

FINANCIAL ASSISTANCE POLICY
July 1, 2018

POLICY/PRINCIPLES

It is the policy of Midwest Orthopedic Specialty Hospital, LLC (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

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

DEFINITIONS

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

- “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “**Amount Generally Billed**” or “**AGB**” means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “**Community**” means generally the Southeast Wisconsin geographic area including but not limited to the following 7 counties: Milwaukee, Waukesha, Ozaukee, Washington, Racine, Kenosha, and Jefferson.
- “**Emergency Care**” means care to treat a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- “**Medically Necessary Care**” means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.

- “**Organization**” means Midwest Orthopedic Specialty Hospital, LLC.
- “**Patient**” means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

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

Persons in Family	2018 Guidelines	Uninsured 250% FPL (100% Discount)	Uninsured 300% FPL (90% Discount)	Uninsured 350% FPL (80% Discount)	Uninsured 400% FPL (62% Discount)
1	\$12,140	\$30,350	\$36,420	\$42,490	\$48,560
2	\$16,460	\$41,150	\$49,380	\$57,610	\$65,840
3	\$20,780	\$51,950	\$62,340	\$72,730	\$83,120
4	\$25,100	\$62,750	\$75,300	\$87,850	\$100,400
5	\$29,420	\$73,550	\$88,260	\$102,970	\$117,680
6	\$33,740	\$84,350	\$101,220	\$118,080	\$134,960
7	\$38,060	\$95,150	\$114,180	\$133,210	\$152,240
8	\$42,380	\$105,950	\$127,140	\$148,330	\$169,520
For each add'l	\$4,320				

3. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a “Means Test” for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Patients whose patient responsibility payments specific to medical care at Midwest Orthopedic Specialty Hospital exceeds 20% of their gross household income will not be responsible for the amount that exceeds 20% of his/her gross household income. This discount is known as a “Medically Indigent Discount”. In order to qualify for this discount, the Midwest Orthopedic Specialty Hospital services must be “medically necessary” and the patient must cooperate in good faith with the process including but not limited to: accurately and timely completing the documentation as may be requested. A Patient eligible for the “Means Test” discount will not be charged more than the calculated AGB charges.
4. For a patient that participates in certain insurance plans that deem the Organization to be “out of network,” the Organization 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.
5. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant's failure to complete a financial assistance application ("FAP Application").
 6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
 7. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. If financial assistance is denied, an appeal can be filed within 14 days calendar days of receipt of notification of the denial. Send a letter to the Office of the Vice President of Revenue Cycle, Attn: 100% Charity Care and Financial Assistance Appeals Committee, Midwest Orthopedic Specialty Hospital, 10101 S. 27th Street – 2nd Floor, Franklin, WI 53132 outlining why the application should be reconsidered and providing any additional supporting information.
 - b. All appeals will be considered by Midwest Orthopedic Specialty Hospital's 100% charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

Other Assistance for Patients Not Eligible for Financial Assistance

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

1. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.
2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r).

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available:

- 1) Online: www.mymosh.com/billing
- 2) By Mail: Send Request to Customer Service Supervisor, Wheaton Franciscan Healthcare Corporate Services Office, 801 S. 60th Street, Suite 150, West Allis, WI 53214
- 3) In person: Visit Registration desks, cashiers, or financial advocates at Midwest Orthopedic Specialty Hospital.
- 4) By Phone: Call Customer Service at (888) 281-2392

For questions or assistance with the application, please call Customer Service at (888) 281-2392 or a Financial Advocate at (414) 325-6311

Billing and Collections

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

- 1) Online: www.mymosh.com/billing
- 2) By Mail: Send Request to Customer Service Supervisor, Wheaton Franciscan Healthcare Corporate Services Office, 801 S. 60th Street, Suite 150, West Allis, WI 53214
- 3) In person: Visit Registration desks, cashiers, or financial advocates at Midwest Orthopedic Specialty Hospital
- 4) By Phone: Call Customer Service at (888) 281-2392

Interpretation

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

501(r) except where specifically indicated.

MIDWEST ORTHOPEDIC SPECIALTY HOSPITAL
LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

July 1, 2018

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers.

Providers covered by FAP	Providers not covered by FAP
Anesthesia Services	
Great Lakes Anesthesia and Pain Specialists, S.C. Midwest Orthopedic Specialty Hospital	
Pathology Services	
Racine County Pathology Associates, S.C. Midwest Orthopedic Specialty Hospital	
Other	
	www.mymosh.com/billing

MIDWEST ORTHOPEDIC SPECIALTY HOSPITAL

AMOUNT GENERALLY BILLED CALCULATION

July 1, 2018

Midwest Orthopedic Specialty Hospital, LLC calculates one AGB percentage using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of that calculation and AGB percentage is described below.

The AGB percentage is as follows for:

Midwest Orthopedic Specialty Hospital, LLC - 47%

This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility’s 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 the hospital facility by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

Notwithstanding the foregoing AGB calculation, Midwest Orthopedic Specialty Hospital, LLC has chosen to apply a lower AGB percentage as follows:

AGB for all hospital facility charges = 38%