BAMC’s requests for information needed to make an eligibility determination. Lack of cooperation will result in the application being delayed or denied.

**Eligibility Criteria**

Qualifying individuals will receive a Community Care/FAP discount based on income level. Eligibility is based on the most current Federal Poverty Guidelines (FPG). Individuals with an income at or below 250% of the FPG based on family size are eligible for a 100% discount on all self-pay balances. These discounts will apply to BAMC’s amounts generally billed (“AGB”). In no event will an individual eligible for Community Care/FAP be charged (1) more than AGB for emergency or other medically necessary care, or (2) more than gross charges for any other medical care covered under Community Care/FAP.

**Services Eligible for Community Care/FAP**

Some providers may not be required to reduce their charges for services. For a list of providers covered and not covered by Community Care/FAP, see Attachment B.

All medically necessary and emergency care will be covered under this policy if provided by an eligible provider. Procedures determined in advance by the physician to be elective or otherwise not medically necessary are not covered under Community Care/FAP. For purposes of clarity, care will be considered medically necessary if an examining physician determines that the care is medically necessary. Care will be considered emergency care under applicable BAMC policies.

**Determining Amounts Generally Billed**

BAMC determines the AGB by using a look-back method. At least annually, BAMC will divide the sum of all of its claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to BAMC during a prior 12-month period by the sum of the associated gross charges for those claims. If the amount a health insurer will allow for a claim has not been finally determined as of the last day of the 12-month period used to calculate the AGB percentage(s), BAMC will exclude the amount of the claim from that calculation and include it in the subsequent 12-month period during which the amount allowed is finally determined. When including allowed claims in calculating its AGB percentage(s), BAMC will include the full amount that has been allowed by
the health insurer, including both the amount the insurer will pay or reimburse and the amount (if any) the individual is personally responsible for paying in the form of co-payments, co-insurance, and deductibles, regardless of whether or when the full amount allowed is actually paid and disregarding any discounts applied to the individual's portion. BAMC will apply the AGB percentages it calculates under this Section by the 120th day after the end of the 12-month period BAMC used to calculate the AGB percentage.

To obtain BAMC's AGB percentages that BAMC uses to determine AGB and a description of how the AGB percentages were calculated, please contact a Financial Counselor at (715) 735-8012 or (715) 735-4101 or visit http://www.bamc.org/patients-financial-information.html

Please note, BAMC may change the method it uses to determine AGB at any time, and an individual eligible for Community Care/FAP is considered "charged" only the amount that he or she is personally responsible for paying, after all deductions, discounts (including discounts under the Community Care/FAP program), and insurance reimbursements.

**Widely Publicizing the Community Care/FAP Program**

BAMC will widely publicize the Community Care/FAP program through the following methods:

1. BAMC will make the Community Care/FAP Policy and program information, application form, and plain language summary (the "Community Care/FAP Materials") available on the Internet at http://www.bamc.org/patients-financial-information.html

2. BAMC will make paper copies of the Community Care/FAP Materials available upon request and without charge, both by mail and in public locations in the hospital facility, including in the emergency room and admissions areas.

3. BAMC will notify and inform members of the community served by BAMC about the Community Care/FAP in a manner reasonably calculated to reach those members who are most likely to require financial assistance from the hospital facility. Such notice will notify the reader or listener that BAMC offers financial assistance under the Community Care/FAP program; inform him or her about how or where to obtain more information about the Community Care/FAP program and application process; and how to obtain copies of the Community Care/FAP Materials.

4. BAMC will notify and inform individuals who receive care from BAMC about Community Care/FAP by: (a) offering a paper copy of the plain language summary of the FAP to patients as part of the intake or discharge process; (b) including a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under BAMC's Community Care/FAP program and include the telephone number of BAMC's Customer Service department so that the department can provide information about the FAP and FAP application process and the direct Web site address (or URL) where copies of the Community Care/FAP Materials may be obtained; and (c) setting up conspicuous public displays or other measures reasonably calculated to attract patients' attention that notify and inform patients about the Community Care/FAP program in public locations in the BAMC's hospital facility, including the emergency room and admissions areas. The public displays or other measures will notify the reader or listener that BAMC offers financial assistance under the Community Care/FAP program; inform him or her about how or where to obtain more information about the Community...
Care/FAP program and application process; and how to obtain copies of the Community Care/FAP Materials.

Billing and Collections

Balances will be collected in accordance with BAMC’s Collection Policy, which can be obtained at BAMC’s Customer Service Department, 3100 Shore Drive, Suites 1377, 1378, and 1379, Marinette WI, at www.bamc.org, or will be mailed to you upon request. Please call (715) 735-8042 or toll-free at (866) 466-7286 to request a copy.

Under BAMC’s Collection Policy and this policy, BAMC may take certain extraordinary collection actions (ECAs) in order to obtain payment of a bill for medical care. The process and time frames BAMC uses in taking these actions are more thoroughly described in the Collection Policy. BAMC’s Finance Department has the final authority and responsibility for determining that the hospital facility has made reasonable efforts to determine whether an individual is eligible for Community Care/FAP and may therefore engage in ECAs against the individual.

RESPONSIBILITY:

Questions regarding this policy should be referred to the Financial Counselors at (715) 735-8012 or (715) 735-4101.

Attachments:

- Attachment A - FAP Application.pdf
- Attachment B - Affiliated Providers
- Attachment C - Cover letter

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