



Effective Date: 10/01/2019; Revised: 01/2021

**PURPOSE:** The purpose of this policy is to outline the circumstances under which UPH – Meriter will provide discounted care to financially needy patients. UnityPoint Health – Meriter shall fulfill its charitable mission by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. UPH – Meriter shall provide financial assistance to eligible patients.

**SCOPE:** All UPH – Meriter Hospital and Clinics (referred to collectively as “UPH – Meriter”) that are 501(c)(3) tax-exempt.

**PRINCIPLES:** As a charitable tax-exempt organization under Internal Revenue Code (“IRC”) Section 501(c)(3), UPH – Meriter meets the medically necessary health care needs of all patients who seek care, regardless of their financial abilities to pay for services provided. Similarly, patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and UPH – Meriter has a duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r) and applicable state law, in order to remain tax-exempt, UPH – Meriter is required to adopt and widely publicize its financial assistance policy. If the provision of financial assistance is subject to additional federal or state law requirements, and those laws impose more stringent requirements than in this policy, then the more stringent requirements will govern (e.g., 210 ILCS 76 Community Benefit Act).

1. Definitions. The following terms are meant to be interpreted as follows within this policy:
  - 1.1. Allowed Amounts. Maximum amount of payment for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.”
  - 1.2. Amount Generally Billed to Individuals Who Have Insurance (“AGB”). The Amounts Generally Billed to insured patients for emergency or other medically necessary care is determined by the following method in this policy.
    - 1.2.1.  $AGB\% = (\text{Sum of all Allowed Amounts by Medicare Fee For Service} + \text{Sum of all Allowed Amounts by private health insurers during prior 12-month period}) / (\text{Sum of Gross Charges For the Same Claims})$
    - 1.2.2.  $AGB = (\text{Gross Charges for Medically Necessary Care or Emergency Medical Care}) \times (AGB \%)$

1.2.3. The AGB amounts will be updated annually.

- 1.3. 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.
- 1.4. FINA-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.
- 1.5. 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.
- 1.6. Emergency Care. As defined in the Emergency Medical Treatment and Labor Act (“EMTALA”) , immediate care provided by a hospital facility for an emergency medical condition 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. It also includes care for a pregnant woman who is having contractions. Emergency Care is deemed to be Medically Necessary.
- 1.7. 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 may include one of the following:
  - 1.8. Approved and valid IRS Form 4029; Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits;
- 1.9. In cases where a 4029 is not available UPH-Meriter will consider alternate documentation evidencing that an individual is exempt from Social Security taxes.

- 1.10. Gross Charges. The full, established price for medical care that UPH – Meriter consistently and uniformly charges patients before applying any discounts, contractual allowances, or deductions.
- 1.11. Household Income: Household Income is the combined incomes of patient, patient’s spouse, and everyone claimed as a tax dependent on patient’s federal tax return. It includes every form of income, e.g., salaries and wages, retirement income, annuities.
- 1.12. Hospital. A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated by a Hospital Organization under a single state license are considered to be a single Hospital.
- 1.13. Hospital Organization. An organization recognized, or seeking to be recognized, as described in Section 501(c)(3) that operates one or more Hospitals. This includes any other organization that has the principal function or purpose of providing Hospital care.
- 1.14. 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:
  - 1.14.1. be required to treat an illness or injury;
  - 1.14.2. be consistent with the diagnosis and treatment of the patient’s conditions;
  - 1.14.3. be in accordance with the standards of good medical practice; and
  - 1.14.4. 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, UPH – Meriter reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and

standard of “Medically Necessary” for the purpose of eligibility for Financial Assistance.

- 1.15. Patient(s). Includes either the patient and/or the patient’s responsible party (parent, guardian, guarantor).
  - 1.16. Presumptive Eligibility Determination. The process by which UPH – Meriter may use previous eligibility determinations and/or information from sources other than the individual to determine eligibility for Financial Assistance under this policy.
  - 1.17. Single Case Agreement. An agreement between UPH – Meriter and a patient or third party in which a payment amount is agreed to for a specific patient case. A Single Case Agreement is an exception and is not a discount program nor a substitute for insurance contracts.
  - 1.18. Underinsured. Insured patients whose out-of-pocket medical costs exceed their ability to pay.
  - 1.19. Uninsured. Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers for a particular service.
  - 1.20. Uninsured Discount. A discount offered to patients without health insurance coverage. The hospital’s gross charges multiplied by the uninsured discount factor.
  - 1.21. 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.
2. Policy Elements. UPH – Meriter provides Financial Assistance under this policy 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; and (d) patients have first diligently sought assistance from other programs (such as Medicaid or insurance through the public marketplace). As described within this policy, UPH – Meriter 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 (“FPG”). These patients are expected to pay their remaining balance and

may work with a UPH – Meriter representative to set up a payment plan based on their financial situation. If Covered Services are for Emergency Care or services that UPH – Meriter is otherwise required to provide under EMTALA, then UPH – Meriter will provide such Covered Services without requiring any advance deposit or prepayment. For all other Covered Services, UPH – Meriter may require an advance prepayment.

3. Procedure.

3.1. Eligibility for Financial Assistance.

3.1.1. Services eligible for Financial Assistance include all Emergency Care and other Medically Necessary care provided by UPH – Meriter to FINA-eligible Patients. Financial Assistance will be offered for eligible patients to cover the patient responsibility for uninsured patients as well as for patients with balances remaining after insurance payment. UPH – Meriter will not charge patients who are eligible for Financial Assistance more for Emergency Care or Medically Necessary care than the 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.

3.1.2. Eligibility for Financial Assistance may be determined at any point in the revenue cycle.

3.1.3. In order to be eligible for Financial Assistance, patients must meet the following criteria:

3.1.3.1. The patient and/or patient representative must cooperate with UPH – Meriter 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 UPH-Meriter to cover the associated outstanding UPH-Meriter charges before Financial Assistance would be applied. Any Uninsured patients who have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

- 3.1.3.2. The patient is unable to pay based on his or her individual financial situation.
  - 3.1.3.3. The patient and/or patient representative cooperates with UPH – Meriter’s policies and procedures.
  - 3.1.3.4. The patient must be considered a resident of Dane County or contiguous county. To determine eligibility, Meriter uses the Residency Eligibility guidelines for Wisconsin Medicaid as defined by the State of Wisconsin, Department of Health Services applied to the following counties: Dane, Columbia, Dodge, Jefferson, Rock, Green, Iowa and Sauk. Internationally traveling/visiting patients who seek non-emergent treatment from UPH – Meriter are not eligible for Financial Assistance.
  - 3.1.3.5. The patient must have either an annual Household Income below 500% of the Federal Poverty Guidelines, or have excessive medical debt (greater than 50% of gross income).
  - 3.1.3.6. The patient or patient representative must submit a completed Financial Assistance application (including all documentation required by the application), or meet Presumptive Eligibility requirements.
  - 3.1.3.7. Certain federal and state income-based programs such as Medicaid require patients to submit documentation as proof that their income is below a certain Federal Poverty Limit (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 UPH-Meriter in order to be approved for financial assistance.
- 3.1.4. When determining eligibility, UPH – Meriter does not discriminate on the basis of race, color, national origin, sexual orientation, gender, age or disability.
  - 3.1.5. If UPH – Meriter determines that a patient meets the criteria described above, UPH-Meriter determines the amount of a patient’s Financial Assistance support using an income-based sliding scale. (Schedule B)

- 3.1.6. Patients not eligible for Financial Assistance include the following:
  - 3.1.6.1. Specific patient populations that have a Single Case Agreement with UPH – Meriter.
  - 3.1.6.2. 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.
  - 3.1.6.3. Patients who are members of insurance plans that deem UPH – Meriter to be “out of network” and elect to receive non-emergent care at UPH – Meriter instead of an “in network” provider. In these cases, UPH – Meriter 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.
  - 3.1.6.4. Patients receiving any care that is not deemed to be a Covered Service as the service is not deemed Medically Necessary or Emergency Care.
- 3.1.7. Financial Assistance for uninsured patients referred to UPH-Meriter for non-emergency services who receive community-based primary care provided by a Federally Qualified Health Center (FHCQ), community health center or a Free and Charitable Clinic:
  - 3.1.7.1. If there is a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program, UPH-Meriter will provide the patient with the opportunity to be screened for and assistance with applying for public health insurance programs.
  - 3.1.7.2. If there is not a reasonable basis to believe that the uninsured patient may be eligible for a public health insurance program, UPH-Meriter will provide the patient with the opportunity to apply for hospital financial assistance when the hospital services are scheduled.
- 3.2. Assistance for Patients Not Eligible for Financial Assistance:

3.2.1. Uninsured patients who are not eligible for Financial Assistance may be provided a self-pay discount. Patients may request the UnityPoint Health Policy 1.BR.33, Discounts for Uninsured Patients for more information.

3.3. Applying for Financial Assistance:

3.3.1. UPH – Meriter and UW Health partnered to create a shared application and determination process, which allows for patients to apply for Financial Assistance with either organization. Any applications and supporting documentation received by either organization will be made available to both UPH – Meriter and UW Health. Final determination of Financial Assistance, including discount levels, will remain the sole responsibility of the individual organization. Should a discrepancy occur, UPH – Meriter will adhere to the guidelines set forth in this UPH – Meriter Financial Assistance policy.

3.3.2. A Patient may qualify for Financial Assistance through Presumptive Eligibility or by applying for Financial Assistance by submitting a completed Financial Assistance Application. Application materials and information are available online and at UPH – Meriter and UW Health locations. See Schedule A or a full list of contact information, including locations and websites.

3.3.3. Patients may submit a Financial Assistance Application up to 240 days from the date of discharge or services.

3.3.4. Patients will be asked to attest that all information provided is true. If any information is determined to be false, all discounts offered to the patient may be revoked, making them responsible for full charges for the services rendered.

3.3.5. Patients must complete a Financial Assistance Application and provide the following supporting documentation, as applicable:

3.3.5.1. Proof of income for applicant (and spouse, if married);

3.3.5.1.1. Most recent pay stubs. One of the following:

3.3.5.1.1.1. If paid weekly (every week) – 4 most recent, consecutive stubs needed



- 3.3.5.1.1.2. If paid bi-weekly (every 2 weeks) – 2 most recent, consecutive stubs needed
- 3.3.5.1.1.3. If paid monthly (every month) – most recent stub
- 3.3.5.1.1.4. Letter from employer stating weekly, monthly or annual earnings
- 3.3.5.1.2. Unemployment earnings statement
- 3.3.5.1.3. SSI/SSDI income information (including minor children)
- 3.3.5.1.4. Annuity information,
- 3.3.5.1.5. Pension information
- 3.3.5.1.6. Any other sufficient information on how patient/family is currently supporting themselves.
- 3.3.5.1.7. Copy of most recent federal tax return (including all applicable schedules).
- 3.3.5.2. Bank statements - 2 most recent.
- 3.3.5.3. Evidence of other assets, as described on the Financial Assistance Application.
- 3.3.5.4. Individuals who cannot provide the documentation listed above, have questions about or would like help completing the Financial Assistance Application, may contact a UPH – Meriter or UW Health representative either in person or over the phone. UPH – Meriter and UW Health both have a Language Line to assist patients with their questions or to provide copies of the Financial Assistance Policy and/or the Financial Assistance Application and Instructions. See Schedule A or a full list of contact information, including locations and websites.
- 3.3.6. The completed Financial Assistance Application will be reviewed by a qualified representative to verify:

- 3.3.6.1. That all health or other insurance coverage has been exhausted, including any potential third-party liability settlements.
- 3.3.6.2. Eligibility for government and other programs. If eligible, assistance will be provided in applying for coverage.
- 3.3.6.3. Resources available other than income, e.g. home, land, vehicle(s), personal possessions.
- 3.3.6.4. Future earnings potential.
- 3.3.6.5. Other financial obligations, e.g. child support, alimony.
- 3.3.6.6. Possible use of appropriate gift funds.
- 3.3.7. Patients qualified for consideration for partial assistance under the UPH – Meriter Financial Assistance Policy shall cooperate with UnityPoint Health by providing all information and documentation necessary to establish a reasonable agreement and/or payment plan. Patients must notify UPH – Meriter or UW Health of any positive or negative changes in their financial situation when scheduling subsequent visits.
- 3.3.8. External sources may be utilized, including credit, propensity to pay or medical recovery scores to verify eligibility.
- 3.3.9. Current approval for state/federal income-based programs with eligibility criteria at or below the 200% 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.
- 3.3.10. 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.
- 3.4. Appeals of denials or partial Financial Assistance awards.
  - 3.4.1. Patients or their representatives may appeal UPH – Meriter’s decisions regarding eligibility for Financial Assistance.

3.4.1.1. 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. Appeal letters outlining why the application should be reconsidered, along with supporting documentation should be to:

UnityPoint Health – Meriter  
Patient Financial Coordination - Financial Assistance Appeals  
202 South Park Street  
Madison, WI 53715

3.4.1.2. All appeals will be considered jointly by UPH – Meriter and UW Health’s Financial Assistance Appeals Committee. Decisions of the committee will be sent in writing to the individual that filed the appeal.

3.5. Determining Discount Amount.

3.5.1. Once eligibility for Financial Assistance has been established, UPH – Meriter will not charge patients who are eligible for Financial Assistance more than the AGB for Emergency Care or Medically Necessary care. Patients who have a household income at or below 600% of the FPG may receive free or discounted care as illustrated on Schedule B.

3.5.2. Uninsured patients under the 600% Federal Poverty Limit threshold may not be charged more than the hospital’s charges less the amount of the Uninsured Discount.

3.5.3. Patients with excessive medical debt (greater than 50% of income) are also eligible for larger Financial Assistance discounts under this policy, as described on Schedule B.

3.5.4. The maximum amount UPH-Meriter 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-five percent (25%) of that patient’s family income. UPH-Meriter 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 Guidelines for

Medically Necessary services and Emergency Care. UPH-Meriter reserves the right to exclude patient 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:

3.5.4.1.The Uninsured Patient’s primary residence;

3.5.4.2.Personal property exempt from judgement under Section 12-1001 of the Illinois Code of Civil Procedure; and

3.5.4.3.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.

3.6. Presumptive Eligibility:

3.6.1. Absent sufficient information to support Financial Assistance eligibility, UPH – Meriter may opt to refer to or rely on external sources and/or other program enrollment resources to determine eligibility in the event that:

3.6.1.1. Patient is homeless;

3.6.1.2. Patient is currently eligible for state or local assistance programs, even if the patient was not historically eligible for the same programs;

3.6.1.3. Patient is eligible for a state-funded prescription medication program;

3.6.1.4. Patient is deceased and without an estate;

3.6.1.5. Patient files bankruptcy; and/or

3.6.1.6.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.

- 3.6.1.6.1. Women, Infant, and Children Nutrition Program (WIC);
  - 3.6.1.6.2. Supplemental Nutrition Assistance Program (SNAP);
  - 3.6.1.6.3. Illinois Free Lunch and Breakfast Program;
  - 3.6.1.6.4. Low Income Home Energy Assistance Program (LIHEP);
  - 3.6.1.6.5. Temporary Assistance for Needy Families (TANF);
  - 3.6.1.6.6. 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
  - 3.6.1.6.7. A grant assistance program for medical services.
- 3.6.2. External sources utilized to determine Presumptive Eligibility may include credit or medical recovery scores available through TransUnion, Zillow, or Access Dane.
- 3.6.3. UPH – Meriter, 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.
- 3.6.4. UPH – Meriter 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.
- 3.6.5. Presumptively eligible approvals apply to outstanding balances only and not to any future balances. These accounts are approved for 100% discount.

- 3.6.6. 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.
- 3.7. Eligible Providers: In addition to care delivered by UPH – Meriter, Emergency Care and Medically Necessary care delivered by the providers, as defined in Schedule C, are also covered under this policy. Members of the public may readily obtain Schedule C and the supporting Provider Listing by accessing this policy online at [www.unitypoint.org/madison/financial-assistance](http://www.unitypoint.org/madison/financial-assistance), by mail, and/or in person at all admission/registration desks at UPH – Meriter locations. See Schedule A for a full list of contact information, including locations and websites.
- 3.8. Communication of Financial Assistance Program:
  - 3.8.1. UPH – Meriter communicates the availability and terms of its Financial Assistance program to all patients and within the community. Copies of the Financial Assistance Policy, 1.BR.34M, Financial Assistance Application and Plain Language Summary are available by mail, on UPH – Meriter’s website, and in-person at UPH – Meriter locations.
  - 3.8.2. UPH – Meriter Financial Coordinators are available by phone at (608) 417-5035 to answer questions about the policy. Patients may also go to Patient Registration in the Lobby of UPH – Meriter Hospital to obtain this information in person. See Schedule A for full contact information.
  - 3.8.3. UPH – Meriter developed a Plain Language Summary of this policy.
    - 3.8.3.1. The Plain Language Summary is available by mail, on UPH – Meriter’s website, and in person at UPH – Meriter locations.
    - 3.8.3.2. The Plain Language Summary is offered as part of the Patient intake and/or discharge process.
    - 3.8.3.3. The Plain Language Summary will be included when a Patient is sent written noticed that Extraordinary Collection Actions may be taken against him/her. The Extraordinary Collection Actions that may be taken by UPH – Meriter are detailed in UPH Policy 1.BR.40, Billing and Collections, a copy of which may

be obtained on UPH – Meriter’s website and in-person at UPH – Meriter locations.

- 3.8.4. This Financial Assistance Policy, the Plain Language Summary, and all Financial Assistance forms will be available in English and in any other language in which limited English proficiency (“LEP”) populations constitute the lesser of 1,000 persons or more than 5% of the community served by UPH – Meriter. These translated documents are available by mail, on the UPH – Meriter website and in person at UPH – Meriter locations.
- 3.8.5. These notices and documents may be provided electronically.
- 3.8.6. Requests for Financial Assistance can be made by a patient, their family members, friend or associate, but will be subject to applicable privacy laws.
- 3.8.7. State law requirements that offer additional and/or more stringent requirements to communicate financial assistance information will be followed in those states.

3.9. Financial Assistance Contact Information:

- 3.9.1. UPH – Meriter and UW Health’s shared application and determination process allows for patients to apply for Financial Assistance through either organization. The representatives of both organizations have the use of a Language Line to assist non-English speaking patients with their questions regarding the Financial Assistance Application process. Individuals who cannot provide the documentation listed above, have questions about or would like help completing the Financial Assistance Application, may contact either UPH Meriter or UW Health either in person or by phone. Patients should direct billing questions or any questions specific to the UPH – Meriter Financial Assistance Policy to a UPH – Meriter Patient Financial Coordinator. This includes any request for a copy of the UPH-Meriter Financial Assistance Policy or Plain Language Summary. See Schedule A or a full list of contact information, including locations and websites.

3.10. Regulatory Requirements:

Title: Financial Assistance – 1.BR.34M  
UnityPoint Health – Meriter

3.10.1. In implementing this policy, UPH – Meriter shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

*/s/ Doug Watson*

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Doug Watson  
UPH Chief Financial Officer



**SCHEDULE A – FINANCIAL ASSISTANCE CONTACT INFORMATION**

UPH-Meriter has 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 UPH-Meriter Financial Assistance guidelines.

Patients may apply for Financial Assistance and submit a single application to either UPH – Meriter or UW Health for review.

Patients should direct billing questions or any questions specific to the UPH – Meriter Financial Assistance Policy to a UPH – Meriter Patient Financial Coordinator. This includes any request for a copy of the UPH-Meriter Financial Assistance Policy or Plain Language Summary.

**UPH – Meriter Financial Coordination**

Patient Financial Coordinators are available in person at the Patient Registration area of the hospital lobby. Patients may call or refer to the website for most current hours of availability.

Phone: (608) 417-5035  
Fax: (608) 417-6478  
Mail: **UnityPoint Health - Meriter**  
Patient Financial Coordination  
202 South Park Street,  
Madison, WI 53715  
Website: [www.unitypoint.org/madison/financial-assistance](http://www.unitypoint.org/madison/financial-assistance)

**UW Health Financial Assistance Program**

UW Health Financial Counseling is available in person at the Administrative Offices Building. Patients may call or refer to the website for most current hours of availability.

Phone: (877) 278-6437  
Fax: (608) 833-5039  
Mail: **UW Health – Financial Assistance Program**  
Administrative Offices Building  
7974 UW Health Court  
Middleton, WI 53562  
Website: [www.uwhealth.org/communitycare](http://www.uwhealth.org/communitycare)

**SCHEDULE B – 2021 FINANCIAL ASSISTANCE ADJUSTMENT LEVELS**

These guidelines represent a simplification of the poverty thresholds used for administrative purposes in determining financial eligibility for UPH – Meriter’s Financial Assistance Program as well as certain federal and state programs. This document is updated annually to reflect the Federal Poverty Guidelines (FPG) 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	12,880	38,640		51,250	64,400
2	17,420	52,260		69,680	87,100
3	21,960	65,880		87,840	109,800
4	26,500	79,500		106,000	132,500
5	31,040	93,120		124,160	155,200
6	35,580	106,740		142,320	177,900
7	40,120	120,360		160,480	200,600
8	44,660	133,980		178,640	223,300
<b>Discount Amount</b>		<b>100%</b>		<b>80%</b>	<b>73%</b>

\*The current UnityPoint Health – Meriter AGB is 31%. The AGB percentage is set annually. Refer to "Definitions" for information on calculation.

For families/households with more than eight people, add \$4,540 for each additional person.

Patients with excessive medical debt (greater than 50% of income) may also be eligible for a larger one-time Financial Assistance award 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%

**SCHEDULE C – COVERED SERVICES AND PROVIDER PRACTICES**

Emergency Care and Medically Necessary care provided at a UnityPoint – Meriter location are generally covered under the policy.

Many of the physician/professional portion of services provided at the main hospital campus of UPH – Meriter (202 South Park Street, Madison, WI 53715) **are not covered under this financial assistance policy and will be billed separately**, including

- Emergency Medicine
- Pathology
- Radiology/Imaging
- Obstetrics
- Anesthesiology
- Most Specialty Consults

To assist in understanding which of these providers are covered under this policy, refer to the comprehensive Provider Practice Listing available on request or online on the Financial Assistance web page.

**SCHEDULE D AMOUNT GENERALLY BILLED (AGB)**

To calculate the AGB, UPH - Meriter uses the “look-back” method described in 26 C.F.R. 501(r)-4(b)(2). In this method, UPH - Meriter 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. UPH - Meriter re-calculates the percentage each year. The current AGB percentage for UnityPoint Health – Meriter services is 31%.

Example

If the gross charges for a UPH - Meriter patient’s colonoscopy procedure are \$10,000, the AGB percentage is 31%, and the patient is eligible for financial assistance under this policy, they will not be personally responsible for paying more than \$3,100 for the colonoscopy procedure.

Because the AGB percentage for UnityPoint Health – Meriter services is 31%, and because the minimum amount of assistance available under this policy is a 69% discount of gross charges, no patient eligible for financial assistance will be required to pay an amount in excess of AGB.