



Exhibit A

Ascension Wisconsin

FINANCIAL ASSISTANCE POLICY

February 1, 2019

POLICY/PRINCIPLES

It is the policy of Ascension Wisconsin (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 services provided at all Ascension Wisconsin hospitals and clinics located throughout northern, central, and eastern Wisconsin and eastern Minnesota.
- "**Emergency Care**" means a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing health of individual in serious jeopardy, impairment to bodily functions or 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 physician in consultation with the admitting physician.
- **"Organization"** means Ascension Wisconsin. The entities included in Ascension Wisconsin include: Howard Young Medical Center, Ascension Eagle River Hospital, Ascension Good Samaritan Hospital, Ascension Medical Group, Ascension Our Lady of Victory Hospital, Ascension Sacred Heart Hospital, Ascension St Clare's Hospital, Ascension St Mary's Hospital, Ascension St Michael's Hospital. Affinity Health System which includes Ascension Medical Group, Ascension Calumet Hospital, Ascension NE Wisconsin Mercy Hospital, and Ascension NE Wisconsin St. Elizabeth Hospital.
- **"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

Financial assistance described in this section is limited to Patients that live in the Community:

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:

Size of family unit	100 Percent of Poverty	150 Percent of Poverty	200 Percent of Poverty	225 Percent of Poverty	250 Percent of Poverty	275 Percent of Poverty	300 Percent of Poverty	325 Percent of Poverty	350 Percent of Poverty	375 Percent of Poverty	400 Percent of Poverty
	100% w/o	100% w/o	100% w/o	100%	100%	95% w/o	90% w/o	85% w/o	80% w/o	75% w/o	57% w/o
1	\$12,490	\$18,735	\$24,980	\$28,103	\$31,225	\$34,348	\$37,470	\$40,593	\$43,715	\$46,838	\$49,960
2	\$16,910	\$25,365	\$33,820	\$38,048	\$42,275	\$46,503	\$50,730	\$54,958	\$59,185	\$63,413	\$67,640
3	\$21,330	\$31,995	\$42,660	\$47,993	\$53,325	\$58,658	\$63,990	\$69,323	\$74,655	\$79,988	\$85,320
4	\$25,750	\$38,625	\$51,500	\$57,938	\$64,375	\$70,813	\$77,250	\$83,688	\$90,125	\$96,563	\$103,000
5	\$30,170	\$45,255	\$60,340	\$67,883	\$75,425	\$82,968	\$90,510	\$98,053	\$105,595	\$113,138	\$120,680
6	\$34,590	\$51,885	\$69,180	\$77,828	\$86,475	\$95,123	\$103,770	\$112,418	\$121,065	\$129,713	\$138,360
7	\$39,010	\$58,515	\$78,020	\$87,773	\$97,525	\$107,278	\$117,030	\$126,783	\$136,535	\$146,288	\$156,040
8	\$43,430	\$65,145	\$86,860	\$97,718	\$108,575	\$119,433	\$130,290	\$141,148	\$152,005	\$162,863	\$173,720
Each additional	\$4,420										

For family units with more than 8 members, add \$4,420 for each additional person at 100% of poverty. The one additional item is anyone under 400% of the FPG with a balance greater than \$10,000, we will cap the amount due from any patient at 25% of their annual income and assets. (FPL updated 2/1/2019; sliding scale write-off percentages updated 7/1/18)

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. This test caps total balance due at 25% of total income. 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. A patient or family can appeal Ascension Wisconsin's decision regarding eligibility for 100% charity care of financial assistance by completing a "Financial Assistance Appeal Form" which may be obtained by:
 - i. Ascension Wisconsin Internet Website address:
<https://healthcare.ascension.org/financial-assistance/wisconsin>
 - ii. Request by phone by dialing Customer Service at 1-877-348-9718 and a form will be mailed to you.
 - iii. Request in person at all hospital and clinic registration areas.
 - b. All appeals will be considered by Ascension Wisconsin'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 Ascension Wisconsin.

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). A free copy of the AGB calculation description and percentage(s) may be obtained by requesting a mailed copy from Ascension Wisconsin's Customer Service department at 1-877-348-9718.

Applying for Financial Assistance and Other Assistance

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 required to apply for governmental assistance programs as part of the application process. A patient may be denied financial assistance if the Patient provides false information on the FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available:

1. Ascension Wisconsin Internet Website address: <https://healthcare.ascension.org/financial-assistance/wisconsin>
2. Request by phone by dialing Customer Service at 1-877-348-9718 and a form will be mailed to you.
3. Request in person at all hospital and clinic registration areas.

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 by requesting a mailed copy from Ascension Wisconsin's Customer Service department at 1-877-348-9718.

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.

Exhibit B

Ascension Wisconsin

**LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE
POLICY**

Jan 1, 2019

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.

<u>Providers covered by FAP</u>	<u>Providers not covered by FAP</u>
Ascension Medical Group Ascension Calumet Hospital Ascension Eagle River Hospital Ascension Good Samaritan Hospital Ascension NE WI Mercy Hospital Ascension NE WI St. Elizabeth Hospital Ascension Our Lady of Victory Hospital Ascension Sacred Heart Hospital Ascension St. Clare's Hospital Ascension St. Mary's Hospital Ascension St. Michael's Hospital Howard Young Medical Center	See list of providers not covered by FAP specific to each facility.